

2025



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# Formulario para 2025 (Lista de medicamentos cubiertos)

**Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)**

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

**Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)**

**Lea lo siguiente:** este documento contiene información acerca de los medicamentos que cubrimos en este plan

No hemos realizado cambios en el Formulario desde el 10/01/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de Elderplan al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., o visítenos en [www.elderplan.org](http://www.elderplan.org).

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)  
Elderplan Plus Long-Term Care (HMO-POS D-SNP)  
Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)

# Formulario para 2025

## (Lista de medicamentos cubiertos o “Lista de medicamentos”)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission 00025191

No hemos realizado cambios en este Formulario desde el 10/01/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) de 8 a.m. a 8 p.m., los 7 días de la semana, o visite [www.elderplan.org](http://www.elderplan.org).

**Mensaje importante sobre lo que paga por las vacunas:** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible. Para obtener más información, llame a Servicios para los Miembros.

**Mensaje importante sobre lo que paga por la insulina:** no pagará más de \$35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido que figura, incluso si no ha pagado su deducible.

**Nota para los miembros existentes:** Este Formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) se refiere a “nosotros”, “nos” o “nuestro/a”, hace referencia a Elderplan, Inc. Cuando se refiere a “plan” o “nuestro plan”, hace referencia a **Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP); Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP) y Elderplan Plus Long-Term Care (HMO-POS D-SNP)**.

Este documento incluye la Lista de medicamentos (Formulario) para nuestro plan que está vigente al 10/01/2024. Para obtener una Lista de medicamentos actualizada (Formulario), póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos la Lista de medicamentos (Formulario), aparece en las páginas de la portada y la contraportada.

Por lo general, debe utilizar las farmacias de la red para utilizar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la red de farmacias y los copagos o el coseguro pueden cambiar el 1 de enero de 2025 y, de tiempo a tiempo, durante el año.

## ¿Qué es el Formulario de Elderplan?

En este documento, usamos la Lista de medicamentos y el Formulario para decir lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que representa las terapias con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Nuestro plan cubrirá, por lo general, los medicamentos que figuran en nuestro Formulario, siempre y cuando el medicamento sea médicamente necesario, se obtenga la receta en la farmacia de la red del plan y otras normas del plan se sigan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

## ¿Puede cambiar el Formulario?

La mayoría de los cambios en la cobertura para medicamentos ocurren el 1 de enero, pero podemos agregar o retirar medicamentos de nuestra Lista de medicamentos durante el año, pasarlos a un nivel de costo compartido diferente o agregar restricciones nuevas. Para realizar estos cambios, debemos cumplir con las normas de Medicare. Las actualizaciones del Formulario se publican mensualmente en nuestro sitio web: [www.elderplan.org](http://www.elderplan.org).

**Cambios que pueden afectarlo este año:** en los siguientes casos, usted se verá afectado por cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Eliminaremos el medicamento del Formulario de inmediato si lo reemplazamos con una determinada versión nueva de ese medicamento que aparecerá con las mismas o menos restricciones. Cuando agreguemos una nueva versión del medicamento al Formulario, podemos decidir conservar el medicamento de marca o el

producto biológico original en nuestro Formulario o agregar restricciones nuevas.

Podemos hacer estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca, o añadimos ciertas versiones nuevas biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregar una versión biosimilar intercambiable que pueda reemplazarse en una farmacia por un producto biológico original sin una receta nueva).

Si actualmente toma un medicamento de marca, o producto biológico original, podríamos no informarle antes de realizar un cambio inmediato, pero posteriormente le proporcionaremos información sobre los cambios específicos que realizamos.

Si realizamos ese cambio, usted o la persona autorizada a dar recetas pueden pedirnos que hagamos una excepción y sigamos cubriendo el medicamento que está siendo cambiado. Para obtener más información, consulte la sección a continuación titulada “Cómo solicitar una excepción al Formulario de Elderplan”.

Algunos de estos medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con las versiones biosimilares?”

- **Medicamentos retirados del mercado.** Si un medicamento se retira de la venta por parte del fabricante o la Administración de Alimentos y Medicamentos (FDA) determina su retiro por razones de seguridad o eficacia, podemos retirar el medicamento de inmediato y después proporcionar un aviso a los miembros que toman dicho medicamento.

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• **Otros cambios.** Podríamos introducir otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos quitar un medicamento de marca del Formulario si agregamos un equivalente genérico o eliminar un producto biológico original si agregamos una versión biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos introducir cambios a partir de pautas clínicas nuevas. Si quitamos los medicamentos del Formulario, agregamos autorización previa, límites de cantidades o restricciones de tratamiento escalonado sobre un medicamento, debemos notificar a los miembros afectados por el cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita el resurtido del medicamento, pueden recibir un suministro para 30 días del medicamento y un aviso sobre el cambio.

Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden pedirnos que hagamos una excepción y sigamos cubriendo el medicamento que ha estado tomando. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción; además, puede encontrar información en la siguiente sección titulada “Cómo solicitar una excepción al Formulario de Elderplan”.

**Cambios que no lo afectarán si actualmente toma el medicamento.** Por lo general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2025, a menos que se trate de alguno de los casos mencionados anteriormente. Esto significa que estos medicamentos continuarán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no

lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarán, y es importante consultar el Formulario para el año nuevo de beneficios para ver si hay cambios en los medicamentos.

El Formulario adjunto está vigente al 10/01/2024. Para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan, póngase en contacto con nosotros. Aparece nuestra información de contacto en las páginas de la portada y la contraportada.

En caso de que nuestro plan realice un cambio en el Formulario de no mantenimiento a mediados del año, los formularios se actualizarán en nuestro sitio web con los cambios. Visite nuestro sitio web o llame a Servicios para los Miembros para obtener un Formulario impreso actualizado o para obtener más información sobre el cambio en medicamentos que no sean de mantenimiento. Aparece la información de contacto en las páginas de la portada y la contraportada.

## ¿Cómo uso el Formulario?

Hay dos maneras de encontrar su medicamento en el Formulario:

### Condición médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario se agrupan en categorías según el tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se incluyen en la categoría “Cardiovascular”. Si sabe para qué se usa su medicamento, busque el nombre de categoría en la lista que comienza en la página 1. Luego consulte el nombre de la categoría para su medicamento.

### Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 81. El Índice proporciona una lista

alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Consulte la página que aparece en el Índice y encuentre el nombre del medicamento en la primera columna de la lista.

### ¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA dado que se considera que tiene los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, generalmente, cuestan menos que los medicamentos de marca. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden reemplazar el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

### ¿Qué son los productos biológicos originales y cómo se relacionan con las versiones biosimilares?

En el Formulario, cuando hacemos referencia a los “medicamentos”, esto podría indicar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan “versiones biosimilares”. Por lo general, las versiones biosimilares funcionan igual que el producto biológico original y pueden costar menos. Existen alternativas de versiones biosimilares para algunos productos biológicos originales. Algunas versiones

biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden reemplazarse por el producto biológico original en la farmacia sin necesidad de una nueva receta, como los medicamentos genéricos pueden sustituirse por los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, sección 3.1 del Capítulo 5, “La Lista de medicamentos indica qué medicamentos de la Parte D están cubiertos”.

### ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** nuestro plan exige que usted o la persona autorizada a dar recetas obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan provee 30 comprimidos por receta de Januvia 50 mg. Esto puede ser suplementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

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Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones en tratamientos escalonados. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la contraportada.

Puede pedirle a nuestro plan que haga una excepción a estas restricciones o límites o puede solicitarle una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección “Cómo solicitar una excepción al Formulario de Elderplan” en la página IV para obtener información acerca de cómo solicitar una excepción.

## ¿Qué sucede si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Departamento de Servicios para los Miembros y preguntar si su medicamento está cubierto. Si resulta que nuestro plan no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los Miembros una lista de medicamentos similares que cubra nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que cubra nuestro plan.
- Puede solicitar a nuestro plan que haga una excepción y cubra su medicamento. Consulte más abajo para obtener información sobre cómo solicitar una excepción.

## Cómo solicitar una excepción al Formulario de Elderplan?

Puede solicitar a nuestro plan que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y cubramos una mayor cantidad.

Por lo general, nuestro plan solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el Formulario del plan o la aplicación de la restricción no fueran igual de eficaces para usted o le causarían efectos adversos.

Usted o la persona autorizada a dar recetas deben ponerse en contacto con nosotros para solicitar una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas deberá explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión en un plazo de 72 horas después de recibir la declaración que respalda su declaración de respaldo de la persona autorizada a dar recetas. Puede pedir una decisión acelerada (rápida) si cree y aceptamos que su salud se podría perjudicar seriamente si espera hasta 72 horas por una decisión. Si aceptamos o si la persona autorizada a dar recetas

solicita una decisión rápida, debemos darle una decisión no más allá de las 24 horas después de recibir la declaración que respalda su solicitud.

### **¿Qué puedo hacer si mi medicamento no está en el Formulario o tiene una restricción?**

Como miembro nuevo o continuo de nuestro plan, puede estar tomando medicamentos que no están en el Formulario. O puede estar tomando un medicamento que está en nuestro Formulario, pero tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas acerca de solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiarse a un medicamento alternativo que cubrimos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Si bien usted y su médico determinan el curso correcto de acción para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no figuren en nuestro Formulario o tengan una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, le permitiremos resurtir hasta llegar a un máximo de un suministro para 30 días del medicamento. Si la cobertura no se aprueba, después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha estado inscrito en el plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no figura en el Formulario o si su capacidad para obtener sus medicamentos es limitada, pero usted está pasado de los primeros 90 días de la membresía en nuestro plan, cubriremos un suministro de ese medicamento para 31 días mientras obtenga una excepción al Formulario.

### **Miembros existentes en el plan con niveles de cambios en la atención**

Si usted ingresa en un centro de atención a largo plazo (LTC) y provenía de un lugar (hogar) como paciente externo, de un hospital o de otro centro de LTC, cubriremos un suministro de transición temporal para 31 días (a menos que tenga una receta para menos días) para cada uno de los medicamentos que no esté incluidos en nuestro Formulario o que tengan restricciones o límites de cobertura.

Si deja el centro de LTC o el hospital y regresa a su hogar como paciente externo, cubriremos un suministro temporal para 30 días (a menos que tenga una receta para menos días) después del alta, para cada uno de los medicamentos que no están incluidos en nuestro Formulario o que tienen restricciones o límites de cobertura.

Tenga en cuenta que nuestra política de transición se aplica únicamente a aquellos medicamentos que se refieren a los “medicamentos de la Parte D” y que se surten en una farmacia de la red.

### **Para obtener más información**

Para obtener información más detallada sobre la cobertura para medicamentos con receta de nuestro plan, revise la Evidencia de cobertura y otros documentos del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) 7 días a la semana, 24 horas al día. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

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## Formulario del plan

El Formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene dificultades para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 81.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca están capitalizados (por ejemplo, LANOXIN) y los medicamentos genéricos se enumeran en los casos más bajos (por ejemplo, *digoxin*).

La información en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

**BD, autorización previa de B frente a D:** ciertos medicamentos pueden estar cubiertos por la Parte B o la Parte D de Medicare según las circunstancias. La información debe presentarse en la descripción del uso y el establecimiento del medicamento para tomar la determinación.

**PA, autorización previa:** ciertos medicamentos requieren que usted o su médico obtengan la autorización previa de nuestro plan. Esto significa que deberá obtener la aprobación de nuestro plan antes de obtener medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.

**QL, límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubrirá nuestro plan. Por ejemplo, nuestro plan proporciona 30 comprimidos por receta para Januvia. El límite de cantidades se indica en el monto suministro durante los días de suministro.

**ST, tratamiento escalonado:** nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición médica. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

**NM:** estos medicamentos NO se encuentran disponibles a través del pedido por correo.

**NDS:** suministro en días no extendido. Ciertos medicamentos especializados estarán limitados a un suministro para 30 días como máximo por surtido.



