



FORMULARY LIST OF COVERED DRUGS

Johns Hopkins Advantage MD (HMO)

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

HPMS Approved Formulary File Submission ID 00025227

This formulary was updated on 10/15/2024. For more recent information or other questions, please contact Johns Hopkins Advantage MD (HMO) Customer Service at 1-877-293-4998 or (TTY users should call 711) 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.com.



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 Johns Hopkins Advantage MD. When it refers to “plan” or “our plan,” it means Johns Hopkins Advantage MD (HMO).

This document includes an updated drug list (formulary) for our plan which is current as of 10/15/2024. For 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, 2025 and from time to time during the year.

What is the Johns Hopkins Advantage MD (HMO) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the 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. Updates to the formulary are posted monthly to our website here: <https://www.hopkinsmedicare.com/members/part-d-coverage-determinations-and-appeals/>

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Johns Hopkins Advantage MD (HMO) Formulary?” Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Johns Hopkins Advantage MD (HMO) Formulary?”

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

However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/15/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 TO TREAT HEART AND CIRCULATION CONDITIONS”. If you know what your drug is used for, look for the category name in the list that begins page 10. 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 78. 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets every 30 days per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

October 2024

Y0124_HMOFormulary0724_C

You can ask our plan 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 Johns Hopkins Advantage MD (HMO) Formulary?” on page 5 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 Customer Service and ask if your drug is covered.

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

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

How do I request an exception to the Johns Hopkins Advantage MD (HMO) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we will cover a onetime temporary supply for up to 30-days (or 31-days if you are a long-term care resident) from a network pharmacy. During this period you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Johns Hopkins Advantage MD (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Johns Hopkins Advantage MD (HMO) Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

PA – Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL – Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.

ST – Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

NM – Not available at mail-order pharmacies

B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

I – This drug's Tier Copay may not apply to you. Our plan covered insulin is no more than \$35 for a one-month supply. Call Customer Service for your estimated cost

EX – This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

* - Non-extended day supply. Not available for an extended (long-term) supply

Johns Hopkins Advantage MD (HMO)

Cost Sharing Tier	Standard Retail Cost-Sharing (in-network)	Standard Mail Order Cost-Sharing (in-network)
Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay for a 30-day supply \$0 copay for a 60-day supply \$0 copay for a 100-day supply	\$0 copay for a 30-day supply \$0 copay for a 60-day supply \$0 copay for a 100-day supply
Cost-Sharing Tier 2 (Generic)	\$10 copay for a 30-day supply \$15 copay for a 60-day supply \$20 copay for a 90-day supply	\$10 copay for a 30-day supply \$15 copay for a 60-day supply \$20 copay for a 90-day supply
Cost-Sharing Tier 3 (Preferred Brand)	25% copay for a 30-day supply 25% copay for a 60-day supply 25% copay for a 90-day supply	25% copay for a 30-day supply 25% copay for a 60-day supply 25% copay for a 90-day supply
Cost-Sharing Tier 4 (Non-Preferred Drug)	25% copay for a 30-day supply 25% copay for a 60-day supply 25% copay for a 90-day supply	25% copay for a 30-day supply 25% copay for a 60-day supply 25% copay for a 90-day supply
Cost-Sharing Tier 5 (Specialty Tier)	25% coinsurance for a 30-day supply (only)	

NOTE:

- Drugs are provided in a Long-Term Care Facility up to a 31-day supply
- Drugs in Tier 5 are only available for a 30-day supply
- Mail order is available to conveniently order up to a 100-day supply of medications on Tier 1 and a 90day supply of medications on Tier 2 through 4. Contact us by calling the phone number listed on the front and back page.
- You can find complete cost-sharing information in your Evidence of Coverage

Coverage of additional drugs

Advantage MD covers the following prescription drugs which are not normally covered in a Medicare Prescription Drug Plan. These covered excluded drugs are covered under Tier 2 and include select prescription vitamins, cough and cold medications, and erectile dysfunction medicine.

Please note: Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug total drug costs or yearly out-of-pocket expenses.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>Cough and Cold</i>			<i>Men's Health</i>		
Benzonatate 150 mg Oral Capsule	2	EX	Sildenafil Tab 100mg QL (6 tabs / 30 days)	2	QL EX
Benzonatate Cap 100mg	2	EX	Sildenafil Tab 25mg QL (6 tabs / 30 days)	2	QL EX
Benzonatate Cap 200mg	2	EX	Sildenafil Tab 50mg QL (6 tabs / 30 days)	2	QL EX
Brom/Pse/Dm Symp 2/30/10	2	EX	<i>Prescription Vitamins</i>		
Codeine Phosphate 2 mg/ml / Phenylephrine HCl 1 mg/ml / Promethazine HCl 1.25 mg/ml Oral Solution	2	EX	Folic Acid Tab 1mg	2	EX
Prometh VC Symp 6.25-5/5	2	EX	Dodex Inj	2	EX
Prometh/Cod Sol 6.25-10	2	EX	Nascobal Spr 500mcg	2	EX
Promethazine Sol DM	2	EX	Vitamin B12 1 mg/ml Injectable Solution	2	EX
			Vitamin D2 Cap 50,000IU	2	EX

Johns Hopkins Advantage MD (HMO)

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	2	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
MISCELLANEOUS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	3	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	3	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	2	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	3	
<i>etodolac</i> (generic of LODINE) TABS 400mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg	3	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	5	* QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	* QL PA
<i>hydrocodone-acetaminophen</i> <i>soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> <i>tab 5-325 mg</i> QL (240 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	3	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> <i>tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> tab 5-325 mg (generic of PERCOSET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg (generic of PERCOSET) QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 10-325 mg (generic of PERCOSET) QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen</i> tab 37.5-325 mg QL (240 tabs / 30 days)	2	QL
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	5	* QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	* NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	4	QL PA
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	* NM PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml	4	
<i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml	4	
<i>clindamycin phosphate</i> in d5w iv soln 900 mg/50ml	4	

Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	*
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	5	*
<i>daptomycin</i> SOLR 500mg	5	*
EMVERM CHEW 100mg QL (12 tabs / year)	5	* QL
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	3	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	3	
IMPAVIDO CAPS 50mg	5	* PA
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	4	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	5	* QL
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	4	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate (generic of HIPREX) TABS 1gm	3	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	* QL
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	4	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel (generic of BILTRICIDE) TABS 600mg	4	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	5	* QL PA
streptomycin sulfate SOLR 1gm	5	*
sulfadiazine TABS 500mg	5	*
sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole- trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole- trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	

Drug Name	Drug Requirements/ Tier	Limits
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	* NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	5	* NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	4	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	5	* B/D
caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	4	
fluconazole SUSR 10mg/ml; TABS 50mg	3	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	3	
fluconazole (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	5	* PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	5	* QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	5	* QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	5	* QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	4	QL
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	4	QL
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>mefloquine hcl</i> TABS 250mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	4	NM
<i>abacavir sulfate</i> TABS 300mg	3	NM
APTIVUS CAPS 250mg	5	* NM
<i>atazanavir sulfate</i> CAPS 150mg	4	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	4	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	5	* QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	5	* QL NM
EDURANT TABS 25mg	5	* NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	4	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	5	* NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	5	* NM
FUZEON SOLR 90mg	5	* NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	* NM
ISENTRESS HD TABS 600mg	5	* NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	3	NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	5	* NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	* NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	* QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	* QL NM
REYATAZ PACK 50mg	5	* NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	* NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	* NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPk 300mg	5	* NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	* NM
TIVICAY PD TBSO 5mg	5	* NM
TROGARZO SOLN 200mg/1.33ml	5	* NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	* NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	* NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg (generic of EPZICOM)	3	NM
BIKTARVY TAB 30-120-15 MG	5	* NM

Drug Name	Drug Requirements/ Tier	Limits
BIKTARVY TAB 50-200-25 MG	5	* NM
CIMDUO TAB 300-300	5	* NM
COMPLERA TAB	5	* NM
DELSTRIGO TAB	5	* NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	5	* QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	5	* QL NM
DOVATO TAB 50-300MG	5	* NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	5	* NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	5	* NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	5	* NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	* QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	* QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	* QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	QL NM
EVOTAZ TAB 300-150	5	* NM
GENVOYA TAB	5	* NM
JULUCA TAB 50-25MG	5	* NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	4	NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	4	NM
ODEFSEY TAB	5	* NM
PREZCOBIX TAB 800-150	5	* NM
STRIBILD TAB	5	* NM
SYMTUZA TAB	5	* NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	5	* NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	5	*
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	* NM PA
TRECTOR TABS 250mg	4	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	* NM ST
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	* NM PA
EPCLUSA PAK 200-50MG	5	* NM PA
EPCLUSA TAB 200-50MG	5	* NM PA
EPCLUSA TAB 400-100	5	* NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	* NM PA
HARVONI PAK 45-200MG	5	* NM PA
HARVONI TAB 45-200MG	5	* NM PA
HARVONI TAB 90-400MG	5	* NM PA
<i>lamivudine (hbv)</i> TABS 100mg	4	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	* QL NM PA
MAVYRET PAK 50-20MG	5	* NM PA
MAVYRET TAB 100-40MG	5	* NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	3	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	5	* QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	5	* QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	* NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	* QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	5	*
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	3	
VOSEVI TAB	5	* NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	*

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin</i> PACK 1gm	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	1	
<i>azithromycin</i> TABS 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	4	
DIFICID SUSR 40mg/ml; TABS 200mg	5	*
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	4	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<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 TABS 400mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin (generic of AMOXICILLIN) SUSR 400mg/5ml</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	3	
<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 (generic of AUGMENTIN ES-600)</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</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	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	*
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	* NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	5	* QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	5	*
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	* B/D NM
BENDEKA SOLN 100mg/4ml	5	* B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	* B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	* B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	* B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	* NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	4	B/D
<i>oxaliplatin</i> SOLR 100mg	5	* B/D
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	5	* B/D NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	4	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	* QL NM PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	* QL NM PA
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	5	* B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	5	* B/D
PURIXAN SUSP 2000mg/100ml	5	* NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	5	* QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	5	* QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	* QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	* QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	2	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	* QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	* QL NM PA
EULEXIN CAPS 125mg	5	*
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	* NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	5	* B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	* NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	* NM PA
LYSODREN TABS 500mg	5	* NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	5	*
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	* QL NM PA
ORGOVYX TABS 120mg	5	* NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	* QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	* QL NM PA
SOLTAMOX SOLN 10mg/5ml	5	*

Drug Name	Drug Requirements/ Tier	Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	* QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	* QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	* QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	* QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	* QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	* QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	* QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	5	* QL NM PA
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	5	* B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	2	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	* QL NM PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	5	* NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
MITOTIC INHIBITORS		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	* B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	* B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	* QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	* QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	* QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	* QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	* QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	* QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	* QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	* QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	* QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	5	* QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	* QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	* QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	* QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	* QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	* QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	* QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	* QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	* QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	* QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	* QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	* QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	5	* QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	5	* QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	* QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	5	* QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	* QL NM PA
HERCEP HYLEC SOL 60- 10000	5	* NM PA
HERCEPTIN SOLR 150mg	5	* NM PA
HERZUMA SOLR 150mg, 420mg	5	* NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	* QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	* QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	* QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	* QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	* QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	* QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	* QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
KADCYLA SOLR 100mg, 160mg	5	* B/D NM
KANJINTI SOLR 150mg, 420mg	5	* NM PA
KEYTRUDA SOLN 100mg/4ml	5	* NM PA
KISQALI 200 DOSE TBPK QL (21 tabs / 28 days)	5	* QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	* QL NM PA
KISQALI 400 DOSE TBPK QL (42 tabs / 28 days)	5	* QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	* QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	* QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	* QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	* QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	* QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	* QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	5	* QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	* QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	* QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	* QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	* QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	* QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	* QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	* QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	* QL NM PA
MONJUVI SOLR 200mg	5	* NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	* QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	* QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	* QL NM PA
OGIVRI SOLR 150mg, 420mg	5	* NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	5	* QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	* QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	* QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	* QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	* QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	* NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	5	* QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	* QL NM PA
PHESGO SOL	5	* NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	* QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	* QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	* QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	5	* QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	5	* QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	5	* QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	* QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	5	* QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	* QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	* QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	* QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	* QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	* QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	* QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	5	* QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5	* QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	* QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	* QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	* QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	* QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	5	* QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	5	* QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	* QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	* QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	5	* QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5	* QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5	* QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	* NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	* QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	* QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	* NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5	* QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	* NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	* QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	* QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	* QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	* QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	* QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	* QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	* QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	* QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	* QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	* QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	5	* QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	5	* QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	* QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA

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

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MESNEX TABS 400mg	5	*

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg QL (30 caps / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> (generic of INSPIRA) TABS 25mg, 50mg	3	
<i>KERENDIA</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1	QL
<i>ENTRESTO CAP 6-6MG</i>	3	QL
<i>ENTRESTO CAP 15-16MG</i>	3	QL
<i>ENTRESTO TAB 24-26MG</i>	3	QL
<i>ENTRESTO TAB 49-51MG</i>	3	QL
<i>ENTRESTO TAB 97-103MG</i>	3	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	4	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	4	NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2	
<i>sotalol hcl</i> TABS 240mg	2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) 1 TABS 600mg		
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 1 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm	3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	4	
<i>colestipol hcl</i> PACK 5gm	4	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>prevalite</i> PACK 4gm	3	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM PA
VASCEPA CAPS .5gm, 1gm	3	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

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

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	3	
<i>nadolol</i> TABS 80mg	3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	3	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg	1	
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier Limits
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2
<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> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2
<i>diltiazem hcl</i> TABS 90mg	2
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	4
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	3
<i>nimodipine</i> CAPS 30mg	4
<i>tiadylt er</i> (generic of TIAZAC) 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> (generic of VERELAN) CP24 120mg, 180mg, 240mg	3
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2

Drug Name	Drug Requirements/ Tier Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2
<i>amiloride hcl</i> TABS 5mg	2
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	3
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	3
<i>chlorthalidone</i> TABS 25mg, 50mg	2
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1
<i>furosemide inj</i> SOLN 10mg/ml	3
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1
<i>indapamide</i> TABS 1.25mg, 2.5mg	1
<i>methazolamide</i> TABS 25mg, 50mg	4
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	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	
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	1

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

Drug Name	Drug Requirements/ Tier	Limits
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	3	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	5	* QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	* QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	5	* QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	* NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<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 QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	4	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	4	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
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> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	2	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	2	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	4	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	* QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2	
<i>mirtazapine</i> TABS 45mg	2	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	3	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	* QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	* QL NM PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	2	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-250mg	3	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	2	
<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	* QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	3	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	2	PA
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	* QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	* QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	*
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	* QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	3	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	* QL PA

