



Formulary / Formulario

Molina Medicare Complete Care HMO SNP Idaho

2021

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Molina Medicare Complete Care Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit

MolinaHealthcare.com/Medicare

Este formulario se actualizó el 12/01/2021. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Molina Medicare Complete Care Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local, o visite

MolinaHealthcare.com/Medicare

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Molina Medicare Complete Care HMO SNP

2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021228, Version Number 19

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Complete Care.

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Molina Medicare Complete Care Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Medicare Complete Care Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Medicare Complete Care Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. To get updated information about the drugs covered by Molina Medicare Complete Care, please contact us. Our contact information appears on the front and back cover pages

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular drugs”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Molina Medicare Complete Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Molina Medicare Complete Care requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare Complete Care before you fill your prescriptions. If you don’t get approval, Molina Medicare Complete Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Molina Medicare Complete Care limits the amount of the drug that Molina Medicare Complete Care will cover. For example, Molina Medicare Complete Care provides 30 tablets per 30 days per prescription for esomeprazole 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Molina Medicare Complete Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Molina Medicare Complete Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare Complete Care will then cover Drug B.

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

You can ask Molina Medicare Complete Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Molina Medicare Complete Care formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Molina Medicare Complete Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Molina Medicare Complete Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Molina Medicare Complete Care.
- You can ask Molina Medicare Complete Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Molina Medicare Complete Care Formulary?

You can ask Molina Medicare Complete Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Molina Medicare Complete Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 73 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 73

hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Molina Medicare Complete Care will provide a temporary at least 31-day fill (unless the prescription is written for less than a 31 day supply or the prescription is dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits based on approved product labeling, in which case Molina Medicare Complete Care will allow multiple fills to provide up to a total of 31 days of medication) in an LTC setting any time during the first 90 days of member's enrollment, beginning on the enrollee's effective date of coverage.

For more information

For more detailed information about your Molina Medicare Complete Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Molina Medicare Complete Care's Formulary

The formulary below provides coverage information about the drugs covered by Molina Medicare Complete Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., *metoprolol*).

The information in the Requirements/Limits column tells you if Molina Medicare Complete Care has any special requirements for coverage of your drug.

B/D stands for this drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

GC stands for this drug we provide coverage in the coverage gap

Molina Medicare Complete Care HMO SNP

Formulario 2021

(Lista de Medicamentos Cubiertos)

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 00021228, Version Number 19

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando se refiere a “plan” o “nuestro plan”, significa Molina Medicare Complete Care.

Este documento incluye una Lista de Medicamentos (formulario) para nuestro plan, que está vigente al 12/01/2021. Para recibir un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, los copagos o los coseguros pueden cambiar el 1 de enero de 2021 y de vez en cuando durante el año.

¿Qué es el formulario Molina Medicare Complete Care?

Una fórmula es una Lista de Medicamentos Cubiertos seleccionados por Molina Medicare Complete Care en consulta con un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. Molina Medicare Complete Care generalmente cubrirá los medicamentos que se indican en nuestro formulario, siempre y cuando el medicamento sea medicamento necesario, la receta médica se surta en una farmacia de la red de Molina Medicare Complete Care y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

¿Puede cambiar el formulario (Lista de Medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero Molina Medicare Complete Care puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año, moverlos a diferentes categorías de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare en la realización de estos cambios.

Cambios que pueden afectarle este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca de nuestra Lista de Medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en la misma categoría de costos compartidos o en una categoría inferior y con las mismas o menos restricciones. O, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de Medicamentos, pero inmediatamente pasarlo a una categoría de costo compartido diferente o agregar nuevas restricciones. Si usted está tomando el medicamento de marca, es posible que no le avisemos antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si llevamos a cabo ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario Molina Medicare Complete Care?”
- **Medicamentos retirados del mercado.** Además, si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento retira el medicamento del mercado, podemos eliminarlo inmediatamente de nuestro formulario y notificar a los miembros que lo toman.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando el medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca registrada que esté actualmente en el formulario, o agregar nuevas restricciones al medicamento de marca registrada o cambiarlo a una nueva categoría de costo compartido, o ambos. O podemos hacer cambios según las nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o los agregamos con una autorización previa, los límites de cantidad o las restricciones de la terapia progresiva, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia o cuando el miembro solicita una renovación del medicamento, momento en el cual el miembro recibirá un suministro de 31 días del medicamento.
 - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario Molina Medicare Complete Care?”

Cambios que no le afectarán si está tomando el medicamento. Generalmente, si está tomando un medicamento de nuestro formulario 2021 que estaba cubierto al principio del año, generalmente no dejaremos de ofrecer ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2021, excepto cómo se describió anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1.º de enero del año siguiente, dichos cambios le afectarán, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente al 12/01/2021. Para obtener información actualizada sobre los medicamentos cubiertos por Molina Medicare Complete Care, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada

¿Cómo uso el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Enfermedad

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de enfermedades que tratan normalmente. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca se enumeran en la categoría, “medicamentos cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque en el nombre de la categoría que corresponda a su medicamento.

Glosario

Si no está seguro de en qué grupo debe buscar, busque su medicamento en el Índice que comienza en la página 73. El Índice proporciona un glosario de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Molina Medicare Complete Care cubre los medicamentos de marca y los genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) y contiene el mismo ingrediente activo que el medicamento de marca registrada. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en relación con la cobertura. Entre estos requisitos y límites pueden encontrarse:

- **Autorización previa:** Molina Medicare Complete Care requiere que usted [o su médico] obtenga autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Molina Medicare Complete Care antes de surtir sus recetas. Si no recibe la aprobación, Molina Medicare Complete Care no podrá cubrir el medicamento.
- **Límites de Cantidad:** Para ciertos medicamentos, Molina Medicare Complete Care limita la cantidad del medicamento que Molina Medicare Complete Care cubrirá. Por ejemplo, Molina Medicare Complete Care ofrece 30 comprimidos durante 30 días por receta para esomeprazol 40 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

- **Terapia progresiva:** En algunos casos, Molina Medicare Complete Care requiere que primero pruebe ciertos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su enfermedad, es posible que Molina Medicare Complete Care no cubra el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no le funciona, Molina Medicare Complete Care cubrirá el Medicamento B.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia progresiva. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a Molina Medicare Complete Care que haga una excepción a estas restricciones o límites o que obtenga una lista de otros medicamentos similares que puedan tratar su enfermedad. Consulte la sección “¿Cómo solicito una excepción a la fórmula de Molina Medicare Complete Care?” en la página xi para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no está incluido en este formulario (Lista de Medicamentos Cubiertos), primero debe comunicarse con los Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que Molina Medicare Complete Care no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una Lista de Medicamentos similar que esté cubierta por Molina Medicare Complete Care. Cuando reciba la lista, muéstrasela a su doctor y pídale que le recete un medicamento similar cubierto por Molina Medicare Complete Care.
- Puede solicitar a Molina Medicare Complete Care que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario Molina Medicare Complete Care?

Puede solicitar a Molina Medicare Complete Care que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos que hagamos.

- Por ejemplo, puede solicitarnos que cubramos un medicamento aunque no se encuentre en el formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido menor si este medicamento no se encuentra en la categoría de medicamentos especializados. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.
- Puede solicitarnos renunciar a restricciones o límites de cobertura de tu medicamento. Para ciertos medicamentos, Molina Medicare Complete Care limita la cantidad del medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede solicitar que renunciemos al límite y que otorguemos una mayor cobertura.

Por lo general, Molina Medicare Complete Care solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido menor o las restricciones de utilización adicionales no fueran tan eficaces para tratar su enfermedad o pudieran causar efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para un formulario o una excepción de restricción de utilización. **Cuando solicite una excepción de formulario o de restricción de utilización debe enviar una declaración de su recetador o de un médico que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 73 horas siguientes a la obtención de la declaración de apoyo de su recetador. Puede solicitar una apelación acelerada (rápida) si usted o su doctor creen que su salud se podría perjudicar gravemente si espera hasta 73 horas para recibir la decisión. Si se acepta su solicitud acelerada, deberemos comunicarle nuestra decisión en un plazo no mayor a 24 horas después de haber recibido una declaración de apoyo de su doctor u otro recetador.

¿Qué hago antes de hablar con mi doctor sobre el cambio de medicamentos o la solicitud de una excepción?

Como miembro nuevo o continuo en nuestro plan, podría estar tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que esté en nuestro formulario, pero su capacidad para obtenerlo sea limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta. Debe hablar con su doctor para decidir si deben cambiarse a un medicamento apropiado que cubramos o solicitar una excepción de formulario con el fin de cubrir el medicamento que usted toma. Mientras habla con su doctor para determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que es miembro de nuestro plan.

Para cada uno de los medicamentos que no se encuentran en nuestro formulario o si su capacidad para recibir los medicamentos es limitada, cubriremos un suministro temporal de 31 días. Si su receta médica está escrita para menos días, permitiremos varias renovaciones para proveer hasta un máximo de 31 días de suministro del medicamento. Después de su primer suministro de 31 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si es residente de un establecimiento de atención a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para recibir medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras se presenta una excepción para el formulario.

Molina Medicare Complete Care proporcionará una renovación temporal de al menos 31 días (a menos que la receta se redacte por menos de un suministro de 31 días o que la receta se dispense por menos del monto

escrito debido a los límites de cantidad para fines de seguridad o las ediciones de utilización de medicamentos en función del etiquetado aprobado del producto, en cuyo caso Molina Medicare Complete Care permitirá varias renovaciones para proporcionar hasta un total de 31 días de medicamentos) en un entorno de atención de largo plazo (LTC) durante los primeros 90 días de la inscripción del miembro, a partir de la fecha de cobertura vigente del inscrito.

Para obtener más información

Para obtener información más detallada acerca de la cobertura de medicamentos recetados de Molina Medicare Complete Care, revise la Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre Molina Medicare Complete Care, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

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

Formulario de Molina Medicare Complete Care

El formulario a continuación ofrece información sobre los medicamentos cubiertos por Molina Medicare Complete Care. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice que comienza en la página 73.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., BYSTOLIC) y los medicamentos genéricos están en minúscula cursiva (p. ej., *metoprolol*).

La información en la columna Requisitos/Límites indica si Molina Medicare Complete Care tiene algún requisito especial para la cobertura de su medicamento.