**Elderplan, Inc.**  
**Notice of Nondiscrimination – Discrimination is Against the Law**

**Español (Spanish)**

Elderplan/HomeFirst cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Elderplan/HomeFirst no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo. Elderplan/HomeFirst.:

- Proporciona ayuda y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera efectiva con nosotros, como lo siguiente:
  - Intérpretes de lenguaje de señas calificados
  - Información por escrito en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idiomas gratuitos a las personas cuyo idioma principal no es el inglés, como lo siguiente:
  - Intérpretes calificados
  - Información en otros idiomas

Si necesita estos servicios, comuníquese con el Coordinador de derechos civiles. Si considera que Elderplan/HomeFirst no le ha proporcionado estos servicios o lo ha discriminado de otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo ante:

Elderplan Inc.  
ATTN Coordinador de derechos civiles  
55 Water St  
New York, NY 10041  
Teléfono: 1-877-326-9978, TTY 711  
Fax: 1-718-759-3643

Puede presentar un reclamo en persona, por correo postal, por teléfono o por fax. Si necesita ayuda para presentar un reclamo, el Coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o teléfono ¿:

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

Hay formularios de quejas disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

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## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-353-3765 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-353-3765 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Simplified:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-353-3765 (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 Traditional:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-353-3765 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-353-3765 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-353-3765 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-353-3765 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-353-3765 (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 1-800-353-3765 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-353-3765 (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 بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-353-3765 (TTY: 711). سيقوم شخص ما يتحدث العربية مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-353-3765 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-353-3765 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-353-3765 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-353-3765 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-353-3765 (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、1-800-353-3765 (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。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-800-353-3765 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Bengali:** আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-800-353-3765 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

**Greek:** Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιοσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-800-353-3765 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

**Yiddish:** מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-800-353-3765 (TTY: 711) איינער וואס רעדט אידיש/שפראך קען איך העלפן. דאס איז אן אומזיסטע סערוויס.

**Urdu:** ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-800-353-3765 (TTY: 711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

**ELDERPLAN\_CY25\_1T\_SNP eff 01/01/2025**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANALGESICS****GOUT**

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

**MISCELLANEOUS**

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

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; 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	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

**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	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

### **OPIOID ANALGESICS, SHORT-ACTING**

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)

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<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

## **ANTI-INFECTIVES**

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

<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	

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

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

### **ANTIFUNGALS**

ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, 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	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY SOLN 20mg/ml; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	NM
SUNLENCA TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

### **ANTI-RETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM

### **ANTITUBERCULAR AGENTS**

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

### **ANTIVIRALS**

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>ganciclovir sodium SOLR 500mg</i>	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	NDS, QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	NDS, QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

### **CEPHALOSPORINS**

<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</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 NDS - Non-Extended Days Supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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**TETRACYCLINES**

<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS

**ANTINEOPLASTIC AGENTS**

**ALKYLATING AGENTS**

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

**ANTIMETABOLITES**

<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM

### **HORMONAL ANTINEOPLASTIC AGENTS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA

### **IMMUNOMODULATORS**

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

### **MISCELLANEOUS**

BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA

### **MITOTIC INHIBITORS**

<i>docetaxel</i> CONC 20mg/ml	1	B/D
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

### **MOLECULAR TARGET AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

### **PROTECTIVE AGENTS**

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS

### **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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	

### **ACE INHIBITORS**

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<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	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	

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

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<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
FUROSCIX CTKT 80mg/10ml	1	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<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	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

### **NITRATES**

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

### **PULMONARY ARTERIAL HYPERTENSION**

<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDEMENTIA</b>		
<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	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa &amp; levodopa tab</i> 10-100 mg	1	
<i>carbidopa &amp; levodopa tab</i> 25-100 mg	1	
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	1	
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	1	
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, 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	1	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	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, 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	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)

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

### **ANTISEIZURE AGENTS**

APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	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	1	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	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, 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	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	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	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA

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

### **HYPNOTICS**

<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	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	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

### **MISCELLANEOUS**

AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	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	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)

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

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

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

### **ANTIDIABETICS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

### **ANTIDIABETICS, INSULINS**

ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

### **CALCIUM REGULATORS**

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

### **CHELATING AGENTS**

CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA

### **CONTRACEPTIVES**

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</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 NDS - Non-Extended Days Supply

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<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	

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<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i> <i>mg &amp;eth est 0.01 mg</i>	1	

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<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</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 **NDS** - Non-Extended Days Supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	

**ESTROGENS**

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<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; TABS .5mg, 1mg, 2mg	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	1	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	1	
<i>yuvaferm</i> TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA

### **PROGESTINS**

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

### **THYROID AGENTS**

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

### **VITAMIN D ANALOGS**

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

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Drug Name	Drug Tier	Requirements/Limits
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**GASTROINTESTINAL**

**ANTIEMETICS**

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	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; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

**H2-RECEPTOR ANTAGONISTS**

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-</i> <i>1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-</i> <i>1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack</i> <i>for susp 20-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack</i> <i>for susp 40-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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**GENITOURINARY**

**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	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%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

**URINARY ANTISPASMODICS**

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

**HEMATOLOGIC**

**ANTICOAGULANTS**

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

### **HEMATOPOIETIC GROWTH FACTORS**

FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA

### **MISCELLANEOUS**

ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

### **PLATELET AGGREGATION INHIBITORS**

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

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS**

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	1	NDS, NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

### **IMMUNOGLOBULINS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA

### **IMMUNOMODULATORS**

ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA

### **IMMUNOSUPPRESSANTS**

ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM

### **VACCINES**

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

## NUTRITIONAL/SUPPLEMENTS

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

D2.5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NAACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D

### **ELECTROLYTES/MINERALS/VITAMINS, ORAL**

<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

### **IV NUTRITION**

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

## **OPHTHALMIC**

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

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

### **ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	

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<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	

### **ANTI-INFLAMMATORIES**

<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate SUSP .2%</i>	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	

### **ANTIALLERGICS**

<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	

### **ANTI GLAUCOMA**

<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate SOLN .15%, .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</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 NDS - Non-Extended Days Supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	

### **MISCELLANEOUS**

ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	

### **OTIC**

#### **OTIC AGENTS**

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

### **RESPIRATORY**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

### **ANTICHOLINERGICS**

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	

### **ANTIHIISTAMINES**

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

### **BETA AGONISTS**

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

### **STEROID INHALANTS**

ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUIITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D

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

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyana</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

### **DERMATOLOGY, ANTIPSORIATICS**

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

### **DERMATOLOGY, CORTICOSTEROIDS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

### **DERMATOLOGY, LOCAL ANESTHETICS**

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

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

<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>diclofenac sodium (topical)</i> SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
PENNSAID SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

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

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

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

REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

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

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

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

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	7
ABELCET .....	5
<i>abiraterone acetate</i> .....	13
ABRYSVO .....	66
<i>acamprosate calcium</i> .....	44
<i>acarbose</i> .....	45
<i>accutane</i> .....	77
<i>acebutolol hcl</i> .....	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	2
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	2
<i>acetazolamide</i> .....	29
<i>acetic acid</i> .....	61
<i>acetic acid (otic)</i> .....	72
<i>acetylcysteine</i> .....	74
<i>acitretin</i> .....	78
ACTHIB INJ .....	66
ACTIMMUNE .....	66
<i>acyclovir</i> .....	8
<i>acyclovir sodium</i> .....	8
ADACEL INJ.....	66
ADALIMUMAB-AACF (2 PEN) .....	63
ADALIMUMAB-AACF (2 SYRING).....	63
<i>adefovir dipivoxil</i> .....	8
ADMELOG .....	47
ADMELOG SOLOSTAR .....	47
ADVAIR HFA AER 115/21 .....	76
ADVAIR HFA AER 230/21 .....	76
ADVAIR HFA AER 45/21 .....	76
<i>afirmelle</i> .....	49
AIMOVIG .....	42
AKEEGA TAB 100/500.....	13
AKEEGA TAB 50/500MG .....	13
<i>ala-cort</i> .....	78
<i>albendazole</i> .....	3
<i>albuterol sulfate</i> .....	73, 74
<i>alclometasone dipropionate</i> .....	78
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY .....	47
ALDURAZYME .....	55
ALECENSA .....	15
<i>alendronate sodium</i> .....	49
<i>alfuzosin hcl</i> .....	61
<i>aliskiren fumarate</i> .....	29
<i>allopurinol</i> .....	1
<i>alose tron hcl</i> .....	59
<i>alprazolam</i> .....	30
<i>altavera</i> .....	49
ALUNBRIG.....	15
ALUNBRIG PAK .....	15
ALVAIZ.....	62
ALVESCO .....	76
<i>alyacen 1/35</i> .....	49
<i>alyacen 7/7/7</i> .....	49
ALYGLO .....	65
<i>alyq</i> .....	30
<i>amantadine hcl</i> .....	32
<i>ambrisentan</i> .....	30
<i>amethia</i> .....	50
<i>amethyst</i> .....	50
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	29
<i>amiloride hcl</i> .....	29
<i>amiodarone hcl</i> .....	26
<i>amitriptyline hcl</i> .....	31
<i>amlodipine besylate</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	23
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	23
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	23
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	24

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	24
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	24
<i>amnestem</i>	77
<i>amoxapine</i>	31
<i>amoxicillin</i>	10
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	10
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	10
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	10
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	11
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	11
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	11
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	11
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	11
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	11
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	40
<i>amphetamine-dextroamphetamine tab 10 mg</i>	40

<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	40
<i>amphetamine-dextroamphetamine tab 15 mg</i>	41
<i>amphetamine-dextroamphetamine tab 20 mg</i>	41
<i>amphetamine-dextroamphetamine tab 30 mg</i>	41
<i>amphetamine-dextroamphetamine tab 5 mg</i>	40
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	40
<i>amphotericin b</i>	5
<i>amphotericin b liposome</i>	5
<i>ampicillin</i>	11
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>ampicillin sodium</i>	11
<i>anagrelide hcl</i>	62
<i>anastrozole</i>	13
<i>ANORO ELLIPT AER 62.5-25</i>	72
<i>aprepitant</i>	58
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	58
<i>apri</i>	50
<i>APTIOM</i>	36
<i>APTIVUS</i>	6
<i>ARALAST NP</i>	74
<i>aranelle</i>	50
<i>ARCALYST</i>	66
<i>AREXVY</i>	66
<i>ARIKAYCE</i>	3
<i>aripiprazole</i>	33
<i>ARISTADA</i>	34
<i>ARISTADA INITIO</i>	34
<i>armodafinil</i>	44
<i>ARNUITY ELLIPTA</i>	76
<i>asenapine maleate</i>	34
<i>ashlyna</i>	50

