



2025 Formulary

JANUARY 1–DECEMBER 31, 2025

PRIME (HMO-POS) | SELECT (LPPO)

Please read: this document contains information about the drugs we cover in this plan.

Martin's Point Generations Advantage Prime (HMO-POS) and Select (LPPO) 2025 Formulary (List of Covered Drugs or “Drug List”)

PLEASE READ:

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

Formulary ID: 00025236 Version 15

This formulary was updated on 07/18/2025. 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.

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 plans: Prime and Select.

This document includes a Drug List (formulary) for our plan which is current as of 07/18/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Martin's Point Generations Advantage Prime and Select Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Martin's Point Generations Advantage plans: Prime and Select 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 plans: Prime and Select 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 Prime and Select network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

www.martinspoint.org/partd.

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Martin's Point Generations Advantage Prime and Select Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a

Martin's Point Generations Advantage Prime and Select 2025 Part D Model Formulary for 2025

drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Martin's Point Generations Advantage Prime and Select's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/18/2025. To get updated information about the drugs covered by Martin's Point Generations Advantage Prime and Select please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our 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 86. 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 Prime and Select covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name

drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Martin's Point Generations Advantage Prime and Select requires you or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Martin's Point Generations Advantage Prime and Select before you fill your prescriptions. If you don't get approval, Martin's Point Generations Advantage Prime and Select may not cover the drug.
- **Quantity Limits:** For certain drugs, Martin's Point Generations Advantage Prime and Select limits the amount of the drug that Martin's Point Generations Advantage Prime and Select will cover. For example, Martin's Point Generations Advantage Prime and Select 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 Prime and Select 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 Prime and Select may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Martin's Point Generations Advantage Prime and Select will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Martin's Point Generations Advantage Prime and Select 2025 Part D Model Formulary for 2025

You can ask Martin's Point Generations Advantage Prime and Select 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 Prime and Select 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 Prime and Select 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 Prime and Select. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Martin's Point Generations Advantage Prime and Select.
- You can ask Martin's Point Generations Advantage Prime and Select 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 Martin's Point Generations Advantage Prime and Select's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Martin's Point Generations Advantage Prime and Select 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Martin's Point Generations Advantage Prime and Select will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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 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 Prime and Select prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Martin's Point Generations Advantage Prime and Select 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 Prime and Select Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Martin's Point Generations Advantage Prime and Select. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

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).

Martin's Point Generations Advantage Prime and Select 2025 Part D Model Formulary for 2025

The information in the Requirements/Limits column tells you if Martin's Point Generations Advantage Prime and Select 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.

GC = This drug is covered in the Gap coverage phase, for more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

GEL = Gel

gm = gram

INJ = Injection

lpop = lollipop

mL = milliliter

NM = Not available at our mail-order pharmacy

OINT = Ointment

PA = Prior Authorization

ptch = patch

QL = Drug has quantity limit

SOLN = Solution

ST = Step therapy required

supp = suppository

SUSP = Suspension

Your Costs in the Initial Coverage Period

2025 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 <i>(Preferred Generic)</i>	\$4	\$0	\$4	\$4	\$4 plus the cost difference between the Network and Non-Network Pharmacy	\$12	\$0	\$10

Martin's Point Generations Advantage Prime and Select 2025 Part D Model Formulary for 2025

Cost-Sharing Tier 2 (Generic)	\$18(Prime) \$10(Select)	\$10(Prime) \$0(Select)	\$18(Prime) \$10(Select)	\$18(Prime) \$10(Select)	\$18(Prime) \$10(Select) plus the cost difference between the Network and Non-Network Pharmacy	\$54(Prime) \$30(Select)	\$30(Prime) \$0(Select)	\$45(Prime) \$25(Select)
Cost-Sharing Tier 3 (Preferred Brand)	\$47	\$42	\$47	\$47	\$47 plus the cost difference between the Network and Non-Network Pharmacy	\$141	\$126	\$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)	33%(Prime) 29%(Select) of the cost	33%(Prime) 29%(Select) of the cost	33%(Prime) 29%(Select) of the cost	33%(Prime) 29%(Select) of the cost	33%(Prime) 29%(Select) of the cost, plus the difference between the Network and Non-Network Pharmacy	Not covered	Not covered	Not covered
Cost-Sharing Tier 6 (Select Care)	\$4	\$0	\$0	\$4	\$4 plus the cost difference between the Network and Non-Network Pharmacy	\$12	\$0	\$0

Select (001) has a \$275 deductible. For Tiers 1, 2, and 6, 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> CAPS .6mg	2	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	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

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	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 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

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>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
<i>CAYSTON SOLR 75mg</i>	5	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
<i>DAPTOMYCIN SOLR 350mg</i>	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
<i>EMVERM CHEW 100mg</i>	5	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	

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

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

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

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
TOBI PODHALER CAPS 28mg	5	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
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	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 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 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>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	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
EDURANT PED TBSO 2.5mg	5	NM
<i>efavirenz</i> TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<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	2	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	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

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
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
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPk 300mg	5	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	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
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	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	NM
DESCOVY TAB 200/25MG	5	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-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	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

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>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NM, PA
TRECTOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	2	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
<i>entecavir TABS .5mg, 1mg</i>	2	NM
EPCLUSA PAK 150-37.5	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

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
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	

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

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
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	

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

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>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin SOLN 25mg/ml</i>	2	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl TABS 400mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	

PENICILLINS

<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	

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

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
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	
<i>tigecycline</i> SOLR 50mg	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	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

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
BENDEKA SOLN 100mg/4ml	5	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
VIVIMUSTA SOLN 100mg/4ml	5	B/D, NM

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NM
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D

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

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
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	5	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA

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

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
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	5	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA

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

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
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj</i> 100mg	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA

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

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
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA

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

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
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA

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

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
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 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

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
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	5	QL (240 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 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
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 22

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
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECENTRIQ INJ HYBREZA	5	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPk 160mg, 200mg	5	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA

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

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
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	5	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	5	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA

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

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
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>mesna</i> TABS 400mg	5	
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

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>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<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>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<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>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</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

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
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	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)

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

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>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>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	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>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<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, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	

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

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
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	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	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	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

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
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	

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

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>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<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	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<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	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

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

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>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		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>NITRO-BID</i> OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA

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

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>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA

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	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr</i> 14-10 mg	2	
<i>memantine hcl-donepezil hcl cap er 24hr</i> 21-10 mg	2	
<i>memantine hcl-donepezil hcl cap er 24hr</i> 28-10 mg	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	

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

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
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<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	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 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

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
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies 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

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>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa & 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	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFI PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)

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

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
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	

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

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>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA

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

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
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	

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

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
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
LEVETIRACETAM TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	

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

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>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	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)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
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	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies 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

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>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA

HYPNOTICS

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

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 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

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
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 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

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

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>methyltestosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
<i>testosterone pump</i> GEL 1.62%	2	QL (150 gm / 30 days), PA

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

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
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
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	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)

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

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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	

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

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
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM

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

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
TERIPARATIDE SOPN 560mcg/2.24ml	5	NM, PA; (ALVOGEN product)
XGEVA SOLN 120mg/1.7ml	5	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox TABS 90mg; TBSO 125mg	2	NM, PA
deferasirox TABS 180mg, 360mg	4	NM, PA
deferasirox TBSO 250mg, 500mg	5	NM, PA
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
sps rectal SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
brielllyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	

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

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
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	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>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	

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

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>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</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

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>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<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>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	

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

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-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<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	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	

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

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>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	3	
<i>yuvaferm TABS 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN</i> <i>.5mg/5ml; TABS .5mg, .75mg, 1mg,</i> <i>1.5mg, 2mg, 4mg, 6mg</i>	2	
<i>DEXAMETHASONE INTENSOL CONC</i> <i>1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN</i> <i>4mg/ml, 10mg/ml, 20mg/5ml,</i> <i>100mg/10ml, 120mg/30ml; SOSY 4mg/ml,</i> <i>10mg/ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	2	
<i>hydrocortisone sod succinate SOLR 100mg</i>	2	
<i>methylprednisolone TABS 4mg, 8mg,</i> <i>16mg, 32mg</i>	2	B/D
<i>methylprednisolone TBPk 4mg</i>	2	
<i>methylprednisolone acetate SUSP</i> <i>40mg/ml, 80mg/ml</i>	2	B/D
<i>methylprednisolone sod succ SOLR 40mg,</i> <i>125mg, 1000mg</i>	2	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN</i> <i>5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	2	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg,</i> <i>10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPk 5mg, 10mg</i>	2	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg,</i> <i>500mg, 1000mg</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	5	
<i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY</i> <i>.6mg/0.6ml</i>	3	
MISCELLANEOUS		
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
<i>cabergoline TABS .5mg</i>	2	
<i>carglumic acid TBSO 200mg</i>	5	NM, PA
<i>CERDELGA CAPS 84mg</i>	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

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
CEREZYME SOLR 400unit	5	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, 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>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA

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

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>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
VEOZAH TABS 45mg	4	PA

PROGESTINS

<i>gallifrey</i> TABS 5mg	2	
<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	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	

THYROID AGENTS

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

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

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
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	4	

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

62

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>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	2	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	2	
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

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

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
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
<i>GEMTESA</i> TABS 75mg	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

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

64

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
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 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		
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	5	NM, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	5	NM, PA
COSENTYX SOSY 75mg/0.5ml	5	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	5	QL (32 syringes / 365 days), NM, PA

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

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
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
PYZCHIVA SOLN 130mg/26ml	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

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
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA

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

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
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

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

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

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, 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 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	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	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	

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

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
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

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

71

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
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</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

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
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</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

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
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

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

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-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	2	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	2	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	2	
XDEMVY SOLN .25%	5	NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	2	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 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