Drug Name	Drug Requirements/ Tier	Limits
FANAPT PAK QL (2 packs / year)	4	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	* QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	* QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	* QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	* QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL ST
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	4	QL ST
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	* QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	* QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TABS .25mg	2	
<i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL ST
<i>risperidone</i> TBP 4mg QL (120 tabs / 30 days)	4	QL ST
<i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days)	4	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	* QL
SECUADO PT24 3.8mg/24hr, 5 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	* QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>trifluoperazine hcl</i> TABS 1mg, 3mg, 5mg, 10mg		
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	* QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	* QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	* QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	4	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	* QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	* QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	* QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	* QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	* QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	* QL PA
<i>carbamazepine</i> CHEW 100mg	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	* QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	* QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	* QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	* QL NM PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	3	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	4	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	* QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	* QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	* QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	4	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	4	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	4	QL
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	4	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	4	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	4	PA
<i>phenytek</i> CAPS 200mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	3	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	3	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	2	
<i>primidone</i> TABS 125mg	2	
<i>roweeptra</i> (generic of KEPPRA) TABS 500mg	2	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	5	* QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	4	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	5	* QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D ***** - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	* QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	3	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	4	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	4	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	* QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	* QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	* QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	* QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	* QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	* QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	2	
<i>zonisamide</i> CAPS 50mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	* QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	5	* QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	*
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	5	* QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	* QL NM PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	2	
<i>lithium carbonate</i> TBCR 450mg	2	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	* QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	5	* QL NM PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	* QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	* QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	3	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	5	* QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	* QL NM PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	2	QL
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	4	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg	2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	4	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	3	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	3	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	* QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	2	QL
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	4	QL
VIVITROL SUSR 380mg	5	* NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	5	* QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	4	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D ***** - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml SOPN 100unit/ml	3	I
ADMELOG SOLOSTAR SOPN 100unit/ml	3	I
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	I
FIASP SOLN 100unit/ml	3	I
FIASP FLEXTOUCH SOPN 100unit/ml	3	I
FIASP PENFILL SOCT 100unit/ml	3	I
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	I * B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	I *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	3	I
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	I
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	I
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	I
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	I
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	I
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	I
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	3	I
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	I QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	I
TOUJEO SOLOSTAR SOPN 300unit/ml	3	I
TRESIBA SOLN 100unit/ml	3	I
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	I
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	I QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	* NM PA
XGEVA SOLN 120mg/1.7ml	5	* NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	4	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	*
<i>deferasirox</i> (generic of JADENU) TABS 90mg	3	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	5	* NM PA
<i>kionex</i> SUSP 15gm/60ml	3	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	5	* NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	5	* NM PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth</i> <i>estradiol tab 0.15-0.02/0.01</i> <i>mg(21/5)</i>	3	
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.02 mg</i> (generic of YAZ)	3	
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.03 mg</i> (generic of YASMIN 28)	3	
<i>elinest</i>	3	
<i>eluryng</i> (generic of NUVARING)	3	
<i>emzahn</i> TABS .35mg	2	
<i>enilloring</i> (generic of NUVARING)	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol</i> <i>va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	3	
<i>haloette</i> (generic of NUVARING)	3	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i> (generic of YAZ)	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol</i> (91-day) tab 0.15-0.03 mg	3	
<i>levonorgestrel & ethinyl estradiol</i> tab 0.1 mg-20 mcg	2	
<i>levonorgestrel & ethinyl estradiol</i> tab 0.15 mg-30 mcg	3	
<i>levonorgestrel-eth estra</i> tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
<i>levora 0.15/30-28</i>	3	
LILETTA IUD 20.1mcg/day	3	NM
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i> (generic of YAZ)	3	
<i>low-ogestrel</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lutera</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i> (generic of YAZ)	3	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone</i> (contraceptive) TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe</i> tab 1-20/1-30/1-35 mg-mcg	3	
<i>norethindrone ace & ethinyl estradiol</i> tab 1 mg-20 mcg	3	
<i>norethindrone ace & ethinyl estradiol</i> tab 1.5 mg-30 mcg	3	
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	2	
<i>norgestimate & ethinyl estradiol</i> tab 0.25 mg-35 mcg	2	
<i>norgestimate-eth estrad</i> tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	3	
<i>norgestimate-eth estrad</i> tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier Limits
<i>nylia 1/35</i>	3
<i>nylia 7/7/7</i>	3
<i>nymyo</i>	2
<i>ocella</i> (generic of YASMIN 28)	3
<i>philith</i>	3
<i>pimtrea</i>	3
<i>portia-28</i>	3
<i>reclipsen</i>	2
<i>setlakin</i>	3
<i>sharobel</i> TABS .35mg	2
<i>simliya</i>	3
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i> (generic of YASMIN 28)	3
<i>tarina fe 1/20 eq</i>	2
<i>tilia fe</i>	3
<i>tri-estarylla</i>	3
<i>tri-legest fe</i>	3
<i>tri-linyah</i>	3
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-mili</i>	3
<i>tri-nymyo</i>	3
<i>tri-sprintec</i>	3
<i>tri-vylibra</i>	3
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>trivora-28</i>	2
<i>turqoz</i>	3
<i>velivet</i>	3
<i>vestura</i> (generic of YAZ)	3
<i>vienva</i>	2
<i>viorele</i>	3
<i>vyfemla</i>	3
<i>vylibra</i>	2
<i>wera</i>	3
<i>xulane</i>	3
<i>zafemy</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>zovia 1/35</i>	2
<i>zumandimine</i> (generic of YASMIN 28)	3
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
<i>estradiol</i> (generic of ESTRACE) 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> (generic of ACTIVEVELLA)	3
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	3
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	4
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	4
<i>fyavolv tab 0.5mg-2.5mcg</i>	3
<i>fyavolv tab 1mg-5mcg</i>	3
<i>jinteli</i>	3
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>mimvey</i> (generic of ACTIVEVELLA)	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	4	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	3	B/D
<i>methylprednisolone</i> TABS 32mg	3	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	2	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	3	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	4	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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 - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	5	*
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	* NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	5	* NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	5	* NM PA
CERDELGA CAPS 84mg	5	* NM PA
CEREZYME SOLR 400unit	5	* NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	5	* B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	5	*
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	* NM PA
GENOTROPIN CART 5mg, 12mg	5	* NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	* NM PA
INCRELEX SOLN 40mg/4ml	5	* NM PA
<i>javvygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	* NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	* NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	* NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	* NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	* NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	5	* NM PA
NAGLAZYME SOLN 1mg/ml	5	* NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	5	* NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	5	* NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	5	* NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	3	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA

Drug Name	Drug Requirements/ Tier	Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	* NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	5	* NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	* NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	* NM PA
SYNAREL SOLN 2mg/ml	5	* PA
VEOZAH TABS 45mg	4	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	3	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTRON) CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> (generic of ROCALTRON) SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D
<i>paricalcitol</i> CAPS 4mcg	4	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 125mg	4	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	QL PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; 3 TABS 20mg		
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	3	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	3	QL
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	4	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	5	* QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	4	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	4	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	4	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	4	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	4	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) 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> (generic of GOLYTELY)	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	5	* QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	4	QL PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3	
GATTEX KIT 5mg	5	* NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	3	
MOVANTI TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	* QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
VOWST CAP QL (12 caps / 30 days)	5	* QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	* QL NM PA
XIFAXAN TABS 550mg	5	* PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	3	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	4	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	2	QL
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	3	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	3	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	3	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	3	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	4	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	*
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	* QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	* NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	* NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	* QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>anagrelide hcl</i> CAPS 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	* QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	* NM PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	* QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	* QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	5	* NM PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	* QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	3	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	* QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	* QL NM PA
COSENTYX SOLN 125mg/5ml	5	* NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	5	* QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	5	* QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	5	* QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	5	* QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
DUPIXENT SOSY 100mg/0.67ml	5	* NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	* QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	* QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	* QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	* QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	* QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	* QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	* QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	* QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	* QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	* QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	5	* QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	* QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	* QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	* QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	5	* QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	5	* QL NM PA
INFLIXIMAB SOLR 100mg	5	* NM PA
REMICADE SOLR 100mg	5	* NM PA
RENFLEXIS SOLR 100mg	5	* NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	* QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	* QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	* QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	* QL NM PA
SKYRIZI SOLN 600mg/10ml	5	* NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	* QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	* QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	5	* QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	* QL NM PA
STELARA SOLN 130mg/26ml	5	* NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	5	* QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	* QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	* NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	* QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	* QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	* QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	* QL NM PA

**DISEASE-MODIFYING ANTI-RHEUMATIC
DRUGS (DMARDS) - DRUGS TO TREAT
RHEUMATOID ARTHRITIS**

<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

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

Drug Name	Drug Requirements/ Tier	Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	* NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	* NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	* NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	* NM PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	5	* NM PA
ARCALYST SOLR 220mg	5	* NM PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	* B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	* NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	4	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	5	* B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	3	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	5	* B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	4	B/D NM
NULOJIX SOLR 250mg	5	* B/D NM
PROGRAF PACK .2mg, 1mg	4	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	* QL NM PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	5	* B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	4	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	4	B/D NM
VACCINES		
ABRYVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	

Drug Name	Drug Requirements/ Tier	Limits
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier Limits
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</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% (generic of DEXTROSE 5%/SODIUM CHLORI)</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% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3
KCL/D5W/NACL INJ 0.3/0.9%	4
<i>lactated ringer's solution</i>	3
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	3
<i>magnesium sulfate SOLN 50%</i>	3
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	3
<i>multiple electrolytes ph 5.5</i>	4
<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	4
POT CHL 20MEQ/L IN NACL 0.9% INJ	4
POT CHL 20MEQ/L IN NACL 0.45% INJ	4
POT CHL 40MEQ/L IN NACL 0.9% INJ	4
<i>potassium chloride SOLN 2meq/ml</i>	3
<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con 8</i> TBCR 8meq	2	
<i>klor-con 10</i> TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq	2	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	* B/D
PROSOL INJ 20%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<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>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	3	QL
QL (12 mL / 30 days)		
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	2	
polycin ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVI SOLN .25%	5	* NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%	3	
bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
FLAREX SUSP .1%	4	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	3	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	2	
LOTEMAX OINT .5%	3	
loteprednol etabonate (generic of ALREX) SUSP .2%	3	

Drug Name	Drug Requirements/ Tier	Limits
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	4	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	4	
brinzolamide (generic of AZOPT) SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	2	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	* NM PA
CYSTARAN SOLN .44%	5	* NM PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

**OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR
OTIC AGENTS**

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

**RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

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

Drug Name	Drug Requirements/ Tier	Limits
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>hydroxyzine pamoate</i> CAPS 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	4	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	2	QL
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

Drug Name	Drug Requirements/ Tier	Limits
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	* NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	5	* QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	5	* QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	5	* QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	* QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	* QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	* QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	* QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	5	* QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	5	* QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	5	* QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	5	* QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	* NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	* NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	4	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	4	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	* QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	* QL NM PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	

Drug Name	Drug Requirements/ Tier	Limits
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	* QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	* QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	* QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	* NM PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	4	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	3	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	3	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	3	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	3	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	3	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	4	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
<i>twice-daily clindamycin</i> <i>phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	3	QL
<i>zenatane</i> CAPS 10mg, 20mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	2	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	2	
<i>ssd</i> (generic of SILVADENE) CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	3	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	3	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	3	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	2	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	3	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	3	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	3	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	2	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	3	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	4	QL PA
ENSTILAR AER QL (120 gm / 30 days)	5	* QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	2	QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	3	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	4	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	4	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	2	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	3	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	3	
<i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	2	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	3	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene</i> (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	5	* QL NM PA
<i>diclofenac sodium</i> (topical) SOLN 1.5% QL (300 mL / 28 days)	3	QL
<i>fluorouracil</i> (topical) (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	4	QL
<i>fluorouracil</i> (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone</i> (rectal) CREA 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone</i> (rectal) (generic of ANUSOL-HC) CREA 2.5%	3	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>lactic acid</i> (ammonium lactate) CREA 12%; LOTN 12%	2	
<i>metronidazole</i> (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	3	QL
<i>metronidazole</i> (topical) GEL .75% QL (45 gm / 30 days)	3	QL
<i>metronidazole</i> (topical) (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	4	QL
<i>nitroglycerin</i> (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	4	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	* QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	4	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	3	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	3	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	3	
<i>tacrolimus</i> (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	* QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	4	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D * - Not available as extended days supply I - Insulins covered at \$35/ month

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	* QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	1	
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	3	QL
<i>kourzeq PSTE .1%</i>	3	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml</i>	2	
<i>periogard (generic of PERIDEX) SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D * - Not available as extended days supply **I** - Insulins covered at \$35/ month

Index

- A**
abacavir sulfate.....14
abacavir sulfate-lamivudine tab 600-300 mg.....15
ABELCET13
ABILIFY
 see *aripiprazole*.....36
abiraterone acetate...19, 20
ABRYSVO61
acamprosate calcium.....45
acarbose.....45
ACCOLATE
 see *zafirlukast*.....66
ACCUPRIL
 see *quinapril hcl*.....26
accutane68
acebutolol hcl.....30
acetaminophen w/ codeine soln 120-12 mg/5ml.....11
acetaminophen w/ codeine tab 300-15 mg.....11
acetaminophen w/ codeine tab 300-30 mg.....11
acetaminophen w/ codeine tab 300-60 mg.....11
acetazolamide31
acetic acid.....56
acetic acid (otic).....65
acetylcysteine66
acitretin69
ACTHIB INJ61
ACTIMMUNE60
ACTIVELLA
 see *estradiol & norethindrone acetate tab 1-0.5 mg*51
 see *mimvey*.....51
ACTOPLUS MET
 see *pioglitazone hcl-metformin hcl tab 15-850 mg*47
ACTOS
 see *pioglitazone hcl*.....47
ACULAR
 see *ketorolac tromethamine (ophth)*64
ACULAR LS
 see *ketorolac tromethamine (ophth)*64
acyclovir.....16
acyclovir sodium16
ADACEL INJ61
ADALIMUMAB-AACF (2 PEN)58
ADALIMUMAB-AACF (2 SYRING)58
ADCIRCA
 see *alyq*.....32
 see *tadalafil (pulmonary hypertension)*.....32
ADDERALL
 see *amphetamine-dextroamphetamine tab 10 mg*.....42
 see *amphetamine-dextroamphetamine tab 12.5 mg*.....42
 see *amphetamine-dextroamphetamine tab 15 mg*.....42
 see *amphetamine-dextroamphetamine tab 20 mg*.....42
 see *amphetamine-dextroamphetamine tab 30 mg*.....42
 see *amphetamine-dextroamphetamine tab 5 mg*.....42
 see *amphetamine-dextroamphetamine tab 7.5 mg*.....42
ADDERALL XR
 see *amphetamine-dextroamphetamine cap er 24hr 10 mg* ...41
 see *amphetamine-dextroamphetamine cap er 24hr 15 mg* ...42
 see *amphetamine-dextroamphetamine cap er 24hr 20 mg* ...42
 see *amphetamine-dextroamphetamine cap er 24hr 25 mg* ...42
 see *amphetamine-dextroamphetamine cap er 24hr 30 mg* ...42
 see *amphetamine-dextroamphetamine cap er 24hr 5 mg*41
adefovir dipivoxil16
ADMELOG47
ADMELOG SOLOSTAR .47
ADVAIR DISKUS
 see *fluticasone-salmeterol aer powder ba 100-50 mcg/act*...68
 see *fluticasone-salmeterol aer powder ba 250-50 mcg/act*...68
 see *fluticasone-salmeterol aer powder ba 500-50 mcg/act*...68
 see *wixela inhub*.....68
ADVAIR HFA AER 115/2168
ADVAIR HFA AER 230/2168
ADVAIR HFA AER 45/21 68
AFINITOR
 see *everolimus*.....22
 see *torpenz*24
AFINITOR DISPERZ
 see *everolimus*.....22
afirmelle49
AGRYLIN
 see *anagrelide hcl*.....58
AIMOVIG43
AKEEGA TAB 100/500 ...20
AKEEGA TAB 50/500MG20
ala-cort.....69
albendazole12
albuterol sulfate66
ALCAINE
 see *proparacaine hcl*...65
alclometasone dipropionate70

ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	amlodipine besylate- benazepril hcl cap 10-20 mg.....	see amlodipine besylate- olmesartan medoxomil tab 5-20 mg.....
47	26	27
ALDACTONE see spironolactone.....	amlodipine besylate- benazepril hcl cap 10-40 mg.....	see amlodipine besylate- olmesartan medoxomil tab 5-40 mg.....
26	26	27
ALDURAZYME.....	amlodipine besylate- benazepril hcl cap 2.5-10 mg.....	amnesteam.....
52	25	68
ALECENSA.....	amlodipine besylate- benazepril hcl cap 5-10 mg.....	amoxapine.....
21	25	33
alendronate sodium.....	amlodipine besylate- benazepril hcl cap 5-20 mg.....	amoxicillin.....
48	25	18
alfuzosin hcl.....	amlodipine besylate- olmesartan medoxomil tab 10-20 mg.....	AMOXICILLIN see amoxicillin.....
56	27	18
ALIMTA see pemetrexed disodium.....	amlodipine besylate- olmesartan medoxomil tab 10-40 mg.....	see amoxicillin & k clavulanate chew tab 400-57 mg....
19	27	18
aliskiren fumarate.....	amlodipine besylate- olmesartan medoxomil tab 10-40 mg.....	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml
31	27	18
allopurinol.....	amlodipine besylate- olmesartan medoxomil tab 10-40 mg.....	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml
10	27	18
alosetron hcl.....	amlodipine besylate- olmesartan medoxomil tab 10-40 mg.....	amoxicillin & k clavulanate for susp 400-57 mg/5ml
55	27	18
ALPHAGAN P see brimonidine tartrate	amlodipine besylate- valsartan tab 10-160 mg	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml
64	27	18
alprazolam.....	amlodipine besylate- valsartan tab 10-320 mg	amoxicillin & k clavulanate tab 250-125 mg.....
33	27	18
ALREX see loteprednol etabonate.....	amlodipine besylate- valsartan tab 5-160 mg27	amoxicillin & k clavulanate tab 500-125 mg.....
64	27	18
ALTACE see ramipril.....	amlodipine besylate- valsartan tab 5-320 mg27	amoxicillin & k clavulanate tab 875-125 mg.....
26	27	18
altavera.....	AMLODIPINE/OLMESART AN MED see amlodipine besylate- olmesartan medoxomil tab 10-20 mg.....	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg
49	27	18
ALUNBRIG.....	amlodipine besylate- valsartan tab 10-320 mg	amoxicillin & k clavulanate tab er 24hr 10 mg.....
21	27	41
ALUNBRIG PAK.....	amlodipine besylate- valsartan tab 5-160 mg27	amphetamaine- dextroamphetamine cap er 24hr 15 mg.....
21	27	42
ALVAIZ.....	amlodipine besylate- valsartan tab 5-320 mg27	amphetamaine- dextroamphetamine cap er 24hr 20 mg.....
58	27	42
ALVESCO.....	AMLODIPINE/OLMESART AN MED see amlodipine besylate- olmesartan medoxomil tab 10-20 mg.....	amphetamaine- dextroamphetamine cap er 24hr 25 mg.....
67	27	42
alyacen 1/35.....	amlodipine besylate- valsartan tab 10-160 mg	amphetamaine- dextroamphetamine cap er 24hr 30 mg.....
49	27	42
alyacen 7/7/7.....	amlodipine besylate- valsartan tab 10-320 mg	
49	27	
ALYGLO.....	amlodipine besylate- valsartan tab 10-320 mg	
60	27	
alyq.....	amlodipine besylate- valsartan tab 10-320 mg	
32	27	
amantadine hcl.....	amlodipine besylate- valsartan tab 10-320 mg	
35	27	
AMBIEN see zolpidem tartrate...43	amlodipine besylate- valsartan tab 10-320 mg	
43	27	
AMBISOME see amphotericin b liposome.....	amlodipine besylate- valsartan tab 10-320 mg	
13	27	
ambrisentan.....	amlodipine besylate- valsartan tab 10-320 mg	
32	27	
amikacin sulfate.....	amlodipine besylate- valsartan tab 10-320 mg	
12	27	
amiloride & hydrochlorothiazide tab 5-50 mg.....	amlodipine besylate- valsartan tab 10-320 mg	
31	27	
amiloride hcl.....	amlodipine besylate- valsartan tab 10-320 mg	
31	27	
amiodarone hcl.....	amlodipine besylate- valsartan tab 10-320 mg	
28	27	
amitriptyline hcl.....	amlodipine besylate- valsartan tab 10-320 mg	
33	27	
amlodipine besylate.....	amlodipine besylate- valsartan tab 10-320 mg	
30	27	

amphetamine- dextroamphetamine cap er 24hr 5 mg.....41	see naproxen sodium..10	see candesartan cilexetil.....28
amphetamine- dextroamphetamine tab 10 mg.....42	anastrozole .....20	atazanavir sulfate.....14
amphetamine- dextroamphetamine tab 12.5 mg.....42	ANCOBON see flucytosine .....14	atenolol.....30
amphetamine- dextroamphetamine tab 15 mg.....42	ANDROGEL PUMP see testosterone.....45	atenolol & chlorthalidone tab 100-25 mg.....30
amphetamine- dextroamphetamine tab 20 mg.....42	ANORO ELLIPT AER 62.5- 25 .....65	atenolol & chlorthalidone tab 50-25 mg.....30
amphetamine- dextroamphetamine tab 5 mg.....42	ANUSOL-HC see hydrocortisone (rectal) .....71	ATIVAN see lorazepam.....33
amphetamine- dextroamphetamine tab 7.5 mg.....42	see procto-med hc .....71	atomoxetine hcl.....42
amphotericin b.....13	see proctosol hc.....71	atorvastatin calcium.....29
amphotericin b liposome.13	see proctozone-hc.....71	atovaquone.....12
ampicillin.....18	aprepitant.....54	atovaquone-proguanil hcl tab 250-100 mg.....14
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm.....18	aprepitant capsule therapy pack 80 & 125 mg .....54	atovaquone-proguanil hcl tab 62.5-25 mg.....14
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....18	apri.....49	ATRIPLA see efavirenz- emtricitabine-tenofovir df tab 600-200-300 mg.....15
ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm.....18	APRISO see mesalamine .....55	ATROPINE SULFATE ...64
ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm.....18	APTIOM.....38	atropine sulfate (ophthalmic) .....65
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....18	APTIVUS .....14	ATROVENT HFA.....65
ampicillin sodium .....18	ARALAST NP .....66	aubra eq .....49
AMPYRA see dalfampridine.....44	aranelle.....49	AUGMENTIN see amoxicillin & k clavulanate tab 500- 125 mg.....18
ANAFRANIL see clomipramine hcl..34	ARAVA see leflunomide .....60	AUGMENTIN ES-600 see amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....18
anagrelide hcl .....58	ARCALYST.....60	AUGTYRO .....21
ANAPROX DS	AREXVY .....61	aurovela 1/20.....49
	ARICEPT see donepezil hydrochloride .....33	aurovela fe 1.5/30.....49
	ARIKAYCE .....12	aurovela fe 1/20.....49
	ARIMIDEX see anastrozole.....20	AUSTEDO .....44
	aripiprazole .....35, 36	AUSTEDO XR .....44
	ARISTADA.....36	AUSTEDO XR TAB TITR KIT .....44
	ARISTADA INITIO .....36	AUVELITY TAB 45-105MG.....33
	ARIXTRA see fondaparinux sodium.....57	AVALIDE see irbesartan- hydrochlorothiazide tab 150-12.5 mg .....27
	armodafinil.....45	
	ARNUIITY ELLIPTA.....67	
	AROMASIN see exemestane.....20	
	asenapine maleate .....36	
	aspirin-dipyridamole cap er 12hr 25-200 mg.....58	
	ASTAGRAF XL.....60	
	ATACAND	

see <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>.....27	see <i>rufinamide</i>.....40	<i>betaine powder for oral solution</i>.....52
AVAPRO	BARACLUDE.....16	<i>betamethasone dipropionate (topical)</i> ...70
see <i>irbesartan</i>.....28	see <i>entecavir</i>.....16	<i>betamethasone dipropionate augmented</i>.....70
<i>aviane</i>.....49	BASAGLAR KWIKPEN...47	<i>betamethasone valerate</i> .70
AVODART	BCG VACCINE.....61	BETAPACE
see <i>dutasteride</i>.....56	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>.....26	see <i>sotalol hcl</i>.....29
<i>ayuna</i>.....49	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>.....26	BETAPACE AF
AYVAKIT.....21	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>.....26	see <i>sotalol hcl (afib/af)</i> 29
<i>azacitidine</i>.....19	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>.....26	BETASERON.....44
AZACTAM	<i>benazepril hcl</i>.....26	<i>betaxolol hcl (ophth)</i>.....64
see <i>aztreonam</i>.....12	BENDAMUSTINE	<i>bethanechol chloride</i>.....56
<i>azathioprine</i>.....60	HYDROCHLORID.....19	BETOPTIC-S.....64
<i>azelastine hcl</i>.....65	BENDEKA.....19	BEVESPI AER 9-4.8MCG.....65
<i>azelastine hcl (ophth)</i>.....64	BENICAR	<i>bexarotene</i>.....20
AZILECT	see <i>olmesartan medoxomil</i>.....28	<i>bexarotene (topical)</i>.....71
see <i>rasagiline mesylate</i>.....35	BENICAR HCT	BEXSERO INJ.....61
<i>azithromycin</i>.....17	see <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>.....27	BIAXIN XL
AZOPT	see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>.....27	see <i>clarithromycin</i>.....17
see <i>brinzolamide</i>.....64	see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>.....27	<i>bicalutamide</i>.....20
<i>aztreonam</i>.....12	BENLYSTA.....60	BICILLIN L-A.....18
AZULFIDINE	BENZAMYCIN	BIKTARVY TAB 30-120-15 MG.....15
see <i>sulfasalazine</i>.....55	see <i>benzoyl peroxide-erythromycin gel 5-3%</i>.....68	BIKTARVY TAB 50-200-25 MG.....15
AZULFIDINE EN-TABS	see <i>benzoyl peroxide-erythromycin gel 5-3%</i>.....68	BILTRICIDE
see <i>sulfasalazine</i>.....55	<i>benzoyl peroxide-erythromycin gel 5-3%</i>.....68	see <i>praziquantel</i>.....13
<i>azurette</i>.....49	<i>benztropine mesylate</i>.....35	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>.....30
B	BERINERT.....58	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>.....30
<i>bacitracin (ophthalmic)</i>....63	BESIVANCE.....63	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>.....30
<i>bacitracin-polymyxin b ophth oint</i>.....63	BESREMI.....20	<i>bisoprolol fumarate</i>.....30
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>.....63		BIVIGAM.....60
<i>baclofen</i>.....44		<i>blisovi fe 1.5/30</i>.....49
BACTRIM		BOOSTRIX INJ.....61
see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>.....13		<i>bortezomib</i>.....21
BACTRIM DS		BORTEZOMIB.....21
see <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>.....13		<i>bosentan</i>.....32
BAFIERTAM.....44		BOSULIF.....21
<i>balsalazide disodium</i>.....55		BRAFTOVI.....21
BALVERSA.....21		
<i>balziva</i>.....49		
BANZEL		

BREO ELLIPTA INH 100- 25.....	68	buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)	45	captopril & hydrochlorothiazide tab 50-25 mg.....	26
BREO ELLIPTA INH 200- 25.....	68	buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)	45	CARAFATE see sucralfate.....	56
BREO ELLIPTA INH 50- 25MCG.....	68	buprenorphine hcl- naloxone hcl sl tab 2-0.5 mg (base equiv)	45	carb/levo orally disintegrating tab 10- 100mg.....	35
breyna.....	68	buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)	45	carb/levo orally disintegrating tab 25- 100mg.....	35
BREZTRI AERO AER SPHERE	65	bupropion hcl.....	33, 34	carb/levo orally disintegrating tab 25- 250mg.....	35
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	65	bupropion hcl (smoking deterrent)	45	CARBAGLU see carglumic acid	52
briellyn.....	49	bupirone hcl.....	33	carbamazepine.....	38
BRILINTA	58	butorphanol tartrate	11	CARBATROL see carbamazepine.....	38
brimonidine tartrate.....	64	BYSTOLIC see nebivolol hcl.....	30	carbidopa & levodopa tab 10-100 mg.....	35
brinzolamide.....	64	C		carbidopa & levodopa tab 25-100 mg.....	35
BRIVIACT	38	cabergoline.....	52	carbidopa & levodopa tab 25-250 mg.....	35
bromfenac sodium (ophth)	64	CABOMETYX.....	21	carbidopa & levodopa tab er 25-100 mg.....	35
bromocriptine mesylate...35		calcipotriene.....	69	carbidopa & levodopa tab er 50-200 mg.....	35
BROMSITE see bromfenac sodium (ophth).....	64	calcitonin (salmon) spray	49	carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg.....	35
BRONCHITOL.....	66	calcitrene	69	carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg.....	35
BRUKINSA	21	calcitriol.....	54	carbidopa-levodopa- entacapone tabs 25-100- 200 mg.....	35
budesonide.....	55	calcitriol (oral)	54	carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg.....	35
budesonide (inhalation) ..	68	CALQUENCE	21	carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg.....	35
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	68	camila	49	carbidopa-levodopa- entacapone tabs 50-200- 200 mg.....	35
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	68	CAMPTOSAR see irinotecan hcl.....	20	carboplatin.....	19
bumetanide.....	31	CANASA see mesalamine.....	55	CARDIZEM	
BUMEX see bumetanide.....	31	CANCIDAS see caspofungin acetate	13		
BUPHENYL see sodium phenylbutyrate.....	53	candesartan cilexetil.....	28		
buprenorphine hcl.....	45	CAPLYTA	36		
buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv)	45	CAPRELSA	21		
buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv)	45	captopril.....	26		
		captopril & hydrochlorothiazide tab 25-15 mg.....	26		
		captopril & hydrochlorothiazide tab 25-25 mg.....	26		
		captopril & hydrochlorothiazide tab 50-15 mg.....	26		

see <i>diltiazem hcl</i>.....31	see <i>celecoxib</i> .....10	see <i>clindamycin</i>
CARDIZEM CD	<i>celecoxib</i>.....10	<i>phosphate vaginal</i> ...57
see <i>cartia xt</i>.....30	CELEXA	CLEOCIN PEDIATRIC
see <i>diltiazem hcl coated</i>	see <i>citalopram</i>	GRANULE
<i>beads</i>.....31	<i>hydrobromide</i>.....34	see <i>clindamycin</i>
CARDURA	CELLCEPT	<i>palmitate hydrochloride</i>
see <i>doxazosin mesylate</i>	see <i>mycophenolate</i>	.....12
.....27	<i>mofetil</i>.....61	CLEOCIN PHOSPHATE
<i>carglumic acid</i>.....52	CELONTIN	see <i>clindamycin</i>
CARNITOR	see <i>methsuximide</i> .....40	<i>phosphate</i>.....12
see <i>levocarnitine</i>	<i>cephalexin</i> .....17	CLEOCIN-T
(<i>metabolic modifiers</i>)	CERDELGA .....52	see <i>clindamycin</i>
.....53	CEREZYME .....52	<i>phosphate (topical)</i> ..68
<i>carteolol hcl (ophth)</i> .....64	<i>cetirizine hcl</i>.....65	CLIMARA
<i>cartia xt</i>.....30	<i>chateal eq</i>.....49	see <i>estradiol</i>.....51
<i>carvedilol</i> .....30	CHEMET .....49	CLINDAGEL
CASODEX	<i>chlorhexidine gluconate</i>	see <i>clindamycin</i>
see <i>bicalutamide</i> .....20	(<i>mouth-throat</i>) .....72	<i>phosphate (topical)</i> ..68
<i>caspofungin acetate</i>.....13	<i>chloroquine phosphate</i> ...14	<i>clindamycin hcl</i> .....12
CATAPRES-TTS-1	<i>chlorpromazine hcl</i>.....36	<i>clindamycin palmitate</i>
see <i>clonidine</i> .....32	<i>chlorthalidone</i> .....31	<i>hydrochloride</i>.....12
CATAPRES-TTS-2	<i>cholestyramine</i>.....29	<i>clindamycin phosphate</i> ...12
see <i>clonidine</i> .....32	<i>cholestyramine light</i>.....29	<i>clindamycin phosphate</i>
CATAPRES-TTS-3	CIALIS	(<i>topical</i>) .....68
see <i>clonidine</i> .....32	see <i>tadalafil</i>.....56	<i>clindamycin phosphate in</i>
CAYSTON .....12	<i>ciclopirox</i>.....69	<i>d5w iv soln 300 mg/50ml</i>
<i>cefaclor</i>.....17	<i>ciclopirox olamine</i> .....69	.....12
<i>cefadroxil</i> .....17	<i>cilostazol</i>.....58	<i>clindamycin phosphate in</i>
CEFAZOLIN .....17	CILOXAN .....63	<i>d5w iv soln 600 mg/50ml</i>
CEFAZOLIN INJ	CIMDUO TAB 300-300 ...15	.....12
1GM/50ML .....17	<i>cinacalcet hcl</i>.....52	<i>clindamycin phosphate in</i>
<i>cefazolin sodium</i>.....17	CIPRO	<i>d5w iv soln 900 mg/50ml</i>
CEFAZOLIN SOLN	see <i>ciprofloxacin hcl</i>....17	.....12
2GM/100ML-4% .....17	<i>ciprofloxacin 200 mg/100ml</i>	<i>clindamycin phosphate</i>
<i>cefdinir</i>.....17	<i>in d5w</i>.....17	<i>vaginal</i>.....57
<i>cefepime hcl</i> .....17	<i>ciprofloxacin 400 mg/200ml</i>	CLINDMYC/NAC INJ
<i>cefixime</i> .....17	<i>in d5w</i>.....17	300/50ML .....12
CEFOTAN	<i>ciprofloxacin hcl</i>.....17	CLINDMYC/NAC INJ
see <i>cefotetan disodium</i>	<i>ciprofloxacin hcl (ophth)</i> ..63	600/50ML .....12
.....17	<i>ciprofloxacin-</i>	CLINDMYC/NAC INJ
<i>cefotetan disodium</i>.....17	<i>dexamethasone otic susp</i>	900/50ML .....12
<i>cefoxitin sodium</i>.....17	0.3-0.1%.....65	CLINIMIX INJ 4.25/D10 ..63
<i>cefpodoxime proxetil</i>.....17	<i>cisplatin</i>.....19	CLINIMIX INJ 4.25/D5W.63
<i>cefprozil</i> .....17	<i>citalopram hydrobromide</i> 34	CLINIMIX INJ 5%/D15W.63
<i>ceftazidime</i> .....17	<i>claravis</i> .....68	CLINIMIX INJ 5%/D20W.63
<i>ceftriaxone sodium</i>.....17	<i>clarithromycin</i>.....17	CLINIMIX INJ 6/5.....63
<i>cefuroxime axetil</i>.....17	CLEOCIN	CLINIMIX INJ 8/10.....63
<i>cefuroxime sodium</i>.....17	see <i>clindamycin hcl</i>.....12	CLINIMIX INJ 8/14.....63
CELEBREX		<i>clinisol sf 15%</i>.....63