B/D significa que este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

LA (Limited Access) significa que es un Medicamento de Acceso Limitado

NM (Non Mail Order) significa que es un Medicamento sin Envío por Correo

PA (Prior Authorization) significa Autorización Previa

QL (Quality Limits) significa Límites de Calidad

ST (Step Therapy) significa criterios de Terapia Progresiva

GC (Gap Coverage) significa que para este medicamento proporcionamos Brecha en la Cobertura

MOLINA_CY21_5T_SNP eff 12/01/2021

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

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

NSAIDS

<i>celecoxib</i> CAPS 50mg	3	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg, 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg, 500mg	2	
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg	4	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
<i>atovaquone SUSP 750mg/5ml</i>	5	NDS
<i>aztreonam SOLR 1gm, 2gm</i>	4	
<i>CAYSTON SOLR 75mg</i>	5	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>DAPTOMYCIN SOLR 350mg</i>	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium SOLR 1gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin TABS 3mg</i>	3	PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>meropenem SOLR 1gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	3	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paramomycin sulfate CAPS 250mg</i>	4	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	5	NDS
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>SULFADIAZINE TABS 500mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>SYNERCID INJ 500MG</i>	5	NDS
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	5	NDS
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	NDS
NOXAFIL SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days)
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	NDS, PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	3	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg; SOLN 100mg/ml	5	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
CRIXIVAN CAPS 200mg, 400mg	4	
EDURANT TABS 25mg	5	NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	3	
<i>etravirine</i> TABS 100mg, 200mg	5	NDS
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS
FUZEON SOLR 90mg	5	NDS, NM
INTELENCE TABS 25mg	4	
INTELENCE TABS 100mg, 200mg	5	NDS
INVIRASE TABS 500mg	5	NDS
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	3	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	NDS
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	4	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	NDS
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	NDS, LA
TYBOST TABS 150mg	4	
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	NDS
BIKTARVY TAB	5	NDS
CIMDUO TAB 300-300	5	NDS
COMPLERA TAB	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	NDS
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	5	NDS
ODEFSEY TAB	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TEMIKYS TAB 300-300	5	NDS
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	NDS
BARACLUDE SOLN .05mg/ml	5	NDS
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA TAB 200-50MG	5	NDS, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NDS, PA
HARVONI PAK 45-200MG	5	NDS, PA
HARVONI TAB 45-200MG	5	NDS, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine (hcv)</i> TABS 100mg	4	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSP 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml	5	NDS, NM, PA
PEGASYS SOSY 180mcg/0.5ml	5	NDS, PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	3	
VEMLIDY TABS 25mg	5	NDS, PA
VOSEVI TAB	5	NDS, NM, PA
XOFLUZA TBPK 20mg, 40mg	4	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	4	QL (1 tab / 180 days)
<i>CEPHALOSPORINS</i>		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm	4	
TAZICEF SOLR 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocine stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	4	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin</i> CAPS 500mg	2	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	4	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	
<i>nafcillin sodium</i> SOLR 10gm	5	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm	4	
<i>oxacillin sodium</i> SOLR 10gm	5	NDS
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
<i>monodoxine nl</i> CAPS 100mg	2	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	NDS
TIGECYCLINE SOLR 50mg	5	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

ANTIBIOTICS

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

ANTIMETABOLITES

ALIMTA SOLR 100mg, 500mg	5	NDS, B/D
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NDS, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PURIXAN SUSP 2000mg/100ml	5	NDS, NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	4	
ERLEADA TABS 60mg	5	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOLN 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, LA, PA
ORGOVYX TABS 120mg	5	NDS, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NDS, NM, PA
XTANDI CAPS 40mg	5	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	5	NDS, LA, PA
ZYTIGA TABS 500mg	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	5	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
INQOVI TAB 35-100MG	5	NDS, LA, PA
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	NDS, NM, PA
KISQALI 400 PAK FEMARA	5	NDS, NM, PA
KISQALI 600 PAK FEMARA	5	NDS, NM, PA
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAPS 50mg	5	NDS, LA
SYNRIBO SOLR 3.5mg	5	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	4	B/D, NM
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D, NM
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	NDS, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS, LA, PA
ALUNBRIG PAK	5	NDS, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS, LA, PA
BORTEZOMIB SOLR 3.5mg	5	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS, PA
BRAFTOVI CAPS 75mg	5	NDS, LA, PA
BRUKINSA CAPS 80mg	5	NDS, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	5	NDS, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100mg, 300mg	5	NDS, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, LA, PA
COMETRIQ KIT 100MG	5	NDS, LA, PA
COMETRIQ KIT 140MG	5	NDS, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, LA, PA
COTELLIC TABS 20mg	5	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NDS, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	5	NDS, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg	5	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (56 caps / 28 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA TABS 140mg	5	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TABS 280mg	5	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TABS 420mg, 560mg	5	NDS, QL (30 tabs / 30 days), LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	5	NDS, LA, PA
IRESSA TABS 250mg	5	NDS, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, PA
KISQALI TBPk 200mg	5	NDS, NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, LA, PA
LENVIMA CAP 14 MG	5	NDS, LA, PA
LENVIMA CAP 18 MG	5	NDS, LA, PA
LENVIMA CAP 24 MG	5	NDS, LA, PA
LORBRENA TABS 25mg, 100mg	5	NDS, LA, PA
LUMAKRAS TABS 120mg	5	NDS, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NDS, NM, LA, PA
MEKTOVI TABS 15mg	5	NDS, LA, PA
MONJUVI SOLR 200mg	5	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, LA, PA
NERLYNX TABS 40mg	5	NDS, LA, PA
NEXAVAR TABS 200mg	5	NDS, NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, NM, PA
ODOMZO CAPS 200mg	5	NDS, NM, LA, PA
OGIVRI SOLR 150mg	5	NDS, PA
OGIVRI INJ 420MG	5	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, LA, PA

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PHESGO SOL	5	NDS, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	NDS, NM, PA
QINLOCK TABS 50mg	5	NDS, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NDS, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NDS, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NDS, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NDS, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
RYDAPT CAPS 25mg	5	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, PA
STIVARGA TABS 40mg	5	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), LA, PA
TALZENNA CAPS .25mg, 1mg	5	NDS, NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS, PA
TAZVERIK TABS 200mg	5	NDS, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, LA, PA
TEPMETKO TABS 225mg	5	NDS, LA, PA
TIBSOVO TABS 250mg	5	NDS, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NDS, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, LA, PA
TURALIO CAPS 200mg	5	NDS, LA, PA
UKONIQ TABS 200mg	5	NDS, LA, PA
VELCADE SOLR 3.5mg	5	NDS, NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, LA, PA
VOTRIENT TABS 200mg	5	NDS, LA, PA
XALKORI CAPS 200mg, 250mg	5	NDS, LA, PA
XOSPATA TABS 40mg	5	NDS, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg, 40mg	5	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg, 60mg	5	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NDS, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NDS, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg, 50mg	5	NDS, LA, PA
ZEJULA CAPS 100mg	5	NDS, LA, PA
ZELBORAF TABS 240mg	5	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, PA
ZOLINZA CAPS 100mg	5	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, NM, LA, PA
ZYKADIA TABS 150mg	5	NDS, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NDS, LA, PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	3	
bisoprolol fumarate TABS 5mg, 10mg	2	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate SOLN 5mg/5ml	3	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	4	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
NYMALIZE SOLN 6mg/ml	5	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	4	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	2	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	4	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek TABS .125mg, .25mg</i>	2	QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
METHYLDOPA TABS 250mg, 500mg	2	PA; PA if 70 years and older
<i>metyrosine CAPS 250mg</i>	5	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
NORTHERA CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine TB12 500mg, 1000mg</i>	4	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TABS 10mg, 20mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
<i>nitroglycerin</i> SOLN .4mg/spray	4	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTiom TABS 200mg, 400mg, 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	5	NDS, PA
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	5	NDS, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	NDS
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
PEGANONE TABS 250mg	4	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml; TABS 200mg, 400mg	5	NDS, PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	NDS
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	5	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	NDS, QL (56 tabs / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	4	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	4	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB24 150mg, 300mg	3	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days)
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	2	
<i>amantadine hcl</i> TABS 100mg	3	
APOKYN SOCT 30mg/3ml	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, QL (150 films / 30 days), PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS 1mg	4	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	4	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg	4	
<i>selegiline hcl</i> TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	5	NDS, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	NDS, QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	NDS, QL (1 injection / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg, 10mg	3	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	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	QL (60 tabs / 30 days), PA
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	3	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>methocarbamol</i> TABS 500mg, 750mg	3	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>vanadom</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	3	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
CHANTIX TABS .5mg, 1mg	4	PA
CHANTIX CONTINUING MONTH TABS 1mg	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
VARENICLINE TARTRATE TABS .5mg, 1mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
VIVITROL SUSR 380mg	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	3	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	4	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)

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JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	3	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 620mcg/2.48ml	5	NDS, PA
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 injection / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	4	
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	3	
<i>camrese lo</i>	3	
<i>caziant</i>	3	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	3	
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	2	
<i>ELLA</i> TABS 30mg	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina</i>	2	
<i>fayosim</i>	3	
<i>femynor</i>	2	
<i>gianvi</i>	3	
<i>hailey 1.5/30</i>	3	
<i>hailey 24 fe</i>	3	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	4	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	4	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>luteru</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>melodetta 24 fe</i>	4	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	3	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>simpesse</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	3	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tulana</i> TABS .35mg	2	
<i>tydemy</i>	4	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>wymzya fe</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	3	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	NDS, NM
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lopreeza</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS 25mg	4	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, LA, PA
<i>cabergoline</i> TABS .5mg	3	
CARBAGLU TABS 200mg	5	NDS, LA, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NDS, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS, NM
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	NM
<i>desmopressin acetate spray</i> SOLN .01%	4	NM
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, LA, PA
KORLYM TABS 300mg	5	NDS, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, LA, PA
<i>netisnone</i> CAPS 2mg, 5mg, 10mg	5	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NDS, NM, PA
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml	4	PA
OCTREOTIDE ACETATE SOSY 500mcg/ml	5	NDS, PA
OSPHENA TABS 60mg	3	PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg	5	NDS, NM, PA
<i>sapropterin dihydrochloride</i> TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, LA, PA
STIMATE SOLN 1.5mg/ml	5	NDS, NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	5	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	4	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	4	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	3	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg, 24mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i> CAPS 150mg, 300mg	3	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	
<i>budesonide</i> TB24 9mg	5	NDS
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, PA
<i>sucralfate</i> TABS 1gm	3	
TRULANCE TABS 3mg	4	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XIFAXAN TABS 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i> CAPS .4mg	2	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<i>vandazole</i> GEL .75%	3	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	4	NM
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NDS, LA, PA
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS</i>		
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), PA
ENBREL SOLR 25mg	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, LA, PA
RINVOQ TB24 15mg	5	NDS, QL (30 tabs / 30 days), PA
SKYRIZI PSKT 75mg/0.83ml	5	NDS, QL (7 kits / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (240 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TB24 22mg	5	NDS, QL (30 tabs / 30 days), PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NDS, NM, LA, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	5	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg	5	NDS, B/D
everolimus (immunosuppressant) TABS .25mg	4	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml; TABS 2mg	5	NDS, B/D
sirolimus TABS .5mg, 1mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	NDS, B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	

Drug Name	Drug Tier	Requirements/Limits
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
ZOSTAVAX SUSR 19400unt/0.65ml	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	

Drug Name	Drug Tier	Requirements/Limits
PNV FOLIC AC TAB + IRON	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	2	
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	3	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>bepotastine besilate</i> SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .2%	3	
PAZEO SOLN .7%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	3	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, LA, PA
CYSTARAN SOLN .44%	5	NDS, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

ANTI HISTAMINES

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	5	NDS, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	NDS, QL (56 packs / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packs / 28 days), PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packs / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, LA, PA
PROLASTIN-C SOLR 1000mg	5	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL (30 gm / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (topical)</i> OINT .1%	3	
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%	3	
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	
<i>betamethasone dipropionate augmented</i> CREA .05%	3	