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
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<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%	2	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

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

ANTI HISTAMINES

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

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
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	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	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	QL (84 tabs / 28 days), NM, PA

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

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
ALYFTREK TAB 10-50-125	5	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D 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>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA

NASAL STEROIDS

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

STEROID INHALANTS

ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)

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

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
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breyana</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 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 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>erythromycin (acne aid) SOLN 2%</i>	2	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	2	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	2	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	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 SHAM 1%</i>	2	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	2	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	2	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	2	QL (120 gm / 30 days), PA

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

82

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
ENSTILAR AER	5	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

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

83

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>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	2	QL (3 patches / 1 day), 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> SOLN 1.5%	2	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA

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

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>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	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%	2	
<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	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

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

85

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>	7
ABELCET	5
ABILIFY ASIMTUFII	36
ABILIFY MAINTENA	36
<i>abiraterone acetate</i>	14
<i>abirtega</i>	14
ABRYSVO	69
<i>acamprosate calcium</i>	47
<i>acarbose</i>	48
<i>accutane</i>	80
<i>acebutolol hcl</i>	30
<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>	31
<i>acetic acid</i>	63
<i>acetic acid (otic)</i>	75
<i>acetylcysteine</i>	77
<i>acitretin</i>	81
ACTHIB INJ	69
ACTIMMUNE	69
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ	69
ADALIMUMAB-AACF (2 PEN)	65
ADALIMUMAB-AACF (2 SYRING	65
ADALIMUMAB-AACF STARTER P	65
<i>adefovir dipivoxil</i>	8
ADMELOG.....	50
ADMELOG SOLOSTAR	50
ADVAIR HFA AER 115/21.....	79
ADVAIR HFA AER 230/21.....	79
ADVAIR HFA AER 45/21	79
<i>afirmelle</i>	52
AIMOVIG	45
AIRSUPRA AER 90-80MCG	79
AKEEGA TAB 100/500	14
AKEEGA TAB 50/500MG	14
<i>ala-cort</i>	81
<i>albendazole</i>	3
<i>albuterol sulfate</i>	77
<i>alclometasone dipropionate</i>	81
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	50
ALDURAZYME	58
ALECENSA.....	16
<i>alendronate sodium</i>	52
<i>alfuzosin hcl</i>	63
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	1
<i>alosetron hcl</i>	62
<i>alprazolam</i>	32
<i>altavera</i>	52
ALUNBRIG	16
ALUNBRIG PAK	16
ALVAIZ	64, 65
ALVESCO	79
<i>alyacen 1/35</i>	52
<i>alyacen 7/7/7</i>	52
ALYFTREK TAB 10-50-125	77
ALYFTREK TAB 4-20-50.....	77
ALYGLO.....	68
<i>alyq</i>	32
<i>amantadine hcl</i>	35
<i>ambrisentan</i>	32
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	31
<i>amiloride hcl</i>	31
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	33
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	25

<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 10 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	26	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 15 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	26	<i>amphetamine-dextroamphetamine tab 20 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 30 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	26	<i>amphetamine-dextroamphetamine tab 5 mg</i>	43
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	43
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	26	<i>amphotericin b</i>	5
<i>amnestem</i>	80	<i>amphotericin b liposome</i>	5
<i>amoxapine</i>	33	<i>ampicillin</i>	11
<i>amoxicillin</i>	11	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	11	<i>ampicillin sodium</i>	11
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11	<i>anagrelide hcl</i>	65
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11	<i>anastrozole</i>	14
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	11	<i>ANORO ELLIPT AER 62.5-25</i>	76
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	43	<i>aprepitant</i>	60
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	43	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	60
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	43	<i>apri</i>	52
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	43	<i>APTOM</i>	39
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	43	<i>APTIVUS</i>	6
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	43	<i>ARALAST NP</i>	77
		<i>aranelle</i>	52
		<i>ARCALYST</i>	69
		<i>AREXVY</i>	70
		<i>ARIKAYCE</i>	3
		<i>aripiprazole</i>	36
		<i>ARISTADA</i>	36
		<i>ARISTADA INITIO</i>	36
		<i>armodafinil</i>	47
		<i>ARNUITY ELLIPTA</i>	79

<i>asenapine maleate</i>	36
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	65
ASTAGRAF XL	69
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	30
<i>atenolol & chlorthalidone tab 100-25 mg</i>	29
<i>atenolol & chlorthalidone tab 50-25 mg</i>	29
<i>atomoxetine hcl</i>	44
<i>atorvastatin calcium</i>	28
<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	75
<i>atropine sulfate (ophthalmic)</i>	75
ATROVENT HFA	76
<i>aubra eq</i>	52
AUGTYRO	16
<i>aurovela 1/20</i>	52
<i>aurovela fe 1.5/30</i>	52
<i>aurovela fe 1/20</i>	52
AUSTEDO	45
AUSTEDO XR	45, 46
AUSTEDO XR TAB TITR KIT	46
AUVELITY TAB 45-105MG	33
<i>aviane</i>	52
<i>ayuna</i>	52
AYVAKIT	16
<i>azacitidine</i>	13
<i>azathioprine</i>	69
<i>azelastine hcl</i>	76
<i>azelastine hcl (ophth)</i>	74
<i>azithromycin</i>	10
<i>aztreonam</i>	3
<i>azurette</i>	52
B	
<i>bacitracin (ophthalmic)</i>	73
<i>bacitracin-polymyxin b ophth oint.</i>	73
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	73
<i>baclofen</i>	46
BAFIERTAM	46
<i>balsalazide disodium</i>	61

BALVERSA	16
<i>balziva</i>	53
BARACLUDE	8
BASAGLAR KWIKPEN	50
BCG VACCINE	70
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	25
<i>benazepril hcl</i>	26
BENDAMUSTINE HYDROCHLORID	12
BENDEKA	12
BENLYSTA	69
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	80
<i>benztropine mesylate</i>	35
BERINERT	65
BESIVANCE	73
BESREMI	15
<i>betaine powder for oral solution</i>	58
<i>betamethasone dipropionate (topical)</i>	82
<i>betamethasone dipropionate augmented</i>	82
<i>betamethasone valerate</i>	82
BETASERON	46
<i>betaxolol hcl (ophth)</i>	75
<i>bethanechol chloride</i>	63
BETOPTIC-S	75
BEVESPI AER 9-4.8MCG	76
<i>bexarotene</i>	15
<i>bexarotene (topical)</i>	83
BEXSERO	70
<i>bicalutamide</i>	14
BICILLIN L-A	11
BIKTARVY TAB 30-120-15 MG	7
BIKTARVY TAB 50-200-25 MG	7
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	29

<i>bisoprolol fumarate</i>	30
BIVIGAM	68
<i>blisovi fe 1.5/30</i>	53
BOOSTRIX INJ	70
<i>bortezomib</i>	16
BORTEZOMIB.....	16
<i>bosentan</i>	32
BOSULIF	16
BRAFTOVI	16
BREO ELLIPTA INH 100-25	79
BREO ELLIPTA INH 200-25	79
BREO ELLIPTA INH 50-25MCG.....	79
<i>breyana</i>	79
BREZTRI AERO AER SPHERE	76
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	76
<i>briellyn</i>	53
BRILINTA	65
<i>brimonidine tartrate</i>	75
<i>brinzolamide</i>	75
BRIVIACT	39
<i>bromfenac sodium (ophth)</i>	74
<i>bromocriptine mesylate</i>	35
BRONCHITOL.....	77
BRUKINSA	16
<i>budesonide</i>	61
<i>budesonide (inhalation)</i>	79
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	80
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	80
<i>bumetanide</i>	31
<i>buprenorphine hcl</i>	47
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	47
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	47
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	47
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	47
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	47
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	47
<i>bupropion hcl</i>	33
<i>bupropion hcl (smoking deterrent)</i> ...	47

<i>buspirone hcl</i>	32
<i>butorphanol tartrate</i>	2
C	
<i>cabergoline</i>	58
CABOMETYX	17
<i>calcipotriene</i>	81
<i>calcitonin (salmon) spray</i>	52
<i>calcitrene</i>	81
<i>calcitriol</i>	60
<i>calcitriol (oral)</i>	60
CALQUENCE	17
<i>camila</i>	53
<i>candesartan cilexetil</i>	27, 28
CAPLYTA	36
CAPRELSA	17
<i>captopril</i>	26
<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	25
<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	25
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	25
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	25
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	35
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	35
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	35
carbamazepine	39
<i>carbidopa & levodopa tab 10-100 mg</i>	35
<i>carbidopa & levodopa tab 25-100 mg</i>	35
<i>carbidopa & levodopa tab 25-250 mg</i>	35
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	35
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	35
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	35