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	63
ASTAGRAF XL.....	66
<i>atazanavir sulfate</i> .....	6
<i>atenolol</i> .....	28
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	27
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	27
<i>atomoxetine hcl</i> .....	41
<i>atorvastatin calcium</i> .....	26
<i>atovaquone</i> .....	3
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	5
ATROPINE SULFATE.....	72
<i>atropine sulfate (ophthalmic)</i> .....	72
ATROVENT HFA.....	73
<i>aubra eq</i> .....	50
AUGTYRO.....	15
<i>aurovela 1/20</i> .....	50
<i>aurovela 24 fe</i> .....	50
<i>aurovela fe 1/20</i> .....	50
<i>aurovela fe 1.5/30</i> .....	50
AUSTEDO.....	43
AUSTEDO XR.....	43
AUSTEDO XR TAB TITR KIT .....	43
AUVELITY TAB 45-105MG.....	31
<i>aviane</i> .....	50
<i>ayuna</i> .....	50
AYVAKIT .....	15
<i>azacitidine</i> .....	12
<i>azathioprine</i> .....	66
<i>azelastine hcl</i> .....	73
<i>azelastine hcl (ophth)</i> .....	71
<i>azithromycin</i> .....	10
<i>aztreonam</i> .....	3
<i>azurette</i> .....	50
<b>B</b>	
<i>bacitracin (ophthalmic)</i> .....	70
<i>bacitracin-polymyxin b ophth oint</i> ....	70
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	70
<i>baclofen</i> .....	44
BAFIERTAM .....	43
<i>balsalazide disodium</i> .....	59
BALVERSA.....	15
<i>balziva</i> .....	50
BARACLUDGE .....	8
BASAGLAR KWIKPEN .....	47
BCG VACCINE.....	66
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	23
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	23
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	23
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....	23
<i>benazepril hcl</i> .....	23
BENDAMUSTINE HYDROCHLORID .....	12
BENDEKA.....	12
BENLYSTA.....	66
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	77
<i>benztropine mesylate</i> .....	33
BERINERT .....	62
BESIVANCE .....	70
BESREMI .....	14
<i>betaine powder for oral solution</i> .....	55
<i>betamethasone dipropionate (topical)</i> .....	78
<i>betamethasone dipropionate augmented</i> .....	78
<i>betamethasone valerate</i> .....	78
BETASERON .....	43
<i>betaxolol hcl</i> .....	28
<i>betaxolol hcl (ophth)</i> .....	71
<i>bethanechol chloride</i> .....	61
BETOPTIC-S .....	71
BEVESPI AER 9-4.8MCG .....	72
<i>bexarotene</i> .....	14
<i>bexarotene (topical)</i> .....	79
BEXSERO INJ .....	67
<i>bicalutamide</i> .....	13
BICILLIN L-A .....	11
BIKTARVY TAB 30-120-15 MG .....	7
BIKTARVY TAB 50-200-25 MG .....	7
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	27
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	27

<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	27
<i>bisoprolol fumarate</i> .....	28
BIVIGAM.....	65
<i>blisovi 24 fe</i> .....	50
<i>blisovi fe 1.5/30</i> .....	50
BOOSTRIX INJ .....	67
<i>bortezomib</i> .....	15
BORTEZOMIB .....	15
<i>bosentan</i> .....	30
BOSULIF .....	15
BRAFTOVI .....	15
BREO ELLIPTA INH 100-25 .....	76
BREO ELLIPTA INH 200-25 .....	76
BREO ELLIPTA INH 50-25MCG .....	76
<i>breyna</i> .....	76
BREZTRI AERO AER SPHERE.....	72
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....	72
<i>briellyn</i> .....	50
BRILINTA.....	63
<i>brimonidine tartrate</i> .....	71
<i>brinzolamide</i> .....	71
BRIVIACT.....	36
<i>bromfenac sodium (ophth)</i> .....	71
<i>bromocriptine mesylate</i> .....	33
BRONCHITOL.....	74
BRUKINSA .....	15
<i>budesonide</i> .....	59
<i>budesonide (inhalation)</i> .....	76
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	76
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	76
<i>bumetanide</i> .....	29
<i>buprenorphine hcl</i> .....	44
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	45
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	45
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	45
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	45
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	45

<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	45
<i>bupropion hcl</i> .....	31
<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>bupirone hcl</i> .....	30
<i>butorphanol tartrate</i> .....	2
<b>C</b>	
<i>cabergoline</i> .....	55
CABOMETYX .....	16
<i>calcipotriene</i> .....	78
<i>calcitonin (salmon) spray</i> .....	49
<i>calcitrene</i> .....	78
<i>calcitriol</i> .....	57
<i>calcitriol (oral)</i> .....	57
CALQUENCE .....	16
<i>camila</i> .....	50
<i>camrese</i> .....	50
<i>camrese lo</i> .....	50
<i>candesartan cilexetil</i> .....	26
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i> .....	24
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....	24
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .	24
CAPLYTA.....	34
CAPRELSA.....	16
<i>captopril</i> .....	23
<i>captopril &amp; hydrochlorothiazide tab 25- 15 mg</i> .....	23
<i>captopril &amp; hydrochlorothiazide tab 25- 25 mg</i> .....	23
<i>captopril &amp; hydrochlorothiazide tab 50- 15 mg</i> .....	23
<i>captopril &amp; hydrochlorothiazide tab 50- 25 mg</i> .....	23
<i>carb/levo orally disintegrating tab 10- 100mg</i> .....	33
<i>carb/levo orally disintegrating tab 25- 100mg</i> .....	33
<i>carb/levo orally disintegrating tab 25- 250mg</i> .....	33
<i>carbamazepine</i> .....	36
<i>carbidopa &amp; levodopa tab 10-100 mg</i> 33	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> 33	

<i>carbidopa &amp; levodopa tab 25-250 mg</i>	33	<i>cevimeline hcl</i> .....	80
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	33	<i>chateal eq</i> .....	50
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	33	CHEMET.....	49
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	33	<i>chlorhexidine gluconate (mouth-throat)</i> .....	80
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	33	<i>chloroquine phosphate</i> .....	6
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	33	<i>chlorpromazine hcl</i> .....	34
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	33	<i>chlorthalidone</i> .....	29
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	33	<i>cholestyramine</i> .....	27
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	33	<i>cholestyramine light</i> .....	27
<i>carboplatin</i> .....	12	<i>ciclopirox</i> .....	77
<i>carglumic acid</i> .....	55	<i>ciclopirox olamine</i> .....	77
<i>carisoprodol</i> .....	44	<i>cilostazol</i> .....	62
<i>carteolol hcl (ophth)</i> .....	71	CILOXAN.....	70
<i>cartia xt</i> .....	28	CIMDUO TAB 300-300 .....	7
<i>carvedilol</i> .....	28	<i>cinacalcet hcl</i> .....	56
<i>caspofungin acetate</i> .....	5	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
CAYSTON.....	3	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>cefaclor</i> .....	9	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	72
<i>cefadroxil</i> .....	9	<i>ciprofloxacin hcl</i> .....	10
CEFAZOLIN .....	9	<i>ciprofloxacin hcl (ophth)</i> .....	70
CEFAZOLIN INJ 1GM/50ML.....	9	<i>cisplatin</i> .....	12
<i>cefazolin sodium</i> .....	9	<i>citalopram hydrobromide</i> .....	31
CEFAZOLIN SOLN 2GM/100ML-4% .....	9	<i>claravis</i> .....	77
<i>cefdinir</i> .....	9	<i>clarithromycin</i> .....	10
<i>cefepime hcl</i> .....	9	<i>clindamycin hcl</i> .....	3
<i>cefixime</i> .....	9	<i>clindamycin palmitate hydrochloride</i> ...	3
<i>cefotetan disodium</i> .....	9	<i>clindamycin phosphate</i> .....	3
<i>cefoxitin sodium</i> .....	9	<i>clindamycin phosphate (topical)</i> .....	77
<i>cefpodoxime proxetil</i> .....	9	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	3
<i>cefprozil</i> .....	9	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	3
<i>ceftazidime</i> .....	9	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	3
<i>ceftriaxone sodium</i> .....	9	<i>clindamycin phosphate vaginal</i> .....	61
<i>cefuroxime axetil</i> .....	9	CLINDMYC/NAC INJ 300/50ML.....	3
<i>cefuroxime sodium</i> .....	9	CLINDMYC/NAC INJ 600/50ML.....	3
<i>celecoxib</i> .....	1	CLINDMYC/NAC INJ 900/50ML.....	3
<i>cephalexin</i> .....	10	CLINIMIX INJ 4.25/D10 .....	69
CERDELGA .....	56	CLINIMIX INJ 4.25/D5W .....	69
CEREZYME .....	56	CLINIMIX INJ 5%/D15W .....	69
<i>cetirizine hcl</i> .....	73	CLINIMIX INJ 5%/D20W .....	69
		CLINIMIX INJ 6/5.....	70
		CLINIMIX INJ 8/10 .....	70
		CLINIMIX INJ 8/14 .....	70



<i>clinisol sf 15%</i> .....	70
CLINOLIPID EMU 20% .....	70
<i>clobazam</i> .....	36
<i>clobetasol propionate</i> .....	78
<i>clobetasol propionate e</i> .....	78
<i>clomipramine hcl</i> .....	31
<i>clonazepam</i> .....	36
<i>clonidine</i> .....	29
<i>clonidine hcl</i> .....	29
<i>clopidogrel bisulfate</i> .....	63
<i>clorazepate dipotassium</i> .....	37
<i>clotrimazole</i> .....	80
<i>clotrimazole (topical)</i> .....	77
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i> .....	77
<i>clozapine</i> .....	34
COARTEM TAB 20-120MG .....	6
<i>colchicine</i> .....	1
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i> .....	1
<i>colesevelam hcl</i> .....	27
<i>colestipol hcl</i> .....	27
<i>colistimethate sodium</i> .....	3
COMBIGAN SOL 0.2/0.5% .....	71
COMBIVENT AER 20-100 .....	72
COMETRIQ (60MG DOSE).....	16
COMETRIQ KIT 100MG.....	16
COMETRIQ KIT 140MG.....	16
COMPLERA TAB .....	7
<i>compro</i> .....	58
<i>constulose</i> .....	59
COPAXONE.....	43
COPIKTRA .....	16
CORLANOR.....	29
COSENTYX .....	63
COSENTYX SENSOREADY PEN.....	63
COSENTYX UNOREADY.....	63
COTELLIC .....	16
CREON CAP 12000UNT .....	59
CREON CAP 24000UNT .....	59
CREON CAP 3000UNIT .....	59
CREON CAP 36000UNT .....	59
CREON CAP 6000UNIT .....	59
<i>cromolyn sodium</i> .....	74
<i>cromolyn sodium (mastocytosis)</i> .....	60
<i>cromolyn sodium (ophth)</i> .....	71
<i>cryselle-28</i> .....	50

<i>cyclobenzaprine hcl</i> .....	44
<i>cyclophosphamide</i> .....	12
CYCLOPHOSPHAMIDE .....	12
CYCLOPHOSPHAMIDE MONOHYDR.....	12
<i>cycloserine</i> .....	8
<i>cyclosporine</i> .....	66
<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	66
<i>cyproheptadine hcl</i> .....	73
<i>cyred eq</i> .....	50
CYSTADROPS .....	72
CYSTAGON.....	56
CYSTARAN .....	72
<i>cytarabine</i> .....	12
<b>D</b>	
D10W/NACL INJ 0.2% .....	68
D2.5W/NACL INJ 0.45%.....	68
<i>dabigatran etexilate mesylate</i> .....	61
<i>dalfampridine</i> .....	43
<i>danazol</i> .....	45
<i>dantrolene sodium</i> .....	44
<i>dapsone</i> .....	3
DAPTACEL INJ .....	67
<i>daptomycin</i> .....	3
DAPTOMYCIN .....	3
<i>darunavir</i> .....	6
<i>dasetta 1/35</i> .....	50
<i>dasetta 7/7/7</i> .....	50
DAURISMO.....	16
<i>daysee</i> .....	50
DAYVIGO .....	41
<i>deblitane</i> .....	50
<i>deferasirox</i> .....	49
DELSTRIGO TAB .....	7
DENGVAXIA SUS.....	67
DEPO-SUBQ PROVERA 104 .....	50
<i>depo-testosterone</i> .....	45
DESCOVY TAB 120-15MG.....	7
DESCOVY TAB 200/25MG.....	7
<i>desipramine hcl</i> .....	31
<i>desmopressin acetate</i> .....	56
<i>desmopressin acetate spray</i> .....	56
<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	56
<i>desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> .....	50
<i>desvenlafaxine succinate</i> .....	31