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

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%; LOTN .75%	4	
<i>metronidazole (topical)</i> GEL .75%	3	
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
PICATO GEL .05%	4	QL (2 tubes / 30 days)
PICATO GEL .015%	4	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	3	
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	
<i>permethrin</i> CREA 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	3	
<i>paroex SOLN .12%</i>	1	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	3	
OTIC		
<i>acetic acid (otic) SOLN 2%</i>	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>flac OIL .01%</i>	4	
<i>fluocinolone acetonide (otic) OIL .01%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic) SOLN .3%</i>	4	
PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	7
ABELCET.....	5
ABILIFY MAINTENA.....	33
<i>abiraterone acetate</i>	13
ABRAXANE INJ 100MG.....	14
<i>acamprosate calcium</i>	39
<i>acarbose</i>	40
<i>accutane</i>	68
<i>acebutolol hcl</i>	23
<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>	24
<i>acetic acid</i>	54
<i>acetic acid (otic)</i>	72
<i>acetylcysteine</i>	66
<i>acitretin</i>	69
ACTHIB INJ.....	59
ACTIMMUNE.....	59
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ.....	59
<i>adefovir dipivoxil</i>	8
ADEMPAS.....	26
ADRENALIN.....	25
<i>adriamycin</i>	12
ADVAIR DISKU AER 100/50.....	68
ADVAIR DISKU AER 250/50.....	68
ADVAIR DISKU AER 500/50.....	68
ADVAIR HFA AER 115/21.....	68
ADVAIR HFA AER 230/21.....	68
ADVAIR HFA AER 45/21.....	68
AFINITOR.....	14
AFINITOR DISPERZ.....	14
<i>afirmelle</i>	43
AIMOVIG.....	37
<i>ala-cort</i>	69
<i>albendazole</i>	3
<i>albuterol sulfate</i>	66
<i>alclometasone dipropionate</i>	69
ALDURAZYME.....	49
ALECENSA.....	14
<i>alendronate sodium</i>	43
<i>alfuzosin hcl</i>	54
ALIMTA.....	12
<i>aliskiren fumarate</i>	25
<i>allopurinol</i>	1
<i>alosetron hcl</i>	53
ALPHAGAN P.....	64
<i>alprazolam</i>	26
ALREX.....	63
<i>altavera</i>	43
ALUNBRIG.....	14
ALUNBRIG PAK.....	14
<i>alyacen 1/35</i>	43
<i>alyacen 7/7/7</i>	43
<i>amabelz</i>	48
<i>amantadine hcl</i>	32
AMBISOME.....	5
<i>ambrisentan</i>	26
<i>amethia</i>	43
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	24
<i>amiloride hcl</i>	24
AMINOSYN-PF INJ 7%.....	62
<i>amiodarone hcl</i>	21, 22
<i>amitriptyline hcl</i>	30
<i>amlodipine besylate</i>	23
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	19
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	19
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	19

<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	20
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	20
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	20
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	20
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	20
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	20
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	20
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	20
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	20
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	20
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	20
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	20
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	20
<i>amnestem</i>	68
<i>amoxapine</i>	30
<i>amoxicillin</i>	10
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	10
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	10

<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	10
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	10
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	10
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	10
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	35
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	35
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	35
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	35
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	35
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	35
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	36
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	36
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	36
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	36
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	36
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	35
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	36
<i>amphotericin b</i>	5
<i>ampicillin</i>	11
<i>ampicillin & sulbactam sodium for inj</i>	
<i>1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>(2-1) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 15 (10-5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 3 (2-1) gm</i>	11
<i>ampicillin sodium</i>	11

<i>anagrelide hcl</i>	56	<i>avita</i>	68
<i>anastrozole</i>	13	<i>ayuna</i>	44
ANDRODERM	40	AYVAKIT	14
ANORO ELLIPT AER 62.5-25	65	<i>azacitidine</i>	12
APOKYN	32	<i>azathioprine</i>	59
<i>aprepitant</i>	52	<i>azelastine hcl</i>	65
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	52	<i>azelastine hcl (ophth)</i>	64
<i>apri</i>	43	<i>azithromycin</i>	9
APTIOM	26	AZOPT	64
APTIVUS	6	<i>aztreonam</i>	3
ARALAST NP	66	<i>azurette</i>	44
<i>aranelle</i>	43	B	
ARCALYST	59	<i>bacitracin (ophthalmic)</i>	63
<i>aripiprazole</i>	33	<i>bacitracin-polymyxin b ophth oint</i>	63
ARISTADA	33	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	62
ARISTADA INITIO	33	<i>baclofen</i>	38
<i>armodafinil</i>	39	<i>balsalazide disodium</i>	53
ARNUITY ELLIPTA	67	BALVERSA	14
<i>asenapine maleate</i>	33	<i>balziva</i>	44
<i>ashlyna</i>	43	BANZEL	26
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	56	BARACLUDE	8
<i>atazanavir sulfate</i>	6	BASAGLAR KWIKPEN	41
<i>atenolol</i>	23	BCG VACCINE INJ	59
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	23	BD ALCOHOL SWABS	41
<i>atenolol & chlorthalidone tab 50-25 mg</i>	23	<i>bekyree</i>	44
<i>atomoxetine hcl</i>	36	BELSOMRA	36
<i>atorvastatin calcium</i>	22	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	19
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	19
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	5	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	19
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	19
ATROPINE SULFATE	64	<i>benazepril hcl</i>	19
ATROVENT HFA	65	BENDEKA	12
<i>aubra eq</i>	43	BENLYSTA	59
<i>aurovela 1/20</i>	43	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	68
<i>aurovela 24 fe</i>	43	<i>benztropine mesylate</i>	32
<i>aurovela fe 1.5/30</i>	43	<i>bepotastine besilate</i>	64
<i>aurovela fe 1/20</i>	43	BEPREVE	64
AURYXIA	51	BERINERT	56
AUSTEDO	38	BESIVANCE	63
AVASTIN	14		
<i>aviane</i>	44		

<i>betamethasone dipropionate (topical)</i>	69
<i>betamethasone dipropionate</i>	
<i>augmented</i>	69, 70
<i>betamethasone valerate</i>	70
BETASERON	38
<i>betaxolol hcl</i>	23
<i>betaxolol hcl (ophth)</i>	64
<i>bethanechol chloride</i>	54
BETOPTIC-S	64
BEVESPI AER 9-4.8MCG	65
<i>bexarotene</i>	13
BEXSERO INJ	59
<i>bicalutamide</i>	13
BICILLIN L-A	11
BIKTARVY TAB	7
<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	23
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	23
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	23
<i>bisoprolol fumarate</i>	23
BIVIGAM	58
BLEPHAMIDE OIN S.O.P.	62
<i>blisovi 24 fe</i>	44
<i>blisovi fe 1.5/30</i>	44
BOOSTRIX INJ	59
BORTEZOMIB	14
<i>bosentan</i>	26
BOSULIF	14
BRAFTOVI	14
BREO ELLIPTA INH 100-25	68
BREO ELLIPTA INH 200-25	68
BREZTRI AERO AER SPHERE	65
BREZTRI AERO AER SPHERE	
(INSTITUTIONAL PACK)	65
<i>briellyn</i>	44
BRILINTA	56
<i>brimonidine tartrate</i>	64
<i>brinzolamide</i>	64
BRIVIACT	26
<i>bromfenac sodium (ophth)</i>	63
<i>bromocriptine mesylate</i>	32
BROMSITE	63
BRUKINSA	14
<i>budesonide</i>	53

<i>budesonide (inhalation)</i>	67
<i>bumetanide</i>	24
<i>buprenorphine</i>	1
<i>buprenorphine hcl</i>	39
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv)	39
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv)	39
<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv)	39
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv)	39
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	39
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	39
<i>bupropion hcl</i>	30
<i>bupropion hcl (smoking deterrent)</i>	39
<i>buspirone hcl</i>	26
<i>butorphanol tartrate</i>	2
BYDUREON BCISE	40
BYDUREON PEN	40
BYETTA	40
BYSTOLIC	23
C	
<i>cabergoline</i>	49
CABOMETYX	14
<i>calcipotriene</i>	69
<i>calcitonin (salmon) spray</i>	43
<i>calcitrene</i>	69
<i>calcitriol</i>	52
<i>calcium acetate (phosphate binder)</i>	51
CALQUENCE	14
<i>camila</i>	44
<i>camrese</i>	44
<i>camrese lo</i>	44
<i>candesartan cilexetil</i>	21
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	
	20
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	
	20
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	20
CAPLYTA	33
CAPRELSA	15

<i>captopril</i>	19	<i>cefprozil</i>	9
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG.....	32	<i>ceftazidime</i>	9
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG.....	32	CEFTAZIDIME/ SOL D5W 1GM	9
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG.....	32	CEFTAZIDIME/ SOL D5W 2GM	9
CARBAGLU	49	<i>ceftriaxone sodium</i>	9
<i>carbamazepine</i>	26, 27	<i>cefuroxime axetil</i>	9
<i>carbidopa & levodopa tab 10-100 mg</i> 32		<i>cefuroxime sodium</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i> 32		<i>celecoxib</i>	1
<i>carbidopa & levodopa tab 25-250 mg</i> 32		CELONTIN	27
<i>carbidopa & levodopa tab er 25-100 mg</i>	32	<i>cephalexin</i>	9
<i>carbidopa & levodopa tab er 50-200 mg</i>	32	CERDELGA	49
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	32	CEREZYME	49
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	32	<i>cetirizine hcl</i>	65
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	32	<i>cevimeline hcl</i>	71
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	32	CHANTIX.....	39
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	32	CHANTIX CONTINUING MONTH.....	39
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	32	CHANTIX PAK 0.5& 1MG	39
<i>carboplatin</i>	12	<i>chateal</i>	44
<i>carisoprodol</i>	38	CHEMET	43
<i>carteolol hcl (ophth)</i>	64	<i>chlorhexidine gluconate (mouth-throat)</i>	71
<i>cartia xt</i>	24	<i>chloroquine phosphate</i>	5
<i>carvedilol</i>	23	<i>chlorpromazine hcl</i>	33
<i>caspofungin acetate</i>	5	CHLORPROMAZINE HYDROCHLOR	33
CAYSTON	3	<i>chlorthalidone</i>	24
<i>caziant</i>	44	<i>cholestyramine</i>	22
<i>cefaclor</i>	9	<i>cholestyramine light</i>	22
CEFACLOR ER	9	<i>ciclopirox olamine</i>	69
<i>cefadroxil</i>	9	<i>cilostazol</i>	56
CEFAZOLIN INJ 1GM/50ML	9	CILOXAN	63
<i>cefazolin sodium</i>	9	CIMDUO TAB 300-300	7
CEFAZOLIN SOLN 2GM/100ML-4%	9	<i>cinacalcet hcl</i>	50
<i>cefdinir</i>	9	CIPRO.....	10
<i>cefepime hcl</i>	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
<i>cefixime</i>	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>cefoxitin sodium</i>	9	<i>ciprofloxacin hcl</i>	10
<i>cefpodoxime proxetil</i>	9	<i>ciprofloxacin hcl (ophth)</i>	63
		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	72
		<i>cisplatin</i>	12
		<i>citalopram hydrobromide</i>	30
		<i>claravis</i>	68
		<i>clarithromycin</i>	10
		<i>clindamycin hcl</i>	3
		<i>clindamycin palmitate hydrochloride</i> ..	3
		<i>clindamycin phosphate</i>	3
		<i>clindamycin phosphate (topical)</i>	68