<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	36	<i>chlorpromazine hcl</i>	36
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	36	<i>chlorthalidone</i>	31
<i>carboplatin</i>	12	<i>cholestyramine</i>	29
<i>carglumic acid</i>	58	<i>cholestyramine light</i>	29
<i>carteolol hcl (ophth)</i>	75	<i>ciclopirox</i>	81
<i>cartia xt</i>	30	<i>ciclopirox olamine</i>	81
<i>carvedilol</i>	30	<i>cilostazol</i>	65
<i>caspofungin acetate</i>	5	CILOXAN	74
CAYSTON	3	CIMDUO TAB 300-300	7
<i>cefaclor</i>	9	<i>cinacalcet hcl</i>	58
<i>cefadroxil</i>	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
CEFAZOLIN	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
CEFAZOLIN INJ 1GM/50ML	9	<i>ciprofloxacin hcl</i>	10
<i>cefazolin sodium</i>	9	<i>ciprofloxacin hcl (ophth)</i>	74
CEFAZOLIN SOLN 2GM/100ML-4%	9	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	75
CEFAZOLIN/DEX SOL 1GM/50ML-4% .	9	<i>cisplatin</i>	12
CEFAZOLIN/DEX SOL 2GM/50ML-3% .	9	<i>citalopram hydrobromide</i>	33, 34
CEFAZOLIN/DEX SOL 3GM/150ML-4% 9		<i>claravis</i>	80
CEFAZOLIN/DEX SOL 3GM/50ML-2% .	9	<i>clarithromycin</i>	10
<i>cefdinir</i>	10	<i>clindamycin hcl</i>	3
<i>cefepime hcl</i>	10	<i>clindamycin palmitate hydrochloride</i> ..	3
<i>cefixime</i>	10	<i>clindamycin phosphate</i>	3
<i>cefotetan disodium</i>	10	<i>clindamycin phosphate (topical)</i>	80
<i>cefoxitin sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3
<i>cefpodoxime proxetil</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	3
<i>cefprozil</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	3
<i>ceftazidime</i>	10	<i>clindamycin phosphate vaginal</i>	63
<i>ceftriaxone sodium</i>	10	CLINDMYC/NAC INJ 300/50ML	3
<i>cefuroxime axetil</i>	10	CLINDMYC/NAC INJ 600/50ML	3
<i>cefuroxime sodium</i>	10	CLINDMYC/NAC INJ 900/50ML	3
<i>celecoxib</i>	1	CLINIMIX INJ 4.25/D10	73
<i>cephalexin</i>	10	CLINIMIX INJ 4.25/D5W	73
CEQUR SIMPL KIT PATCH 2U (3-DAY)	50	CLINIMIX INJ 5%/D15W	73
CEQUR SIMPL KIT PATCH 2U (4-DAY)	50	CLINIMIX INJ 5%/D20W	73
CEQUR SIMPL MIS INSERTER	50	CLINIMIX INJ 6/5	73
CERDELGA	58	CLINIMIX INJ 8/10	73
CEREZYME	58	CLINIMIX INJ 8/14	73
<i>cetirizine hcl</i>	76	<i>clinisol sf 15%</i>	73
<i>chateal eq</i>	53	CLINOLIPID EMU 20%	73
CHEMET	52	<i>clobazam</i>	39
<i>chlorhexidine gluconate (mouth-throat)</i>	84	<i>clobetasol propionate</i>	82
<i>chloroquine phosphate</i>	6	<i>clobetasol propionate e</i>	82
		<i>clomipramine hcl</i>	34

clonazepam39
clonidine31
clonidine hcl31
clopidogrel bisulfate.....65
clorazepate dipotassium39
clotrimazole84
clotrimazole (topical)81
clotrimazole w/ betamethasone cream
 1-0.05%.....81
clozapine 36, 37
 COARTEM TAB 20-120MG 6
 COBENFY CAP 100-20MG37
 COBENFY CAP 125-30MG37
 COBENFY CAP 50-20MG37
 COBENFY STRT CAP PACK37
colchicine 1
colchicine w/ probenecid tab 0.5-500
 mg 1
colesevelam hcl.....29
colestipol hcl.....29
colistimethate sodium 3
 COMBIGAN SOL 0.2/0.5%75
 COMBIVENT AER 20-10076
 COMETRIQ (60MG DOSE)17
 COMETRIQ KIT 100MG17
 COMETRIQ KIT 140MG17
 COMPLERA TAB 7
compro60
constulose61
 COPAXONE46
 COPIKTRA17
 CORLANOR31
 COSENTYX 65, 66
 COSENTYX SENSOREADY PEN66
 COSENTYX UNOREADY66
 COTELLIC17
 CREON CAP 12000UNT62
 CREON CAP 24000UNT62
 CREON CAP 3000UNIT62
 CREON CAP 36000UNT62
 CREON CAP 6000UNIT62
cromolyn sodium77
cromolyn sodium (mastocytosis)62
cromolyn sodium (ophth)74
cryselle-2853
cyclobenzaprine hcl47
cyclophosphamide 12, 13

CYCLOPHOSPHAMIDE13
 CYCLOPHOSPHAMIDE MONOHYDR....13
cycloserine 8
cyclosporine69
cyclosporine modified (for
 microemulsion)69
cyproheptadine hcl76
cyred eq.....53
 CYSTADROPS75
 CYSTAGON58
 CYSTARAN75
cytarabine13
D
 D10W/NACL INJ 0.2%71
 D2.5W/NACL INJ 0.45%.....71
dabigatran etexilate mesylate64
dalfampridine46
danazol48
dantrolene sodium.....47
 DANZITEN17
dapsone 3
 DAPTACEL INJ70
daptomycin 3
 DAPTOMYCIN 3
darunavir 6
dasatinib17
dasetta 1/35.....53
dasetta 7/7/753
 DAURISMO17
 DAYVIGO44
deblitane53
deferasirox52
 DELSTRIGO TAB..... 7
 DENG VAXIA SUS70
 DEPO-SUBQ PROVERA 10453
depo-testosterone48
 DESCOVY TAB 120-15MG 7
 DESCOVY TAB 200/25MG 7
desipramine hcl.....34
desmopressin acetate58
desmopressin acetate spray58
desmopressin acetate spray
 refrigerated58
desvenlafaxine succinate34
dexamethasone57
 DEXAMETHASONE INTENSOL.....57
dexamethasone sodium phosphate ...57

<i>dexamethasone sodium phosphate</i>		<i>disopyramide phosphate</i>	28
(<i>ophth</i>)	74	<i>disulfiram</i>	47
<i>dexmethylphenidate hcl</i>	44	<i>divalproex sodium</i>	40
<i>dextrose</i>	73	<i>docetaxel</i>	15
<i>dextrose 10% w/ sodium chloride</i>		DOCETAXEL	15
0.45%	71	DOCIVYX	15
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dofetilide</i>	28
0.45%	71	<i>donepezil hydrochloride</i>	33
<i>dextrose 5% in lactated ringers</i>	71	DOPTelet	65
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>dorzolamide hcl</i>	75
	71	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride</i>		soln 2-0.5%	75
0.225%	71	<i>dotti</i>	56
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOVATO TAB 50-300MG	7
	71	<i>doxazosin mesylate</i>	26
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>doxepin hcl</i>	34
	71	<i>doxepin hcl (sleep)</i>	44
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxorubicin hcl</i>	15
	71	<i>doxorubicin hcl liposomal</i>	15
DIACOMIT	39	<i>doxy 100</i>	12
<i>diazepam</i>	40	<i>doxycycline (monohydrate)</i>	12
<i>diazepam (anticonvulsant)</i>	40	<i>doxycycline hyclate</i>	12
<i>diazepam inj</i>	40	DRIZALMA SPRINKLE	34
<i>diazepam intensol</i>	40	<i>dronabinol</i>	60
<i>diazoxide</i>	57	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac potassium</i>	1	0.02 mg	53
<i>diclofenac sodium</i>	1	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (ophth)</i>	74	0.03 mg	53
<i>diclofenac sodium (topical)</i>	83	<i>droxidopa</i>	31
<i>dicloxacillin sodium</i>	11	DULERA AER 100-5MCG	80
<i>dicyclomine hcl</i>	61	DULERA AER 200-5MCG	80
DIFICID	10	DULERA AER 50-5MCG	80
<i>diflunisal</i>	1	<i>duloxetine hcl</i>	34
<i>digoxin</i>	31	DUPIXENT	66
<i>dihydroergotamine mesylate</i>	45	<i>dutasteride</i>	63
DILANTIN	40	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>diltiazem hcl</i>	30	mg	63
<i>diltiazem hcl coated beads</i>	30	E	
<i>diltiazem hcl extended release beads</i>	30	<i>e.e.s. 400</i>	10
<i>dilt-xr</i>	30	<i>econazole nitrate</i>	81
DIP/TET PED INJ 25-5LFU	70	EDURANT	6
<i>diphenhydramine hcl</i>	76	EDURANT PED	6
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>efavirenz</i>	6
mg/5ml	62	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>diphenoxylate w/ atropine tab 2.5-</i>		600-200-300 mg	7
0.025 mg	62	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>dipyridamole</i>	65	400-300-300 mg	7