CLINOLIPID EMU 20%...63	COREG	see <i>duloxetine hcl</i> .....34
<i>clobazam</i> .....38	see <i>carvedilol</i> .....30	<i>cyproheptadine hcl</i>.....65
<i>clobetasol propionate</i>.....70	CORGARD	<i>cyred eq</i>.....49
<i>clobetasol propionate e</i> ...70	see <i>nadolol</i>.....30	CYSTADANE
<i>clomipramine hcl</i>.....34	CORLANOR .....32	see <i>betaine powder for</i>
<i>clonazepam</i> .....38	see <i>ivabradine hcl</i>.....32	<i>oral solution</i> .....52
<i>clonidine</i> .....32	CORTEF	CYSTADROPS .....65
<i>clonidine hcl</i>.....32	see <i>hydrocortisone</i>.....52	CYSTAGON.....52
<i>clopidogrel bisulfate</i> .....58	CORTENEMA	CYSTARAN .....65
<i>clorazepate dipotassium</i> .38	see <i>hydrocortisone</i>	<i>cytarabine</i> .....19
<i>clotrimazole</i> .....72	(<i>intrarectal</i>) .....55	CYTOMEL
<i>clotrimazole (topical)</i>.....69	COSENTYX .....58	see <i>liothyronine sodium</i>
<i>clotrimazole w/</i>	COSENTYX	.....54
<i>betamethasone cream 1-</i>	SENSOREADY PEN...58	CYTOTEC
<i>0.05%</i>.....69	COSENTYX UNOREADY	see <i>misoprostol</i>.....56
<i>clozapine</i> .....36	.....58	D
CLOZARIL	COSOPT	D10W/NAACL INJ 0.2%...62
see <i>clozapine</i> .....36	see <i>dorzolamide hcl-</i>	D2.5W/NAACL INJ 0.45%.62
COARTEM TAB 20-120MG	<i>timolol maleate ophth</i>	<i>dabigatran etexilate</i>
.....14	<i>soln 2-0.5%</i>.....64	<i>mesylate</i>.....57
COLAZAL	COTELLIC .....21	<i>dalfampridine</i> .....44
see <i>balsalazide disodium</i>	COZAAR	DALIRESP
.....55	see <i>losartan potassium</i>	see <i>roflumilast</i>.....67
<i>colchicine</i> .....10	.....28	<i>danazol</i> .....45
<i>colchicine w/ probenecid</i>	CREON CAP 12000UNT 55	DANTRIUM
<i>tab 0.5-500 mg</i>.....10	CREON CAP 24000UNT 55	see <i>dantrolene sodium</i> 44
<i>colesevelam hcl</i>.....29	CREON CAP 3000UNIT .55	<i>dantrolene sodium</i> .....44
COLESTID	CREON CAP 36000UNT 55	<i>dapsone</i>.....12
see <i>colestipol hcl</i>.....29	CREON CAP 6000UNIT .55	DAPTACEL INJ .....61
<i>colestipol hcl</i>.....29	CRESTOR	<i>daptomycin</i> .....12
<i>colistimethate sodium</i> .....12	see <i>rosuvastatin calcium</i>	DAPTOMYCIN.....12
COLY-MYCIN M	.....29	see <i>daptomycin</i>.....12
see <i>colistimethate</i>	<i>cromolyn sodium</i>.....66	DARAPRIM
<i>sodium</i>.....12	<i>cromolyn sodium</i>	see <i>pyrimethamine</i>.....13
COMBIGAN SOL 0.2/0.5%	(<i>mastocytosis</i>).....56	<i>darunavir</i>.....14
.....64	<i>cromolyn sodium (ophth)</i> 64	<i>dasetta 1/35</i>.....49
COMBIVENT AER 20-100	<i>cryselle-28</i> .....49	<i>dasetta 7/7/7</i>.....49
.....65	<i>cyclobenzaprine hcl</i> .....44	DAURISMO .....21
COMETRIQ (60MG DOSE)	<i>cyclophosphamide</i> .....19	DAYVIGO .....43
.....21	CYCLOPHOSPHAMIDE .19	DDAVP
COMETRIQ KIT 100MG .21	CYCLOPHOSPHAMIDE	see <i>desmopressin</i>
COMETRIQ KIT 140MG .21	MONOHYDR.....19	<i>acetate</i>.....52
COMPLERA TAB.....15	<i>cycloserine</i>.....16	<i>deblitane</i> .....49
<i>compro</i>.....54	<i>cyclosporine</i>.....60	<i>deferasirox</i>.....49
<i>constulose</i> .....55	<i>cyclosporine modified (for</i>	DELESTROGEN
COPAXONE .....44	<i>microemulsion</i>).....60	see <i>estradiol valerate</i> .51
see <i>glatiramer acetate</i> .44	CYKLOKAPRON	DELSTRIGO TAB .....15
see <i>glatopa</i> .....44	see <i>tranexamic acid</i> ....58	DELZICOL
COPIKTRA .....21	CYMBALTA	see <i>mesalamine</i> .....55

see valsartan-		
hydrochlorothiazide tab		
80-12.5 mg	28	
DIP/TET PED INJ 25-5LFU		
.....	61	
diphenhydramine hcl.....	65	
diphenoxylate w/ atropine		
liq 2.5-0.025 mg/5ml....	56	
diphenoxylate w/ atropine		
tab 2.5-0.025 mg.....	56	
DIPROLENE		
see betamethasone		
dipropionate		
augmented.....	70	
dipyridamole	58	
disopyramide phosphate.	28	
disulfiram	45	
divalproex sodium.....	39	
docetaxel	21	
DOCETAXEL.....	21	
see docetaxel.....	21	
dofetilide	28	
donepezil hydrochloride..	33	
DOPTLET.....	58	
dorzolamide hcl.....	64	
dorzolamide hcl-timolol		
maleate ophth soln 2-		
0.5%.....	64	
dotti.....	51	
DOVATO TAB 50-300MG		
.....	15	
doxazosin mesylate	27	
doxepin hcl	34	
doxepin hcl (sleep).....	43	
DOXIL		
see doxorubicin hcl		
liposomal	20	
doxorubicin hcl.....	20	
DOXORUBICIN HCL		
see doxorubicin hcl	20	
doxorubicin hcl liposomal	20	
doxy 100	19	
doxycycline (monohydrate)		
.....	19	
doxycycline hyclate.....	19	
DRIZALMA SPRINKLE ...	34	
dronabinol.....	54	
drosiprenone-ethinyl		
estradiol tab 3-0.02 mg	49	
drosiprenone-ethinyl		
estradiol tab 3-0.03 mg	49	
DROXIA.....	58	
droxidopa.....	32	
DULERA AER 100-5MCG		
.....	68	
DULERA AER 200-5MCG		
.....	68	
DULERA AER 50-5MCG	68	
duloxetine hcl.....	34	
DUPIXENT	58, 59	
dutasteride.....	56	
dutasteride-tamsulosin hcl		
cap 0.5-0.4 mg	56	
E		
e.e.s. 400.....	17	
EC-NAPROSYN		
see naproxen	10	
see naproxen dr	10	
econazole nitrate	69	
EDURANT	14	
efavirenz.....	14	
efavirenz-emtricitabine-		
tenofovir df tab 600-200-		
300 mg.....	15	
efavirenz-lamivudine-		
tenofovir df tab 400-300-		
300 mg.....	15	
efavirenz-lamivudine-		
tenofovir df tab 600-300-		
300 mg.....	15	
EFFEXOR XR		
see venlafaxine hcl.....	35	
EFFIENT		
see prasugrel hcl.....	58	
EFUDEX		
see fluorouracil (topical)		
.....	71	
ELIDEL		
see pimecrolimus	71	
ELIGARD.....	20	
elinest	49	
ELIQUIS	57	
ELIQUIS STARTER PACK		
.....	57	
eluryng.....	49	
EMEND		
see aprepitant	54	
EMGALITY	43	
EMSAM	34	
emtricitabine	14	
emtricitabine-tenofovir		
disoproxil fumarate tab		
100-150 mg.....	15	
emtricitabine-tenofovir		
disoproxil fumarate tab		
133-200 mg.....	15	
emtricitabine-tenofovir		
disoproxil fumarate tab		
167-250 mg.....	15	
emtricitabine-tenofovir		
disoproxil fumarate tab		
200-300 mg.....	15	
EMTRIVA.....	14	
see emtricitabine	14	
EMVERM.....	12	
emzahn.....	49	
enalapril maleate	26	
enalapril maleate &		
hydrochlorothiazide tab		
10-25 mg.....	26	
enalapril maleate &		
hydrochlorothiazide tab		
5-12.5 mg.....	26	
ENBREL	59	
ENBREL MINI.....	59	
ENBREL SURECLICK...59		
ENDARI		
see l-glutamine (sickle		
cell).....	58	
endocet tab 10-325mg....	11	
endocet tab 2.5-325mg...11		
endocet tab 5-325mg.....11		
endocet tab 7.5-325mg...11		
ENGERIX-B.....	61	
enilloring	49	
enoxaparin sodium	57	
enpresse-28.....	49	
enskyce	49	
ENSTILAR AER.....	69	
entacapone.....	35	
entecavir	16	
ENTRESTO CAP 15-16MG		
.....	27	
ENTRESTO CAP 6-6MG	27	
ENTRESTO TAB 24-26MG		
.....	27	

ENTRESTO TAB 49-51MG.....27	<i>erythromycin ethylsuccinate</i>.....17	see <i>amlodipine besylate-valsartan tab 10-320 mg</i> .....27
ENTRESTO TAB 97-103MG .....27	<i>erythromycin lactobionate</i>.....17	see <i>amlodipine besylate-valsartan tab 5-160 mg</i> .....27
<i>enulose</i>.....55	ESBRIET see <i>pirfenidone</i>.....67	see <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....27
EPCLUSA PAK 150-37.516	<i>escitalopram oxalate</i>.....34	
EPCLUSA PAK 200-50MG.....16	<i>esomeprazole magnesium</i>.....56	
EPCLUSA TAB 200-50MG.....16	<i>estarylla</i> .....49	EXJADE see <i>deferasirox</i>.....49
EPCLUSA TAB 400-100.16	ESTRACE see <i>estradiol</i>.....51	EYSUVIS .....65
EPIDIOLEX.....39	see <i>estradiol vaginal</i> ...51	<i>ezetimibe</i> .....29
<i>epinephrine (anaphylaxis)</i> .....32, 66	<i>estradiol</i>.....51	<i>ezetimibe-simvastatin tab 10-10 mg</i>.....29
EPIPEN 2-PAK see <i>epinephrine (anaphylaxis)</i>.....66	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 51	<i>ezetimibe-simvastatin tab 10-20 mg</i>.....29
EPIPEN-JR 2-PAK see <i>epinephrine (anaphylaxis)</i>.....66	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ...51	<i>ezetimibe-simvastatin tab 10-40 mg</i>.....29
<i>epitol</i>.....39	<i>estradiol vaginal</i>.....51	<i>ezetimibe-simvastatin tab 10-80 mg</i>.....29
EPIVIR see <i>lamivudine</i> .....14	<i>estradiol valerate</i> .....51	F
<i>eplerenone</i>.....26	<i>ethambutol hcl</i> .....16	FABRAZYME .....52
EPRONTIA .....39	<i>ethosuximide</i>.....39	<i>falmina</i> .....50
EPZICOM see <i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....15	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>.....49	<i>famciclovir</i>.....16
<i>ergotamine w/ caffeine tab 1-100 mg</i>.....43	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>.....49	<i>famotidine</i> .....55
ERIVEDGE .....21	<i>etodolac</i>.....10	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>.....55
ERLEADA.....20	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>.....49	FANAPT .....36
<i>erlotinib hcl</i> .....22	<i>etoposide</i> .....21	FANAPT PAK .....36
<i>errin</i> .....49	<i>etravirine</i>.....14	FARESTON see <i>toremifene citrate</i> ..20
<i>ertapenem sodium</i>.....12	EULEXIN .....20	FARXIGA .....46
<i>ery</i>.....68	<i>euthyrox</i>.....53	FASENRA.....66
ERYGEL see <i>erythromycin (acne aid)</i> .....68	<i>everolimus</i> .....22	FASENRA PEN .....66
<i>ery-tab</i> .....17	<i>everolimus (immunosuppressant)</i> .60	FASLODEX see <i>fulvestrant</i>.....20
ERYTHROCIN LACTOBIONATE .....17	EVISTA see <i>raloxifene hcl</i> .....53	<i>felbamate</i>.....39
see <i>erythromycin lactobionate</i> .....17	EVOTAZ TAB 300-150 ...15	FELBATOL see <i>felbamate</i>.....39
<i>erythromycin (acne aid)</i> .68, 69	EXELON see <i>rivastigmine</i> .....33	<i>felodipine</i> .....31
<i>erythromycin (ophth)</i>.....63	<i>exemestane</i> .....20	FEMARA see <i>letrozole</i>.....20
<i>erythromycin base</i> .....17	EXFORGE see <i>amlodipine besylate-valsartan tab 10-160 mg</i> .....27	<i>fenofibrate</i>.....29
		<i>fenofibrate micronized</i> ...29
		<i>fantanyl</i>.....10
		<i>fantanyl citrate</i> .....11
		FETZIMA .....34

FETZIMA CAP TITRATIO		GASTROCROM
.....34	<i>fluticasone-salmeterol aer</i>	see <i>cromolyn sodium</i>
FIASP.....47	<i>powder ba 250-50</i>	<i>(mastocytosis)</i> .....56
FIASP FLEXTOUCH.....47	<i>mcg/act</i> .....68	<i>gatifloxacin (ophth)</i> .....63
FIASP PENFILL.....47	<i>fluticasone-salmeterol aer</i>	GATTEX .....56
FIASP PUMPCART .....47	<i>powder ba 500-50</i>	GAUZE PADS 2.....47
<i>finasteride</i> .....56	<i>mcg/act</i> .....68	<i>gavilyte-c</i>.....55
<i> fingolimod hcl</i>.....44	<i>fluvoxamine maleate</i>.....33	<i>gavilyte-g</i> .....55
FINTEPLA .....39	FML LIQUIFILM	<i>gavilyte-n/ flavor pack</i>.....55
FIRAZYR	see <i>fluorometholone</i>	GAVRETO .....22
see <i>icatibant acetate</i> ...58	<i>(ophth)</i> .....64	<i>gefitinib</i> .....22
see <i>sajazir</i>.....58	FOCALIN	<i>gemcitabine hcl</i>.....19
FIRMAGON .....20	see <i>dexmethylphenidate</i>	GEMCITABINE
<i>flac</i>.....65	<i>hcl</i>.....42	HYDROCHLORIDE
FLAREX.....64	<i>fondaparinux sodium</i> .....57	see <i>gemcitabine hcl</i> ....19
FLEBOGAMMA DIF.....60	FOSAMAX	<i>gemfibrozil</i> .....29
<i>flecainide acetate</i>.....29	see <i>alendronate sodium</i>	<i>generlac</i>.....55
FLOMAX	.....48	<i>gengraf</i> .....60
see <i>tamsulosin hcl</i>.....56	<i>fosamprenavir calcium</i> ...14	GENOTROPIN.....52
<i>fluconazole</i> .....13	<i>fosinopril sodium</i>.....26	GENOTROPIN MINIQUICK
<i>fluconazole in nacl 0.9% inj</i>	<i>fosinopril sodium &</i>	.....53
200 mg/100ml .....13	<i>hydrochlorothiazide tab</i>	<i>gentamicin in saline inj 0.8</i>
<i>fluconazole in nacl 0.9% inj</i>	10-12.5 mg.....26	mg/ml .....12
400 mg/200ml .....14	<i>fosinopril sodium &</i>	<i>gentamicin in saline inj 1</i>
<i>flucytosine</i>.....14	<i>hydrochlorothiazide tab</i>	mg/ml .....12
<i>fludrocortisone acetate</i> ...52	20-12.5 mg.....26	<i>gentamicin in saline inj 1.2</i>
<i>flunisolide (nasal)</i>.....67	FOTIVDA .....22	mg/ml .....12
<i>fluocinolone acetamide</i> ...70	FRUZAQLA.....22	<i>gentamicin in saline inj 1.6</i>
<i>fluocinolone acetamide</i>	FULPHILA .....58	mg/ml .....12
<i>(otic)</i>.....65	<i>fulvestrant</i>.....20	<i>gentamicin in saline inj 2</i>
<i>fluocinonide</i> .....70	<i>furosemide</i>.....31	mg/ml .....12
<i>fluocinonide emulsified</i>	<i>furosemide inj</i> .....31	<i>gentamicin sulfate</i>.....12
<i>base</i> .....70	FUZEON.....14	<i>gentamicin sulfate (ophth)</i>
<i>fluorometholone (ophth)</i> ..64	<i>fyavolv tab 0.5mg-2.5mcg</i>	.....63
<i>fluorouracil</i> .....19	.....51	<i>gentamicin sulfate (topical)</i>
<i>fluorouracil (topical)</i> .....71	<i>fyavolv tab 1mg-5mcg</i>....51	.....69
<i>fluoxetine hcl</i>.....34	FYCOMPA .....39	GENVOYA TAB.....15
<i>fluphenazine decanoate</i> ..36	G	GEODON
<i>fluphenazine hcl</i>.....36	<i>gabapentin</i>.....39	see <i>ziprasidone hcl</i> .....38
<i>flurbiprofen</i>.....10	<i>galantamine hydrobromide</i>	see <i>ziprasidone mesylate</i>
<i>flurbiprofen sodium</i> .....64	.....33	.....38
<i>fluticasone propionate</i>....70	GAMASTAN INJ .....60	GILENYA
<i>fluticasone propionate</i>	GAMMAGARD LIQUID ...60	see <i> fingolimod hcl</i> .....44
<i>(nasal)</i>.....67	GAMMAGARD S/D IGA	GILOTRIF .....22
<i>fluticasone-salmeterol aer</i>	LESS TH .....60	<i>glatiramer acetate</i> .....44
<i>powder ba 100-50</i>	GAMMAKED.....60	<i>glatopa</i>.....44
<i>mcg/act</i> .....68	GAMMAPLEX .....60	GLEEVEC
	GAMUNEX-C.....60	see <i> imatinib mesylate</i> ..22
	<i>ganciclovir sodium</i> .....16	GLEOSTINE .....19
	GARDASIL 9 INJ .....61	