<i>clindamycin phosphate in d5w iv soln</i>		<i>constulose</i>	53
300 mg/50ml	3	COPIKTRA	15
<i>clindamycin phosphate in d5w iv soln</i>		CORLANOR.....	25
600 mg/50ml	3	<i>cortisone acetate</i>	49
<i>clindamycin phosphate in d5w iv soln</i>		COTELLIC.....	15
900 mg/50ml	3	CREON CAP 12000UNT.....	54
<i>clindamycin phosphate vaginal</i>	55	CREON CAP 24000UNT.....	54
CLINDMYC/NAC INJ 300/50ML	3	CREON CAP 3000UNIT	54
CLINDMYC/NAC INJ 600/50ML	3	CREON CAP 36000UNT.....	54
CLINDMYC/NAC INJ 900/50ML	3	CREON CAP 6000UNIT	54
CLINIMIX INJ 4.25/D10.....	62	CRIXIVAN.....	6
CLINIMIX INJ 4.25/D5W.....	62	<i>cromolyn sodium</i>	66
CLINIMIX INJ 5%/D15W	62	<i>cromolyn sodium (mastocytosis)</i>	53
CLINIMIX INJ 5%/D20W	62	<i>cromolyn sodium (ophth)</i>	64
CLINIMIX INJ 6/5	62	<i>cryselle-28</i>	44
CLINIMIX INJ 8/10	62	<i>cyclafem 1/35</i>	44
CLINIMIX INJ 8/14	62	<i>cyclafem 7/7/7</i>	44
<i>clinisol sf 15%</i>	62	<i>cyclobenzaprine hcl</i>	39
CLINOLIPID EMU 20%	62	<i>cyclophosphamide</i>	12
<i>clobazam</i>	27	CYCLOPHOSPHAMIDE	12
<i>clobetasol propionate</i>	70	<i>cycloserine</i>	8
<i>clobetasol propionate e</i>	70	<i>cyclosporine</i>	59
<i>clomipramine hcl</i>	30	<i>cyclosporine modified (for</i>	
<i>clonazepam</i>	27	microemulsion)	59
<i>clonidine</i>	25	<i>cyproheptadine hcl</i>	65
<i>clonidine hcl</i>	25	<i>cyred eq</i>	44
<i>clopidogrel bisulfate</i>	56	CYSTADANE POW	50
<i>clorazepate dipotassium</i>	27	CYSTADROPS.....	64
<i>clotrimazole</i>	71	CYSTAGON	50
<i>clotrimazole (topical)</i>	69	CYSTARAN	64
<i>clotrimazole w/ betamethasone cream</i>		<i>cytarabine</i>	12
1-0.05%.....	69	D	
<i>clozapine</i>	33	D10W/NACL INJ 0.2%	60
COARTEM TAB 20-120MG	5	D2.5W/NACL INJ 0.45%.....	60
<i>colchicine</i>	1	D5W/LYTES INJ #48.....	60
<i>colchicine w/ probenecid tab 0.5-500</i>		D5W/NACL INJ 0.3%	60
mg	1	<i>dalfampridine</i>	38
<i>colesevelam hcl</i>	22	DALIRESP	66
<i>colestipol hcl</i>	22	<i>danazol</i>	48
<i>colistimethate sodium</i>	3	<i>dantrolene sodium</i>	39
COMBIGAN SOL 0.2/0.5%	64	<i>dapsone</i>	3
COMBIVENT AER 20-100	65	DAPTACEL INJ	59
COMETRIQ (60MG DOSE)	15	<i>daptomycin</i>	3
COMETRIQ KIT 100MG	15	DAPTOMYCIN.....	3
COMETRIQ KIT 140MG	15	<i>dasetta 1/35</i>	44
COMPLERA TAB	7	<i>dasetta 7/7/7</i>	44
<i>compro</i>	52	DAURISMO	15

<i>daysee</i>	44	<i>diclofenac sodium (topical)</i>	71
<i>deblitane</i>	44	<i>dicloxacillin sodium</i>	11
<i>deferasirox</i>	43	<i>dicyclomine hcl</i>	52
DELESTROGEN	48	DIFICID	10
DELSTRIGO TAB.....	7	<i>diflunisal</i>	1
DESCOVY TAB 200/25MG	7	<i>difluprednate</i>	63
<i>desipramine hcl</i>	30	<i>digitek</i>	25
<i>desmopressin acetate</i>	50	<i>digox</i>	25
<i>desmopressin acetate spray</i>	50	<i>digoxin</i>	25
<i>desmopressin acetate spray</i> <i>refrigerated</i>	50	<i>dihydroergotamine mesylate</i>	37
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	44	DILANTIN	27
<i>desogestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	44	DILANTIN INFATABS	27
<i>desvenlafaxine succinate</i>	31	DILANTIN-125	27
<i>dexamethasone</i>	49	<i>diltiazem hcl</i>	24
DEXAMETHASONE INTENSOL	49	<i>diltiazem hcl coated beads</i>	24
<i>dexamethasone sodium phosphate</i> ...	49	<i>diltiazem hcl extended release beads</i>	24
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	63	<i>dilt-xr</i>	24
DEXILANT	54	DIP/TET PED INJ 25-5LFU	59
<i>dexmethyphenidate hcl</i>	36	<i>diphenhydramine hcl</i>	65
<i>dextrose</i>	62	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	53
<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i>	60	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	53
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	60	<i>dipyridamole</i>	56
<i>dextrose 5% in lactated ringers</i>	60	<i>disopyramide phosphate</i>	22
<i>dextrose 5% w/ sodium chloride 0.2%</i>	60	<i>disulfiram</i>	39
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	60	<i>divalproex sodium</i>	27
<i>dextrose 5% w/ sodium chloride 0.3%</i>	60	<i>docetaxel</i>	14
<i>dextrose 5% w/ sodium chloride 0.45%</i>	60	DOCETAXEL	14
<i>dextrose 5% w/ sodium chloride 0.9%</i>	60	<i>dofetilide</i>	22
DIACOMIT	27	<i>donepezil hydrochloride</i>	30
<i>diazepam</i>	27	DOPTelet	56
<i>diazepam (anticonvulsant)</i>	27	<i>dorzolamide hcl</i>	64
<i>diazepam inj</i>	27	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	64
<i>diazoxide</i>	49	<i>dotti</i>	48
<i>diclofenac potassium</i>	1	DOVATO TAB 50-300MG	7
<i>diclofenac sodium</i>	1	<i>doxazosin mesylate</i>	20
<i>diclofenac sodium (ophth)</i>	63	<i>doxepin hcl</i>	31
		<i>doxepin hcl (sleep)</i>	36
		<i>doxorubicin hcl</i>	12
		<i>doxorubicin hcl liposomal</i>	12
		<i>doxy 100</i>	11
		<i>doxycycline (monohydrate)</i>	11
		<i>doxycycline hyclate</i>	12
		DRIZALMA SPRINKLE	31
		<i>dronabinol</i>	52

<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	44
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	44
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	44
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	44
DROXIA	56
droxidopa	25
duloxetine hcl	31
DUREZOL	63
dutasteride	54
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	54
E	
e.e.s. 400	10
ec-naproxen	1
EDURANT	6
efavirenz	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
elimest	44
ELIQUIS	55
ELIQUIS STARTER PACK	55
ELLA	44
eluryng	44
EMCYT	13
EMEND	52
emoquette	44
EMSAM	31
emtricitabine	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
enalapril maleate	19

<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	19
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	19
ENBREL	57
ENBREL MINI	57
ENBREL SURECLICK	57
ENDARI	56
<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	59
enoxaparin sodium	55
enpresse-28	44
enskyce	44
ENSTILAR AER	70
entacapone	32
entecavir	8
ENTRESTO TAB 24-26MG	20
ENTRESTO TAB 49-51MG	20
ENTRESTO TAB 97-103MG	20
enulose	53
EPCLUSA TAB 200-50MG	8
EPCLUSA TAB 400-100	8
EPIDIOLEX	27
epinephrine (anaphylaxis)	66
epirubicin hcl	12
epitol	27
EPIVIR HBV	8
eplerenone	19
<i>ergotamine w/ caffeine tab 1-100 mg</i>	37
ERIVEDGE	15
ERLEADA	13
erlotinib hcl	15
errin	44
ertapenem sodium	3
ery	68
ery-tab	10
ERYTHROCIN LACTOBIONATE	10
erythrocine stearate	10
erythromycin (acne aid)	68
erythromycin (ophth)	63
erythromycin base	10
erythromycin ethylsuccinate	10
ESBRIET	66

<i>escitalopram oxalate</i>	31	<i>felbamate</i>	27
<i>esomeprazole magnesium</i>	54	<i>felodipine</i>	24
<i>estarylla</i>	44	<i>femynor</i>	45
<i>estradiol</i>	48	<i>fenofibrate</i>	22
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	48	<i>fenofibrate micronized</i>	22
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	48	<i>fentanyl</i>	1
<i>estradiol vaginal</i>	48	<i>fentanyl citrate</i>	2
<i>estradiol valerate</i>	48	FETZIMA	31
<i>eszopiclone</i>	36	FETZIMA CAP TITRATIO	31
<i>ethambutol hcl</i>	8	FIASP FLEX INJ TOUCH	42
<i>ethosuximide</i>	27	FIASP INJ 100/ML	42
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	44	FIASP PENFIL INJ U-100	42
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	44	<i>finasteride</i>	54
<i>etodolac</i>	1	FINTEPLA	27
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	44	<i>flac</i>	72
<i>etoposide</i>	14	FLAREX	63
<i>etravirine</i>	6	FLEBOGAMMA DIF	58
<i>euthyrox</i>	51	<i>flecainide acetate</i>	22
<i>everolimus</i>	15	FLOVENT DISKUS.....	67, 68
<i>everolimus (immunosuppressant)</i>	59	FLOVENT HFA	68
EVOTAZ TAB 300-150	7	<i>fluconazole</i>	5
<i>exemestane</i>	13	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
EXKIVITY	15	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>ezetimibe</i>	22	<i>flucytosine</i>	5
<i>ezetimibe-simvastatin tab 10-10 mg</i>	22	<i>fludrocortisone acetate</i>	49
<i>ezetimibe-simvastatin tab 10-20 mg</i>	22	<i>flunisolide (nasal)</i>	67
<i>ezetimibe-simvastatin tab 10-40 mg</i>	22	<i>fluocinolone acetate</i>	70
<i>ezetimibe-simvastatin tab 10-80 mg</i>	22	<i>fluocinolone acetate (otic)</i>	72
F		<i>fluocinonide</i>	70
FABRAZYME.....	50	<i>fluocinonide emulsified base</i>	70
<i>falmina</i>	45	<i>fluorometholone (ophth)</i>	63
<i>famciclovir</i>	8	<i>fluorouracil</i>	12
<i>famotidine</i>	52	<i>fluorouracil (topical)</i>	71
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	52	<i>fluoxetine hcl</i>	31
FANAPT	33	<i>fluphenazine decanoate</i>	33
FANAPT PAK	33	<i>fluphenazine hcl</i>	34
FARXIGA	40	<i>flurbiprofen</i>	1
FARYDAK.....	15	<i>flurbiprofen sodium</i>	64
FASENRA.....	66	<i>flutamide</i>	13
FASENRA PEN	67	<i>fluticasone propionate</i>	70
<i>fayosim</i>	45	<i>fluticasone propionate (nasal)</i>	67
		<i>fluvoxamine maleate</i>	26
		<i>fondaparinux sodium</i>	55
		FORTEO	43
		<i>fosamprenavir calcium</i>	6