<i>dexamethasone</i> .....	55	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
DEXAMETHASONE INTENSOL.....	55	<i>mg/5ml</i> .....	60
<i>dexamethasone sodium phosphate</i> ...	55	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dexamethasone sodium phosphate</i>		<i>0.025 mg</i> .....	60
<i>(ophth)</i> .....	71	<i>dipyridamole</i> .....	63
<i>dexmethylphenidate hcl</i> .....	41	<i>disopyramide phosphate</i> .....	26
<i>dextrose</i> .....	70	<i>disulfiram</i> .....	45
<i>dextrose 10% w/ sodium chloride</i>		<i>divalproex sodium</i> .....	37
<i>0.45%</i> .....	68	<i>docetaxel</i> .....	14, 15
<i>dextrose 2.5% w/ sodium chloride</i>		DOCETAXEL .....	15
<i>0.45%</i> .....	68	<i>dofetilide</i> .....	26
<i>dextrose 5% in lactated ringers</i> .....	68	<i>dolishale</i> .....	50
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>donepezil hydrochloride</i> .....	31
.....	68	DOPTELET .....	62
<i>dextrose 5% w/ sodium chloride</i>		<i>dorzolamide hcl</i> .....	71
<i>0.225%</i> .....	68	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>soln 2-0.5%</i> .....	71
.....	68	<i>dotti</i> .....	54
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOVATO TAB 50-300MG .....	7
.....	68	<i>doxazosin mesylate</i> .....	24
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxepin hcl</i> .....	31
.....	68	<i>doxepin hcl (antipruritic)</i> .....	79
DIACOMIT .....	37	<i>doxepin hcl (sleep)</i> .....	41
<i>diazepam</i> .....	37	<i>doxorubicin hcl</i> .....	14
<i>diazepam (anticonvulsant)</i> .....	37	<i>doxorubicin hcl liposomal</i> .....	14
<i>diazepam inj</i> .....	37	<i>doxy 100</i> .....	12
<i>diazepam intensol</i> .....	37	<i>doxycycline (monohydrate)</i> .....	12
<i>diazoxide</i> .....	55	<i>doxycycline hyclate</i> .....	12
<i>diclofenac potassium</i> .....	1	DRIZALMA SPRINKLE.....	31
<i>diclofenac sodium</i> .....	1	<i>dronabinol</i> .....	58
<i>diclofenac sodium (ophth)</i> .....	71	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (topical)</i> .....	79	<i>0.02 mg</i> .....	50
<i>dicloxacillin sodium</i> .....	11	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i> .....	58	<i>0.03 mg</i> .....	50
DIFICID .....	10	<i>drospirenone-ethinyl estrad-</i>	
<i>diflunisal</i> .....	1	<i>levomefolate tab 3-0.02-0.451 mg</i> 50	
<i>difluprednate</i> .....	71	<i>drospirenone-ethinyl estrad-</i>	
<i>digoxin</i> .....	29	<i>levomefolate tab 3-0.03-0.451 mg</i> 50	
<i>dihydroergotamine mesylate</i> .....	42	DROXIA .....	62
DILANTIN .....	37	<i>droxidopa</i> .....	29
<i>diltiazem hcl</i> .....	28	DULERA AER 100-5MCG .....	76
<i>diltiazem hcl coated beads</i> .....	28	DULERA AER 200-5MCG .....	76
<i>diltiazem hcl extended release beads</i>	28	DULERA AER 50-5MCG.....	76
<i>dilt-xr</i> .....	28	<i>duloxetine hcl</i> .....	32
DIP/TET PED INJ 25-5LFU .....	67	DUPIXENT .....	63
<i>diphenhydramine hcl</i> .....	73	<i>dutasteride</i> .....	61

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	61
<b>E</b>	
<i>e.e.s. 400</i> .....	10
<i>econazole nitrate</i> .....	77
EDURANT .....	6
<i>efavirenz</i> .....	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	7
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	7
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	7
ELIGARD.....	13
<i>elinest</i> .....	50
ELIQUIS .....	61
ELIQUIS STARTER PACK .....	61
<i>eluryng</i> .....	50
EMGALITY .....	42
EMSAM .....	32
<i>emtricitabine</i> .....	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	7
EMTRIVA .....	6
EMVERM.....	3
<i>emzahn</i> .....	50
<i>enalapril maleate</i> .....	23
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	23
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	23
ENBREL .....	63
ENBREL MINI.....	63
ENBREL SURECLICK .....	63
<i>endocet tab 10-325mg</i> .....	2
<i>endocet tab 2.5-325mg</i> .....	2
<i>endocet tab 5-325mg</i> .....	2
<i>endocet tab 7.5-325mg</i> .....	2
ENGERIX-B .....	67
<i>enilloring</i> .....	50
<i>enoxaparin sodium</i> .....	62

<i>enpresse-28</i> .....	50
<i>enskyce</i> .....	51
ENSTILAR AER.....	78
<i>entacapone</i> .....	33
<i>entecavir</i> .....	8
ENTRESTO CAP 15-16MG .....	24
ENTRESTO CAP 6-6MG.....	24
ENTRESTO TAB 24-26MG .....	24
ENTRESTO TAB 49-51MG .....	24
ENTRESTO TAB 97-103MG .....	25
<i>enulose</i> .....	59
EPCLUSA PAK 150-37.5 .....	8
EPCLUSA PAK 200-50MG .....	8
EPCLUSA TAB 200-50MG .....	8
EPCLUSA TAB 400-100 .....	8
EPIDIOLEX .....	37
<i>epinephrine (anaphylaxis)</i> .....	29, 74
<i>epitol</i> .....	37
<i>eplerenone</i> .....	24
EPRONTIA.....	37
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	42
ERIVEDGE.....	16
ERLEADA .....	13
<i>erlotinib hcl</i> .....	16
<i>errin</i> .....	51
<i>ertapenem sodium</i> .....	3
<i>ery</i> .....	77
<i>ery-tab</i> .....	10
ERYTHROCIN LACTOBIONATE .....	10
<i>erythromycin (acne aid)</i> .....	77
<i>erythromycin (ophth)</i> .....	70
<i>erythromycin base</i> .....	10
<i>erythromycin ethylsuccinate</i> .....	10
<i>erythromycin lactobionate</i> .....	10
<i>escitalopram oxalate</i> .....	32
<i>esomeprazole magnesium</i> .....	60
<i>estarylla</i> .....	51
<i>estradiol</i> .....	54
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	54
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	54
<i>estradiol vaginal</i> .....	54
<i>estradiol valerate</i> .....	54
<i>eszopiclone</i> .....	41
<i>ethambutol hcl</i> .....	8

<i>ethosuximide</i> .....	37	<i>finasteride</i> .....	61
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i> fingolimod hcl</i> .....	43
<i>tab 1 mg-35 mcg</i> .....	51	FINTEPLA.....	37
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i>finzala</i> .....	51
<i>tab 1 mg-50 mcg</i> .....	51	FIRMAGON .....	13
<i>etodolac</i> .....	1	<i>flac</i> .....	72
<i>etonogestrel-ethinyl estradiol va ring</i>		FLAREX.....	71
<i>0.12-0.015 mg/24hr</i> .....	51	FLEBOGAMMA DIF.....	65
<i>etoposide</i> .....	15	<i>flecainide acetate</i> .....	26
<i>etravirine</i> .....	6	<i>fluconazole</i> .....	5
EULEXIN .....	13	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>euthyrox</i> .....	57	<i>mg/100ml</i> .....	5
<i>everolimus</i> .....	16	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>everolimus (immunosuppressant)</i> .....	66	<i>mg/200ml</i> .....	5
EVOTAZ TAB 300-150 .....	7	<i>flucytosine</i> .....	5
<i>exemestane</i> .....	13	<i>fludrocortisone acetate</i> .....	55
EYSUVIS .....	72	<i>flunisolide (nasal)</i> .....	75
<i>ezetimibe</i> .....	27	<i>fluocinolone acetonide</i> .....	78
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	27	<i>fluocinolone acetonide (otic)</i> .....	72
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	27	<i>fluocinonide</i> .....	78
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	27	<i>fluocinonide emulsified base</i> .....	78
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	27	<i>fluorometholone (ophth)</i> .....	71
<b>F</b>		<i>fluorouracil</i> .....	12
FABRAZYME .....	56	<i>fluorouracil (topical)</i> .....	79
<i>falmina</i> .....	51	<i>fluoxetine hcl</i> .....	32
<i>famciclovir</i> .....	8	<i>fluphenazine decanoate</i> .....	34
<i>famotidine</i> .....	58	<i>fluphenazine hcl</i> .....	34
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>flurbiprofen</i> .....	1
<i>mg/50ml</i> .....	58	<i>flurbiprofen sodium</i> .....	71
FANAPT .....	34	<i>fluticasone propionate</i> .....	79
FANAPT PAK.....	34	<i>fluticasone propionate (nasal)</i> .....	75
FARXIGA.....	45	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA .....	74	<i>100-50 mcg/act</i> .....	76
FASENRA PEN.....	74	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felbamate</i> .....	37	<i>250-50 mcg/act</i> .....	76
<i>felodipine</i> .....	28	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fenofibrate</i> .....	26	<i>500-50 mcg/act</i> .....	76
<i>fenofibrate micronized</i> .....	26	<i>fluvoxamine maleate</i> .....	30
<i>fentanyl</i> .....	1	<i>fondaparinux sodium</i> .....	62
<i>fentanyl citrate</i> .....	2	<i>fosamprenavir calcium</i> .....	6
<i>fesoterodine fumarate</i> .....	61	<i>fosinopril sodium</i> .....	23
FETZIMA.....	32	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
FETZIMA CAP TITRATIO .....	32	<i>tab 10-12.5 mg</i> .....	23
FIASP .....	47	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
FIASP FLEXTOUCH .....	47	<i>tab 20-12.5 mg</i> .....	23
FIASP PENFILL.....	47	FOTIVDA.....	16
FIASP PUMPCART .....	47	FRUZAQLA .....	16

FULPHILA.....	62
<i>fulvestrant</i> .....	13
FUROSCIX.....	29
<i>furosemide</i> .....	29
<i>furosemide inj</i> .....	29
FUZEON .....	6
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	54
<i>fyavolv tab 1mg-5mcg</i> .....	54
FYCOMPA .....	37, 38
<b>G</b>	
<i>gabapentin</i> .....	38
<i>galantamine hydrobromide</i> .....	31
GAMASTAN INJ.....	65
GAMMAGARD LIQUID .....	65
GAMMAGARD S/D IGA LESS TH .....	65
GAMMAKED.....	65
GAMMAPLEX.....	65
GAMUNEX-C.....	65
<i>ganciclovir sodium</i> .....	8
GARDASIL 9 INJ .....	67
<i>gatifloxacin (ophth)</i> .....	70
GATTEX .....	60
GAUZE PADS 2 .....	47
<i>gavilyte-c</i> .....	59
<i>gavilyte-g</i> .....	59
<i>gavilyte-n/flavor pack</i> .....	59
GAVRETO.....	16
<i>gefitinib</i> .....	17
<i>gemcitabine hcl</i> .....	12
<i>gemfibrozil</i> .....	26
<i>generlac</i> .....	59
<i>gengraf</i> .....	66
GENOTROPIN .....	56
GENOTROPIN MINIQUICK.....	56
<i>gentamicin in saline inj 0.8 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 1 mg/ml</i> .....	3
<i>gentamicin in saline inj 2 mg/ml</i> .....	4
<i>gentamicin sulfate</i> .....	4
<i>gentamicin sulfate (ophth)</i> .....	70
<i>gentamicin sulfate (topical)</i> .....	77
GENVOYA TAB.....	7
GILOTRIF.....	17
<i>glatiramer acetate</i> .....	43
<i>glatopa</i> .....	44
GLEOSTINE .....	12