<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO TAB 97-103MG	27
600-300-300 mg	7	<i>enulose</i>	61
ELIGARD	14	EPCLUSA PAK 150-37.5	8
<i>elinest</i>	53	EPCLUSA PAK 200-50MG	8
ELIQUIS	64	EPCLUSA TAB 200-50MG	8
ELIQUIS STARTER PACK	64	EPCLUSA TAB 400-100	8
<i>eluryng</i>	53	EPIDIOLEX	40
EMGALITY	45	<i>epinephrine (anaphylaxis)</i>	32, 77, 78
EMSAM	34	<i>epitol</i>	40
<i>emtricitabine</i>	6	<i>eplerenone</i>	26
<i>emtricitabine-rilpivirine-tenofovir df tab</i>		EPRONTIA	40
200-25-300 mg	7	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>emtricitabine-tenofovir disoproxil</i>			45
<i>fumarate tab 100-150 mg</i>	7	ERIVEDGE	17
<i>emtricitabine-tenofovir disoproxil</i>		ERLEADA	14
<i>fumarate tab 133-200 mg</i>	7	<i>erlotinib hcl</i>	17
<i>emtricitabine-tenofovir disoproxil</i>		<i>errin</i>	53
<i>fumarate tab 167-250 mg</i>	8	<i>ertapenem sodium</i>	3
<i>emtricitabine-tenofovir disoproxil</i>		<i>ery</i>	80
<i>fumarate tab 200-300 mg</i>	8	<i>ery-tab</i>	10
EMTRIVA	6	ERYTHROCIN LACTOBIONATE	10
EMVERM	3	<i>erythromycin (acne aid)</i>	80
<i>emzahh</i>	53	<i>erythromycin (ophth)</i>	74
<i>enalapril maleate</i>	26	<i>erythromycin base</i>	10
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin ethylsuccinate</i>	10
<i>tab 10-25 mg</i>	25	<i>erythromycin lactobionate</i>	10
<i>enalapril maleate & hydrochlorothiazide</i>		<i>escitalopram oxalate</i>	34
<i>tab 5-12.5 mg</i>	25	<i>eslicarbazepine acetate</i>	40
ENBREL	66	<i>esomeprazole magnesium</i>	63
ENBREL MINI	66	<i>estarylla</i>	53
ENBREL SURECLICK	66	<i>estradiol</i>	56
<i>endocet tab 10-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 2.5-325mg</i>	2	0.5-0.1 mg	56
<i>endocet tab 5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 7.5-325mg</i>	2	1-0.5 mg	56
ENGERIX-B	70	<i>estradiol vaginal</i>	56
<i>enilloring</i>	53	<i>estradiol valerate</i>	56
<i>enoxaparin sodium</i>	64	<i>ethambutol hcl</i>	8
<i>enpresse-28</i>	53	<i>ethosuximide</i>	40
<i>enskyce</i>	53	<i>ethynodiol diacetate & ethinyl estradiol</i>	
ENSTILAR AER	81	<i>tab 1 mg-35 mcg</i>	53
<i>entacapone</i>	36	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>entecavir</i>	8	<i>tab 1 mg-50 mcg</i>	53
ENTRESTO CAP 15-16MG	27	<i>etodolac</i>	1
ENTRESTO CAP 6-6MG	27	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 24-26MG	27	0.12-0.015 mg/24hr	53
ENTRESTO TAB 49-51MG	27	<i>etoposide</i>	16

<i>etravirine</i>	6
EULEXIN	14
<i>euthyrox</i>	59
<i>everolimus</i>	17
<i>everolimus (immunosuppressant)</i>	69
EVOTAZ TAB 300-150	8
<i>exemestane</i>	14
EYSUVIS	75
<i>ezetimibe</i>	29
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29
F	
FABRAZYME.....	58
<i>falmina</i>	53
<i>famciclovir</i>	9
<i>famotidine</i>	61
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	61
FANAPT.....	37
FANAPT PAK PACK A	37
FARXIGA	48
FASENRA.....	78
FASENRA PEN	78
<i>feirza 1.5/30</i>	53
<i>feirza 1/20</i>	53
<i>felbamate</i>	40
<i>felodipine</i>	30
<i>fenofibrate</i>	28
<i>fenofibrate micronized</i>	28
<i>fentanyl</i>	1
FETZIMA	34
FETZIMA CAP TITRATIO	34
FIASP	50
FIASP FLEXTOUCH.....	50
FIASP PENFILL	50
FIASP PUMPCART	50
<i>finasteride</i>	63
<i> fingolimod hcl</i>	46
FINTEPLA	40
FIRMAGON	14
<i>flac</i>	75
FLAREX	74
FLEBOGAMMA DIF	68
<i>flecainide acetate</i>	28
<i>fluconazole</i>	5

<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>flucytosine</i>	5
<i>fludrocortisone acetate</i>	57
<i>flunisolide (nasal)</i>	79
<i>fluocinolone acetonide</i>	82
<i>fluocinolone acetonide (otic)</i>	75
<i>fluocinonide</i>	82
<i>fluocinonide emulsified base</i>	82
<i>fluorometholone (ophth)</i>	74
<i>fluorouracil</i>	13
<i>fluorouracil (topical)</i>	83
<i>fluoxetine hcl</i>	34
<i>fluphenazine decanoate</i>	37
<i>fluphenazine hcl</i>	37
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	74
<i>fluticasone propionate</i>	82
<i>fluticasone propionate (nasal)</i>	79
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	80
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	80
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	80
<i>fluvoxamine maleate</i>	32
<i>fondaparinux sodium</i>	64
<i>fosamprenavir calcium</i>	6
<i>fosinopril sodium</i>	26
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	25
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	25
FOTIVDA	18
FRINDOVYX	13
FRUZAQLA.....	18
FULPHILA	64
<i>fulvestrant</i>	14
<i>furosemide</i>	31
<i>furosemide inj</i>	31
FUZEON	6
<i>fyavolv tab 0.5mg-2.5mcg</i>	56
<i>fyavolv tab 1mg-5mcg</i>	56
FYCOMPA	40

G	
<i>gabapentin</i>	40, 41
<i>galantamine hydrobromide</i>	33
<i>gallifrey</i>	59
GAMASTAN INJ	68
GAMMAGARD LIQUID.....	68
GAMMAGARD S/D IGA LESS TH.....	68
GAMMAKED	68
GAMMAPLEX	68
GAMUNEX-C	68
<i>ganciclovir sodium</i>	9
GARDASIL 9	70
<i>gatifloxacin (ophth)</i>	74
GATTEX	62
GAUZE PADS 2.....	50
<i>gavilyte-c</i>	61
<i>gavilyte-g</i>	61
<i>gavilyte-n/flavor pack</i>	61
GAVRETO	18
<i>gefitinib</i>	18
<i>gemcitabine hcl</i>	13
<i>gemfibrozil</i>	28
GEMTESA	63
<i>generlac</i>	61
<i>gengraf</i>	69
GENOTROPIN.....	58
GENOTROPIN MINISQUICK.....	58
<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</i>	4
<i>gentamicin sulfate (ophth)</i>	74
<i>gentamicin sulfate (topical)</i>	81
GENVOYA TAB	8
GILOTRIF	18
<i>glatiramer acetate</i>	46
<i>glatopa</i>	46
GLEOSTINE	13
<i>glimepiride</i>	48
<i>glipizide</i>	48
<i>glipizide xl</i>	48
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	48
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	48
<i>glipizide-metformin hcl tab 5-500 mg</i> 48	
<i>glycopyrrolate</i>	61
<i>glydo</i>	83
GLYXAMBI TAB 10-5 MG	48
GLYXAMBI TAB 25-5 MG	48
GOMEKLI	18
<i>granisetron hcl</i>	60
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	32
<i>guanfacine hcl (adhd)</i>	44
H	
HAEGARDA.....	65
<i>hailey 1.5/30</i>	53
<i>halobetasol propionate</i>	82
<i>haloette</i>	53
<i>haloperidol</i>	37
<i>haloperidol decanoate</i>	37
<i>haloperidol lactate</i>	37
HARVONI PAK 33.75-150MG.....	9
HARVONI PAK 45-200MG	9
HARVONI TAB 45-200MG	9
HARVONI TAB 90-400MG	9
HAVRIX.....	70
<i>heather</i>	53
HEP SOD/NACL INJ 25000UNT	64
<i>heparin sodium (porcine)</i>	64
HEPLISAV-B	70
HERCEP HYLEC SOL 60-10000	18
HERCEPTIN	18
HERZUMA.....	18
HIBERIX.....	70
HUMIRA	66
HUMIRA PEN.....	66
HUMIRA PEN KIT PS/UV	66
HUMIRA PEN-CD/UC/HS START.....	66
HUMIRA PEN-PEDIATRIC UC S	66
HUMULIN R U-500 (CONCENTR	50
HUMULIN R U-500 KWIKPEN.....	50
<i>hydralazine hcl</i>	32
<i>hydrochlorothiazide</i>	31
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2

<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	57
<i>hydrocortisone (intrarectal)</i>	61
<i>hydrocortisone (rectal)</i>	83
<i>hydrocortisone (topical)</i>	82
<i>hydrocortisone sod succinate</i>	57
<i>hydrocortisone valerate</i>	82
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	68
<i>hydroxyurea</i>	15
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine pamoate</i>	76
I	
<i>ibandronate sodium</i>	52
IBRANCE	18
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	65
<i>iclevia</i>	53
ICLUSIG	18
IDACIO (2 PEN)	66
IDACIO (2 SYRINGE)	66
IDACIO CROHN INJ DISEASE	66
IDACIO PLAQU INJ PSORIASIS	66
IDHIFA	18
<i>imatinib mesylate</i>	18
IMBRUVICA	18
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	34
<i>imiquimod</i>	83
IMKELDI	18
IMOVAX RABIES (H.D.C.V.)	70
IMPAVIDO	4
INBRIJA	36
<i>incassia</i>	53
INCRELEX	58
INCRUSE ELLIPTA	76
<i>indapamide</i>	31
INFANRIX INJ	70

INFLIXIMAB	66
INLYTA	18, 19
INQOVI TAB 35-100MG	13
INREBIC	19
INSULIN PEN NEEDLES: BD-EMBECTA	50
INSULIN SAFETY NEEDLES: BD-EMBECTA	50
INSULIN SYRINGES: BD-EMBECTA	50
INTELENCE	6
INTRALIPID	73
<i>introvale</i>	53
INVEGA HAFYERA	37
INVEGA SUSTENNA	37
INVEGA TRINZA	37
IPOL INJ INACTIVE	70
<i>ipratropium bromide</i>	76
<i>ipratropium bromide (nasal)</i>	76
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	76
<i>irbesartan</i>	28
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	27
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	27
<i>irinotecan hcl</i>	15
ISENTRESS	6
ISENTRESS HD	6
<i>isibloom</i>	53
ISOLYTE-P INJ /D5W	71
ISOLYTE-S INJ PH 7.4	71
<i>isoniazid</i>	8
<i>isosorbide dinitrate</i>	32
<i>isosorbide mononitrate</i>	32
<i>isotretinoin</i>	80
ITOVEBI	19
<i>itraconazole</i>	5
<i>ivabradine hcl</i>	32
<i>ivermectin</i>	4
IWILFIN	15
IXCHIQ INJ	70
IXIARO INJ	70
J	
JAKAFI	19
<i>jantoven</i>	64
JANUMET TAB 50-1000	48
JANUMET TAB 50-500MG	48