<i>fosinopril sodium</i>	19
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	19
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	19
FOTIVDA	15
FREAMINE III INJ 10%	62
fulvestrant	13
furosemide	24
furosemide inj	24
FUZEON	6
<i>fyavolv tab 0.5mg-2.5mcg</i>	48
<i>fyavolv tab 1mg-5mcg</i>	48
FYCOMPA	27, 28

G

<i>gabapentin</i>	28
<i>galantamine hydrobromide</i>	30
GAMASTAN INJ	58
GAMMAGARD LIQUID	58
GAMMAGARD S/D IGA LESS TH	58
GAMMAKED	58
GAMMAPLEX	58
GAMUNEX-C	58
<i>ganciclovir sodium</i>	8
GARDASIL 9 INJ	59
<i>gatifloxacin (ophth)</i>	63
GATTEX	53
GAUZE PADS 2	42
<i>gavilyte-c</i>	53
<i>gavilyte-g</i>	53
<i>gavilyte-n/flavor pack</i>	53
GAVRETO	15
<i>gemcitabine hcl</i>	12
<i>gemfibrozil</i>	22
<i>generlac</i>	53
<i>engraf</i>	59
GENOTROPIN	50
GENOTROPIN MINISQUICK	50
<i>gentak</i>	63
<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	63
<i>gentamicin sulfate (topical)</i>	68, 69

GENVOYA TAB	7
<i>gianvi</i>	45
GILENYA	38
GILOTRIF	15
<i>glatiramer acetate</i>	38
<i>glatopa</i>	38
<i>glimepiride</i>	40
<i>glipizide</i>	40
<i>glipizide xl</i>	40
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	40
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	40
<i>glipizide-metformin hcl tab 5-500 mg</i>	40
<i>glycopyrrolate</i>	52
<i>glydo</i>	70
GLYXAMBI TAB 10-5 MG	40
GLYXAMBI TAB 25-5 MG	40
GOLYTELY SOL	53
<i>granisetron hcl</i>	52
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	25
<i>guanfacine hcl (adhd)</i>	36
GVOKE HYPOPEN 2-PACK	49
GVOKE PFS	49

H

HAEGARDA	56
<i>hailey 1.5/30</i>	45
<i>hailey 24 fe</i>	45
<i>halobetasol propionate</i>	70
<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	59
<i>heather</i>	45
HEP SOD/NACL INJ 25000UNT	55
<i>heparin sodium (porcine)</i>	55
<i>heparin sodium (porcine) 100 unit/ml</i> <i>in d5w</i>	55
<i>heparin sodium (porcine)-dextrose iv</i> <i>sol 20000 unit/500ml-5%</i>	55

<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	55	<i>icatibant acetate</i>	56
HEPARIN/NACL INJ 25000UNT	55	<i>iclevia</i>	45
<i>hepatamine</i>	62	ICLUSIG.....	15
HERCEP HYLEC SOL 60-10000	15	IDHIFA	15
HERCEPTIN.....	15	ILEVRO	64
HERZUMA.....	15	<i>imatinib mesylate</i>	15
HETLIOZ	36	IMBRUVICA	15, 16
HIBERIX.....	59	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
HUMIRA	57	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
HUMIRA PEDIA INJ CROHNS	57	<i>imipramine hcl</i>	31
HUMIRA PEDIATRIC CROHNS D.....	57	<i>imiquimod</i>	71
HUMIRA PEN.....	57	IMOVAX RABIES (H.D.C.V.)	59
HUMIRA PEN KIT PS/UV	57	<i>incassia</i>	45
HUMIRA PEN-CD/UC/HS START	57	INCRELEX	50
HUMIRA PEN-PEDIATRIC UC S	57	INCRUSE ELLIPTA	65
HUMIRA PEN-PS/UV STARTER.....	57	<i>indapamide</i>	24
HUMULIN R U-500 (CONCENTR	42	INFANRIX INJ	59
HUMULIN R U-500 KWIKPEN.....	42	INGREZZA.....	38
<i>hydralazine hcl</i>	25	INGREZZA CAP 40-80MG	38
<i>hydrochlorothiazide</i>	24	INLYTA	16
<i>hydrocodone bitartrate</i>	1	INQOVI TAB 35-100MG	13
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	INREBIC.....	16
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	INSULIN SAFETY NEEDLES	42
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MH C.....	42
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	INTELENCE.....	6
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	INTRALIPID	62
<i>hydrocortisone</i>	49	INTRON A	59
<i>hydrocortisone (intrarectal)</i>	53	<i>introvale</i>	45
<i>hydrocortisone (rectal)</i>	71	INVEGA SUSTENNA	34
<i>hydrocortisone (topical)</i>	70	INVEGA TRINZA.....	34
<i>hydromorphone hcl</i>	2	INVIRASE.....	6
<i>hydroxychloroquine sulfate</i>	58	IPOL INJ INACTIVE.....	59
<i>hydroxyurea</i>	13	<i>ipratropium bromide</i>	65
<i>hydroxyzine hcl</i>	65	<i>ipratropium bromide (nasal)</i>	65
<i>hydroxyzine pamoate</i>	65	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	65
HYSINGLA ER	1	<i>irbesartan</i>	21
I		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	20
<i>ibandronate sodium</i>	43	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	20
IBRANCE	15	IRESSA	16
<i>ibu</i>	1	<i>irinotecan hcl</i>	13
<i>ibuprofen</i>	1		

ISENTRESS.....	6
ISENTRESS HD	6
<i>isibloom</i>	45
ISOLYTE-P INJ /D5W	60
ISOLYTE-S INJ	60
<i>isoniazid</i>	8
ISOPTO ATROPINE	65
<i>isosorbide dinitrate</i>	25
<i>isosorbide mononitrate</i>	25, 26
<i>isotretinoin</i>	68
<i>isradipine</i>	24
<i>itraconazole</i>	5
<i>ivermectin</i>	4
IXIARO INJ	60
J	
JAKAFI	16
<i>jantoven</i>	55
JANUMET TAB 50-1000	40
JANUMET TAB 50-500MG	40
JANUMET XR TAB 100-1000.....	40
JANUMET XR TAB 50-1000	40
JANUMET XR TAB 50-500MG.....	40
JANUVIA	40
JARDIANCE.....	40
<i>jasmiel</i>	45
JENTADUETO TAB 2.5-1000.....	40
JENTADUETO TAB 2.5-500.....	40
JENTADUETO TAB 2.5-850.....	40
JENTADUETO TAB XR 2.5-1000MG ..	41
JENTADUETO TAB XR 5-1000MG	41
<i>jinteli</i>	48
<i>jolessa</i>	45
<i>juleber</i>	45
JULUCA TAB 50-25MG.....	7
<i>junel 1.5/30</i>	45
<i>junel 1/20</i>	45
<i>junel fe 1.5/30</i>	45
<i>junel fe 1/20</i>	45
<i>junel fe 24</i>	45
JUXTAPID	23
K	
KADCYLA.....	16
<i>kaitlib fe</i>	45
KALETRA TAB 100-25MG	7
KALETRA TAB 200-50MG	7
KALYDECO.....	67
KANJINTI	16

<i>kariva</i>	45
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	60
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	61
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	61
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	61
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	61
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	61
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	61
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	61
KCL/D5W/NACL INJ 0.15/0.2	61
KCL/D5W/NACL INJ 0.3/0.9%.....	61
<i>kelnor 1/35</i>	45
<i>kelnor 1/50</i>	45
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	69
<i>ketorolac tromethamine (ophth)</i>	64
KEYTRUDA	16
KINRIX INJ	60
KISQALI.....	16
KISQALI 200 PAK FEMARA.....	14
KISQALI 400 PAK FEMARA.....	14
KISQALI 600 PAK FEMARA.....	14
<i>klor-con</i>	61
<i>klor-con 10</i>	61
<i>klor-con 8</i>	61
<i>klor-con m10</i>	61
<i>klor-con m15</i>	61
<i>klor-con m20</i>	61
KORLYM.....	50
<i>kurvelo</i>	45
KYNMOBI	32
L	
<i>labetalol hcl</i>	23
<i>lactated ringer's solution</i>	61
<i>lactic acid (ammonium lactate)</i>	71
<i>lactulose</i>	53
<i>lactulose (encephalopathy)</i>	53
<i>lamivudine</i>	6
<i>lamivudine (hbv)</i>	8

<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>levofloxacin in d5w iv soln 500</i>	
.....	7	mg/100ml	10
<i>lamotrigine</i>	28	<i>levofloxacin in d5w iv soln 750</i>	
<i>lansoprazole</i>	54	mg/150ml	10
<i>lapatinib ditosylate</i>	16	<i>levonest</i>	45
<i>larin 1.5/30</i>	45	<i>levonor-eth est tab 0.15-</i>	
<i>larin 1/20</i>	45	0.02/0.025/0.03 mg ð est 0.01	
<i>larin 24 fe</i>	45	mg	45
<i>larin fe 1.5/30</i>	45	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>larin fe 1/20</i>	45	day) tab 0.15-0.03 mg	45
<i>larissia</i>	45	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>LASTACFT</i>	64	0.1 mg-20 mcg	45
<i>latanoprost</i>	64	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>LATUDA</i>	34	0.15 mg-30 mcg	46
<i>layolis fe</i>	45	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>leena</i>	45	30/0.075-40/0.125-30mg-mcg	46
<i>leflunomide</i>	58	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>LENVIMA 10 MG DAILY DOSE</i>	16	eth est tab 0.01mg(7)	45
<i>LENVIMA 12MG DAILY DOSE</i>	16	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>LENVIMA 20 MG DAILY DOSE</i>	16	& eth est tab 0.01mg(7)	45
<i>LENVIMA 4 MG DAILY DOSE</i>	16	<i>levora 0.15/30-28</i>	46
<i>LENVIMA 8 MG DAILY DOSE</i>	16	<i>levo-t</i>	51
<i>LENVIMA CAP 14 MG</i>	16	<i>levothyroxine sodium</i>	51
<i>LENVIMA CAP 18 MG</i>	16	<i>levoxyl</i>	51
<i>LENVIMA CAP 24 MG</i>	16	<i>LEXIVA</i>	6
<i>lessina</i>	45	<i>lidocaine</i>	70
<i>letrozole</i>	13	<i>lidocaine hcl</i>	70
<i>leucovorin calcium</i>	18	<i>lidocaine hcl (local anesth.)</i>	3
<i>LEUKERAN</i>	12	<i>lidocaine hcl (mouth-throat)</i>	72
<i>leuprolide acetate</i>	13	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	70
<i>levalbuterol hcl</i>	66	<i>lillow</i>	46
<i>levalbuterol tartrate</i>	66	<i>linezolid</i>	4
<i>LEVEMIR</i>	42	<i>linezolid in sodium chloride iv soln 600</i>	
<i>LEVEMIR FLEXTOUCH</i>	42	mg/300ml-0.9%	4
<i>levetiracetam</i>	28	<i>LINZESS</i>	53
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i>	51
1000 mg/100ml	28	<i>lisinopril</i>	19
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 10-</i>	
1500 mg/100ml	28	12.5 mg	19
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
500 mg/100ml	28	12.5 mg	19
<i>levobunolol hcl</i>	64	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levocarnitine (metabolic modifiers)</i> ...	50	25 mg	19
<i>levocetirizine dihydrochloride</i>	65, 66	<i>LITHIUM</i>	38
<i>levofloxacin</i>	10	<i>lithium carbonate</i>	38
<i>levofloxacin in d5w iv soln 250</i>		<i>loestrin 1.5/30-21</i>	46
mg/50ml	10	<i>loestrin 1/20-21</i>	46