<i>glimepiride</i> .....	45
<i>glipizide</i> .....	45, 46
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	46
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	46
<i>glipizide-metformin hcl tab 5-500 mg</i>	46
<i>glipizide xl</i> .....	46
<i>glycopyrrolate</i> .....	58
<i>glydo</i> .....	79
GLYXAMBI TAB 10-5 MG .....	46
GLYXAMBI TAB 25-5 MG .....	46
<i>granisetron hcl</i> .....	58
<i>griseofulvin microsize</i> .....	5
<i>griseofulvin ultramicrosize</i> .....	5
<i>guanfacine hcl</i> .....	30
<i>guanfacine hcl (adhd)</i> .....	41
<b>H</b>	
HAEGARDA.....	62
<i>hailey 1.5/30</i> .....	51
<i>hailey 24 fe</i> .....	51
<i>halobetasol propionate</i> .....	79
<i>haloette</i> .....	51
<i>haloperidol</i> .....	34
<i>haloperidol decanoate</i> .....	34
<i>haloperidol lactate</i> .....	34
HARVONI PAK 33.75-150MG .....	8
HARVONI PAK 45-200MG .....	8
HARVONI TAB 45-200MG .....	8
HARVONI TAB 90-400MG .....	8
HAVRIX .....	67
<i>heather</i> .....	51
<i>heparin sodium (porcine)</i> .....	62
HEPLISAV-B .....	67
HEP SOD/NACL INJ 25000UNT .....	62
HERCEP HYLEC SOL 60-10000 .....	17
HERCEPTIN .....	17
HERZUMA .....	17
HIBERIX .....	67
HUMIRA .....	64
HUMIRA PEN .....	64
HUMIRA PEN-CD/UC/HS START.....	64
HUMIRA PEN KIT PS/UV .....	64
HUMIRA PEN-PEDIATRIC UC S .....	64
HUMULIN R U-500 (CONCENTR.....	47
HUMULIN R U-500 KWIKPEN.....	47
<i>hydralazine hcl</i> .....	30

<i>hydrochlorothiazide</i> .....	29	INCRELEX .....	56
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	2	INCRUSE ELLIPTA .....	73
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	2	<i>indapamide</i> .....	29
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	2	INFANRIX INJ .....	67
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	2	INFLIXIMAB.....	64
<i>hydrocodone bitartrate</i> .....	1	INLYTA .....	17
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2	INQOVI TAB 35-100MG.....	13
<i>hydrocortisone</i> .....	55	INREBIC .....	17
<i>hydrocortisone (intrarectal)</i> .....	59	INSULIN PEN NEEDLES: BD-EMBECTA .....	47
<i>hydrocortisone (rectal)</i> .....	79	INSULIN SAFETY NEEDLES: BD-EMBECTA .....	47
<i>hydrocortisone (topical)</i> .....	79	INSULIN SYRINGES: BD-EMBECTA ...	47
<i>hydrocortisone valerate</i> .....	79	INTELENCE .....	6
<i>hydromorphone hcl</i> .....	2	INTRALIPID .....	70
<i>hydroxychloroquine sulfate</i> .....	65	<i>introvale</i> .....	51
<i>hydroxyurea</i> .....	14	INVEGA HAFYERA.....	34
<i>hydroxyzine hcl</i> .....	73	INVEGA SUSTENNA .....	34
<i>hydroxyzine pamoate</i> .....	73	INVEGA TRINZA.....	34
<b>I</b>		IPOL INJ INACTIVE.....	67
<i>ibandronate sodium</i> .....	49	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	72
IBRANCE.....	17	<i>ipratropium bromide</i> .....	73
<i>ibu</i> .....	1	<i>ipratropium bromide (nasal)</i> .....	73
<i>ibuprofen</i> .....	1	<i>irbesartan</i> .....	26
<i>icatibant acetate</i> .....	62	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	25
<i>iclevia</i> .....	51	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	25
ICLUSIG .....	17	<i>irinotecan hcl</i> .....	14
IDACIO (2 PEN) .....	64	ISENTRESS .....	6
IDACIO (2 SYRINGE) .....	64	ISENTRESS HD.....	6
IDACIO CROHN INJ DISEASE .....	64	<i>isibloom</i> .....	51
IDACIO PLAQU INJ PSORIASIS.....	64	ISOLYTE-P INJ /D5W .....	68
IDHIFA .....	17	ISOLYTE-S INJ PH 7.4.....	68
<i>imatinib mesylate</i> .....	17	<i>isoniazid</i> .....	8
IMBRUVICA .....	17	<i>isosorbide dinitrate</i> .....	30
<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	4	<i>isosorbide mononitrate</i> .....	30
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	4	<i>isotretinoin</i> .....	77
<i>imipramine hcl</i> .....	32	<i>isradipine</i> .....	28
<i>imiquimod</i> .....	79	<i>itraconazole</i> .....	5
IMOVAX RABIES (H.D.C.V.) .....	67	<i>ivabradine hcl</i> .....	30
IMPAVIDO.....	4	<i>ivermectin</i> .....	4
INBRIJA .....	33	IWILFIN .....	14
<i>incassia</i> .....	51	IXCHIQ INJ .....	67
		IXIARO INJ.....	67

<b>J</b>	
JAKAFI .....	17
<i>jantoven</i> .....	62
JANUMET TAB 50-1000 .....	46
JANUMET TAB 50-500MG .....	46
JANUMET XR TAB 100-1000.....	46
JANUMET XR TAB 50-1000 .....	46
JANUMET XR TAB 50-500MG.....	46
JANUVIA .....	46
JARDIANCE .....	46
<i>jasmiel</i> .....	51
<i>javygtor</i> .....	56
JAYPIRCA.....	17
JENTADUETO TAB 2.5-1000.....	46
JENTADUETO TAB 2.5-500 .....	46
JENTADUETO TAB 2.5-850 .....	46
JENTADUETO TAB XR 2.5-1000MG ...	46
JENTADUETO TAB XR 5-1000MG .....	46
<i>jinteli</i> .....	55
<i>jolessa</i> .....	51
<i>juleber</i> .....	51
JULUCA TAB 50-25MG .....	7
<i>junel 1/20</i> .....	51
<i>junel 1.5/30</i> .....	51
<i>junel fe 1/20</i> .....	51
<i>junel fe 1.5/30</i> .....	51
<i>junel fe 24</i> .....	51
JYLAMVO .....	65
JYNNEOS .....	67
<b>K</b>	
KADCYLA .....	17
<i>kaitlib fe</i> .....	51
KALYDECO .....	74
KANJINTI .....	17
<i>kariva</i> .....	51
KCL/D5W/NACL INJ 0.3/0.9%.....	68
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	68
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	68
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	68
<i>kelnor 1/35</i> .....	51
<i>kelnor 1/50</i> .....	51
KERENDIA.....	24
KESIMPTA.....	44
<i>ketoconazole</i> .....	5
<i>ketoconazole (topical)</i> .....	77
<i>ketorolac tromethamine (ophth)</i> .....	71
KEYTRUDA .....	17
KINRIX INJ.....	67
<i>kionex</i> .....	49
KISQALI 200 DOSE .....	17
KISQALI 200 PAK FEMARA.....	17
KISQALI 400 DOSE .....	18
KISQALI 400 PAK FEMARA.....	18
KISQALI 600 DOSE .....	18
KISQALI 600 PAK FEMARA.....	18
<i>klayesta</i> .....	77
<i>klor-con</i> .....	69
<i>klor-con 10</i> .....	69
<i>klor-con 8</i> .....	69
<i>klor-con m10</i> .....	69
<i>klor-con m15</i> .....	69
<i>klor-con m20</i> .....	69
KOSELUGO.....	18
<i>kourzeq</i> .....	80
KRAZATI.....	18
<i>kurvelo</i> .....	51
<b>L</b>	
<i>labetalol hcl</i> .....	28
<i>lacosamide</i> .....	38
<i>lacosamide oral</i> .....	38
<i>lactated ringer's solution</i> .....	68
<i>lactic acid (ammonium lactate)</i> .....	79
<i>lactulose</i> .....	59
<i>lactulose (encephalopathy)</i> .....	59
<i>lamivudine</i> .....	6

<i>lamivudine (hbv)</i> .....	8	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>mg/150ml</i> .....	10
.....	7	<i>levonest</i> .....	51
<i>lamotrigine</i> .....	38	<i>levonor-eth est tab 0.15-</i>	
<i>lanreotide acetate</i> .....	56	<i>0.02/0.025/0.03 mg &amp;eth est 0.01</i>	
<i>lansoprazole</i> .....	60	<i>mg</i> .....	51
<i>lapatinib ditosylate</i> .....	18	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
<i>larin 1/20</i> .....	51	<i>day) tab 0.15-0.03 mg</i> .....	52
<i>larin 1.5/30</i> .....	51	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>larin 24 fe</i> .....	51	<i>0.15 mg-30 mcg</i> .....	52
<i>larin fe 1/20</i> .....	51	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>larin fe 1.5/30</i> .....	51	<i>0.1 mg-20 mcg</i> .....	52
<i>latanoprost</i> .....	71	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>layolis fe</i> .....	51	<i>30/0.075-40/0.125-30mg-mcg</i> .....	52
<i>leena</i> .....	51	<i>levonorgestrel-ethinyl estradiol</i>	
<i>leflunomide</i> .....	65	<i>(continuous) tab 90-20 mcg</i> .....	52
<i>lenalidomide</i> .....	14	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
LENVIMA 10 MG DAILY DOSE .....	18	<i>eth est tab 0.01mg(7)</i> .....	52
LENVIMA 12MG DAILY DOSE .....	18	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
LENVIMA 20 MG DAILY DOSE .....	18	<i>&amp; eth est tab 0.01mg(7)</i> .....	52
LENVIMA 4 MG DAILY DOSE .....	18	<i>levora 0.15/30-28</i> .....	52
LENVIMA 8 MG DAILY DOSE .....	18	<i>levo-t</i> .....	57
LENVIMA CAP 14 MG .....	18	<i>levothyroxine sodium</i> .....	57
LENVIMA CAP 18 MG .....	18	<i>levoxyl</i> .....	57
LENVIMA CAP 24 MG .....	18	<i>l-glutamine (sickle cell)</i> .....	62
<i>lessina</i> .....	51	LIBERVANT .....	38
<i>letrozole</i> .....	13	<i>lidocaine</i> .....	79
<i>leucovorin calcium</i> .....	22	<i>lidocaine hcl</i> .....	79
<i>leuprolide acetate</i> .....	13	<i>lidocaine hcl (local anesth.)</i> .....	1
<i>levabuterol hcl</i> .....	74	<i>lidocaine hcl (mouth-throat)</i> .....	80
<i>levabuterol tartrate</i> .....	74	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	79
<i>levetiracetam</i> .....	38	<i>lidocan</i> .....	79
<i>levetiracetam in sodium chloride iv soln</i>		LILETTA .....	52
<i>1000 mg/100ml</i> .....	38	<i>linezolid</i> .....	4
<i>levetiracetam in sodium chloride iv soln</i>		LINEZOLID INJ 2MG/ML.....	4
<i>1500 mg/100ml</i> .....	38	LINZESS .....	60
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i> .....	57
<i>500 mg/100ml</i> .....	38	<i>lisinopril</i> .....	24
<i>levobunolol hcl</i> .....	72	<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>	
<i>levocarnitine (metabolic modifiers)</i> ...	56	<i>12.5 mg</i> .....	23
<i>levocetirizine dihydrochloride</i> .....	73	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>levofloxacin</i> .....	10	<i>12.5 mg</i> .....	23
<i>levofloxacin in d5w iv soln 250</i>		<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>mg/50ml</i> .....	10	<i>25 mg</i> .....	23
<i>levofloxacin in d5w iv soln 500</i>		<i>lithium</i> .....	43
<i>mg/100ml</i> .....	10	<i>lithium carbonate</i> .....	43
		LIVTENCITY .....	8



<i>loestrin 1/20-21</i> .....	52
<i>loestrin 1.5/30-21</i> .....	52
<i>loestrin fe 1/20</i> .....	52
<i>loestrin fe 1.5/30</i> .....	52
LOKELMA .....	49
LONSURF TAB 15-6.14 .....	13
LONSURF TAB 20-8.19 .....	13
<i>loperamide hcl</i> .....	60
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	8
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	8
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	8
<i>lorazepam</i> .....	30
<i>lorazepam intensol</i> .....	30
LORBRENA .....	18
<i>loryna</i> .....	52
<i>losartan potassium</i> .....	26
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	25
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	25
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	25
LOTEMAX .....	71
<i>loteprednol etabonate</i> .....	71
<i>lovastatin</i> .....	26
<i>low-ogestrel</i> .....	52
<i>loxapine succinate</i> .....	34
LUMAKRAS .....	18
LUMIGAN .....	72
LUMIZYME .....	56
LUPRON DEPOT (1-MONTH) .....	13
LUPRON DEPOT (3-MONTH) .....	13
LUPRON DEPOT-PED (1-MONTH) .....	56
LUPRON DEPOT-PED (3-MONTH) .....	56
LUPRON DEPOT-PED (6-MONTH) .....	56
<i>lurasidone hcl</i> .....	35
<i>lutra</i> .....	52
<i>lyleq</i> .....	52
<i>lyllana</i> .....	55
LYNPARZA .....	18
LYSODREN .....	13
LYTGOBI (12 MG DAILY DOSE) .....	18
LYTGOBI (16 MG DAILY DOSE) .....	18
LYTGOBI (20 MG DAILY DOSE) .....	19