<i>glimepiride</i>	46	HARVONI TAB 45-200MG	16	<i>hydrocodone-ibuprofen tab</i>	7.5-200 mg.....	11
<i>glipizide</i>	46	.....	16	<i>hydrocortisone</i>	52	
<i>glipizide xl</i>	46	HARVONI TAB 90-400MG	16	<i>hydrocortisone (intrarectal)</i>	.....	55
<i>glipizide-metformin hcl tab</i>		HAVRIX	61	<i>hydrocortisone (rectal)</i>	71	
2.5-250 mg.....	46	<i>heather</i>	50	<i>hydrocortisone (topical)</i> ..	70	
<i>glipizide-metformin hcl tab</i>		HEP SOD/NACL INJ		<i>hydrocortisone valerate</i> ..	70	
2.5-500 mg.....	46	25000UNT.....	57	<i>hydromorphone hcl</i>	11	
<i>glipizide-metformin hcl tab</i>		<i>heparin sodium (porcine)</i>	57	<i>hydroxychloroquine sulfate</i>	.....	60
5-500 mg.....	46	HEPLISAV-B.....	61	<i>hydroxyurea</i>	20	
GLUCOTROL XL		HERCEP HYLEC SOL 60-		<i>hydroxyzine hcl</i>	65	
see <i>glipizide</i>	46	10000	22	<i>hydroxyzine pamoate</i>	66	
see <i>glipizide xl</i>	46	HERCEPTIN	22	HYZAAR		
<i>glycopyrrolate</i>	55	HERZUMA	22	see <i>losartan potassium &</i>		
<i>glydo</i>	71	HETLIOZ		<i>hydrochlorothiazide tab</i>		
GLYXAMBI TAB 10-5 MG		see <i>tasimelteon</i>	43	100-12.5 mg	27	
.....	46	HIBERIX	61	see <i>losartan potassium &</i>		
GLYXAMBI TAB 25-5 MG		HIPREX		<i>hydrochlorothiazide tab</i>		
.....	46	see <i>methenamine</i>		100-25 mg	27	
GOLYTELY		<i>hippurate</i>	13	see <i>losartan potassium &</i>		
see <i>gavilyte-g</i>	55	HUMIRA	59	<i>hydrochlorothiazide tab</i>		
see <i>peg 3350-kcl-na</i>		HUMIRA PEN	59	100-25 mg	27	
<i>bicarb-nacl-na sulfate</i>		HUMIRA PEN KIT PS/UV		see <i>losartan potassium &</i>		
<i>for soln 236 gm</i>	55	.....	59	<i>hydrochlorothiazide tab</i>		
<i>granisetron hcl</i>	54	HUMIRA PEN-CD/UC/HS		50-12.5 mg	27	
<i>griseofulvin microsize</i>	14	START	59	I		
<i>griseofulvin ultramicrosize</i>		HUMIRA PEN-PEDIATRIC		<i>ibandronate sodium</i>	49	
.....	14	UC S	59	IBRANCE.....	22	
<i>guanfacine hcl</i>	32	HUMULIN R U-500		<i>ibu</i>	10	
<i>guanfacine hcl (adhd)</i>	42	(CONCENTR.....	47	<i>ibuprofen</i>	10	
H		HUMULIN R U-500		<i>icatibant acetate</i>	58	
HAEGARDA	58	KWIKPEN.....	47	<i>iclevia</i>	50	
<i>hailey 1.5/30</i>	50	<i>hydralazine hcl</i>	32	ICLUSIG	22	
HALDOL DECANOATE		HYDREA		IDACIO (2 PEN).....	59	
100		see <i>hydroxyurea</i>	20	IDACIO (2 SYRINGE).....	59	
see <i>haloperidol</i>		<i>hydrochlorothiazide</i>	31	IDACIO CROHN INJ		
<i>decanoate</i>	36	<i>hydrocodone bitartrate</i>	10	DISEASE.....	59	
HALDOL DECANOATE 50		<i>hydrocodone-</i>		IDACIO PLAQU INJ		
see <i>haloperidol</i>		<i>acetaminophen soln 7.5-</i>		PSORIASIS.....	59	
<i>decanoate</i>	36	325 mg/15ml	11	IDHIFA.....	22	
<i>halobetasol propionate</i> ...	70	<i>hydrocodone-</i>		<i>imatinib mesylate</i>	22	
<i>haloette</i>	50	<i>acetaminophen tab 10-</i>		IMBRUVICA.....	22	
<i>haloperidol</i>	36	325 mg.....	11	<i>imipenem-cilastatin</i>		
<i>haloperidol decanoate</i>	36	<i>hydrocodone-</i>		<i>intravenous for soln 250</i>		
<i>haloperidol lactate</i>	36	<i>acetaminophen tab 5-325</i>		mg.....	12	
HARVONI PAK 33.75-		mg.....	11	<i>imipenem-cilastatin</i>		
150MG	16	<i>hydrocodone-</i>		<i>intravenous for soln 500</i>		
HARVONI PAK 45-200MG		<i>acetaminophen tab 7.5-</i>		mg.....	12	
.....	16	325 mg.....	11	<i>imipramine hcl</i>	34	

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>.....62	KISQALI 600 PAK FEMARA.....23	<i>lamivudine-zidovudine tab 150-300 mg</i>.....15
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>.....62	KITABIS PAK see <i>tobramycin</i>.....13	<i>lamotrigine</i>.....39
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>.....62	KLARON see <i>sulfacetamide sodium (acne)</i>.....69	LANOXIN see <i>digoxin</i>.....32
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>.....62	<i>klayesta</i>.....69	<i>lanreotide acetate</i>.....53
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>.....62	KLONOPIN see <i>clonazepam</i>.....38	<i>lansoprazole</i>.....56
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>.....62	<i>klor-con</i>.....63	<i>lapatinib ditosylate</i>.....23
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>.....62	<i>klor-con 10</i>.....63	<i>larin 1.5/30</i>.....50
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>.....62	<i>klor-con 8</i>.....63	<i>larin 1/20</i>.....50
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>.....62	<i>klor-con m10</i>.....63	<i>larin fe 1.5/30</i>.....50
KCL/D5W/NACL INJ 0.3/0.9%.....62	<i>klor-con m15</i>.....63	<i>larin fe 1/20</i>.....50
<i>kelnor 1/35</i>.....50	<i>klor-con m20</i>.....63	LASIX see <i>furosemide</i>.....31
<i>kelnor 1/50</i>.....50	KORLYM see <i>mifepristone (hyperglycemia)</i>.....53	<i>latanoprost</i>.....64
KEPPRA see <i>levetiracetam</i>.....39	KOSELUGO.....23	LATUDA see <i>lurasidone hcl</i>.....36
KEPPRA XR see <i>levetiracetam</i>.....40	<i>kourzeq</i>.....72	<i>leena</i>.....50
KERENDIA.....26	KRAZATI.....23	<i>leflunomide</i>.....60
KESIMPTA.....44	K-TAB see <i>potassium chloride</i> 63	<i>lenalidomide</i>.....20
<i>ketoconazole</i>.....14	<i>kurvelo</i>.....50	LENVIMA 10 MG DAILY DOSE.....23
<i>ketoconazole (topical)</i>.....69	KUVAN see <i>javygtor</i>.....53	LENVIMA 12MG DAILY DOSE.....23
<i>ketorolac tromethamine (ophth)</i>.....64	see <i>sapropterin dihydrochloride</i>.....53	LENVIMA 20 MG DAILY DOSE.....23
KEYTRUDA.....22	L see <i>labetalol hcl</i>.....30	LENVIMA 4 MG DAILY DOSE.....23
KINRIX INJ.....61	<i>lacosamide</i>.....39	LENVIMA 8 MG DAILY DOSE.....23
<i>kionex</i>.....49	<i>lacosamide oral</i>.....39	LENVIMA CAP 14 MG...23
KISQALI 200 DOSE.....22	<i>lactated ringer's solution</i> .62	LENVIMA CAP 18 MG...23
KISQALI 200 PAK FEMARA.....22	<i>lactic acid (ammonium lactate)</i>.....71	LENVIMA CAP 24 MG...23
KISQALI 400 DOSE.....22	<i>lactulose</i>.....55	<i>lessina</i>.....50
KISQALI 400 PAK FEMARA.....22	<i>lactulose (encephalopathy)</i>.....55	LETAIRIS see <i>ambrisentan</i>.....32
KISQALI 600 DOSE.....23	LAMICTAL see <i>lamotrigine</i>.....39	<i>letrozole</i>.....20
	see <i>subvenite</i>.....41	<i>leucovorin calcium</i>.....25
	LAMICTAL CHEWABLE DISPERS see <i>lamotrigine</i>.....39	<i>leuprolide acetate</i>.....20
	LAMICTAL XR see <i>lamotrigine</i>.....39	<i>levalbuterol tartrate</i>.....66
	<i>lamivudine</i>.....14	<i>levetiracetam</i>.....39, 40
	<i>lamivudine (hbv)</i>.....16	LEVETIRACETAM see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....40
		see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....40

see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....40	see <i>mesalamine</i>.....55	LONSURF TAB 15-6.14 .19
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....40	LIBERVANT.....40	LONSURF TAB 20-8.19 .19
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....40	<i>lidocaine</i> .....71	<i>loperamide hcl</i> .....56
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....40	<i>lidocaine hcl</i>.....71	LOPID
<i>levobunolol hcl</i>.....64	<i>lidocaine hcl (local anesth.)</i>.....10	see <i>gemfibrozil</i>.....29
<i>levocarnitine (metabolic modifiers)</i>.....53	<i>lidocaine hcl (mouth-throat)</i>.....72	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>.....15
<i>levocetirizine dihydrochloride</i>.....66	<i>lidocaine-prilocaine cream 2.5-2.5%</i>.....71	<i>lopinavir-ritonavir tab 100-25 mg</i>.....15
<i>levofloxacin</i>.....17	<i>lidocan</i>.....71	<i>lopinavir-ritonavir tab 200-50 mg</i>.....16
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>.....18	LIDODERM	LOPRESSOR
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>.....18	see <i>lidocaine</i>.....71	see <i>metoprolol tartrate</i> 30
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>.....18	see <i>lidocan</i>.....71	<i>lorazepam</i>.....33
<i>levonest</i>.....50	see <i>tridacaine ii</i>.....71	<i>lorazepam intensol</i>.....33
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>.....50	LILETTA.....50	LORBRENA.....23
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>.....50	<i>linezolid</i>.....12	<i>loryna</i>.....50
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>.....50	LINEZOLID INJ 2MG/ML 13	<i>losartan potassium</i>.....28
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>.....50	LINZESS.....56	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>.....27
<i>levora 0.15/30-28</i>.....50	<i>liothyronine sodium</i>.....54	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>.....27
<i>levo-t</i>.....53	LIPITOR	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>.....27
<i>levothyroxine sodium</i>.....53	see <i>atorvastatin calcium</i>.....29	LOTEMAX.....64
<i>levoxyl</i>.....54	<i>lisinopril</i>.....26	LOTENSIN
LEXAPRO	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>.....26	see <i>benazepril hcl</i>.....26
see <i>escitalopram oxalate</i>.....34	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>.....26	LOTENSIN HCT
LEXIVA	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>.....26	see <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>.....26
see <i>fosamprenavir calcium</i>.....14	<i>lithium</i>.....44	see <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>.....26
<i>l-glutamine (sickle cell)</i> ...58	<i>lithium carbonate</i>.....44	see <i>benazepril & hydrochlorothiazide tab 20-25 mg</i>.....26
LIALDA	LITHOBID	<i>loteprednol etabonate</i>.....64
	see <i>lithium carbonate</i> ..44	LOTREL
	LIVTENCITY.....16	see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>.....26
	LODINE	see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>.....26
	see <i>etodolac</i>.....10	
	<i>loestrin 1.5/30-21</i>.....50	
	<i>loestrin 1/20-21</i>.....50	
	<i>loestrin fe 1.5/30</i>.....50	
	<i>loestrin fe 1/20</i>.....50	
	LOKELMA.....49	
	LOMOTIL	
	see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>.....56	

see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>.....25	MACRODANTIN	see <i>methylprednisolone</i> .....52
see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>.....25	see <i>nitrofurantoin macrocrystal</i>.....13	MEDROL DOSEPAK
LOTRONEX	<i>magnesium sulfate</i>.....62	see <i>methylprednisolone</i> .....52
see <i>alose tron hcl</i>.....55	MAGNESIUM SULFATE 62	<i>medroxyprogesterone</i>
<i>lovastatin</i> .....29	see <i>magnesium sulfate</i> .....62	<i>acetate</i> .....53
LOVAZA	MAGNESIUM SULFATE IN D5W	<i>medroxyprogesterone acetate (contraceptive)</i> 50
see <i>omega-3-acid ethyl esters cap 1 gm</i>.....29	see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>.....62	<i>mefloquine hcl</i>.....14
LOVENOX	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....62	<i>megestrol acetate</i> .....20, 53
see <i>enoxaparin sodium</i> .....57	MALARONE	<i>megestrol acetate (appetite)</i>.....53
<i>low-ogestrel</i> .....50	see <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....14	MEKINIST.....23
<i>loxapine succinate</i> .....36	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....14	MEKTOVI.....23
LUMAKRAS.....23	<i>malathion</i>.....71	<i>meloxicam</i>.....10
LUMIGAN .....64	<i>maraviroc</i>.....15	<i>memantine hcl</i> .....33
LUMIZYME .....53	MARINOL	MENACTRA INJ .....61
LUPRON DEPOT (1-MONTH).....20	see <i>dronabinol</i>.....54	MENQUADFI INJ.....61
LUPRON DEPOT (3-MONTH).....20	<i>marlissa</i> .....50	MENVEO INJ.....61
LUPRON DEPOT-PED (1-MONTH).....53	MARPLAN .....34	MENVEO SOL.....61
LUPRON DEPOT-PED (3-MONTH).....53	MATULANE .....21	MEPRON
LUPRON DEPOT-PED (6-MONTH).....53	MAVYRET PAK 50-20MG .....16	see <i>atovaquone</i>.....12
<i>lurasidone hcl</i> .....36	MAVYRET TAB 100-40MG .....16	<i>mercaptopurine</i>.....19
<i>lute ra</i>.....50	MAXALT	<i>meropenem</i>.....13
<i>lyleq</i>.....50	see <i>rizatriptan benzoate</i> .....43	<i>mesalamine</i> .....55
<i>lyllana</i> .....51	MAXALT-MLT	<i>mesalamine w/ cleanser</i> .55
LYNPARZA.....23	see <i>rizatriptan benzoate</i> .....43	MESNEX.....25
LYRICA	MAXITROL	MESTINON
see <i>pregabalin</i>.....40	see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>.....63	see <i>pyridostigmine bromide</i>.....44
LYSODREN.....20	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>.....63	<i>metformin hcl</i>.....46
LYTGOBI (12 MG DAILY DOSE).....23	<i>meclizine hcl</i>.....54	<i>methadone hcl</i>.....10
LYTGOBI (16 MG DAILY DOSE).....23	MEDROL	<i>methadone hydrochloride i</i> .....11
LYTGOBI (20 MG DAILY DOSE).....23	see <i>methylprednisolone</i> .....52	METHADOSE
<i>lyza</i> .....50		see <i>methadone hydrochloride i</i> .....11
M		<i>methazolamide</i> .....31
MACROBID		<i>methenamine hippurate</i> ..13
see <i>nitrofurantoin monohyd macro</i>.....13		<i>methimazole</i> .....54