<i>loestrin fe 1.5/30</i>	46
<i>loestrin fe 1/20</i>	46
LOKELMA	43
LONSURF TAB 15-6.14	14
LONSURF TAB 20-8.19	14
<i>loperamide hcl</i>	53
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	7
<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>lopreeza</i>	48
<i>lorazepam</i>	26
<i>lorazepam intensol</i>	26
LORBRENA	16
<i>loryna</i>	46
<i>losartan potassium</i>	21
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	20
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	21
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	20
LOTEMAX	64
<i>lovastatin</i>	22
<i>low-ogestrel</i>	46
<i>loxapine succinate</i>	34
LUMAKRAS	16
LUMIGAN	64
LUMIZYME	50
LUPRON DEPOT (1-MONTH)	13
LUPRON DEPOT (3-MONTH)	13
LUPRON DEPOT-PED (1-MONTH)	50
LUPRON DEPOT-PED (3-MONTH)	50
<i>lutea</i>	46
<i>lyleq</i>	46
<i>lyllana</i>	48
LYNPARZA	16
LYRICA CR	38
LYSODREN	13
<i>lyza</i>	46
M	
<i>magnesium sulfate</i>	61
MAGNESIUM SULFATE	61
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	61

<i>malathion</i>	71
<i>marlissa</i>	46
MARPLAN	31
MATULANE	14
MAVYRET TAB 100-40MG	8
<i>meclizine hcl</i>	52
<i>medroxyprogesterone acetate</i>	51
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	46
<i>mefloquine hcl</i>	5
<i>megestrol acetate</i>	13, 51
<i>megestrol acetate (appetite)</i>	51
MEKINIST	16
MEKTOVI	16
<i>melodetta 24 fe</i>	46
<i>meloxicam</i>	1
<i>memantine hcl</i>	30
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	30
MENACTRA INJ	60
MENQUADFI INJ	60
MENVEO INJ	60
<i>mercaptopurine</i>	12
<i>meropenem</i>	4
<i>mesalamine</i>	53
<i>mesalamine w/ cleanser</i>	53
MESNEX	18
<i>metadate er</i>	36
<i>metformin hcl</i>	41
<i>methadone hcl</i>	1
<i>methadone hydrochloride i</i>	2
<i>methazolamide</i>	24
<i>methenamine hippurate</i>	4
<i>methimazole</i>	51
<i>methocarbamol</i>	39
<i>methotrexate sodium</i>	12, 58
METHYLDOPA	25
<i>methylphenidate hcl</i>	36
<i>methylprednisolone</i>	49
<i>methylprednisolone acetate</i>	49
<i>methylprednisolone sod succ</i>	49
<i>metoclopramide hcl</i>	52
<i>metolazone</i>	24
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	23
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	23

<i>metoprolol & hydrochlorothiazide tab</i>	
50-25 mg	23
<i>metoprolol succinate</i>	23
<i>metoprolol tartrate</i>	23
<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	71
<i>metronidazole in nacl 0.79% iv soln</i>	
500 mg/100ml	4
<i>metronidazole vaginal</i>	55
<i>metyrosine</i>	25
MG SO4/D5W INJ 10MG/ML	61
<i>mibelas 24 fe</i>	46
<i>micafungin sodium</i>	5
<i>microgestin 1.5/30</i>	46
<i>microgestin 1/20</i>	46
<i>microgestin fe 1.5/30</i>	46
<i>microgestin fe 1/20</i>	46
<i>midodrine hcl</i>	25
<i>miglustat</i>	50
<i>mili</i>	46
<i>mimvey</i>	48
<i>minocycline hcl</i>	12
<i>minoxidil</i>	25
<i>mirtazapine</i>	31
<i>misoprostol</i>	53
MITIGARE	1
M-M-R II INJ	60
M-NATAL PLUS TAB	61
<i>moexipril hcl</i>	19
<i>molindone hcl</i>	34
<i>mometasone furoate</i>	70
<i>mondoxylene nl</i>	12
MONJUVI	16
<i>mono-lynyah</i>	46
<i>montelukast sodium</i>	66
<i>morphine sulfate</i>	2
MORPHINE SULFATE	2
MOVANTIK	54
<i>moxifloxacin hcl</i>	10
<i>moxifloxacin hcl (ophth)</i>	63
MULTAQ	22
<i>mupirocin</i>	69
MVASI	16
<i>mycophenolate mofetil</i>	59
<i>mycophenolate sodium</i>	59
<i>myorisan</i>	68
MYRBETRIQ	55

N	
<i>nabumetone</i>	1
<i>nadolol</i>	23
<i>nafticillin sodium</i>	11
NAGLAZYME	50
<i>nalbuphine hcl</i>	2
<i>naloxone hcl</i>	39
<i>naltrexone hcl</i>	39
NAMZARIC CAP 14-10MG	30
NAMZARIC CAP 21-10MG	30
NAMZARIC CAP 28-10MG	30
NAMZARIC CAP 7-10MG	30
NAMZARIC CAP PACK	30
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	37
NARCAN	39
NATACYN	63
<i>nateglinide</i>	41
NATPARA	43
NAYZILAM	28
<i>nebivolol hcl</i>	23
<i>necon 0.5/35-28</i>	46
<i>nefazodone hcl</i>	31
<i>neomycin sulfate</i>	4
<i>neomycin-bacitrac zn-polymyx</i>	
5(3.5)mg-400unt-10000unt op oin	63
<i>neomycin-polymy-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml ..	63
<i>neomycin-polymyxin-dexamethasone</i>	
ophth oint 0.1%	62
<i>neomycin-polymyxin-dexamethasone</i>	
ophth susp 0.1%	63
<i>neomycin-polymyxin-hc ophth susp</i> ..	63
<i>neomycin-polymyxin-hc otic soln 1%</i>	72
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
mg/ml-10000 unit/ml-1%	72
NERLYNX	16
NEUPRO	32
<i>nevirapine</i>	6
NEXAVAR	16
<i>niacin (antihyperlipidemic)</i>	23
<i>nicardipine hcl</i>	24
NICOTROL INHALER	39
NICOTROL NS	39
<i>nifedipine</i>	24
<i>nikki</i>	46

<i>nilutamide</i>	13	NOVOLIN N	42
<i>nimodipine</i>	24	NOVOLIN N FLEXPEN	42
NINLARO	16	NOVOLIN R	42
<i>nitazoxanide</i>	4	NOVOLIN R FLEXPEN	42
<i>nitisinone</i>	50	NOVOLOG	42
NITRO-BID	26	NOVOLOG FLEXPEN	42
NITRO-DUR	26	NOVOLOG MIX INJ 70/30	42
<i>nitrofurantoin macrocrystal</i>	4	NOVOLOG MIX INJ FLEXPEN	42
<i>nitrofurantoin monohyd macro</i>	4	NOVOLOG PENFILL	42
<i>nitroglycerin</i>	26	NOXAFIL	5
<i>nizatidine</i>	53	NUBEQA.....	13
<i>nora-be</i>	46	NUDEXTA CAP 20-10MG	38
<i>norethindrone & ethinyl estradiol-fe</i>		NULOJIX	59
<i>chew tab 0.4 mg-35 mcg</i>	46	NULYTELY SOL LMN/LIME	53
<i>norethindrone & ethinyl estradiol-fe</i>		NUPLAZID	34
<i>chew tab 0.8 mg-25 mcg</i>	46	NUTRILIPID	62
<i>norethindrone (contraceptive)</i>	46	<i>nyamyc</i>	69
<i>norethindrone ace & ethinyl estradiol</i>		<i>nylia 7/7/7</i>	47
<i>tab 1 mg-20 mcg</i>	46	NYMALIZE	24
<i>norethindrone ace & ethinyl estradiol</i>		<i>nymyo</i>	47
<i>tab 1.5 mg-30 mcg</i>	46	<i>nystatin</i>	5
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>nystatin (mouth-throat)</i>	72
<i>tab 1 mg-20 mcg</i>	46	<i>nystatin (topical)</i>	69
<i>norethindrone ace-eth estradiol-fe</i>		<i>nystop</i>	69
<i>chew tab 1 mg-20 mcg (24)</i>	46	O	
<i>norethindrone acetate</i>	51	<i>ocella</i>	47
<i>norethindrone acetate-ethinyl estradiol</i>		OCTAGAM	58
<i>tab 0.5 mg-2.5 mcg</i>	48	<i>octreotide acetate</i>	50
<i>norethindrone acetate-ethinyl estradiol</i>		OCTREOTIDE ACETATE	50
<i>tab 1 mg-5 mcg</i>	49	ODEFSEY TAB	7
<i>norgestimate & ethinyl estradiol tab</i>		ODOMZO.....	16
<i>0.25 mg-35 mcg</i>	46	OFEV	67
<i>norgestimate-eth estrad tab 0.18-</i>		<i>ofloxacin (ophth)</i>	63
<i>25/0.215-25/0.25-25 mg-mcg</i>	47	<i>ofloxacin (otic)</i>	72
<i>norgestimate-eth estrad tab 0.18-</i>		OGIVRI	16
<i>35/0.215-35/0.25-35 mg-mcg</i>	47	OGIVRI INJ 420MG.....	16
<i>norlyroc</i>	47	<i>olanzapine</i>	34
NORPACE CR	22	<i>olmesartan medoxomil</i>	21
NORTHERA	25	<i>olmesartan medoxomil-</i>	
<i>nortrel 0.5/35 (28)</i>	47	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>nortrel 1/35 (21)</i>	47		21
<i>nortrel 1/35 (28)</i>	47	<i>olmesartan medoxomil-</i>	
<i>nortrel 7/7/7</i>	47	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>nortriptyline hcl</i>	31		21
NORVIR	6	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30.....	42	<i>hydrochlorothiazide tab 40-25 mg</i> .	21
NOVOLIN INJ 70/30 FP	42		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	21
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	21
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	21
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	21
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	21
<i>olopatadine hcl</i>	64
<i>omeprazole</i>	54
OMNIPOD KIT STARTER	42
OMNIPOD MIS 5 PACK	42
<i>ondansetron</i>	52
<i>ondansetron hcl</i>	52
ONTRUZANT	16
ONUREG	12
OPSUMIT	26
ORGOVYX	13
ORKAMBI GRA 100-125	67
ORKAMBI GRA 150-188	67
ORKAMBI TAB 100-125	67
ORKAMBI TAB 200-125	67
<i>orsythia</i>	47
<i>oseltamivir phosphate</i>	8
OSPHENA	50
<i>oxacillin sodium</i>	11
<i>oxaliplatin</i>	12
<i>oxandrolone</i>	40
<i>oxcarbazepine</i>	28
<i>oxybutynin chloride</i>	55
<i>oxycodone hcl</i>	2
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	3
OXYCONTIN	2