JANUMET XR TAB 100-1000.....	48
JANUMET XR TAB 50-1000	48
JANUMET XR TAB 50-500MG.....	48
JANUVIA	48
JARDIANCE.....	48
<i>jasmiel</i>	53
<i>javygtor</i>	58
JAYPIRCA	19
JENTADUETO TAB 2.5-1000.....	48
JENTADUETO TAB 2.5-500.....	48
JENTADUETO TAB 2.5-850.....	48
JENTADUETO TAB XR 2.5-1000MG ...	49
JENTADUETO TAB XR 5-1000MG	49
<i>jinteli</i>	57
<i>jolessa</i>	53
<i>juleber</i>	53
JULUCA TAB 50-25MG.....	8
<i>junel 1.5/30</i>	54
<i>junel 1/20</i>	54
<i>junel fe 1.5/30</i>	54
<i>junel fe 1/20</i>	54
JYLAMVO	68
JYNNEOS.....	70
K	
KADCYLA.....	19
KALETRA SOL	8
KALYDECO.....	78
KANJINTI	19
<i>kariva</i>	54
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.</i>	71
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.</i>	71
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.</i>	71

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kelnor 1/35</i>	54
<i>kelnor 1/50</i>	54
KERENDIA	26
KESIMPTA	46
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	81
<i>ketorolac tromethamine (ophth)</i>	74
KEYTRUDA	19
KINRIX INJ.....	70
<i>kionex</i>	52
KISQALI 200 DOSE.....	19
KISQALI 200 PAK FEMARA.....	19
KISQALI 400 DOSE.....	19
KISQALI 400 PAK FEMARA.....	19
KISQALI 600 DOSE.....	19
KISQALI 600 PAK FEMARA.....	19
<i>klayesta</i>	81
<i>klor-con</i>	72
<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
KOSELUGO.....	19
<i>kourzeq</i>	84
KRAZATI	19
<i>kurvelo</i>	54
L	
<i>labetalol hcl</i>	30
<i>lacosamide</i>	41
<i>lacosamide oral</i>	41
<i>lactated ringer's solution</i>	72
<i>lactic acid (ammonium lactate)</i>	83
<i>lactulose</i>	61
<i>lactulose (encephalopathy)</i>	62
<i>lamivudine</i>	6
<i>lamivudine (hcv)</i>	9
<i>lamivudine-zidovudine tab 150-300 mg</i>	8
<i>lamotrigine</i>	41
<i>lanreotide acetate</i>	58
<i>lansoprazole</i>	63
<i>lapatinib ditosylate</i>	19

<i>larin 1.5/30</i>	54	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	54
<i>larin 1/20</i>	54	<i>levora 0.15/30-28</i>	54
<i>larin fe 1.5/30</i>	54	<i>levo-t</i>	59
<i>larin fe 1/20</i>	54	<i>levothyroxine sodium</i>	59
<i>latanoprost</i>	75	<i>levoxyl</i>	59
<i>LAZCLUZE</i>	19	<i>l-glutamine (sickle cell)</i>	65
<i>leflunomide</i>	68	<i>lidocaine</i>	83
<i>lenalidomide</i>	15	<i>lidocaine hcl</i>	83
<i>LENVIMA 10 MG DAILY DOSE</i>	20	<i>lidocaine hcl (local anesth.)</i>	1
<i>LENVIMA 12MG DAILY DOSE</i>	20	<i>lidocaine hcl (mouth-throat)</i>	84
<i>LENVIMA 20 MG DAILY DOSE</i>	20	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83
<i>LENVIMA 4 MG DAILY DOSE</i>	19	<i>lidocan</i>	83
<i>LENVIMA 8 MG DAILY DOSE</i>	19	<i>LILETTA</i>	54
<i>LENVIMA CAP 14 MG</i>	20	<i>linezolid</i>	4
<i>LENVIMA CAP 18 MG</i>	20	<i>LINEZOLID INJ 2MG/ML</i>	4
<i>LENVIMA CAP 24 MG</i>	20	<i>LINZESS</i>	62
<i>lessina</i>	54	<i>liothyronine sodium</i>	59
<i>letrozole</i>	14	<i>lisinopril</i>	26
<i>leucovorin calcium</i>	24	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>LEUKERAN</i>	13	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>leuprolide acetate</i>	14	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	25
<i>levalbuterol tartrate</i>	77	<i>lithium</i>	46
<i>levetiracetam</i>	41	<i>lithium carbonate</i>	46
<i>LEVETIRACETAM</i>	41	<i>LIVTENCITY</i>	9
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	41	<i>loestrin 1.5/30-21</i>	54
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	41	<i>loestrin 1/20-21</i>	54
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	41	<i>loestrin fe 1.5/30</i>	54
<i>levobunolol hcl</i>	75	<i>loestrin fe 1/20</i>	54
<i>levocarnitine (metabolic modifiers)</i> ...	58	<i>LOKELMA</i>	52
<i>levocetirizine dihydrochloride</i>	77	<i>LONSURF TAB 15-6.14</i>	13
<i>levofloxacin</i>	10, 11	<i>LONSURF TAB 20-8.19</i>	13
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	11	<i>loperamide hcl</i>	62
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	11	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	8
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	11	<i>lopinavir-ritonavir tab 100-25 mg</i>	8
<i>levonest</i>	54	<i>lopinavir-ritonavir tab 200-50 mg</i>	8
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	54	<i>lorazepam</i>	33
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	54	<i>lorazepam intensol</i>	33
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	54	<i>LORBRENA</i>	20
		<i>loryna</i>	54
		<i>losartan potassium</i>	28

<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	27
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	27
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	27
LOTEMAX	74
<i>loteprednol etabonate</i>	74
<i>lovastatin</i>	28
<i>low-ogestrel</i>	54
<i>loxapine succinate</i>	37
LUMAKRAS	20
LUMIGAN	75
LUMIZYME	58
LUPRON DEPOT (1-MONTH)	14
LUPRON DEPOT (3-MONTH)	14
LUPRON DEPOT-PED (1-MONTH)	58
LUPRON DEPOT-PED (3-MONTH)	58
LUPRON DEPOT-PED (6-MONTH)	58
<i>lurasidone hcl</i>	37
<i>luteal</i>	54
LYBALVI TAB 10-10MG	37
LYBALVI TAB 15-10MG	37
LYBALVI TAB 20-10MG	37
LYBALVI TAB 5-10MG	37
<i>lyleq</i>	54
<i>lyllana</i>	57
LYNPARZA	20
LYSODREN	14
LYTGOBI (12 MG DAILY DOSE)	20
LYTGOBI (16 MG DAILY DOSE)	20
LYTGOBI (20 MG DAILY DOSE)	20
<i>lyza</i>	54
M	
<i>magnesium sulfate</i>	72
MAGNESIUM SULFATE	72
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	72
<i>malathion</i>	84
<i>maraviroc</i>	6
<i>marlissa</i>	54
MARPLAN	34
MATULANE	15
MAVYRET PAK 50-20MG	9
MAVYRET TAB 100-40MG	9

<i>meclizine hcl</i>	60
<i>medroxyprogesterone acetate</i>	59
<i>medroxyprogesterone acetate (contraceptive)</i>	54
<i>mefloquine hcl</i>	6
<i>megestrol acetate</i>	14, 59
<i>megestrol acetate (appetite)</i>	59
MEKINIST	20
MEKTOVI	20
<i>meloxicam</i>	1
<i>memantine hcl</i>	33
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	33
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	33
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	33
MENACTRA INJ	70
MENQUADFI	70
MENVEO INJ	70
MENVEO SOL	70
<i>mercaptapurine</i>	13
<i>meropenem</i>	4
<i>mesalamine</i>	61
<i>mesalamine w/ cleanser</i>	61
<i>mesna</i>	24
MESNEX	24
<i>metformin hcl</i>	49
<i>methadone hcl</i>	1, 2
<i>methadone hydrochloride i</i>	2
<i>methazolamide</i>	31
<i>methenamine hippurate</i>	4
<i>methimazole</i>	59
<i>methotrexate sodium</i>	13, 68
<i>methsuximide</i>	41
<i>methylphenidate hcl</i>	44
<i>methylprednisolone</i>	57
<i>methylprednisolone acetate</i>	57
<i>methylprednisolone sod succ</i>	57
<i>methyltestosterone</i>	48
<i>metoclopramide hcl</i>	60
<i>metolazone</i>	31
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	29
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	29

<i>metoprolol & hydrochlorothiazide tab</i>	
50-25 mg	29
<i>metoprolol succinate</i>	30
<i>metoprolol tartrate</i>	30
<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	83
<i>metronidazole vaginal</i>	63
<i>metyrosine</i>	32
<i>micafungin sodium</i>	5
<i>microgestin 1.5/30</i>	54
<i>microgestin 1/20</i>	54
<i>microgestin fe 1.5/30</i>	54
<i>microgestin fe 1/20</i>	54
<i>midodrine hcl</i>	32
MIEBO	75
<i>mifepristone (hyperglycemia)</i>	58
<i>mili</i>	54
<i>mimvey</i>	57
<i>minocycline hcl</i>	12
<i>minoxidil</i>	32
<i>mirtazapine</i>	34
<i>misoprostol</i>	62
MITIGARE	1
M-M-R II INJ	70
M-NATAL PLUS TAB	72
<i>modafinil</i>	47
<i>moexipril hcl</i>	26
<i>molindone hcl</i>	37
<i>mometasone furoate</i>	82
MONJUVI	20
<i>mono-lynyah</i>	54
<i>montelukast sodium</i>	77
<i>morphine sulfate</i>	2
MOUNJARO	49
MOVANTIK	62
<i>moxifloxacin hcl</i>	11
<i>moxifloxacin hcl (ophth)</i>	74
<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>sodium chloride 0.8% inj</i>	11
MRESVIA	70
MULTAQ	28
<i>multiple electrolytes ph 5.5</i>	72
<i>multiple electrolytes ph 7.4</i>	72
<i>mupirocin</i>	81
<i>mycophenolate mofetil</i>	69
<i>mycophenolate sodium</i>	69
MYRBETRIQ	63