<i>lyza</i> .....	52
<b>M</b>	
<i>magnesium sulfate</i> .....	69
MAGNESIUM SULFATE .....	69
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	69
<i>malathion</i> .....	80
<i>maraviroc</i> .....	6
<i>marlissa</i> .....	52
MARPLAN .....	32
MATULANE .....	14
MAVYRET PAK 50-20MG .....	8
MAVYRET TAB 100-40MG .....	8
<i>meclizine hcl</i> .....	58
<i>medroxyprogesterone acetate</i> .....	57
<i>medroxyprogesterone acetate (contraceptive)</i> .....	52
<i>mefloquine hcl</i> .....	6
<i>megestrol acetate</i> .....	13, 57
<i>megestrol acetate (appetite)</i> .....	57
MEKINIST .....	19
MEKTOVI .....	19
<i>meloxicam</i> .....	1
<i>memantine hcl</i> .....	31
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	31
MENACTRA INJ .....	67
MENQUADFI INJ .....	67
MENVEO INJ .....	67
MENVEO SOL .....	67
<i>mercaptopurine</i> .....	13
<i>meropenem</i> .....	4
<i>mesalamine</i> .....	59
<i>mesalamine w/ cleanser</i> .....	59
MESNEX .....	22
<i>metformin hcl</i> .....	46
<i>methadone hcl</i> .....	1, 2
<i>methadone hydrochloride i</i> .....	2
<i>methazolamide</i> .....	29
<i>methenamine hippurate</i> .....	4
<i>methimazole</i> .....	57
<i>methocarbamol</i> .....	44
<i>methotrexate sodium</i> .....	13, 65
<i>methsuximide</i> .....	38
<i>methylphenidate hcl</i> .....	41
<i>methylprednisolone</i> .....	55
<i>methylprednisolone acetate</i> .....	55

<i>methylprednisolone sod succ</i> .....	55	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	10
<i>methyltestosterone</i> .....	45	MRESVIA .....	67
<i>metoclopramide hcl</i> .....	58	MULTAQ.....	26
<i>metolazone</i> .....	29	<i>multiple electrolytes ph 5.5</i> .....	69
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	27	<i>multiple electrolytes ph 7.4</i> .....	69
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	27	<i>mupirocin</i> .....	77
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	27	<i>mycophenolate mofetil</i> .....	66
<i>metoprolol succinate</i> .....	28	<i>mycophenolate sodium</i> .....	66
<i>metoprolol tartrate</i> .....	28	MYRBETRIQ.....	61
<i>metronidazole</i> .....	4	<b>N</b>	
<i>metronidazole (topical)</i> .....	80	<i>nabumetone</i> .....	1
<i>metronidazole vaginal</i> .....	61	<i>nadolol</i> .....	28
<i>metyrosine</i> .....	30	<i>nafcillin sodium</i> .....	11
<i>mibelas 24 fe</i> .....	52	NAGLAZYME .....	56
<i>micafungin sodium</i> .....	5	<i>nalbuphine hcl</i> .....	2
<i>microgestin 1/20</i> .....	52	<i>naloxone hcl</i> .....	45
<i>microgestin 1.5/30</i> .....	52	<i>naltrexone hcl</i> .....	45
<i>microgestin 24 fe</i> .....	52	NAMZARIC CAP 14-10MG .....	31
<i>microgestin fe 1/20</i> .....	52	NAMZARIC CAP 21-10MG .....	31
<i>microgestin fe 1.5/30</i> .....	52	NAMZARIC CAP 28-10MG .....	31
<i>midodrine hcl</i> .....	30	NAMZARIC CAP 7-10MG .....	31
MIEBO .....	72	NAMZARIC CAP PACK .....	31
<i>mifepristone (hyperglycemia)</i> .....	56	<i>naproxen</i> .....	1
<i>mili</i> .....	52	<i>naproxen dr</i> .....	1
<i>mimvey</i> .....	55	<i>naproxen sodium</i> .....	1
<i>minocycline hcl</i> .....	12	<i>naratriptan hcl</i> .....	42
<i>minoxidil</i> .....	30	<i>nateglinide</i> .....	46
<i>mirtazapine</i> .....	32	NAYZILAM.....	38
<i>misoprostol</i> .....	60	<i>nebivolol hcl</i> .....	28
MITIGARE .....	1	<i>necon 0.5/35-28</i> .....	52
M-M-R II INJ .....	67	<i>nefazodone hcl</i> .....	32
M-NATAL PLUS TAB .....	69	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 71	
<i>modafinil</i> .....	44	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..71	
<i>moexipril hcl</i> .....	24	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	70
<i>molindone hcl</i> .....	35	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	70
<i>mometasone furoate</i> .....	79	<i>neomycin-polymyxin-hc ophth susp</i> ..70	
MONJUVI .....	19	<i>neomycin-polymyxin-hc otic soln 1%</i> 72	
<i>mono-lynyah</i> .....	52	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	72
<i>montelukast sodium</i> .....	74	<i>neomycin sulfate</i> .....	4
<i>morphine sulfate</i> .....	2	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> .....	70
MOUNJARO .....	46		
MOVANTIK .....	60		
<i>moxifloxacin hcl</i> .....	10		
<i>moxifloxacin hcl (ophth)</i> .....	70		

<i>neo-polycin hc ophth oint 1%</i> .....	70	<i>norgestimate &amp; ethinyl estradiol tab</i>	
NERLYNX .....	19	0.25 mg-35 mcg .....	53
<i>nevirapine</i> .....	6	<i>norgestimate-eth estrad tab 0.18-</i>	
NEXLETOL.....	27	25/0.215-25/0.25-25 mg-mcg .....	53
NEXLIZET TAB 180/10MG.....	27	<i>norgestimate-eth estrad tab 0.18-</i>	
NEXPLANON .....	52	35/0.215-35/0.25-35 mg-mcg .....	53
<i>niacin (antihyperlipidemic)</i> .....	27	<i>norlyroc</i> .....	53
<i>nicardipine hcl</i> .....	28	<i>nortrel 0.5/35 (28)</i> .....	53
NICOTROL INHALER .....	45	<i>nortrel 1/35 (21)</i> .....	53
NICOTROL NS.....	45	<i>nortrel 1/35 (28)</i> .....	53
<i>nifedipine</i> .....	28	<i>nortrel 7/7/7</i> .....	53
<i>nikki</i> .....	52	<i>nortriptyline hcl</i> .....	32
<i>nilutamide</i> .....	13	NORVIR.....	6
<i>nimodipine</i> .....	28	NOVOLIN INJ 70/30 .....	48
NINLARO .....	19	NOVOLIN INJ 70/30 FP .....	48
<i>nitazoxanide</i> .....	4	NOVOLIN N .....	48
<i>nitisinone</i> .....	56	NOVOLIN N FLEXPEN .....	48
NITRO-BID.....	30	NOVOLIN R .....	48
<i>nitrofurantoin macrocrystal</i> .....	4	NOVOLIN R FLEXPEN .....	48
<i>nitrofurantoin monohyd macro</i> .....	4	NOVOLOG .....	48
<i>nitroglycerin</i> .....	30	NOVOLOG FLEXPEN .....	48
<i>nitroglycerin (intra-anal)</i> .....	80	NOVOLOG MIX INJ 70/30 .....	48
<i>nizatidine</i> .....	58	NOVOLOG MIX INJ FLEXPEN .....	48
<i>nora-be</i> .....	52	NOVOLOG PENFILL.....	48
<i>norelgestromin-ethinyl estradiol td</i>		NUBEQA .....	13
<i>ptwk 150-35 mcg/24hr</i> .....	52	NUDEXTA CAP 20-10MG.....	43
<i>norethindrone (contraceptive)</i> .....	53	NULOJIX .....	66
<i>norethindrone &amp; ethinyl estradiol-fe</i>		NUPLAZID.....	35
<i>chew tab 0.4 mg-35 mcg</i> .....	52	NURTEC.....	42
<i>norethindrone &amp; ethinyl estradiol-fe</i>		NUTRILIPID.....	70
<i>chew tab 0.8 mg-25 mcg</i> .....	53	NUZYRA.....	12
<i>norethindrone ace &amp; ethinyl estradiol-fe</i>		<i>nyamyc</i> .....	77
<i>tab 1 mg-20 mcg</i> .....	53	<i>nylia 1/35</i> .....	53
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>nylia 7/7/7</i> .....	53
<i>tab 1.5 mg-30 mcg</i> .....	53	<i>nymyo</i> .....	53
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>nystatin</i> .....	5
<i>tab 1 mg-20 mcg</i> .....	53	<i>nystatin (mouth-throat)</i> .....	80
<i>norethindrone ace-eth estradiol-fe</i>		<i>nystatin (topical)</i> .....	77
<i>chew tab 1 mg-20 mcg (24)</i> .....	53	<i>nystop</i> .....	78
<i>norethindrone acetate</i> .....	57	<b>O</b>	
<i>norethindrone acetate-ethinyl estradiol</i>		<i>ocella</i> .....	53
<i>tab 0.5 mg-2.5 mcg</i> .....	55	OCTAGAM .....	66
<i>norethindrone acetate-ethinyl estradiol</i>		<i>octreotide acetate</i> .....	56
<i>tab 1 mg-5 mcg</i> .....	55	ODEFSEY TAB.....	8
<i>norethindrone ac-ethinyl estrad-fe tab</i>		ODOMZO .....	19
<i>1-20/1-30/1-35 mg-mcg</i> .....	53	OFEV.....	74
		<i>ofloxacin (ophth)</i> .....	71

<i>ofloxacin (otic)</i> .....	72	OMNIPOD GO KIT 15UNT/DY .....	48
OGIVRI .....	19	OMNIPOD GO KIT 20UNT/DY .....	48
OGSIVEO .....	19	OMNIPOD GO KIT 25UNT/DY .....	48
OJEMDA .....	19	OMNIPOD GO KIT 30UNT/DY .....	48
OJJAARA .....	19	OMNIPOD GO KIT 35UNT/DY .....	48
<i>olanzapine</i> .....	35	OMNIPOD GO KIT 40UNT/DY .....	48
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i> .....	25	OMNIPOD MIS CLASSIC .....	49
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i> .....	25	<i>ondansetron</i> .....	58
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> .....	25	<i>ondansetron hcl</i> .....	58
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i> .....	25	ONTRUZANT .....	19
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i> .....	25	ONUREG .....	13
<i>olmesartan medoxomil</i> .....	26	ORGOVYX .....	14
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> .....	25	ORKAMBI GRA 100-125 .....	74
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i> .....	25	ORKAMBI GRA 150-188 .....	74
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .25		ORKAMBI GRA 75-94MG .....	74
<i>omega-3-acid ethyl esters cap 1 gm</i> .27		ORKAMBI TAB 100-125.....	74
<i>omeprazole</i> .....	60	ORKAMBI TAB 200-125.....	75
<i>omeprazole-sodium bicarbonate cap</i> <i>20-1100 mg</i> .....	60	ORSERDU .....	14
<i>omeprazole-sodium bicarbonate cap</i> <i>40-1100 mg</i> .....	60	<i>oseltamivir phosphate</i> .....	9
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 20-1680 mg</i> .....	60	<i>oxacillin sodium</i> .....	11
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 40-1680 mg</i> .....	60	<i>oxaliplatin</i> .....	12
OMNIPOD 5 G6 KIT INTRO .....	48	<i>oxcarbazepine</i> .....	38
OMNIPOD 5 G6 MIS PODS .....	48	<i>oxybutynin chloride</i> .....	61
OMNIPOD 5 G7 KIT INTRO .....	48	<i>oxycodone hcl</i> .....	2
OMNIPOD 5 G7 MIS PODS .....	48	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> .....	3
OMNIPOD DASH KIT INTRO .....	48	<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> .....	2
OMNIPOD DASH MIS PODS .....	48	<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i> .....	3
OMNIPOD GO KIT 10UNT/DY .....	48	<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> .....	3
		OZEMPIC (0.25 OR 0.5MG/DOSE) ....	46
		OZEMPIC (0.25 OR 0.5 MG/DOSE)....	46
		OZEMPIC (1MG/DOSE) .....	46
		OZEMPIC (2MG/DOSE) .....	46
		<b>P</b>	
		<i>pacerone</i> .....	26
		<i>paclitaxel</i> .....	15
		<i>paliperidone</i> .....	35
		<i>pamidronate disodium</i> .....	49
		PAMIDRONATE DISODIUM.....	49
		PANRETIN .....	80
		<i>pantoprazole sodium</i> .....	60
		PANZYGA .....	66
		<i>paricalcitol</i> .....	57
		<i>paroxetine hcl</i> .....	32