OZEMPIC (0.25 OR 0.5MG/DOSE)	41
OZEMPIC (1MG/DOSE)	41
P	
<i>pacerone</i>	22
<i>paclitaxel</i>	14
<i>paliperidone</i>	34
<i>pamidronate disodium</i>	43
PAMIDRONATE DISODIUM	43
PANRETIN	71
<i>pantoprazole sodium</i>	54
PANZYGA	58
<i>paraplatin</i>	12
<i>paricalcitol</i>	52
<i>paroex</i>	72
<i>paromomycin sulfate</i>	4
<i>paroxetine hcl</i>	31
PASER	8
PAXIL	31
PAZEO	64
PEDIARIX INJ 0.5ML	60
PEDVAX HIB	60
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	53
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	53
PEGANONE	28
PEGASYS	8
PEMAZYRE	16
PEN GK/DEXTR INJ 40000/ML	11
PEN GK/DEXTR INJ 60000/ML	11
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	42
<i>penicillamine</i>	43
<i>penicillin g potassium</i>	11
PENICILLIN G PROCAINE	11
<i>penicillin g sodium</i>	11
<i>penicillin v potassium</i>	11
PENTACEL INJ	60
<i>pentamidine isethionate inh</i>	4
<i>pentamidine isethionate inj</i>	4
<i>pentoxifylline</i>	56
<i>perindopril erbumine</i>	19
<i>periogard</i>	72
<i>permethrin</i>	71
<i>perphenazine</i>	34
PERSERIS	34

<i>pfizerpen</i>	11	POTASSIUM CHLORIDE	61
<i>phenelzine sulfate</i>	31	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>phenobarbital</i>	28	<i>in dextrose 5% inj</i>	61
<i>phenobarbital sodium</i>	28	<i>potassium chloride microencapsulated</i>	
PHENYTEK	28	<i>crystals er</i>	62
<i>phenytoin</i>	28	<i>potassium citrate (alkalinizer)</i>	54
<i>phenytoin sodium</i>	28	PRADAXA	55
<i>phenytoin sodium extended</i>	28	PRALUENT	23
PHESGO SOL	17	<i>pramipexole dihydrochloride</i>	33
<i>philith</i>	47	<i>prasugrel hcl</i>	56
PICATO	71	<i>pravastatin sodium</i>	22
PIFELTRO	6	<i>praziquantel</i>	4
<i>pilocarpine hcl</i>	64	<i>prazosin hcl</i>	20
<i>pilocarpine hcl (oral)</i>	72	<i>prednisolone</i>	49
<i>pimozide</i>	34	<i>prednisolone acetate (ophth)</i>	64
<i>pimtrea</i>	47	PREDNISOLONE SODIUM PHOSP	64
<i>pindolol</i>	23	<i>prednisolone sodium phosphate</i>	49
<i>pioglitazone hcl</i>	41	<i>prednisone</i>	49
<i>piperacillin sod-tazobactam na for inj</i>		PREDNISONE INTENSOL	49
<i>3.375 gm (3-0.375 gm)</i>	11	<i>pregabalin</i>	28, 29
<i>piperacillin sod-tazobactam sod for inj</i>		<i>pregabalin (once-daily)</i>	38
<i>13.5 gm (12-1.5 gm)</i>	11	PREMASOL SOL 10%	62
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB 27-1MG.....	62
<i>2.25 gm (2-0.25 gm)</i>	11	PRENATAL TAB PLUS	62
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL VIT TAB LOW IRON	62
<i>4.5 gm (4-0.5 gm)</i>	11	<i>prevalite</i>	23
<i>piperacillin sod-tazobactam sod for inj</i>		<i>previfem</i>	47
<i>40.5 gm (36-4.5 gm)</i>	11	PREZCOBIX TAB 800-150.....	8
PIQRAY 200MG DAILY DOSE.....	17	PREZISTA.....	6
PIQRAY 250MG TAB DOSE.....	17	PRIFTIN	8
PIQRAY 300MG DAILY DOSE.....	17	<i>primaquine phosphate</i>	5
<i>pirmella 1/35</i>	47	PRIMAQUINE PHOSPHATE	5
<i>piroxicam</i>	1	<i>primidone</i>	29
PLASMA-LYTE INJ -148	61	PRIVIGEN.....	58
PLASMA-LYTE INJ -A.....	61	<i>probenecid</i>	1
<i>plenamine</i>	62	PROCALAMINE INJ 3%	62
PLENVU SOL	53	<i>prochlorperazine</i>	52
PNV FOLIC AC TAB + IRON.....	62	<i>prochlorperazine edisylate</i>	52
<i>podofilox</i>	71	<i>prochlorperazine maleate</i>	52
<i>polymyxin b-trimethoprim ophth soln</i>		PROCRT	56
<i>10000 unit/ml-0.1%</i>	63	<i>procto-med hc</i>	71
POMALYST.....	13	<i>procto-pak</i>	71
<i>portia-28</i>	47	<i>proctosol hc</i>	71
<i>posaconazole</i>	5	<i>proctozone-hc</i>	71
POT CHL/NACL INJ 20MEQ/L.....	61	PROGRAF	59
POT CHL/NACL INJ 40MEQ/L.....	61	PROLASTIN-C	67
<i>potassium chloride</i>	61, 62	PROLENSA.....	64

PROLIA	43
PROMACTA	56
<i>promethazine hcl</i>	52
<i>propafenone hcl</i>	22
<i>proparacaine hcl</i>	65
<i>propranolol hcl</i>	23
<i>propylthiouracil</i>	51
PROQUAD INJ	60
PROSOL INJ 20%	62
<i>protriptyline hcl</i>	31
PULMICORT FLEXHALER	68
PULMOZYME	67
PURIXAN	13
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	38
Q	
QINLOCK	17
QUADRACEL INJ	60
<i>quetiapine fumarate</i>	34
<i>quinapril hcl</i>	19
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	19
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	19
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	19
<i>quinidine sulfate</i>	22
<i>quinine sulfate</i>	5
R	
RABAVERT INJ	60
<i>rabeprazole sodium</i>	54
<i>raloxifene hcl</i>	50
<i>ramipril</i>	19
<i>ranolazine</i>	25
<i>rasagiline mesylate</i>	33
RAYALDEE	52
<i>reclipsen</i>	47
RECOMBIVAX HB	60
RECTIV	71
REGRANEX	71
RELENZA DISKHALER	8
RELISTOR	54
REMICADE	57
RENFLEXIS	57
<i>repaglinide</i>	41
RESTASIS	65
RESTASIS MULTIDOSE	65

RETEVMO	17
REVLIMID	13
REXULTI	34
REYATAZ	6
REZUROCK	59
RHOPRESSA	64
RIABNI	17
<i>ribavirin (hepatitis c)</i>	8
<i>rifabutin</i>	8
<i>rifampin</i>	8
<i>riluzole</i>	38
<i>rimantadine hydrochloride</i>	9
RINVOQ	57
<i>risedronate sodium</i>	43
RISPERDAL CONSTA	34, 35
<i>risperidone</i>	35
<i>ritonavir</i>	6
RITUXAN	17
RITUXAN INJ HYCELA	17
<i>rivastigmine</i>	30
<i>rivastigmine tartrate</i>	30
<i>rivelsa</i>	47
<i>rizatriptan benzoate</i>	37
<i>ropinirole hydrochloride</i>	33
<i>rosadan</i>	71
<i>rosuvastatin calcium</i>	22
ROTARIX SUS	60
ROTATEQ SOL	60
<i>roweepra</i>	29
ROZLYTREK	17
RUBRACA	17
<i>rufinamide</i>	29
RUKOBIA	6
RUXIENCE	17
RYBELSUS	41
RYDAPT	17
S	
<i>sajazir</i>	56
SANDIMMUNE	59
SANTYL	71
<i>sapropterin dihydrochloride</i>	50
<i>scopolamine</i>	52
SECUADO	35
<i>selegiline hcl</i>	33
<i>selenium sulfide</i>	69
SELZENTRY	6
SEREVENT DISKUS	66

<i>sertraline hcl</i>	31
<i>setlakin</i>	47
<i>sevelamer carbonate</i>	51
<i>sharobel</i>	47
SHINGRIX	60
SIGNIFOR	50
<i>sildenafil citrate (pulmonary hypertension)</i>	26
<i>silver sulfadiazine</i>	69
SIMBRINZA SUS 1-0.2%	64
<i>simliya</i>	47
<i>simpesse</i>	47
<i>simvastatin</i>	22
<i>sirolimus</i>	59
SIRTURO	8
SIVEXTRO	4
SKYRIZI	57
SKYRIZI PEN	57
<i>sodium chloride</i>	61
<i>sodium chloride (gu irrigant)</i>	71
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	62
<i>sodium phenylbutyrate</i>	51
<i>sodium polystyrene sulfonate powder</i>	43
<i>solifenacin succinate</i>	55
SOLQUA INJ 100/33	42
SOLTAMOX	13
SOLU-CORTEF.....	49
SOMATULINE DEPOT.....	51
SOMAVERT	51
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotalol hcl (afib/afl)</i>	22
<i>spironolactone</i>	19
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	25
<i>sprintec 28</i>	47
SPRITAM	29
SPRYCEL	17
<i>sps</i>	43
<i>sronyx</i>	47
<i>ssd</i>	69
<i>stavudine</i>	6
STELARA	57, 58
STIMATE	51
STIVARGA	17