N	
<i>nabumetone</i>	1
<i>nadolol</i>	30
<i>nafcillin sodium</i>	11
NAGLAZYME	58
<i>nalbuphine hcl</i>	2
<i>naloxone hcl</i>	47
<i>naltrexone hcl</i>	47
NAMZARIC CAP 14-10MG	33
NAMZARIC CAP 21-10MG	33
NAMZARIC CAP 28-10MG	33
NAMZARIC CAP 7-10MG	33
NAMZARIC CAP PACK	33
<i>naproxen</i>	1
<i>naproxen dr</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	45
NATACYN	74
<i>nateglinide</i>	49
NAYZILAM	41
<i>nebivolol hcl</i>	30
<i>necon 0.5/35-28</i>	55
<i>nefazodone hcl</i>	34
<i>neomycin sulfate</i>	4
<i>neomycin-bacitrac zn-polymyx</i>	
5(3.5)mg-400unt-10000unt op oin	74
<i>neomycin-polymy-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml ..	74
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	73
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	73
<i>neomycin-polymyxin-hc ophth susp</i> ..	73
<i>neomycin-polymyxin-hc otic soln 1%</i>	75
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
mg/ml-10000 unit/ml-1%	75
<i>neo-polycin 5(3.5)mg-400unt-</i>	
10000unt op oin	74
<i>neo-polycin hc ophth oint 1%</i>	73
NERLYNX	20
<i>nevirapine</i>	6
NEXLETOL	29
NEXLIZET TAB 180/10MG	29
NEXPLANON	55
<i>niacin (antihyperlipidemic)</i>	29
<i>nicardipine hcl</i>	30
NICOTROL INHALER	47

NICOTROL NS	47	NOVOLIN R	50
<i>nifedipine</i>	30	NOVOLIN R FLEXPEN	50
<i>nikki</i>	55	NOVOLOG	51
<i>nilotinib hcl</i>	20	NOVOLOG FLEXPEN	51
<i>nilutamide</i>	14	NOVOLOG MIX INJ 70/30	51
<i>nimodipine</i>	30	NOVOLOG MIX INJ FLEXPEN	51
NINLARO	21	NOVOLOG PENFILL	51
<i>nitazoxanide</i>	4	NUBEQA.....	14
<i>nitisinone</i>	58	NUDEXTA CAP 20-10MG	46
NITRO-BID	32	NULOJIX	69
<i>nitrofurantoin macrocrystal</i>	4	NUPLAZID	37, 38
<i>nitrofurantoin monohyd macro</i>	4	NURTEC	45
<i>nitroglycerin</i>	32	NUTRILIPID	73
<i>nitroglycerin (intra-anal)</i>	83	NUZYRA	12
<i>nizatidine</i>	61	<i>nyamyc</i>	81
<i>nora-be</i>	55	<i>nylia 1/35</i>	55
<i>norelgestromin-ethinyl estradiol td</i>		<i>nylia 7/7/7</i>	55
<i>ptwk 150-35 mcg/24hr</i>	55	<i>nystatin</i>	5
<i>norethindrone (contraceptive)</i>	55	<i>nystatin (mouth-throat)</i>	84
<i>norethindrone ace & ethinyl estradiol</i>		<i>nystatin (topical)</i>	81
<i>tab 1 mg-20 mcg</i>	55	<i>nystop</i>	81
<i>norethindrone ace & ethinyl estradiol-fe</i>		O	
<i>tab 1 mg-20 mcg</i>	55	<i>ocella</i>	55
<i>norethindrone acetate</i>	59	OCTAGAM	69
<i>norethindrone acetate-ethinyl estradiol</i>		<i>octreotide acetate</i>	58
<i>tab 0.5 mg-2.5 mcg</i>	57	ODEFSEY TAB	8
<i>norethindrone acetate-ethinyl estradiol</i>		ODOMZO.....	21
<i>tab 1 mg-5 mcg</i>	57	OFEV	78
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>ofloxacin (ophth)</i>	74
<i>1-20/1-30/1-35 mg-mcg</i>	55	<i>ofloxacin (otic)</i>	76
<i>norgestimate & ethinyl estradiol tab</i>		OGIVRI	21
<i>0.25 mg-35 mcg</i>	55	OGSIVEO	21
<i>norgestimate-eth estrad tab 0.18-</i>		OJEMDA	21
<i>25/0.215-25/0.25-25 mg-mcg</i>	55	OJJAARA	21
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olanzapine</i>	38
<i>35/0.215-35/0.25-35 mg-mcg</i>	55	<i>olmesartan medoxomil</i>	28
<i>norlyroc</i>	55	<i>olmesartan medoxomil-</i>	
<i>nortrel 0.5/35 (28)</i>	55	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>nortrel 1/35 (21)</i>	55		27
<i>nortrel 1/35 (28)</i>	55	<i>olmesartan medoxomil-</i>	
<i>nortrel 7/7/7</i>	55	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>nortriptyline hcl</i>	34		27
NORVIR	6	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30.....	50	<i>hydrochlorothiazide tab 40-25 mg</i> .	27
NOVOLIN INJ 70/30 FP	50	<i>olmesartan-amlodipine-</i>	
NOVOLIN N	50	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN N FLEXPEN	50	<i>mg</i>	27

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	27
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	27
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	27
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	27
<i>omega-3-acid ethyl esters cap 1 gm</i>	29
<i>omeprazole</i>	63
OMNIPOD 5 DX KIT INT G7G6	51
OMNIPOD 5 DX MIS POD G7G6	51
OMNIPOD 5 G7 KIT INTRO	51
OMNIPOD 5 G7 MIS PODS	51
OMNIPOD 5 L2 KIT INTRO G6	51
OMNIPOD 5 LB MIS PODS G6	51
OMNIPOD DASH KIT INTRO	51
OMNIPOD DASH MIS PODS	51
OMNIPOD GO KIT 10UNT/DY	51
OMNIPOD GO KIT 15UNT/DY	51
OMNIPOD GO KIT 20UNT/DY	51
OMNIPOD GO KIT 25UNT/DY	51
OMNIPOD GO KIT 30UNT/DY	51
OMNIPOD GO KIT 35UNT/DY	51
OMNIPOD GO KIT 40UNT/DY	51
OMNIPOD MIS CLASSIC	51
<i>ondansetron</i>	60
<i>ondansetron hcl</i>	60
ONTRUZANT	21
ONUREG	13
OPIPZA	38
OPSUMIT	32
ORGOVYX	14
ORKAMBI GRA 100-125	78
ORKAMBI GRA 150-188	78
ORKAMBI GRA 75-94MG	78
ORKAMBI TAB 100-125	78
ORKAMBI TAB 200-125	78
ORSERDU	14
<i>oseltamivir phosphate</i>	9
<i>oxacillin sodium</i>	11
<i>oxaliplatin</i>	13
<i>oxcarbazepine</i>	41

<i>oxybutynin chloride</i>	63
<i>oxycodone hcl</i>	2
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	3
OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
OZEMPIC (0.25 OR 0.5MG/DOSE)	49
OZEMPIC (1MG/DOSE)	49
OZEMPIC (2MG/DOSE)	49
P	
<i>pacerone</i>	28
<i>paclitaxel</i>	16
<i>paclitaxel inj 100mg</i>	16
<i>paliperidone</i>	38
<i>pamidronate disodium</i>	52
PAMIDRONATE DISODIUM	52
PANRETIN	83
<i>pantoprazole sodium</i>	63
PANZYGA	69
<i>paricalcitol</i>	60
<i>paroxetine hcl</i>	34
PAXLOVID PAK	9
PAXLOVID TAB 150-100	9
PAXLOVID TAB 300-100	9
<i>pazopanib hcl</i>	21
PEDIARIX INJ 0.5ML	70
PEDVAX HIB	70
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	62
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	62
PEGASYS	9
PEMAZYRE	21
<i>pemetrexed disodium</i>	13
PENBRAYA INJ	70
<i>penicillamine</i>	52
<i>penicillin g potassium</i>	12
<i>penicillin g sodium</i>	12
<i>penicillin v potassium</i>	12
PENTACEL INJ	70
<i>pentamidine isethionate inh</i>	4
<i>pentamidine isethionate inj</i>	4