<i>methylprednisolone acetate</i>.....52	<i>minoxidil</i>.....32	<i>naloxone hcl</i>.....45
<i>methylprednisolone sod</i> <i>succ</i>.....52	<i>mirtazapine</i>.....34	<i>naltrexone hcl</i>.....45
<i>methyltestosterone</i>.....45	<i>misoprostol</i>.....56	NAMENDA XR see <i>memantine hcl</i>.....33
<i>metoclopramide hcl</i>.....54	MITIGARE.....10 see <i>colchicine</i>.....10	NAMZARIC CAP 14-10MG.....33
<i>metolazone</i>.....31	M-M-R II INJ.....61	NAMZARIC CAP 21-10MG.....33
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100-25 mg.....30	M-NATAL PLUS TAB.....63	NAMZARIC CAP 28-10MG.....33
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100-50 mg.....30	<i>modafinil</i>.....45	NAMZARIC CAP 7-10MG.....33
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 50-25 mg.....30	<i>moexipril hcl</i>.....26	NAMZARIC CAP PACK..33
<i>metoprolol succinate</i>.....30	<i>molindone hcl</i>.....36	NAPROSYN see <i>naproxen</i>.....10
<i>metoprolol tartrate</i>.....30	<i>mometasone furoate</i>.....70	<i>naproxen</i>.....10
METROCREAM see <i>metronidazole</i> (topical).....71	MONJUVI.....23	<i>naproxen dr</i>.....10
METROLOTION see <i>metronidazole</i> (topical).....71	<i>mono-lynyah</i>.....50	<i>naproxen sodium</i>.....10
<i>metronidazole</i>.....13	<i>montelukast sodium</i>.....66	<i>naratriptan hcl</i>.....43
METRONIDAZOLE see <i>metronidazole</i>.....13	<i>morphine sulfate</i>.....11	NARDIL see <i>phenelzine sulfate</i> 34
<i>metronidazole (topical)</i> ...71	MOUNJARO.....46	<i>nateglinide</i>.....46
<i>metronidazole vaginal</i>.....57	MOVANTIK.....56	NAYZILAM.....40
<i>metyrosine</i>.....32	<i>moxifloxacin hcl</i>.....18	<i>nebivolol hcl</i>.....30
<i>micafungin sodium</i>.....14	<i>moxifloxacin hcl (ophth)</i> ..63	NEBUPENT see <i>pentamidine</i> <i>isethionate inh</i>.....13
MICARDIS see <i>telmisartan</i>.....28	<i>moxifloxacin hcl 400</i> mg/250ml in sodium chloride 0.8% inj.....18	<i>necon 0.5/35-28</i>.....50
<i>microgestin 1.5/30</i>.....50	MRESVIA.....61	<i>nefazodone hcl</i>.....34
<i>microgestin 1/20</i>.....50	MS CONTIN see <i>morphine sulfate</i> ...11	<i>neomycin sulfate</i>.....13
<i>microgestin fe 1.5/30</i>.....50	MULTAQ.....29	<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>.....64
<i>microgestin fe 1/20</i>.....50	<i>multiple electrolytes ph 5.5</i>.....62	<i>neomycin-polymy-gramicid</i> <i>op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>.....64
<i>midodrine hcl</i>.....32	<i>multiple electrolytes ph 7.4</i>.....62	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>oint 0.1%</i>.....63
MIEBO.....65	<i>mupirocin</i>.....69	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>susp 0.1%</i>.....63
<i>mifepristone</i> (<i>hyperglycemia</i>).....53	MYCAMINE see <i>micafungin sodium</i> 14	<i>neomycin-polymyxin-hc</i> <i>ophth susp</i>.....63
MIGRANAL see <i>dihydroergotamine</i> <i>mesylate</i>.....43	MYCOBUTIN see <i>rifabutin</i>.....16	<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i>.....65
<i>mili</i>.....50	<i>mycophenolate mofetil</i> ...61	
<i>mimvey</i>.....51	<i>mycophenolate sodium</i> ...61	
MINIVELLE see <i>lyllana</i>.....51	MYFORTIC see <i>mycophenolate</i> <i>sodium</i>.....61	
<i>minocycline hcl</i>.....19	MYRBETRIQ.....57	
	MYSOLINE see <i>primidone</i>.....40	
	N	
	<i>nabumetone</i>.....10	
	<i>nadolol</i>.....30	
	<i>nafticillin sodium</i>.....18	
	NAGLAZYME.....53	
	<i>nalbuphine hcl</i>.....11	

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>.....65	<i>nizatidine</i> .....55	<i>see amlodipine besylate</i> .....30
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> .....63	<i>nora-be</i> .....50	NORVIR.....15
<i>neo-polycin hc ophth oint 1%</i>.....63	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>.....50	<i>see ritonavir</i>.....15
NEORAL	<i>norethindrone (contraceptive)</i> .....50	NOVOLIN INJ 70/30 .....48
<i>see cyclosporine modified (for microemulsion)</i> .....60	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> .....50	NOVOLIN INJ 70/30 FP..48
<i>see gengraf</i> .....60	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> .....50	NOVOLIN N.....48
NERLYNX.....23	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> .....50	NOVOLIN N FLEXPEN...48
NEURONTIN	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....50	NOVOLIN R .....48
<i>see gabapentin</i>.....39	<i>norethindrone acetate</i>....53	NOVOLIN R FLEXPEN...48
<i>nevirapine</i> .....15	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>.....51	NOVOLOG.....48
NEXAVAR	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....51	NOVOLOG FLEXPEN ....48
<i>see sorafenib tosylate</i> .24	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>.....50	NOVOLOG MIX INJ 70/30 .....48
NEXIUM	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> .....50	NOVOLOG MIX INJ FLEXPEN.....48
<i>see esomeprazole magnesium</i>.....56	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>.....50	NOVOLOG PENFILL .....48
NEXLETOL.....29	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>.....50	NOXAFIL
NEXLIZET TAB 180/10MG .....29	<i>norlyroc</i>.....50	<i>see posaconazole</i> .....14
NEXPLANON .....50	NORPACE	NUBEQA.....20
<i>niacin (antihyperlipidemic)</i> .....29	<i>see disopyramide phosphate</i>.....28	NUDEXTA CAP 20-10MG .....44
<i>nicardipine hcl</i>.....31	NORPRAMIN	NULOJIX.....61
NICOTROL INHALER....45	<i>see desipramine hcl</i> ....34	NUPLAZID .....36, 37
NICOTROL NS .....45	NORTHERA	NURTEC.....43
<i>nifedipine</i> .....31	<i>see droxidopa</i>.....32	NUTRILIPID.....63
<i>nikki</i> .....50	<i>nortrel 0.5/35 (28)</i> .....50	NUVARING
NILANDRON	<i>nortrel 1/35 (21)</i> .....50	<i>see eluryng</i>.....49
<i>see nilutamide</i> .....20	<i>nortrel 1/35 (28)</i> .....50	<i>see enilloring</i>.....49
<i>nilutamide</i> .....20	<i>nortrel 7/7/7</i> .....50	<i>see etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....49
<i>nimodipine</i> .....31	<i>nortriptyline hcl</i>.....34	<i>see haloette</i>.....50
NINLARO.....23	NORVASC	NUVIGIL
<i>nitazoxanide</i> .....13	<i>see nitroglycerin</i>.....32	<i>see armodafinil</i>.....45
<i>nitisinone</i> .....53		NUZYRA .....19
NITRO-BID .....32		<i>nyamyc</i> .....69
<i>nitrofurantoin macrocrystal</i> .....13		<i>nylia 1/35</i> .....51
<i>nitrofurantoin monohyd macro</i> .....13		<i>nylia 7/7/7</i> .....51
<i>nitroglycerin</i> .....32		<i>nymyo</i> .....51
<i>nitroglycerin (intra-anal)</i> ..71		<i>nystatin</i> .....14
NITROSTAT		NYSTATIN
<i>see nitroglycerin</i>.....32		<i>see nystatin (mouth-throat)</i>.....72
		<i>nystatin (mouth-throat)</i> ...72
		<i>nystatin (topical)</i>.....69
		<i>nystop</i>.....69
		O
		<i>ocella</i> .....51

OCTAGAM	60	OMNIPOD 5 G7 MIS PODS	.....48	<i>oxacillin sodium</i>	18
<i>octreotide acetate</i>	53	INTRO	48	<i>oxaliplatin</i>	19
OCUFLOX		OMNIPOD DASH KIT		<i>oxcarbazepine</i>	40
see <i>ofloxacin (ophth)</i> ...	64	INTRO	48	<i>oxybutynin chloride</i>	57
ODEFSEY TAB.....	16	OMNIPOD DASH MIS		<i>oxycodone hcl</i>	11
ODOMZO	23	PODS.....	48	<i>oxycodone w/</i>	
OFEV	67	OMNIPOD GO KIT		<i>acetaminophen tab 10-</i>	
<i>ofloxacin (ophth)</i>	64	10UNT/DY.....	48	325 mg.....	12
<i>ofloxacin (otic)</i>	65	OMNIPOD GO KIT		<i>oxycodone w/</i>	
OGIVRI	23	15UNT/DY.....	48	<i>acetaminophen tab 2.5-</i>	
OGSIVEO	23	OMNIPOD GO KIT		325 mg.....	11
OJEMDA.....	23	20UNT/DY.....	48	<i>oxycodone w/</i>	
OJJAARA	23	OMNIPOD GO KIT		<i>acetaminophen tab 5-325</i>	
<i>olanzapine</i>	37	25UNT/DY.....	48	mg.....	12
<i>olmesartan medoxomil</i>	28	OMNIPOD GO KIT		<i>oxycodone w/</i>	
<i>olmesartan medoxomil-</i>		30UNT/DY.....	48	<i>acetaminophen tab 7.5-</i>	
<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT		325 mg.....	12
20-12.5 mg.....	27	35UNT/DY.....	48	OZEMPIC (0.25 OR 0.5	
<i>olmesartan medoxomil-</i>		OMNIPOD GO KIT		MG/DOSE)	46
<i>hydrochlorothiazide tab</i>		40UNT/DY.....	48	OZEMPIC (0.25 OR	
40-12.5 mg.....	27	OMNIPOD GO KIT		0.5MG/DOSE)	47
<i>olmesartan medoxomil-</i>		OMNIPOD MIS CLASSIC		OZEMPIC (1MG/DOSE) .	47
<i>hydrochlorothiazide tab</i>		.....	48	OZEMPIC (2MG/DOSE) .	47
40-25 mg.....	27	<i>ondansetron</i>	54	P	
<i>olmesartan-amlodipine-</i>		<i>ondansetron hcl</i>	54	<i>pacerone</i>	29
<i>hydrochlorothiazide tab</i>		ONFI		<i>paclitaxel</i>	21
20-5-12.5 mg.....	28	see <i>clobazam</i>	38	<i>paliperidone</i>	37
<i>olmesartan-amlodipine-</i>		ONTRUZANT.....	23	PAMELOR	
<i>hydrochlorothiazide tab</i>		ONUREG	19	see <i>nortriptyline hcl</i>	34
40-10-12.5 mg.....	28	ORFADIN		<i>pamidronate disodium</i>	49
<i>olmesartan-amlodipine-</i>		see <i>nitisinone</i>	53	PAMIDRONATE	
<i>hydrochlorothiazide tab</i>		ORGOVYX	20	DISODIUM	49
40-10-25 mg.....	28	ORKAMBI GRA 100-125	67	PANRETIN.....	71
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 150-188	67	<i>pantoprazole sodium</i>	56
<i>hydrochlorothiazide tab</i>		ORKAMBI GRA 75-94MG	67	PANZYGA.....	60
40-5-12.5 mg.....	28	.....	67	<i>paricalcitol</i>	54
<i>olmesartan-amlodipine-</i>		ORKAMBI TAB 100-125	67	PARLODEL	
<i>hydrochlorothiazide tab</i>		ORKAMBI TAB 200-125	67	see <i>bromocriptine</i>	
40-5-25 mg.....	28	ORSERDU.....	20	<i>mesylate</i>	35
<i>omega-3-acid ethyl esters</i>		ORTHO TRI-CYCLEN LO		PARNATE	
<i>cap 1 gm</i>	29	see <i>norgestimate-eth</i>		see <i>tranylcypromine</i>	
<i>omeprazole</i>	56	<i>estrad tab 0.18-</i>		<i>sulfate</i>	34
OMNIPOD 5 G6 KIT		25/0.215-25/0.25-25		<i>paroxetine hcl</i>	34
INTRO	48	mg-mcg.....	50	PAXIL	
OMNIPOD 5 G6 MIS PODS		see <i>tri-lo-estarylla</i>	51	see <i>paroxetine hcl</i>	34
.....	48	see <i>tri-lo-marzia</i>	51	PAXLOVID TAB 150-10016	
OMNIPOD 5 G7 KIT		see <i>tri-lo-mili</i>	51	PAXLOVID TAB 300-10016	
INTRO	48	see <i>tri-lo-sprintec</i>	51	<i>pazopanib hcl</i>	23
		see <i>tri-vylibra lo</i>	51	PEDIAPRED	
		<i>oseltamivir phosphate</i>	16		

see <i>prednisolone sodium phosphate</i>	52	PERIDEX	see <i>chlorhexidine gluconate (mouth-throat)</i>	72	PIQRAY 200MG DAILY DOSE.....	23
PEDIARIX INJ 0.5ML.....	61	see <i>perio gard</i>	72	PIQRAY 250MG TAB DOSE.....	24	
PEDVAX HIB.....	61	<i>perindopril erbumine</i>	26	PIQRAY 300MG DAILY DOSE.....	24	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	55	<i>perio gard</i>	72	<i>pirfenidone</i>	67	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	55	<i>permethrin</i>	71	<i>piroxicam</i>	10	
PEGASYS.....	16	<i>perphenazine</i>	37	PLAQUENIL		
PEMAZYRE.....	23	<i>pfizerpen</i>	18	see <i>hydroxychloroquine sulfate</i>	60	
<i>pemetrexed disodium</i>	19	<i>phenelzine sulfate</i>	34	PLASMA-LYTE A		
PENBRAYA INJ.....	61	PHENERGAN	see <i>promethazine hcl</i> ..	54	see <i>multiple electrolytes ph 7.4</i>	62
<i>penicillamine</i>	49	<i>phenobarbital</i>	40	PLAVIX		
<i>penicillin g potassium</i>	18	<i>phenobarbital sodium</i>	40	see <i>clopidogrel bisulfate</i>		
<i>penicillin g sodium</i>	18	<i>phenytek</i>	40	.....	58	
<i>penicillin v potassium</i>	18	<i>phenytoin</i>	40	<i>plenamine</i>	63	
PENTACEL INJ.....	61	<i>phenytoin sodium</i>	40	PLENVU SOL.....	55	
PENTAM 300		<i>phenytoin sodium extended</i>	40	<i>podofilox</i>	71	
see <i>pentamidine isethionate inj</i>	13	PHESGO SOL.....	23	<i>polycin ophth oint</i>	64	
<i>pentamidine isethionate inh</i>	13	<i>philith</i>	51	<i>polymyxin b sulfate</i>	13	
.....	13	PIFELTRO.....	15	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	64	
<i>pentamidine isethionate inj</i>	13	<i>pilocarpine hcl</i>	64	POMALYST.....	20	
.....	13	<i>pilocarpine hcl (oral)</i>	72	<i>portia-28</i>	51	
<i>pentoxifylline</i>	58	<i>pimecrolimus</i>	71	<i>posaconazole</i>	14	
PEPCID		<i>pimozide</i>	37	POT CHL 20MEQ/L IN NACL 0.45% INJ.....	62	
see <i>famotidine</i>	55	<i>pimtrea</i>	51	POT CHL 20MEQ/L IN NACL 0.9% INJ.....	62	
PERCOCET		<i>pindolol</i>	30	POT CHL 40MEQ/L IN NACL 0.9% INJ.....	62	
see <i>endocet tab 10-325mg</i>	11	<i>pioglitazone hcl</i>	47	<i>potassium chloride</i>	62, 63	
see <i>endocet tab 2.5-325mg</i>	11	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	47	POTASSIUM CHLORIDE		
see <i>endocet tab 5-325mg</i>	11	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	47	see <i>potassium chloride</i>	62	
see <i>endocet tab 7.5-325mg</i>	11	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	18	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	62	
see <i>oxycodone w/ acetaminophen tab 10-325 mg</i>	12	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	18	<i>potassium chloride microencapsulated crystals er</i>	63	
see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	11	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	18	POTASSIUM		
see <i>oxycodone w/ acetaminophen tab 5-325 mg</i>	12	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	18	CHLORIDE/SODIUM		
see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	12	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	18	see <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	62	
				see <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	62	