<i>streptomycin sulfate</i>	4
STRIBILD TAB.....	8
<i>subvenite</i>	29
<i>sucrafate</i>	54
<i>sulfacetamide sodium (acne)</i>	68
<i>sulfacetamide sodium (ophth)</i>	63
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	63
SULFADIAZINE	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.....	69
<i>sulfasalazine</i>	53
<i>sulindac</i>	1
<i>sumatriptan</i>	37
<i>sumatriptan succinate</i>	37
<i>sunitinib malate</i>	17
SUPREP BOWEL SOL PREP KIT	53
SUTENT	17
<i>syeda</i>	47
SYMBICORT AER 160-4.5	68
SYMBICORT AER 80-4.5	68
SYMDEKO TAB 100-150	67
SYMDEKO TAB 50-75MG	67
SYMJEPI.....	67
SYMPAZAN	29
SYMTUZA TAB.....	8
SYNAREL.....	48
SYNERCID INJ 500MG.....	4
SYNJARDY TAB 12.5-1000MG	41
SYNJARDY TAB 12.5-500.....	41
SYNJARDY TAB 5-1000MG.....	41
SYNJARDY TAB 5-500MG.....	41
SYNJARDY XR TAB 10-1000.....	41
SYNJARDY XR TAB 12.5-1000MG	41
SYNJARDY XR TAB 25-1000.....	41
SYNJARDY XR TAB 5-1000MG	41
SYNRIBO.....	14
SYNTHROID.....	51
T	
TABLOID	13

TABRECTA	17	tetrabenazine	38
tacrolimus	59	tetracycline hcl	12
tacrolimus (topical)	71	THALOMID	13
TAFINLAR.....	17	THEO-24	67
TAGRISSO.....	17	theophylline	67
TALTZ.....	58	thioridazine hcl	35
TALZENNA.....	17	thiothixene	35
tamoxifen citrate	13	tiadylt er	24
tamsulosin hcl.....	54	tiagabine hcl.....	29
TARGRETIN	71	TIBSOVO.....	17
tarina 24 fe	47	tigecycline	12
tarina fe 1/20 eq	47	TIGECYCLINE.....	12
TASIGNA.....	17	tilia fe	47
tazarotene	69	timolol maleate	23
tazicef.....	9	timolol maleate (ophth)	64
TAZICEF.....	9	timolol maleate (ophth) once-daily ...	64
TAZORAC	69	TIVICAY	7
taztia xt	24	TIVICAY PD	7
TAZVERIK	17	tizanidine hcl	39
TDVAX INJ 2-2 LF.....	60	TOBRADEX OIN 0.3-0.1%	63
TECENTRIQ	17	TOBRADEX ST SUS 0.3-0.05.....	63
TEFLARO	9	tobramycin	4
telmisartan	21	tobramycin (ophth)	63
telmisartan-amlodipine tab 40-10 mg	21	tobramycin sulfate	4
.....	21	tobramycin-dexamethasone ophth susp	63
telmisartan-amlodipine tab 40-5 mg	21	0.3-0.1%	63
telmisartan-amlodipine tab 80-10 mg	21	tolterodine tartrate	55
.....	21	topiramate	29
telmisartan-amlodipine tab 80-5 mg	21	toposar	14
telmisartan-hydrochlorothiazide tab 40-	21	toremifene citrate	13
12.5 mg	21	torsemede.....	25
telmisartan-hydrochlorothiazide tab 80-	21	TOVIAZ.....	55
12.5 mg	21	TPN ELECTROL INJ	61
telmisartan-hydrochlorothiazide tab 80-	21	TRADJENTA	41
25 mg	21	tramadol hcl	3
temazepam	37	tramadol-acetaminophen tab 37.5-325	3
TEMIXYS TAB 300-300	8	mg	3
TENIVAC INJ 5-2LF.....	60	trandolapril.....	19
tenofovir disoproxil fumarate	6	tranexamic acid	56
TEPMETKO.....	17	tranylcypromine sulfate.....	31
terazosin hcl	20	TRAVASOL INJ 10%.....	62
terbinafine hcl.....	5	TRAZIMERA.....	17
terbutaline sulfate	66	trazodone hcl.....	31
terconazole vaginal.....	55	TRECATOR	8
testosterone	40	TRELEGY AER ELLIPTA 100-62.5-25	65
testosterone cypionate	40	MCG	65
testosterone enanthate	40		

TRELEGY AER ELLIPTA 200-62.5-25 MCG	65	<i>tri-sprintec</i>	47
TRELSTAR MIXJECT	13	TRIUMEQ TAB	8
<i>treprostinil</i>	26	<i>trivora-28</i>	47
TRESIBA	42	<i>tri-vylibra</i>	47
TRESIBA FLEXTOUCH	42	<i>tri-vylibra lo</i>	47
<i>tretinoin</i>	68	TROGARZO	7
<i>tretinoin (chemotherapy)</i>	14	TROPHAMINE INJ 10%	62
<i>triamcinolone acetonide (mouth)</i>	72	<i>trospium chloride</i>	55
<i>triamcinolone acetonide (topical)</i>	70	TRUE METRIX KIT AIR	72
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	25	TRUE METRIX KIT METER	72
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	25	TRUE METRIX STRIPS	72
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	25	TRULANCE	54
TRICARE TAB PRENATAL	62	TRULICITY	41
<i>triderm</i>	70	TRUMENBA INJ	60
<i>trientine hcl</i>	43	TRUSELTIQ 100 MG DAILY DOSE	17
<i>tri-estarylla</i>	47	TRUSELTIQ 125 MG DAILY DOSE	17
<i>trifluoperazine hcl</i>	35	TRUSELTIQ 50 MG DAILY DOSE	17
<i>trifluridine</i>	63	TRUSELTIQ 75 MG DAILY DOSE	17
<i>trihexyphenidyl hcl</i>	33	TRUXIMA	17
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	41	TUKYSA	17
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	41	<i>tulana</i>	48
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	41	TURALIO	17
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	41	TWINRIX INJ	60
TRIKAFTA TAB 100-50-75MG & 150MG	67	TYBOST	7
TRIKAFTA TAB 50-25-37.5MG & 75MG	67	<i>tydemy</i>	48
<i>tri-legest fe</i>	47	TYMLOS	43
<i>tri-linyah</i>	47	TYPHIM VI	60
<i>tri-lo-estarylla</i>	47	U	
<i>tri-lo-marzia</i>	47	UBRELVY	37
<i>tri-lo-mili</i>	47	UKONIQ	17
<i>tri-lo-sprintec</i>	47	<i>unithroid</i>	52
<i>trimethoprim</i>	4	<i>ursodiol</i>	54
<i>tri-mili</i>	47	V	
<i>trimipramine maleate</i>	31	<i>valacyclovir hcl</i>	9
TRINTELLIX	31, 32	VALCHLOR	71
<i>tri-nymyo</i>	47	<i>valganciclovir hcl</i>	9
<i>tri-previfem</i>	47	<i>valproate sodium</i>	29
		<i>valproic acid</i>	29
		<i>valsartan</i>	21
		<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	21
		<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	21
		<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	21
		<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	21

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	21	VOSEVI TAB	9
VALTOCO	29	VOTRIENT	18
<i>vanadom</i>	39	VRAYLAR.....	35
<i>vancomycin hcl</i>	4, 5	VRAYLAR CAP 1.5-3MG	35
VANCOMYCIN INJ 1 GM.....	5	<i>vyfemla</i>	48
VANCOMYCIN INJ 500MG	5	<i>vylibra</i>	48
VANCOMYCIN INJ 750MG	5	VYZULTA.....	64
<i>vandazole</i>	55	W	
VAQTA	60	<i>warfarin sodium</i>	56
VARENICLINE TARTRATE	39	<i>water for irrigation, sterile irrigation soln</i>	71
VARIVAX	60	WELIREG	14
VASCEPA.....	23	<i>wera</i>	48
VELCADE.....	17	<i>wymzya fe</i>	48
<i>velivet</i>	48	X	
VELTASSA	43	XALKORI	18
VEMLIDY	9	XARELTO.....	56
VENCLEXTA	17, 18	XARELTO STAR TAB 15/20MG.....	56
VENCLEXTA TAB START PK.....	18	XATMEP	58
<i>venlafaxine hcl</i>	32	XCOPRI.....	29
VENTAVIS	26	XCOPRI PAK 100-150	30
VENTOLIN HFA.....	66	XCOPRI PAK 12.5-25	29
VENTOLIN HFA (INSTITUTIONAL PACK)	66	XCOPRI PAK 150-200MG (MAINTENANCE).....	30
<i>verapamil hcl</i>	24	XCOPRI PAK 150-200MG (TITRATION)	30
VERSACLOZ.....	35	XCOPRI PAK 50-100MG.....	29
VERZENIO	18	XCOPRI PAK 50-200MG.....	29
<i>vestura</i>	48	XELJANZ	58
V-GO 20 KIT	42	XELJANZ XR	58
V-GO 30 KIT	42	XGEVA	43
V-GO 40 KIT	42	XIFAXAN	54
VICTOZA.....	41	XIGDUO XR TAB 10-1000.....	41
<i>vienva</i>	48	XIGDUO XR TAB 10-500MG	41
<i>vigabatrin</i>	29	XIGDUO XR TAB 2.5-1000.....	41
<i>vigadrone</i>	29	XIGDUO XR TAB 5-1000MG	41
VIIBRYD.....	32	XIGDUO XR TAB 5-500MG	41
VIIBRYD KIT STARTER	32	XIIDRA	65
VIMPAT	29	XOFLUZA	9
<i>vincristine sulfate</i>	14	XOLAIR.....	67
<i>vinorelbine tartrate</i>	14	XOSPATA	18
<i>violele</i>	48	XPOVIO 100 MG ONCE WEEKLY	18
VIRACEPT.....	7	XPOVIO 40 MG ONCE WEEKLY	18
VIREAD	7	XPOVIO 40 MG TWICE WEEKLY.....	18
VITRAKVI	18	XPOVIO 60 MG ONCE WEEKLY	18
VIVITROL	40	XPOVIO 60 MG TWICE WEEKLY.....	18
VIZIMPRO	18	XPOVIO 80 MG ONCE WEEKLY	18
<i>voriconazole</i>	5		

XPOVIO 80 MG TWICE WEEKLY	18	ZENPEP CAP 40000	54
XTANDI	13	ZENPEP CAP 5000UNIT	54
<i>xulane</i>	48	ZERVIAE	64
XULTOPHY INJ 100/3.6	43	<i>zidovudine</i>	7
XYREM	39	<i>ziprasidone hcl</i>	35
Y		<i>ziprasidone mesylate</i>	35
YF-VAX INJ	60	ZIRABEV	18
<i>yuvaferm</i>	49	ZIRGAN	63
Z		<i>zoledronic acid</i>	43
<i>zafemy</i>	48	ZOLINZA	18
<i>zafirlukast</i>	66	<i>zolmitriptan</i>	37
<i>zaleplon</i>	37	<i>zolpidem tartrate</i>	37
<i>zarah</i>	48	<i>zonisamide</i>	30
ZARXIO	56	ZORTRESS	59
ZEJULA	18	ZOSTAVAX	60
ZELBORAF	18	<i>zovia 1/35e</i>	48
ZEMAIRA	67	<i>zumandimine</i>	48
<i>zenatane</i>	68	ZYDELIG	18
ZENPEP CAP 10000UNT	54	ZYKADIA	18
ZENPEP CAP 15000UNT	54	ZYLET SUS 0.5-0.3%	63
ZENPEP CAP 20000UNT	54	ZYPREXA RELPREVV	35
ZENPEP CAP 25000	54	ZYTIGA	13
ZENPEP CAP 3000UNIT	54		

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