<i>pentoxifylline</i>	65	<i>polymyxin b sulfate</i>	4
<i>perampanel</i>	41	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>perindopril erbumine</i>	26	10000 unit/ml-0.1%	74
<i>periogard</i>	84	POMALYST.....	15
<i>permethrin</i>	84	<i>portia-28</i>	55
<i>perphenazine</i>	38	<i>posaconazole</i>	5
<i>pfizerpen</i>	12	POT CHL 20MEQ/L IN NACL 0.45% INJ	
<i>phenelzine sulfate</i>	34		72
<i>phenobarbital</i>	41	POT CHL 20MEQ/L IN NACL 0.9% INJ	
<i>phenobarbital sodium</i>	41		72
<i>phenytek</i>	41	POT CHL 40MEQ/L IN NACL 0.9% INJ	
<i>phenytoin</i>	41		72
<i>phenytoin sodium</i>	41	<i>potassium chloride</i>	72
<i>phenytoin sodium extended</i>	41	<i>potassium chloride 20 meq/l (0.15%)</i>	
PHESGO SOL	21	in dextrose 5% inj	72
<i>philith</i>	55	<i>potassium chloride microencapsulated</i>	
PIFELTRO	6	crystals er	72
<i>pilocarpine hcl</i>	75	<i>potassium citrate (alkalinizer)</i>	63
<i>pilocarpine hcl (oral)</i>	84	<i>pramipexole dihydrochloride</i>	36
<i>pimecrolimus</i>	83	<i>prasugrel hcl</i>	65
<i>pimozide</i>	38	<i>pravastatin sodium</i>	28
<i>pimtrea</i>	55	<i>praziquantel</i>	4
<i>pindolol</i>	30	<i>prazosin hcl</i>	26
<i>pioglitazone hcl</i>	49	<i>prednisolone</i>	57
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone acetate (ophth)</i>	74
500 mg	49	PREDNISOLONE SODIUM PHOSP	74
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone sodium phosphate</i>	57
850 mg	49	<i>prednisone</i>	57
<i>piperacillin sod-tazobactam na for inj</i>		PREDNISONE INTENSOL	57
3.375 gm (3-0.375 gm)	12	<i>pregabalin</i>	42
<i>piperacillin sod-tazobactam sod for inj</i>		PREMASOL SOL 10%	73
13.5 gm (12-1.5 gm)	12	PRENATAL TAB 27-1MG.....	72
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB PLUS	72
2.25 gm (2-0.25 gm)	12	<i>prevalite</i>	29
<i>piperacillin sod-tazobactam sod for inj</i>		PREVYMIS	9
4.5 gm (4-0.5 gm)	12	PREZCOBIX TAB 800-150	8
<i>piperacillin sod-tazobactam sod for inj</i>		PREZISTA.....	6, 7
40.5 gm (36-4.5 gm)	12	PRIFTIN	8
PIQRAY 200MG DAILY DOSE	21	<i>primaquine phosphate</i>	6
PIQRAY 250MG TAB DOSE.....	21	PRIMAQUINE PHOSPHATE	6
PIQRAY 300MG DAILY DOSE	21	<i>primidone</i>	42
<i>pirfenidone</i>	78	PRIORIX INJ	70
<i>piroxicam</i>	1	PRIVIGEN.....	69
<i>plenamine</i>	73	<i>probenecid</i>	1
PLENVU SOL	62	<i>prochlorperazine</i>	60
<i>podofilox</i>	83	<i>prochlorperazine edisylate</i>	60
<i>polycin ophth oint</i>	74	<i>prochlorperazine maleate</i>	60

PROCRT	64
<i>proctocort</i>	83
<i>procto-med hc</i>	83
<i>proctosol hc</i>	83
<i>proctozone-hc</i>	83
<i>progesterone</i>	59
PROGRAF	69
PROLASTIN-C	78
PROLIA	52
<i>promethazine hcl</i>	60
<i>propafenone hcl</i>	28
<i>proparacaine hcl</i>	75
<i>propranolol hcl</i>	30
<i>propylthiouracil</i>	59
PROQUAD INJ	70
PROSOL INJ 20%	73
<i>protriptyline hcl</i>	34
PULMOZYME	78
PURIXAN	13
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	46
<i>pyrimethamine</i>	4
PYZCHIVA	67

Q

QINLOCK	21
QUADRACEL INJ 0.5ML	70
<i>quetiapine fumarate</i>	38
<i>quinapril hcl</i>	26
<i>quinidine sulfate</i>	28
<i>quinine sulfate</i>	6
QULIPTA	45

R

RABAVER INJ	70
RALDESY	34
<i>raloxifene hcl</i>	59
<i>ramipril</i>	26
<i>ranolazine</i>	32
<i>rasagiline mesylate</i>	36
<i>reclipsen</i>	55
RECOMBIVAX HB	70
REGRANEX	84
RELENZA DISKHALER	9
RELISTOR	62
REMICADE	67
RENFLEXIS	67
<i>repaglinide</i>	49
REPATHA	29

REPATHA PUSHTRONEX SYSTEM	29
REPATHA SURECLICK	29
RESTASIS	75
RESTASIS MULTIDOSE	75
RETEVMO	21
REVUFORJ	21
REXULTI	38
REYATAZ	7
REZLIDHIA	21
REZUROCK	69
RHOPRESSA	75
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8
<i>rifampin</i>	8
<i>riluzole</i>	46
<i>rimantadine hydrochloride</i>	9
RINVOQ	67
RINVOQ LQ	67
<i>risperidone</i>	38
<i>risperidone microspheres</i>	38
<i>ritonavir</i>	7
<i>rivaroxaban</i>	64
<i>rivastigmine</i>	33
<i>rivastigmine tartrate</i>	33
<i>rizatriptan benzoate</i>	45
ROCKLATAN DRO	75
<i>roflumilast</i>	78
ROMVIMZA	22
<i>ropinirole hydrochloride</i>	36
<i>rosuvastatin calcium</i>	28
ROTARIX SUS	70
ROTATEQ SOL	70
<i>roweepra</i>	42
ROZLYTREK	22
RUBRACA	22
<i>rufinamide</i>	42
RUKOBIA	7
RYBELSUS	49
RYDAPT	22

S

<i>sajazir</i>	65
SANTYL	84
<i>sapropterin dihydrochloride</i>	59
SCEMBLIX	22
<i>scopolamine</i>	61
SECUADO	38
<i>selegiline hcl</i>	36

<i>selenium sulfide</i>	81	<i>ssd</i>	81
SELZENTRY	7	STELARA	67
SEREVENT DISKUS	77	STIVARGA	22
<i>sertraline hcl</i>	34, 35	<i>streptomycin sulfate</i>	4
<i>setlakin</i>	55	STRIBILD TAB.....	8
<i>sharobel</i>	55	<i>subvenite</i>	42
SHINGRIX	70	<i>sucralfate</i>	62
SIGNIFOR	59	<i>sulfacetamide sodium (acne)</i>	80
SIKLOS	65	<i>sulfacetamide sodium (ophth)</i>	74
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	32	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	73
<i>silver sulfadiazine</i>	81	<i>sulfadiazine</i>	4
SIMBRINZA SUS 1-0.2%	75	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	4
<i>simliya</i>	55	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	4
<i>simvastatin</i>	29	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	4
<i>sirolimus</i>	69	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	4
SIRTURO	8	SULFAMYLON	81
SKYRIZI	67	<i>sulfasalazine</i>	61
SKYRIZI PEN	67	<i>sulindac</i>	1
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	62	<i>sumatriptan</i>	45
<i>sodium chloride</i>	72	<i>sumatriptan succinate</i>	45
<i>sodium chloride (gu irrigant)</i>	84	<i>sunitinib malate</i>	22
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	73	SUNLENCA	7
SODIUM OXYBATE	47	<i>syeda</i>	55
<i>sodium phenylbutyrate</i>	59	SYMDEKO TAB 100-150	78
<i>sodium polystyrene sulfonate powder</i>	52	SYMDEKO TAB 50-75MG	78
<i>solifenacin succinate</i>	63	SYMPAZAN	42
SOLIQUA INJ 100/33	51	SYMTUZA TAB.....	8
SOLTAMOX	14	SYNAREL.....	59
SOLU-CORTEF.....	57	SYNJARDY TAB 12.5-1000MG	49
SOMATULINE DEPOT.....	59	SYNJARDY TAB 12.5-500.....	49
SOMAVERT	59	SYNJARDY TAB 5-1000MG	49
<i>sorafenib tosylate</i>	22	SYNJARDY TAB 5-500MG.....	49
<i>sotalol hcl</i>	28	SYNJARDY XR TAB 10-1000	49
<i>sotalol hcl (afib/af)</i>	28	SYNJARDY XR TAB 12.5-1000	49
SOTYKTU	67	SYNJARDY XR TAB 25-1000	49
<i>spironolactone</i>	26	SYNJARDY XR TAB 5-1000MG	49
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	31	SYNTHROID.....	60
<i>sprintec 28</i>	55	T	
SPRITAM	42	TABLOID	13
<i>sps</i>	52	TABRECTA	22
<i>sps rectal</i>	52	<i>tacrolimus</i>	69
<i>sronyx</i>	55	<i>tacrolimus (topical)</i>	83