see <i>kcl 40 meq/l (0.3%)</i> <i>in nacl 0.9% inj</i> .....62	see <i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg .....12	PROVERA see <i>medroxyprogesterone</i> <i>acetate</i>.....53
potassium citrate (alkalinizer).....57	primidone.....40	PROVIGIL see <i>modafinil</i>.....45
PRADAXA see <i>dabigatran etexilate</i> <i>mesylate</i>.....57	PRIORIX INJ.....61	PROZAC see <i>fluoxetine hcl</i> .....34
pramipexole <i>dihydrochloride</i>.....35	PRISTIQ see <i>desvenlafaxine</i> <i>succinate</i> .....34	PULMICORT see <i>budesonide</i> <i>(inhalation)</i>.....68
prasugrel hcl.....58	PRIVIGEN .....60	PULMOZYME .....67
pravastatin sodium.....29	probenecid.....10	PURIXAN.....19
praziquantel.....13	PROCARDIA XL see <i>nifedipine</i>.....31	pyrazinamide .....16
prazosin hcl .....27	prochlorperazine.....54	pyridostigmine bromide...44
PRED FORTE see <i>prednisolone acetate</i> <i>(ophth)</i>.....64	prochlorperazine edisylate .....54	pyrimethamine .....13
prednisolone.....52	prochlorperazine maleate .....54	Q
prednisolone acetate (ophth).....64	PROCRIT .....58	QINLOCK.....24
PREDNISOLONE SODIUM PHOSP .....64	proctocort.....71	QUADRACEL INJ .....61
prednisolone sodium <i>phosphate</i> .....52	procto-med hc.....71	QUADRACEL INJ 0.5ML 61
prednisone.....52	proctosol hc .....71	QUALAQUIN see <i>quinine sulfate</i> .....14
PREDNISONE INTENSOL .....52	proctozone-hc.....71	QUESTRAN see <i>cholestyramine</i> .....29
pregabalin.....40	progesterone.....53	QUESTRAN LIGHT see <i>cholestyramine light</i> .....29
PREHEVBRIO .....61	PROGLYCEM see <i>diazoxide</i> .....52	see <i>prevalite</i>.....30
PREMASOL SOL 10% ...63	PROGRAF .....61	quetiapine fumarate .....37
PRENATAL TAB 27-1MG .....63	PROLASTIN-C.....67	quinapril hcl.....26
PRENATAL TAB PLUS ..63	PROLENSA see <i>bromfenac sodium</i> <i>(ophth)</i>.....64	quinidine sulfate.....29
PREVACID see <i>lansoprazole</i>.....56	PROLIA .....49	quinine sulfate.....14
prevalite.....30	promethazine hcl .....54	QULIPTA .....43
PREVYMIS .....16	PROMETRIUM see <i>progesterone</i> .....53	R
PREZCOBIX TAB 800-150 .....16	propafenone hcl.....29	RABAVERT INJ .....61
PREZISTA .....15	proparacaine hcl .....65	raloxifene hcl.....53
see <i>darunavir</i> .....14	propranolol hcl.....30	ramipril.....26
PRIFTIN.....16	propylthiouracil.....54	ranolazine .....32
primaquine phosphate ....14	PROQUAD INJ .....61	RAPAMUNE see <i>sirolimus</i> .....61
PRIMAQUINE PHOSPHATE .....14	PROSCAR see <i>finasteride</i>.....56	rasagiline mesylate .....35
see <i>primaquine</i> <i>phosphate</i>.....14	PROSOL INJ 20% .....63	RECLAST see <i>zoledronic acid</i> .....49
PRIMAXIN IV	PROTONIX see <i>pantoprazole sodium</i> .....56	reclipsen .....51
	protriptyline hcl.....34	RECOMBIVAX HB.....61
	PROVENTIL HFA see <i>albuterol sulfate</i> ....66	RECTIV see <i>nitroglycerin (intra-</i> <i>anal)</i>.....71
		REGLAN

<i>see metoclopramide hcl</i>	<i>see risperidone</i>	SANTYL.....72
.....54	<i>microspheres</i>.....37	SAPHRIS
REGRANEX .....72	<i>risperidone</i>.....37	<i>see asenapine maleate</i>
RELENZA DISKHALER..16	<i>risperidone microspheres</i> 37	.....36
RELISTOR.....56	RITALIN	<i>sapropterin dihydrochloride</i>
REMERON	<i>see methylphenidate hcl</i>	.....53
<i>see mirtazapine</i>.....34	.....42	SCEMBLIX.....24
REMERON SOLTAB	<i>ritonavir</i>.....15	<i>scopolamine</i>.....54
<i>see mirtazapine</i>.....34	<i>rivastigmine</i> .....33	SECUADO .....37
REMICADE.....59	<i>rivastigmine tartrate</i> .....33	<i>selegiline hcl</i> .....35
RENFLEXIS.....59	<i>rizatriptan benzoate</i> .....43	<i>selenium sulfide</i>.....69
<i>repaglinide</i>.....47	ROBINUL	SELZENTRY.....15
REPATHA.....30	<i>see glycopyrrolate</i>.....55	<i>see maraviroc</i>.....15
REPATHA PUSHTRONEX	ROBINUL FORTE	SENSIPAR
SYSTEM .....30	<i>see glycopyrrolate</i>.....55	<i>see cinacalcet hcl</i>.....52
REPATHA SURECLICK .30	ROCALTROL	SEREVENT DISKUS .....66
RESTASIS.....65	<i>see calcitriol</i>.....54	SEROQUEL
RESTASIS MULTIDOSE 65	<i>see calcitriol (oral)</i>.....54	<i>see quetiapine fumarate</i>
RESTORIL	ROCKLATAN DRO.....64	.....37
<i>see temazepam</i>.....43	<i>roflumilast</i>.....67	SEROQUEL XR
RETEVMO .....24	<i>ropinirole hydrochloride</i> ..35	<i>see quetiapine fumarate</i>
RETIN-A	<i>rosuvastatin calcium</i> .....29	.....37
<i>see tretinoin</i> .....69	ROTARIX SUS .....61	<i>sertraline hcl</i> .....34
RETROVIR	ROTATEQ SOL .....61	<i>setlakin</i> .....51
<i>see zidovudine</i> .....15	ROWASA	<i>sharobel</i>.....51
REVATIO	<i>see mesalamine w/</i>	SHINGRIX .....61
<i>see sildenafil citrate</i>	<i>cleanser</i>.....55	SIGNIFOR .....53
(<i>pulmonary</i>	<i>roweepra</i>.....40	<i>sildenafil citrate (pulmonary</i>
<i>hypertension)</i>.....32	ROXICODONE	<i>hypertension)</i> .....32
REXULTI .....37	<i>see oxycodone hcl</i> .....11	SILENOR
REYATAZ.....15	ROZLYTREK .....24	<i>see doxepin hcl (sleep)</i>
<i>see atazanavir sulfate</i> .14	RUBRACA .....24	.....43
REZLIDHIA.....24	<i>rufinamide</i>.....40	SILVADENE
REZUROCK .....61	RUKOBIA .....15	<i>see silver sulfadiazine</i> .69
RHOPRESSA .....64	RYBELSUS .....47	<i>see ssd</i>.....69
<i>ribavirin (hepatitis c)</i>.....16	RYDAPT .....24	<i>silver sulfadiazine</i> .....69
<i>rifabutin</i>.....16	S	SIMBRINZA SUS 1-0.2%64
RIFADIN	SABRIL	<i>simliya</i>.....51
<i>see rifampin</i> .....16	<i>see vigabatrin</i>.....41	<i>simvastatin</i>.....29
<i>rifampin</i>.....16	<i>see vigadrone</i>.....41	SINEMET
<i>riluzole</i> .....44	<i>see vigoder</i>.....41	<i>see carbidopa &</i>
<i>rimantadine hydrochloride</i>	<i>sajazir</i> .....58	<i>levodopa tab 10-100</i>
.....16	SALAGEN	<i>mg</i> .....35
RINVOQ .....59	<i>see pilocarpine hcl (oral)</i>	<i>see carbidopa &</i>
RINVOQ LQ.....59	.....72	<i>levodopa tab 25-100</i>
RISPERDAL	SANDIMMUNE	<i>mg</i> .....35
<i>see risperidone</i>.....37	<i>see cyclosporine</i> .....60	SINGULAIR
RISPERDAL CONSTA	SANDOSTATIN	<i>see montelukast sodium</i>
	<i>see octreotide acetate</i> .53	.....66

<i>sirolimus</i>	61	SUBOXONE		SUTENT	
SIRTURO	16	see <i>buprenorphine hcl-</i>		see <i>sunitinib malate</i>	24
SKYRIZI.....	59	<i>naloxone hcl sl film 12-</i>		<i>syeda</i>	51
SKYRIZI PEN	59	<i>3 mg (base equiv)....</i>	45	SYMBICORT	
<i>sod sulfate-pot sulf-mg sulf</i>		see <i>buprenorphine hcl-</i>		see <i>breyna</i>	68
<i>oral sol 17.5-3.13-1.6</i>		<i>naloxone hcl sl film 2-</i>		see <i>budesonide-</i>	
<i>gm/177ml</i>	55	<i>0.5 mg (base equiv).45</i>		<i>formoterol fumarate</i>	
<i>sodium chloride</i>	63	see <i>buprenorphine hcl-</i>		<i>dihyd aerosol 160-4.5</i>	
<i>sodium chloride (gu</i>		<i>naloxone hcl sl film 4-1</i>		<i>mcg/act</i>	68
<i>irrigant)</i>	72	<i>mg (base equiv).....</i>	45	see <i>budesonide-</i>	
<i>sodium fluoride chew; tab;</i>		see <i>buprenorphine hcl-</i>		<i>formoterol fumarate</i>	
<i>1.1 (0.5 f) mg/ml soln ..</i>	63	<i>naloxone hcl sl film 8-2</i>		<i>dihyd aerosol 80-4.5</i>	
SODIUM OXYBATE	45	<i>mg (base equiv).....</i>	45	<i>mcg/act</i>	68
<i>sodium phenylbutyrate</i>	53	<i>subvenite</i>	41	SYMDEKO TAB 100-15067	
<i>sodium polystyrene</i>		<i>sucalfate</i>	56	SYMDEKO TAB 50-75MG	
<i>sulfonate powder</i>	49	<i>sulfacetamide sodium</i>		.....	67
<i>solifenacin succinate</i>	57	(<i>acne</i>).....	69	SYMFI	
SOLQUA INJ 100/33	48	<i>sulfacetamide sodium</i>		see <i>efavirenz-</i>	
SOLTAMOX.....	20	(<i>ophth</i>).....	64	<i>lamivudine-tenofovir df</i>	
SOLU-CORTEF	52	<i>sulfacetamide sodium-</i>		<i>tab 600-300-300 mg 15</i>	
SOLU-MEDROL		<i>prednisolone ophth soln</i>		SYMFI LO	
see <i>methylprednisolone</i>		<i>10-0.23(0.25)%</i>	63	see <i>efavirenz-</i>	
<i>sod succ</i>	52	<i>sulfadiazine</i>	13	<i>lamivudine-tenofovir df</i>	
SOMATULINE DEPOT ...	53	<i>sulfamethoxazole-</i>		<i>tab 400-300-300 mg 15</i>	
SOMAVERT	53	<i>trimethoprim iv soln 400-</i>		SYMPAZAN	41
<i>sorafenib tosylate</i>	24	<i>80 mg/5ml</i>	13	SYMTUZA TAB	16
<i>sotalol hcl</i>	29	<i>sulfamethoxazole-</i>		SYNALAR	
<i>sotalol hcl (afib/afI)</i>	29	<i>trimethoprim susp 200-40</i>		see <i>fluocinolone</i>	
SOTYKTU.....	59	<i>mg/5ml</i>	13	<i>acetoneide</i>	70
<i>spironolactone</i>	26	<i>sulfamethoxazole-</i>		SYNAREL	53
<i>spironolactone &</i>		<i>trimethoprim tab 400-80</i>		SYNJARDY TAB 12.5-	
<i>hydrochlorothiazide tab</i>		<i>mg</i>	13	1000MG	47
<i>25-25 mg</i>	31	<i>sulfamethoxazole-</i>		SYNJARDY TAB 12.5-500	
SPORANOX		<i>trimethoprim tab 800-160</i>		.....	47
see <i>itraconazole</i>	14	<i>mg</i>	13	SYNJARDY TAB 5-	
<i>sprintec 28</i>	51	SULFAMYLON	69	1000MG	47
SPRITAM.....	40, 41	<i>sulfasalazine</i>	55	SYNJARDY TAB 5-500MG	
SPRYCEL.....	24	<i>sulindac</i>	10	.....	47
<i>sps</i>	49	<i>sumatriptan</i>	43	SYNJARDY XR TAB 10-	
<i>sronyx</i>	51	<i>sumatriptan succinate</i>	43	1000	47
<i>ssd</i>	69	<i>sunitinib malate</i>	24	SYNJARDY XR TAB 12.5-	
STELARA	59	SUNLENCA	15	1000	47
STIVARGA	24	SUPREP BOWEL PREP		SYNJARDY XR TAB 25-	
STRATTERA		KIT		1000	47
see <i>atomoxetine hcl</i>	42	see <i>sod sulfate-pot sulf-</i>		SYNJARDY XR TAB 5-	
<i>streptomycin sulfate</i>	13	<i>mg sulf oral sol 17.5-</i>		1000MG	47
STRIBILD TAB.....	16	<i>3.13-1.6 gm/177ml...55</i>		SYNTHROID	54
STROMECTOL		SUSTIVA		see <i>euthyrox</i>	53
see <i>ivermectin</i>	12	see <i>efavirenz</i>	14	see <i>levo-t</i>	53