PAXLOVID TAB 150-100 .....	9	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	47
PAXLOVID TAB 300-100 .....	9	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	11
<i>pazopanib hcl</i> .....	19	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	11
PEDIARIX INJ 0.5ML .....	67	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	11
PEDVAX HIB .....	67	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	11
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	59	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	11
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	59	PIQRAY 200MG DAILY DOSE .....	19
PEGASYS .....	9	PIQRAY 250MG TAB DOSE .....	19
PEMAZYRE .....	19	PIQRAY 300MG DAILY DOSE .....	19
<i>pemetrexed disodium</i> .....	13	<i>pirfenidone</i> .....	75
PENBRAYA INJ .....	67	<i>piroxicam</i> .....	1
<i>penicillamine</i> .....	49	<i>plenamine</i> .....	70
<i>penicillin g potassium</i> .....	11	PLENVU SOL .....	59
<i>penicillin g sodium</i> .....	11	<i>podofilox</i> .....	80
<i>penicillin v potassium</i> .....	11	<i>polycin ophth oint</i> .....	71
PENNSAID .....	80	<i>polymyxin b sulfate</i> .....	4
PENTACEL INJ .....	67	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	71
<i>pentamidine isethionate inh</i> .....	4	POMALYST .....	14
<i>pentamidine isethionate inj</i> .....	4	<i>portia-28</i> .....	53
<i>pentoxifylline</i> .....	63	<i>posaconazole</i> .....	5
<i>perindopril erbumine</i> .....	24	<i>potassium chloride</i> .....	69
<i>periogard</i> .....	80	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	69
<i>permethrin</i> .....	80	<i>potassium chloride microencapsulated crystals er</i> .....	69
<i>perphenazine</i> .....	35	<i>potassium citrate (alkalinizer)</i> .....	61
<i>pfizerpen</i> .....	11	POT CHL 20MEQ/L IN NAACL 0.45% INJ .....	69
<i>phenelzine sulfate</i> .....	32	POT CHL 20MEQ/L IN NAACL 0.9% INJ .....	69
<i>phenobarbital</i> .....	38	POT CHL 40MEQ/L IN NAACL 0.9% INJ .....	69
<i>phenobarbital sodium</i> .....	38	<i>pramipexole dihydrochloride</i> .....	33
<i>phenytek</i> .....	38	<i>prasugrel hcl</i> .....	63
<i>phenytoin</i> .....	38	<i>pravastatin sodium</i> .....	26
<i>phenytoin sodium</i> .....	38	<i>praziquantel</i> .....	4
<i>phenytoin sodium extended</i> .....	38	<i>prazosin hcl</i> .....	24
PHESGO SOL .....	19	<i>prednisolone</i> .....	55
<i>philith</i> .....	53	<i>prednisolone acetate (ophth)</i> .....	71
PIFELTRO .....	6	PREDNISOLONE SODIUM PHOSP .....	71
<i>pilocarpine hcl</i> .....	72		
<i>pilocarpine hcl (oral)</i> .....	80		
<i>pimecrolimus</i> .....	80		
<i>pimozide</i> .....	35		
<i>pimtreea</i> .....	53		
<i>pindolol</i> .....	28		
<i>pioglitazone hcl</i> .....	46		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	46		

<i>prednisolone sodium phosphate</i> .....	55	QUADRACEL INJ 0.5ML .....	67
<i>prednisone</i> .....	55	<i>quetiapine fumarate</i> .....	35
PREDNISONO INTENSOL .....	55	<i>quinapril hcl</i> .....	24
<i>pregabalin</i> .....	39	<i>quinidine sulfate</i> .....	26
PREHEVBRIO .....	67	<i>quinine sulfate</i> .....	6
PREMASOL SOL 10% .....	70	QULIPTA .....	42
PRENATAL TAB 27-1MG .....	69	<b>R</b>	
PRENATAL TAB PLUS .....	69	RABAVERT INJ .....	67
<i>prevalite</i> .....	27	<i>rabeprazole sodium</i> .....	60
PREVYMIS .....	9	<i>raloxifene hcl</i> .....	56
PREZCOBIX TAB 800-150.....	8	<i>ramipril</i> .....	24
PREZISTA .....	6	<i>ranolazine</i> .....	30
PRIFTIN.....	8	<i>rasagiline mesylate</i> .....	33
<i>primaquine phosphate</i> .....	6	<i>reclipsen</i> .....	53
PRIMAQUINE PHOSPHATE .....	6	RECOMBIVAX HB .....	67
<i>primidone</i> .....	39	REGRANEX .....	80
PRIORIX INJ .....	67	RELENZA DISKHALER .....	9
PRIVIGEN .....	66	RELISTOR .....	60
<i>probenecid</i> .....	1	REMICADE .....	64
<i>prochlorperazine</i> .....	58	RENFLEXIS.....	64
<i>prochlorperazine edisylate</i> .....	58	<i>repaglinide</i> .....	47
<i>prochlorperazine maleate</i> .....	58	REPATHA .....	27
PROCRIT .....	62	REPATHA PUSHTRONEX SYSTEM .....	27
<i>proctocort</i> .....	80	REPATHA SURECLICK .....	27
<i>procto-med hc</i> .....	80	RESTASIS .....	72
<i>proctosol hc</i> .....	80	RESTASIS MULTIDOSE.....	72
<i>proctozone-hc</i> .....	80	RETEVMO .....	19, 20
<i>progesterone</i> .....	57	REXULTI .....	35
PROGRAF.....	66	REYATAZ .....	6
PROLASTIN-C .....	75	REZLIDHIA.....	20
PROLIA.....	49	REZUROCK.....	66
<i>promethazine hcl</i> .....	58	RHOPRESSA .....	72
<i>propafenone hcl</i> .....	26	<i>ribavirin (hepatitis c)</i> .....	9
<i>proparacaine hcl</i> .....	72	<i>rifabutin</i> .....	8
<i>propranolol hcl</i> .....	28	<i>rifampin</i> .....	8
<i>propylthiouracil</i> .....	57	<i>riluzole</i> .....	43
PROQUAD INJ .....	67	<i>rimantadine hydrochloride</i> .....	9
PROSOL INJ 20% .....	70	RINVOQ .....	64
<i>protriptyline hcl</i> .....	32	RINVOQ LQ .....	64
PULMOZYME .....	75	<i>risedronate sodium</i> .....	49
PURIXAN.....	13	<i>risperidone</i> .....	35
<i>pyrazinamide</i> .....	8	<i>risperidone microspheres</i> .....	35
<i>pyridostigmine bromide</i> .....	43	<i>ritonavir</i> .....	6
<i>pyrimethamine</i> .....	4	<i>rivastigmine</i> .....	31
<b>Q</b>		<i>rivastigmine tartrate</i> .....	31
QINLOCK .....	19	<i>rivelsa</i> .....	53
QUADRACEL INJ.....	67	<i>rizatriptan benzoate</i> .....	42

ROCKLATAN DRO .....	72
<i>roflumilast</i> .....	75
<i>ropinirole hydrochloride</i> .....	33
<i>rosuvastatin calcium</i> .....	27
ROTARIX SUS .....	67
ROTATEQ SOL .....	67
<i>roweepra</i> .....	39
ROZLYTREK.....	20
RUBRACA.....	20
<i>rufinamide</i> .....	39
RUKOBIA .....	6
RYBELSUS.....	47
RYDAPT .....	20
<b>S</b>	
<i>sajazir</i> .....	63
SANTYL .....	80
<i>sapropterin dihydrochloride</i> .....	56
SCEMBLIX .....	20
<i>scopolamine</i> .....	58
SECUADO .....	36
<i>selegiline hcl</i> .....	33
<i>selenium sulfide</i> .....	78
SELZENTRY.....	7
SEREVENT DISKUS.....	74
<i>sertraline hcl</i> .....	32
<i>setlakin</i> .....	53
<i>sharobel</i> .....	53
SHINGRIX .....	67
SIGNIFOR .....	56
<i>sildenafil citrate (pulmonary hypertension)</i> .....	30
<i>silver sulfadiazine</i> .....	77
SIMBRINZA SUS 1-0.2%.....	72
<i>simliya</i> .....	53
<i>simpesse</i> .....	53
<i>simvastatin</i> .....	27
<i>sirolimus</i> .....	66
SIRTURO .....	8
SKYRIZI.....	64
SKYRIZI PEN .....	64
<i>sodium chloride</i> .....	69
<i>sodium chloride (gu irrigant)</i> .....	80
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	69
SODIUM OXYBATE.....	44
<i>sodium phenylbutyrate</i> .....	56

<i>sodium polystyrene sulfonate powder</i> .....	49
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	59
<i>solifenacin succinate</i> .....	61
SOLQUA INJ 100/33 .....	49
SOLTAMOX.....	14
SOLU-CORTEF .....	55
SOMATULINE DEPOT .....	57
SOMAVERT.....	57
<i>sorafenib tosylate</i> .....	20
<i>sotalol hcl</i> .....	26
<i>sotalol hcl (afib/afl)</i> .....	26
SOTYKTU .....	64
<i>spironolactone</i> .....	24
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	29
<i>sprintec 28</i> .....	53
SPRITAM.....	39
SPRYCEL.....	20
<i>sps</i> .....	49
<i>sronyx</i> .....	53
<i>ssd</i> .....	77
STELARA .....	64, 65
STIVARGA.....	20
<i>streptomycin sulfate</i> .....	4
STRIBILD TAB .....	8
<i>subvenite</i> .....	39
<i>sucalfate</i> .....	60
<i>sulfacetamide sodium (acne)</i> .....	77
<i>sulfacetamide sodium (ophth)</i> .....	71
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	70
<i>sulfadiazine</i> .....	4
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	4
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	4
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	4
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	4
SULFAMYLON .....	77
<i>sulfasalazine</i> .....	59
<i>sulindac</i> .....	1
<i>sumatriptan</i> .....	42
<i>sumatriptan succinate</i> .....	42