<i>tadalafil</i>	63	<i>tinidazole</i>	4
<i>tadalafil (pulmonary hypertension)</i> ...	32	TIVICAY	7
TAFINLAR.....	22	TIVICAY PD	7
TAGRISSO	22	<i>tizanidine hcl</i>	47
TALZENNA.....	22	TOBI PODHALER	4
<i>tamoxifen citrate</i>	14	TOBRADEX OIN 0.3-0.1%	73
<i>tamsulosin hcl</i>	63	<i>tobramycin</i>	4
<i>tarina fe 1/20 eq</i>	55	<i>tobramycin (ophth)</i>	74
TASIGNA.....	22	<i>tobramycin sulfate</i>	5
<i>tasimelteon</i>	44	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	73
TAVNEOS	65	<i>tolterodine tartrate</i>	63
<i>tazarotene</i>	81	<i>topiramate</i>	42
<i>tazicef</i>	10	<i>toremifene citrate</i>	14
TAZORAC	81	<i>torpenz</i>	23
TAZVERIK	22	<i>torsemide</i>	31
TECENTRIQ	22	TOUJEO MAX SOLOSTAR	51
TECENTRIQ INJ HYBREZA	23	TOUJEO SOLOSTAR	51
TEFLARO	10	TPN ELECTROL INJ	72
<i>telmisartan</i>	28	TRADJENTA	49
<i>temazepam</i>	44	<i>tramadol hcl</i>	3
TENIVAC INJ 5-2LF.....	70	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	3
TEPMETKO.....	23	<i>trandolapril</i>	26
<i>terazosin hcl</i>	26	<i>tranexamic acid</i>	65
<i>terbinafine hcl</i>	5	<i>tranylcypromine sulfate</i>	35
<i>terbutaline sulfate</i>	77	TRAVASOL INJ 10%.....	73
<i>terconazole vaginal</i>	64	TRAZIMERA	23
TERIPARATIDE	52	<i>trazodone hcl</i>	35
<i>testosterone</i>	48	TRECATOR	8
<i>testosterone cypionate</i>	48	TRELEGY AER ELLIPTA 100-62.5-25 MCG	76
<i>testosterone enanthate</i>	48	TRELEGY AER ELLIPTA 200-62.5-25 MCG	76
<i>testosterone pump</i>	48	TREMFYA.....	67
<i>tetrabenazine</i>	46	TREMFYA INDUCTION PACK FO	67
<i>tetracycline hcl</i>	12	<i>treprostinil</i>	32
THALOMID.....	15	TRESIBA	51
<i>theophylline</i>	78	TRESIBA FLEXTOUCH.....	51
<i>thioridazine hcl</i>	39	<i>tretinoin</i>	80
<i>thiothixene</i>	39	<i>tretinoin (chemotherapy)</i>	15
<i>tiadylt er</i>	30	<i>triamcinolone acetonide (mouth)</i>	84
<i>tiagabine hcl</i>	42	<i>triamcinolone acetonide (topical)</i>	82
TIBSOVO.....	23	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	31
<i>ticagrelor</i>	65	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	31
TICOVAC	71		
<i>tigecycline</i>	12		
<i>tilia fe</i>	55		
<i>timolol maleate</i>	30		
<i>timolol maleate (ophth)</i>	75		

<i>triamterene & hydrochlorothiazide tab</i>	
75-50 mg	31
<i>tridacaine ii</i>	83
<i>triderm</i>	82
<i>trientine hcl</i>	52
<i>tri-estarylla</i>	55
<i>trifluoperazine hcl</i>	39
<i>trifluridine</i>	74
<i>trihexyphenidyl hcl</i>	36
TRIJARDY XR TAB ER 24HR 10-5-	
1000MG	49
TRIJARDY XR TAB ER 24HR 12.5-2.5-	
1000MG	49
TRIJARDY XR TAB ER 24HR 25-5-	
1000MG	49
TRIJARDY XR TAB ER 24HR 5-2.5-	
1000MG	49
TRIKAFTA PAK 59.5MG	78
TRIKAFTA PAK 75MG	78
TRIKAFTA TAB 100-50-75MG & 150MG	
.....	79
TRIKAFTA TAB 50-25-37.5MG & 75MG	
.....	78
<i>tri-legest fe</i>	55
<i>tri-linyah</i>	55
<i>tri-lo-estarylla</i>	56
<i>tri-lo-marzia</i>	56
<i>tri-lo-mili</i>	56
<i>tri-lo-sprintec</i>	56
<i>trimethoprim</i>	5
<i>tri-mili</i>	56
<i>trimipramine maleate</i>	35
TRINTELLIX	35
<i>tri-nymyo</i>	56
<i>tri-sprintec</i>	56
TRIUMEQ PD TAB	8
TRIUMEQ TAB	8
<i>trivora-28</i>	56
<i>tri-vylibra</i>	56
<i>tri-vylibra lo</i>	56
TROGARZO	7
TROPHAMINE INJ 10%	73
<i>tropium chloride</i>	63
TRULICITY	50
TRUMENBA	71
TRUQAP	23
TRUXIMA	23
TUKYSA	23
TURALIO	23
<i>turqoz</i>	56
<i>twice-daily clindamycin phosphate</i>	
(topical)	80
TWINRIX INJ	71
TYBOST	7
TYENNE	67
TYPHIM VI	71
U	
UBRELVY	45
<i>unithroid</i>	60
<i>ursodiol</i>	62
V	
<i>valacyclovir hcl</i>	9
VALCHLOR	83
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	42
<i>valproic acid</i>	42
<i>valsartan</i>	28
<i>valsartan-hydrochlorothiazide tab 160-</i>	
12.5 mg	27
<i>valsartan-hydrochlorothiazide tab 160-</i>	
25 mg	27
<i>valsartan-hydrochlorothiazide tab 320-</i>	
12.5 mg	27
<i>valsartan-hydrochlorothiazide tab 320-</i>	
25 mg	27
<i>valsartan-hydrochlorothiazide tab 80-</i>	
12.5 mg	27
VALTOCO 10 MG DOSE	42
VALTOCO 15 MG DOSE	42
VALTOCO 20 MG DOSE	42
VALTOCO 5 MG DOSE	42
<i>valtya 1/50</i>	56
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	23
VAQTA	71
<i>varenicline tartrate</i>	47
<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
42 x 1 mg start pack	48
VARIVAX	71
VASCEPA	29
VAXCHORA SUS	71

<i>velivet</i>	56
VELSIPITY	68
VENCLEXTA	23
VENCLEXTA TAB START PK	23
<i>venlafaxine hcl</i>	35
VENTOLIN HFA	77
VENTOLIN HFA (INSTITUTIONAL PACK)	77
VEOZAH	59
<i>verapamil hcl</i>	31
VERQUVO	32
VERSACLOZ	39
VERZENIO	23
<i>vestura</i>	56
<i>vienva</i>	56
<i>vigabatrin</i>	42
<i>vigadrone</i>	43
VIGAFYDE	43
<i>vigpoder</i>	43
<i>vilazodone hcl</i>	35
VIMKUNYA	71
<i>vincristine sulfate</i>	16
<i>vinorelbine tartrate</i>	16
<i>violele</i>	56
VIRACEPT	7
VIREAD	7
VITRAKVI	23
VIVIMUSTA	13
VIVITROL	48
VIVOTIF CAP EC	71
VIZIMPRO	23
VONJO	23
VORANIGO	23
<i>voriconazole</i>	5
VOSEVI TAB	9
VOWST CAP	62
VRAYLAR	39
<i>vyfemla</i>	56
<i>vylibra</i>	56
VYZULTA	75
W	
<i>warfarin sodium</i>	64
<i>water for irrigation, sterile irrigation soln</i>	84
WELIREG	15
<i>wera</i>	56
WESTAB PLUS TAB 27-1MG	73

<i>wixela inhub</i>	80
X	
XALKORI	24
<i>xarah fe</i>	56
XARELTO	64
XARELTO STAR TAB 15/20MG	64
XATMEP	68
XCOPRI	43
XCOPRI PAK 100-150	43
XCOPRI PAK 12.5-25	43
XCOPRI PAK 150-200MG (MAINTENANCE)	43
XCOPRI PAK 150-200MG (TITRATION)	43
XCOPRI PAK 50-100MG	43
XDEMVY	74
XELJANZ	68
XELJANZ XR	68
XERMELO	62
XGEVA	52
XHANCE	79
XIFAXAN	62
XIGDUO XR TAB 10-1000	50
XIGDUO XR TAB 10-500MG	50
XIGDUO XR TAB 2.5-1000	50
XIGDUO XR TAB 5-1000MG	50
XIGDUO XR TAB 5-500MG	50
XIIDRA	75
XOLAIR	79
XOSPATA	24
XPOVIO PAK (100 MG ONCE WEEKLY)	24
XPOVIO PAK (40 MG ONCE WEEKLY)	24
XPOVIO PAK (40 MG TWICE WEEKLY)	24
XPOVIO PAK (60 MG ONCE WEEKLY)	24
XPOVIO PAK (60 MG TWICE WEEKLY)	24
XPOVIO PAK (80 MG ONCE WEEKLY)	24
XPOVIO PAK (80 MG TWICE WEEKLY)	24
XTANDI	14, 15
<i>xulane</i>	56
XULTOPHY INJ 100/3.6	52
Y	
YESINTEK	68
YF-VAX INJ	71

YONSA	15
yuvaferm	57
Z	
zafemy	56
zafirlukast	77
ZARXIO	64
ZEGALOGUE	57
ZEJULA	24
ZELBORAF	24
ZEMAIRA	79
zenatane	80
ZENPEP CAP 10000UNT	62
ZENPEP CAP 15000UNT	62
ZENPEP CAP 20000UNT	63
ZENPEP CAP 25000UNT	63
ZENPEP CAP 3000UNIT	62
ZENPEP CAP 40000UNT	63
ZENPEP CAP 5000UNIT	62
ZENPEP CAP 60000UNT	63

ZERVIAE	74
zidovudine	7
ziprasidone hcl	39
ziprasidone mesylate	39
ZIRABEV	24
ZIRGAN	74
zoledronic acid	52
ZOLINZA	24
zolpidem tartrate	44
ZONISADE	43
zonisamide	43
zovia 1/35	56
ZTALMY	43
zumandimine	56
ZURZUVAE	35
ZYDELIG	24
ZYKADIA	24
ZYLET SUS 0.5-0.3%	73



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.

Form Approved
OMB# 0938-1421

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 1-877-553-7054 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-553-7054 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-553-7054 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-553-7054 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-553-7054 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Form CMS-10802 (Expires 12/31/25)

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 1-877-553-7054 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-553-7054 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-877-553-7054 (TTY: 711). 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 1-877-553-7054 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-553-7054 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-877-553-7054 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-553-7054 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-553-7054 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-553-7054 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-553-7054 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-553-7054 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-553-7054 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 07/18/2025. 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're available 8am–8pm, every day from Oct. 1–Mar. 31 and weekdays from Apr. 1–Sep. 30. Or visit our website at [**www.MartinsPoint.org/PartD**](http://www.MartinsPoint.org/PartD).