see <i>levothyroxine sodium</i>	<i>tenofovir disoproxil fumarate</i>.....15	<i>tobramycin</i>.....13
.....53	TENORETIC 100	<i>tobramycin (ophth)</i>.....64
see <i>levoxyl</i>.....54	see <i>atenolol</i> &	<i>tobramycin sulfate</i>.....13
see <i>unithroid</i>.....54	<i>chlorthalidone tab 100-</i>	<i>tobramycin-dexamethasone</i>
SYPRINE	<i>25 mg</i>.....30	<i>ophth susp 0.3-0.1%</i> ...63
see <i>trientine hcl</i>.....49	TENORETIC 50	<i>tolterodine tartrate</i>.....57
T	see <i>atenolol</i> &	TOPAMAX
TABRECTA.....24	<i>chlorthalidone tab 50-</i>	see <i>topiramate</i>.....41
<i>tacrolimus</i>.....61	<i>25 mg</i>.....30	TOPAMAX SPRINKLE
<i>tacrolimus (topical)</i>.....71	TENORMIN	see <i>topiramate</i>.....41
<i>tadalafil</i>.....56	see <i>atenolol</i>.....30	<i>topiramate</i>.....41
<i>tadalafil (pulmonary</i>	TEPMETKO.....24	TOPROL XL
<i>hypertension)</i>.....32	<i>terazosin hcl</i>.....27	see <i>metoprolol succinate</i>
TAFINLAR.....24	<i>terbinafine hcl</i>.....14	.....30
TAGRISSE.....24	<i>terbutaline sulfate</i>.....66	<i>toremifene citrate</i>.....20
TALZENNA.....24	<i>terconazole vaginal</i>.....57	<i>torpenz</i>.....24
TAMIFLU	TERIPARATIDE.....49	<i>torse mide</i>.....31
see <i>oseltamivir</i>	<i>testosterone</i>.....45	TOUJEO MAX SOLOSTAR
<i>phosphate</i>.....16	<i>testosterone cypionate</i> ...45	.....48
<i>tamoxifen citrate</i>.....20	<i>testosterone enanthate</i> ...45	TOUJEO SOLOSTAR....48
<i>tamsulosin hcl</i>.....56	<i>tetrabenazine</i>.....44	TPN ELECTROL INJ.....63
TARCEVA	<i>tetracycline hcl</i>.....19	TRACLEER
see <i>erlotinib hcl</i>.....22	THALOMID.....20	see <i>bosentan</i>.....32
TARGRETIN	<i>theophylline</i>.....67	TRADJENTA.....47
see <i>bexarotene</i>.....20	<i>thioridazine hcl</i>.....37	<i>tramadol hcl</i>.....12
see <i>bexarotene (topical)</i>	<i>thiothixene</i>.....37	<i>tramadol-acetaminophen</i>
.....71	<i>tiadylt er</i>.....31	<i>tab 37.5-325 mg</i>.....12
<i>tarina fe 1/20 eq</i>.....51	<i>tiagabine hcl</i>.....41	<i>trandolapril</i>.....26
TASIGNA.....24	TIAZAC	<i>tranexamic acid</i>.....58
<i>tasimelteon</i>.....43	see <i>diltiazem hcl</i>	TRANSDERM-SCOP
TAVNEOS.....58	<i>extended release</i>	see <i>scopolamine</i>.....54
<i>tazarotene</i>.....69	<i>beads</i>.....31	<i>tranylcypro mine sulfate</i> ...34
<i>tazicef</i>.....17	see <i>tiadylt er</i>.....31	TRAVASOL INJ 10%.....63
TAZORAC.....69	TIBSOVO.....24	TRAZIMERA.....24
see <i>tazarotene</i>.....69	TICOVAC.....61	<i>trazodone hcl</i>.....34
TAZVERIK.....24	<i>tigecycline</i>.....19	TRECTOR.....16
TDVAX INJ 2-2 LF.....61	TIKOSYN	TRELEGY AER ELLIPTA
TECENTRIQ.....24	see <i>dofetilide</i>.....28	100-62.5-25 MCG.....65
TEFLARO.....17	<i>tilia fe</i>.....51	TRELEGY AER ELLIPTA
TEGRETOL	<i>timolol maleate</i>.....30	200-62.5-25 MCG.....65
see <i>carbamazepine</i>.....38	<i>timolol maleate (ophth)</i> ...64	TREMFYA.....59
see <i>epitol</i>.....39	<i>tinidazole</i>.....13	<i>treprostinil</i>.....32
TEGRETOL-XR	TIVICAY.....15	TRESIBA.....48
see <i>carbamazepine</i>.....38	TIVICAY PD.....15	TRESIBA FLEXTOUCH..48
TEKTRUNA	<i>tizanidine hcl</i>.....44	<i>tretinoin</i>.....69
see <i>aliskiren fumarate</i> ..31	TOBI PODHALER.....13	<i>tretinoin (chemotherapy)</i> ..21
<i>telmisartan</i>.....28	TOBRADEX OIN 0.3-0.1%	<i>triamcinolone acetonide</i>
<i>temazepam</i>.....43	.....63	<i>(mouth)</i>.....72
TENIVAC INJ 5-2LF.....61		

<i>triamcinolone acetonide</i> (topical).....71	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG...47	<i>fumarate tab 200-300</i> mg.....15
<i>triamterene &</i> <i>hydrochlorothiazide cap</i> 37.5-25 mg.....31	TRIKAFTA PAK 59.5MG 67	TRUXIMA.....24
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 37.5-25 mg.....31	TRIKAFTA PAK 75MG ...67	TUKYSA .....24
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 75-50 mg.....31	TRIKAFTA TAB 100-50- 75MG & 150MG .....67	TURALIO .....24
TRIBENZOR see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg.....28	TRIKAFTA TAB 50-25- 37.5MG & 75MG .....67	<i>turqoz</i>.....51
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-12.5 mg.....28	<i>tri-legest fe</i>.....51	<i>twice-daily clindamycin</i> <i>phosphate (topical)</i>.....69
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg.....28	TRILEPTAL see <i>oxcarbazepine</i>.....40	TWINRIX INJ .....61
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg.....28	<i>tri-linyah</i> .....51	TYBOST .....15
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg.....28	<i>tri-lo-estarylla</i> .....51	TYENNE .....59, 60
TRICOR see <i>fenofibrate</i> .....29	<i>tri-lo-marzia</i>.....51	TYGACIL see <i>tigecycline</i>.....19
<i>tridacaine ii</i> .....71	<i>tri-lo-mili</i> .....51	TYKERB see <i>lapatinib ditosylate</i> 23
<i>triderm</i> .....71	<i>tri-lo-sprintec</i>.....51	TYPHIM VI.....61
<i>trientine hcl</i> .....49	<i>trimethoprim</i>.....13	U
<i>tri-estarylla</i> .....51	<i>tri-mili</i> .....51	UBRELVY .....43
<i>trifluoperazine hcl</i>.....38	<i>trimipramine maleate</i> 34, 35	UCERIS see <i>budesonide</i>.....55
<i>trifluridine</i> .....64	TRINTELLIX .....35	UNASYN see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 1.5 (1-0.5) gm</i> .....18
<i>trihexyphenidyl hcl</i>.....35	<i>tri-nymyo</i>.....51	see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 3 (2-1) gm</i> .....18
TRIJARDY XR TAB ER 24HR 10-5-1000MG...47	<i>tri-sprintec</i>.....51	UNASYN BULK PACK see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>iv soln 15 (10-5) gm</i> .18
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....47	TRIUMEQ PD TAB .....16	<i>unithroid</i>.....54
TRIJARDY XR TAB ER 24HR 25-5-1000MG...47	TRIUMEQ TAB .....16	UROCIT-K 10 see <i>potassium citrate</i> (alkalinizer) .....57
	<i>trivora-28</i> .....51	UROCIT-K 15 see <i>potassium citrate</i> (alkalinizer) .....57
	<i>tri-vylibra</i> .....51	UROXATRAL see <i>alfuzosin hcl</i>.....56
	<i>tri-vylibra lo</i> .....51	URSO FORTE see <i>ursodiol</i>.....56
	TROGARZO .....15	<i>ursodiol</i>.....56
	TROPHAMINE INJ 10% .63	V
	<i>trospium chloride</i> .....57	VAGIFEM see <i>estradiol vaginal</i> ...51
	TRULICITY .....47	see <i>yuvafem</i>.....52
	TRUMENBA INJ .....61	<i>valacyclovir hcl</i>.....16
	TRUQAP.....24	VALCHLOR .....71
	TRUVADA see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 100-150</i> <i>mg</i> .....15	
	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 133-200</i> <i>mg</i> .....15	
	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 167-250</i> <i>mg</i> .....15	
	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i>	

VALCYTE		see <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> .....26	see <i>lacosamide</i> .....39
see <i>valganciclovir hcl</i> ..16			see <i>lacosamide oral</i> ....39
<i>valganciclovir hcl</i>.....16			<i>vincristine sulfate</i> .....21
VALIUM		VASOTEC	<i>vinorelbine tartrate</i> .....21
see <i>diazepam</i>.....39		see <i>enalapril maleate</i> ..26	<i>viorele</i> .....51
<i>valproate sodium</i> .....41		VELCADE	VIRACEPT .....15
<i>valproic acid</i>.....41		see <i>bortezomib</i>.....21	VIREAD .....15
<i>valsartan</i> .....28		<i>velivet</i> .....51	see <i>tenofovir disoproxil fumarate</i> .....15
<i>valsartan-</i>		VELSIPITY .....60	VISTARIL
<i>hydrochlorothiazide tab 160-12.5 mg</i>.....28		VENCLEXTA .....25	see <i>hydroxyzine pamoate</i>.....66
<i>valsartan-</i>		VENCLEXTA TAB START PK .....25	VITRAKVI .....25
<i>hydrochlorothiazide tab 160-25 mg</i>.....28		<i>venlafaxine hcl</i>.....35	VIVELLE-DOT
<i>valsartan-</i>		VENTOLIN HFA.....66	see <i>dotti</i>.....51
<i>hydrochlorothiazide tab 320-12.5 mg</i>.....28		VENTOLIN HFA (INSTITUTIONAL PACK) .....66	see <i>estradiol</i>.....51
<i>valsartan-</i>		VEOZAH.....53	VIVITROL .....45
<i>hydrochlorothiazide tab 320-25 mg</i>.....28		<i>verapamil hcl</i>.....31	VIZIMPRO .....25
<i>valsartan-</i>		VERELAN	VONJO .....25
<i>hydrochlorothiazide tab 80-12.5 mg</i>.....28		see <i>verapamil hcl</i> .....31	<i>voriconazole</i>.....14
VALTOCO 10 MG DOSE41		VERQUVO.....32	VOSEVI TAB .....16
VALTOCO 15 MG DOSE41		VERSACLOZ.....38	VOTRIENT
VALTOCO 20 MG DOSE41		VERZENIO .....25	see <i>pazopanib hcl</i> .....23
VALTOCO 5 MG DOSE..41		VESICARE	VOWST CAP .....56
VALTRESX		see <i>solifenacin succinate</i> .....57	VRAYLAR .....38
see <i>valacyclovir hcl</i> .....16		<i>vestura</i>.....51	VRAYLAR CAP 1.5-3MG38
VANCOCIN		VFEND	<i>vyfemla</i> .....51
see <i>vancomycin hcl</i>.....13		see <i>voriconazole</i> .....14	<i>vylibra</i> .....51
<i>vancomycin hcl</i> .....13		VFEND IV	VYTORIN
VANCOMYCIN		see <i>voriconazole</i> .....14	see <i>ezetimibe-simvastatin tab 10-10 mg</i> .....29
HYDROCHLORIDE		VIBRAMYCIN	see <i>ezetimibe-simvastatin tab 10-20 mg</i> .....29
see <i>vancomycin hcl</i>.....13		see <i>doxycycline hyclate</i> .....19	see <i>ezetimibe-simvastatin tab 10-40 mg</i> .....29
VANCOMYCIN INJ 1 GM13		VIDAZA	see <i>ezetimibe-simvastatin tab 10-80 mg</i> .....29
VANCOMYCIN INJ 500MG .....13		see <i>azacitidine</i> .....19	VYZULTA.....64
VANCOMYCIN INJ 750MG .....13		<i>vienna</i> .....51	W
VANFLYTA .....25		<i>vigabatrin</i> .....41	<i>warfarin sodium</i> .....57
VAQTA .....61		<i>vigadrone</i>.....41	<i>water for irrigation, sterile irrigation soln</i>.....72
<i>varenicline tartrate</i> .....45		VIGAFYDE .....41	WELCHOL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> .....45		VIGAMOX	see <i>colesevelam hcl</i> ...29
VARIVAX .....61		see <i>moxifloxacin hcl (ophth)</i> .....63	WELIREG .....21
VASCEPA.....30		<i>vigpoder</i>.....41	
VASERETIC		VIIBRYD	
		see <i>vilazodone hcl</i>.....35	
		<i>vilazodone hcl</i>.....35	
		VIMPAT	

WELLBUTRIN SR see <i>bupropion hcl</i>	33	XPOVIO PAK (100 MG ONCE WEEKLY).....	25	ZEGALOGUE	52
WELLBUTRIN XL see <i>bupropion hcl</i> ..	33, 34	XPOVIO PAK (40 MG ONCE WEEKLY).....	25	ZEJULA	25
<i>wera</i>	51	XPOVIO PAK (40 MG TWICE WEEKLY)	25	ZELBORAF.....	25
WESTAB PLUS TAB 27- 1MG	63	XPOVIO PAK (60 MG ONCE WEEKLY).....	25	ZEMAIRA.....	67
<i>wixela inhub</i>	68	XPOVIO PAK (60 MG TWICE WEEKLY)	25	ZEMPLAR see <i>paricalcitol</i>	54
X		XPOVIO PAK (80 MG ONCE WEEKLY).....	25	<i>zenatane</i>	69
XALATAN see <i>latanoprost</i>	64	XPOVIO PAK (80 MG TWICE WEEKLY)	25	ZENPEP CAP 10000UNT	56
XALKORI	25	XTANDI	20	ZENPEP CAP 15000UNT	56
XANAX see <i>alprazolam</i>	33	<i>xulane</i>	51	ZENPEP CAP 20000UNT	56
XARELTO.....	57, 58	XULTOPHY INJ 100/3.6	.48	ZENPEP CAP 25000UNT	56
XARELTO STAR TAB 15/20MG	58	XYLOCAINE see <i>lidocaine hcl (local anesth.)</i>	10	ZENPEP CAP 3000UNIT	56
XATMEP	60	XYLOCAINE-MPF see <i>lidocaine hcl (local anesth.)</i>	10	ZENPEP CAP 40000UNT	56
XCOPRI.....	41	Y		ZENPEP CAP 5000UNIT	56
XCOPRI PAK 100-150....	41	YASMIN 28 see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	49	ZENPEP CAP 60000UNT	56
XCOPRI PAK 12.5-25....	41	see <i>ocella</i>	51	ZESTORETIC see <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	26
XCOPRI PAK 150-200MG (MAINTENANCE).....	41	see <i>syeda</i>	51	see <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	26
XCOPRI PAK 150-200MG (TITRATION).....	41	see <i>zumandimine</i>	51	see <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	26
XCOPRI PAK 50-100MG	41	YAZ see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	49	ZESTRIL see <i>lisinopril</i>	26
XDEMVY	64	see <i>jasmiel</i>	50	ZETIA see <i>ezetimibe</i>	29
XELJANZ.....	60	see <i>loryna</i>	50	ZIAGEN see <i>abacavir sulfate</i>	14
XELJANZ XR.....	60	see <i>nikki</i>	50	<i>zidovudine</i>	15
XENAZINE see <i>tetrabenazine</i>	44	see <i>vestura</i>	51	<i>ziprasidone hcl</i>	38
XERMELO	56	YF-VAX INJ	61	<i>ziprasidone mesylate</i>	38
XGEVA	49	<i>yuvafem</i>	52	ZIRABEV	25
XHANCE.....	67	Z		ZIRGAN	64
XIFAXAN	56	<i>zafemy</i>	51	ZITHROMAX see <i>azithromycin</i>	17
XIGDUO XR TAB 10-1000	47	<i>zafirlukast</i>	66	ZOCOR see <i>simvastatin</i>	29
XIGDUO XR TAB 10- 500MG	47	ZANAFLEX see <i>tizanidine hcl</i>	44	<i>zoledronic acid</i>	49
XIGDUO XR TAB 2.5-1000	47	ZARONTIN see <i>ethosuximide</i>	39	ZOLINZA.....	25
XIGDUO XR TAB 5- 1000MG	47	ZARXIO	58	ZOLOFT	
XIGDUO XR TAB 5-500MG	47				
XIIDRA.....	65				
XOLAIR	67				
XOSPATA.....	25				

<i>see sertraline hcl</i>	34	<i>zovia 1/35</i>	51	ZYPREXA ZYDIS	
<i>zolpidem tartrate</i>	43	ZTALMY	41	<i>see olanzapine</i>	37
ZONEGRAN		<i>zumandimine</i>	51	ZYTIGA	
<i>see zonisamide</i>	41	ZURZUVAE	35	<i>see abiraterone acetate</i>	
ZONISADE	41	ZYDELIG	25	.....	19, 20
<i>zonisamide</i>	41	ZYKADIA	25	ZYVOX	
ZORTRESS		ZYLET SUS 0.5-0.3%.....	63	<i>see linezolid</i>	12
<i>see everolimus</i>		ZYPREXA			
<i>(immunosuppressant)</i>		<i>see olanzapine</i>	37		
.....	60	ZYPREXA RELPREVV ...	38		

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-293-5325 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-293-5325 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-293-5325 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-293-5325 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-293-5325 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-293-5325 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin

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

Y0124_MAMultiLanguageInsert0223_C

gọi 1-877-293-5325 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-293-5325 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-293-5325 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-293-5325 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-293-5325. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-293-5325 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-293-5325 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-293-5325 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis

rele nou nan 1-877-293-5325 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-293-5325 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-293-5325 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

Y0124_MAMultiLanguageInsert0223_C

Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

Notice of Nondiscrimination



Johns Hopkins Advantage MD (HMO) and Johns Hopkins Advantage MD (PPO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Johns Hopkins Advantage MD:

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

If you need these services, please contact our Customer Service Department at 1-877-293-5325 (TTY: 711).

If you believe Johns Hopkins Advantage MD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Johns Hopkins Grievance Compliance Coordinator at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957 (TTY: 711) Monday – Friday 8 a.m. to 5 p.m. or 1-844-SPEAK2US (1-844-773-2528, available 24/7), fax: 1-410-762-1527 or by email: compliance@jhhp.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This formulary was updated on 10/15/2024. For more recent information or other questions, please contact Johns Hopkins Advantage MD (HMO) Customer Service at 1-877-293-4998 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.com.