<i>sunitinib malate</i> .....	20
SUNLENCA.....	7
<i>syeda</i> .....	53
SYMDEKO TAB 100-150 .....	75
SYMDEKO TAB 50-75MG .....	75
SYMPAZAN.....	39
SYMTUZA TAB .....	8
SYNAREL .....	57
SYNJARDY TAB 12.5-1000MG .....	47
SYNJARDY TAB 12.5-500.....	47
SYNJARDY TAB 5-1000MG .....	47
SYNJARDY TAB 5-500MG.....	47
SYNJARDY XR TAB 10-1000.....	47
SYNJARDY XR TAB 12.5-1000 .....	47
SYNJARDY XR TAB 25-1000.....	47
SYNJARDY XR TAB 5-1000MG .....	47
SYNTHROID .....	57
<b>T</b>	
TABRECTA.....	20
<i>tacrolimus</i> .....	66
<i>tacrolimus (topical)</i> .....	80
<i>tadalafil</i> .....	61
<i>tadalafil (pulmonary hypertension)</i> ...	30
TAFINLAR .....	20
TAGRISSE .....	20
TALZENNA .....	20
<i>tamoxifen citrate</i> .....	14
<i>tamsulosin hcl</i> .....	61
<i>tarina 24 fe</i> .....	53
<i>tarina fe 1/20 eq</i> .....	53
TASIGNA .....	20, 21
<i>tasimelteon</i> .....	41
TAVNEOS.....	63
<i>tazarotene</i> .....	78
<i>tazicef</i> .....	10
TAZORAC.....	78
TAZVERIK .....	21
TDVAX INJ 2-2 LF .....	67
TECENTRIQ .....	21
TEFLARO.....	10
<i>telmisartan</i> .....	26
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	25
<i>telmisartan-amlodipine tab 40-5 mg</i> .	25
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	25
<i>telmisartan-amlodipine tab 80-5 mg</i> .	25
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i> .....	25
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i> .....	25
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i> .....	25
<i>temazepam</i> .....	41
TENIVAC INJ 5-2LF.....	67
<i>tenofovir disoproxil fumarate</i> .....	7
TEPMETKO .....	21
<i>terazosin hcl</i> .....	24
<i>terbinafine hcl</i> .....	5
<i>terbutaline sulfate</i> .....	74
<i>terconazole vaginal</i> .....	61
TERIPARATIDE.....	49
<i>testosterone</i> .....	45
<i>testosterone cypionate</i> .....	45
<i>testosterone enanthate</i> .....	45
<i>tetrabenazine</i> .....	43
<i>tetracycline hcl</i> .....	12
THALOMID .....	14
THEO-24.....	75
<i>theophylline</i> .....	75
<i>thioridazine hcl</i> .....	36
<i>thiothixene</i> .....	36
<i>tiadylt er</i> .....	28
<i>tiagabine hcl</i> .....	39
TIBSOVO .....	21
TICOVAC.....	68
<i>tigecycline</i> .....	12
<i>tilia fe</i> .....	53
<i>timolol maleate</i> .....	28
<i>timolol maleate (ophth)</i> .....	72
<i>tinidazole</i> .....	4
TIVICAY .....	7
TIVICAY PD.....	7
<i>tizanidine hcl</i> .....	44
TOBI PODHALER.....	4
TOBRADEX OIN 0.3-0.1% .....	70
<i>tobramycin</i> .....	4
<i>tobramycin (ophth)</i> .....	71
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	70
<i>tobramycin sulfate</i> .....	5
<i>tolterodine tartrate</i> .....	61
<i>topiramate</i> .....	39
<i>toremifene citrate</i> .....	14



<i>torpenz</i> .....	21	TRIJARDY XR TAB ER 24HR 25-5-1000MG .....	47
<i>torse mide</i> .....	29	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG .....	47
TOUJEO MAX SOLOSTAR .....	49	TRIKAFTA PAK 59.5MG .....	75
TOUJEO SOLOSTAR .....	49	TRIKAFTA PAK 75MG .....	75
TPN ELECTROL INJ .....	69	TRIKAFTA TAB 100-50-75MG & 150MG .....	75
TRADJENTA .....	47	TRIKAFTA TAB 50-25-37.5MG & 75MG .....	75
<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	3	<i>tri-legest fe</i> .....	54
<i>tramadol hcl</i> .....	3	<i>tri-linyah</i> .....	54
<i>trandolapril</i> .....	24	<i>tri-lo-estarylla</i> .....	54
<i>tranexamic acid</i> .....	63	<i>tri-lo-marzia</i> .....	54
<i>tranylcypromine sulfate</i> .....	32	<i>tri-lo-mili</i> .....	54
TRAVASOL INJ 10% .....	70	<i>tri-lo-sprintec</i> .....	54
<i>travoprost</i> .....	72	<i>trimethoprim</i> .....	5
TRAZIMERA.....	21	<i>tri-mili</i> .....	54
<i>trazodone hcl</i> .....	32	<i>trimipramine maleate</i> .....	32
TRECTOR.....	8	TRINTELLIX.....	32
TRELEGY AER ELLIPTA 100-62.5-25 MCG .....	73	<i>tri-nymyo</i> .....	54
TRELEGY AER ELLIPTA 200-62.5-25 MCG .....	73	<i>tri-sprintec</i> .....	54
TREMFYA .....	65	TRIUMEQ PD TAB.....	8
<i>treprostinil</i> .....	30	TRIUMEQ TAB .....	8
TRESIBA .....	49	<i>trivora-28</i> .....	54
TRESIBA FLEXTOUCH .....	49	<i>tri-vylibra</i> .....	54
<i>tretinoin</i> .....	77	<i>tri-vylibra lo</i> .....	54
<i>tretinoin (chemotherapy)</i> .....	14	TROGARZO .....	7
<i>triamcinolone acetonide (mouth)</i> .....	80	TROPHAMINE INJ 10%.....	70
<i>triamcinolone acetonide (topical)</i> .....	79	<i>tropium chloride</i> .....	61
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	29	TRULICITY .....	47
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	29	TRUMENBA INJ .....	68
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	29	TRUQAP .....	21
<i>tridacaine ii</i> .....	79	TRUXIMA .....	21
<i>triderm</i> .....	79	TUKYSA .....	21
<i>trientine hcl</i> .....	49	TURALIO.....	21
<i>tri-estarylla</i> .....	53	<i>turqoz</i> .....	54
<i>trifluoperazine hcl</i> .....	36	<i>twice-daily clindamycin phosphate (topical)</i> .....	77
<i>trifluridine</i> .....	71	TWINRIX INJ .....	68
<i>trihexyphenidyl hcl</i> .....	33	TYBOST .....	7
TRIJARDY XR TAB ER 24HR 10-5-1000MG .....	47	<i>tydemy</i> .....	54
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG .....	47	TYENNE .....	65
		TYPHIM VI.....	68
		<b>U</b>	
		UBRELVY .....	43
		<i>unithroid</i> .....	57

<i>ursodiol</i> .....	60	<i>vienna</i> .....	54
<b>V</b>		<i>vigabatrin</i> .....	39
<i>valacyclovir hcl</i> .....	9	<i>vigadrone</i> .....	39, 40
VALCHLOR .....	80	VIGAFYDE .....	40
<i>valganciclovir hcl</i> .....	9	<i>vigpoder</i> .....	40
<i>valproate sodium</i> .....	39	<i>vilazodone hcl</i> .....	32
<i>valproic acid</i> .....	39	<i>vincristine sulfate</i> .....	15
<i>valsartan</i> .....	26	<i>vinorelbine tartrate</i> .....	15
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	25	<i>viorele</i> .....	54
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	25	VIRACEPT .....	7
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	25	VIREAD .....	7
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	26	VITRAKVI.....	21
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	25	VIVITROL.....	45
VALTOCO 10 MG DOSE .....	39	VIZIMPRO .....	21
VALTOCO 15 MG DOSE .....	39	VONJO.....	21
VALTOCO 20 MG DOSE .....	39	<i>voriconazole</i> .....	5
VALTOCO 5 MG DOSE.....	39	VOSEVI TAB.....	9
<i>vancomycin hcl</i> .....	5	VOWST CAP .....	60
VANCOMYCIN INJ 1 GM .....	5	VRAYLAR .....	36
VANCOMYCIN INJ 500MG.....	5	VRAYLAR CAP 1.5-3MG .....	36
VANCOMYCIN INJ 750MG.....	5	<i>vyfemla</i> .....	54
VANFLYTA .....	21	<i>vylibra</i> .....	54
VAQTA.....	68	VYZULTA.....	72
<i>varenicline tartrate</i> .....	45	<b>W</b>	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	45	<i>warfarin sodium</i> .....	62
VARIVAX.....	68	<i>water for irrigation, sterile irrigation soln</i> .....	80
VASCEPA .....	27	WELIREG .....	14
<i>velivet</i> .....	54	<i>wera</i> .....	54
VELSIPITY .....	65	WESTAB PLUS TAB 27-1MG .....	69
VENCLEXTA.....	21	<i>wixela inhub</i> .....	76
VENCLEXTA TAB START PK.....	21	<i>wymzya fe</i> .....	54
<i>venlafaxine hcl</i> .....	32	<b>X</b>	
VENTOLIN HFA .....	74	XALKORI .....	21, 22
VENTOLIN HFA (INSTITUTIONAL PACK) .....	74	XARELTO .....	62
VEOZAH.....	57	XARELTO STAR TAB 15/20MG.....	62
<i>verapamil hcl</i> .....	29	XATMEP .....	65
VERQUVO .....	30	XCOPRI .....	40
VERSACLOZ .....	36	XCOPRI PAK 100-150 .....	40
VERZENIO.....	21	XCOPRI PAK 12.5-25 .....	40
<i>vestura</i> .....	54	XCOPRI PAK 150-200MG (MAINTENANCE) .....	40
		XCOPRI PAK 150-200MG (TITRATION) .....	40
		XCOPRI PAK 50-100MG.....	40
		XDEMZY .....	71
		XELJANZ .....	65

XELJANZ XR .....	65	<i>zaleplon</i> .....	42
XERMELO .....	60	ZARXIO .....	62
XGEVA .....	49	ZEGALOGUE .....	55
XHANCE .....	76	ZEJULA .....	22
XIFAXAN .....	60	ZELBORAF .....	22
XIGDUO XR TAB 10-1000 .....	47	ZEMAIRA .....	75
XIGDUO XR TAB 10-500MG .....	47	<i>zenatane</i> .....	77
XIGDUO XR TAB 2.5-1000 .....	47	ZENPEP CAP 10000UNT .....	60
XIGDUO XR TAB 5-1000MG .....	47	ZENPEP CAP 15000UNT .....	60
XIGDUO XR TAB 5-500MG .....	47	ZENPEP CAP 20000UNT .....	60
XIIDRA .....	72	ZENPEP CAP 25000UNT .....	60
XOFLUZA .....	9	ZENPEP CAP 3000UNIT .....	60
XOLAIR .....	75	ZENPEP CAP 40000UNT .....	60
XOSPATA .....	22	ZENPEP CAP 5000UNIT .....	60
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 60000UNT .....	60
.....	22	<i>zidovudine</i> .....	7
XPOVIO PAK (40 MG ONCE WEEKLY)	22	<i>ziprasidone hcl</i> .....	36
XPOVIO PAK (40 MG TWICE WEEKLY)		<i>ziprasidone mesylate</i> .....	36
.....	22	ZIRABEV .....	22
XPOVIO PAK (60 MG ONCE WEEKLY)	22	ZIRGAN .....	71
XPOVIO PAK (60 MG TWICE WEEKLY)		<i>zoledronic acid</i> .....	49
.....	22	ZOLINZA .....	22
XPOVIO PAK (80 MG ONCE WEEKLY)	22	<i>zolpidem tartrate</i> .....	42
XPOVIO PAK (80 MG TWICE WEEKLY)		ZONISADE .....	40
.....	22	<i>zonisamide</i> .....	40
XTANDI .....	14	<i>zovia 1/35</i> .....	54
<i>xulane</i> .....	54	ZTALMY .....	40
XULTOPHY INJ 100/3.6 .....	49	<i>zumandimine</i> .....	54
<b>Y</b>		ZURZUVAE .....	32
YF-VAX INJ .....	68	ZYDELIG .....	22
<i>yuvafem</i> .....	55	ZYKADIA .....	22
<b>Z</b>		ZYLET SUS 0.5-0.3% .....	70
<i>zafemy</i> .....	54	ZYPREXA RELPREVV .....	36
<i>zafirlukast</i> .....	74		



**Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)**

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

**Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)**

No hemos realizado cambios en el Formulario desde el 10/01/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de Elderplan al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., o visítenos en [www.elderplan.org](http://www.elderplan.org).