

Florida Complete Care
2024 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024198, Version Number #16

This formulary was updated on 10/1/2024. For more recent information or other questions, please contact Florida Complete Care Customer Service at 1-844-740-0625 (TTY users should call 711), 24 hours a day, 7 days a week or visit www.fc2healthplan.com.

Formulario para 2024
(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00024198, Version Number #16

Este Formulario resumido se actualizó el 1/10/2024. Para consultar un Listado completo o si tiene otras preguntas, comuníquese con Florida Complete Care Servicio para los miembros 1-844-740-0625 (los usuarios de TTY deben llamar al 711), 24 horas al día, 7 días a la semana o visite www.fc2healthplan.com.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

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 Florida Complete Care.

When it refers to “plan” or “our plan,” it means Florida Complete Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024 and from time to time during the year.

What is the Florida Complete Care Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Florida Complete Care may add or remove drugs on the Drug List during the year, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Florida Complete Care’s Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

- **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 the 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Florida Complete Care’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2024. To get updated information about the drugs covered by Florida Complete Care 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 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on 12. 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 84. 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.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. 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.

You can ask Florida Complete Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Florida Complete Care's formulary?" on page 5 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Florida Complete Care pays for certain OTC drugs. Florida Complete Care will provide these OTC drugs at no cost to you. The cost to Florida Complete Care of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap.)

What if my drug is not on the Formulary?

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

Formulary last updated: 10/1/2024

H9986_2024FORM_C

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

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

How do I request an exception to the Florida Complete Care's Formulary?

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

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

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

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

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

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

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

Formulary last updated: 10/1/2024

H9986_2024FORM_C

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.

For more information

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

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

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

Florida Complete Care Formulary

The formulary that begins on page 12 provides coverage information the drugs covered by Florida Complete Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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 Florida Complete Care 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: – 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. Drug is not available through mail order.

LA: – Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-844-740-0625 (TTY users should call 711), 24 hours a day, 7 days a week or visit www.fc2healthplan.com.

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

Formulary last updated: 10/1/2024

H9986_2024FORM_C

Nota para los miembros actuales: Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Florida Complete Care. Cuando dice “plan” o “nuestro plan”, hace referencia a Florida Complete Care.

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 1/10/2024. Para obtener un Formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

¿Qué es el Formulario de Florida Complete Care?

Un Formulario es una Lista de medicamentos cubiertos seleccionados por Florida Complete Care con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Florida Complete Care cubrirá los medicamentos incluidos en el Formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Florida Complete Care y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (Lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero Florida Complete Care podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una

Formulary last updated: 10/1/2024

H9986_2024FORM_C

excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Florida Complete Care?”.

Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, [o] agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Florida Complete Care?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 1/10/2024. Para recibir información actualizada sobre los medicamentos cubiertos por Florida Complete Care comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la contratapa. En el caso de cualquier cambio en el formulario de no mantenimiento a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Formulary last updated: 10/1/2024

H9986_2024FORM_C

Afección médica

El Formulario comienza en la página 12. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la Lista que empieza en la página 12. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 84. El Índice proporciona una Lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la Lista.

¿Qué son los medicamentos genéricos?

Florida Complete Care cubre tanto los medicamentos de marca como los genéricos.

Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA), dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Florida Complete Care exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Florida Complete Care antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Florida Complete Care no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Florida Complete Care limita la cantidad del medicamento que cubrirá Florida Complete Care. Por ejemplo, Florida Complete Care proporciona por receta para <drug name>. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

- **Tratamiento escalonado:** En algunos casos, Florida Complete Care requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Florida Complete Care no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Florida Complete Care cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 7. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos para explicar nuestra restricción de autorización previa, nuestra restricción de tratamiento escalonado, nuestras restricciones de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a Florida Complete Care que haga una excepción a estas restricciones o límites, o puede solicitarle una Lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Florida Complete Care?” en la página 10 para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que Florida Complete Care no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una Lista de medicamentos similares que estén cubiertos por Florida Complete Care. Cuando reciba la Lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Florida Complete Care.
- Puede solicitar que Florida Complete Care haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Florida Complete Care?

Puede solicitarle a Florida Complete Care que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Florida Complete Care limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Florida Complete Care solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, [el medicamento de menor costo compartido] o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario o a la restricción de uso. **Cuando solicita una excepción al Formulario, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al Formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31- días mientras solicita la excepción al Formulario.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Florida Complete Care, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Florida Complete Care, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

Formulario de Florida Complete Care

El Formulario comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Florida Complete Care. Si tiene alguna dificultad para encontrar el medicamento que toma en la Lista, consulte el Índice que comienza en la página 84.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (e.g., SYNTHROID) y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, (e.g., *levothyroxine*.)

La información incluida en la columna de Requisitos/límites indica si Florida Complete Care tiene algún requisito especial para la cobertura del medicamento.

PA: – Autorización previa. Nuestro plan requiere que usted o su proveedor obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.

QL: – Límite de cantidad. Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas cada 30 días por receta de rosuvastatina.

ST: – Terapia escalonada. En algunos casos, nuestro plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica, antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, es posible que no cubramos el Medicamento B a menos que pruebe primero el Medicamento A. Si el medicamento A no funciona para usted, cubriremos el medicamento B.

NM: – No disponible por correo. El medicamento no está disponible a través de pedidos por correo.

LA: – Acceso limitado. Es posible que esta receta solo esté disponible en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Atención al Cliente al 1-844-740-0625 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana o visite www.fc2healthplan.com.

B/D: – Cubierto por Medicare B o D. Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno del medicamento para tomar la determinación.

Formulary last updated: 10/1/2024

H9986_2024FORM_C

CY24_1T_SNP eff 10/01/2024

**DRUG NAME/NOMBRE DEL MEDICAMENTO DRUG REQUIREMENTS/LIMITS
TIER/NIVEL /REQUISITOS/LIMITES**

ANALGESICS

GOUT

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

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
<i>EMVERM CHEW 100mg</i>	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	QL (1800 mL / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>tobramycin</i> NEBU 300mg/5ml	1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine CAPS 250mg, 500mg</i>	1	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1	
<i>itraconazole CAPS 100mg</i>	1	PA
<i>ketoconazole TABS 200mg</i>	1	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	1	
<i>nystatin TABS 500000unit</i>	1	
<i>posaconazole SUSP 40mg/ml</i>	1	QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSP 40mg/ml</i>	1	PA
<i>voriconazole TABS 50mg</i>	1	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	1	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl TABS 250mg</i>	1	
<i>primaquine phosphate TABS 26.3mg</i>	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate CAPS 324mg</i>	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	1	NM
APTIVUS CAPS 250mg	1	NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	1	NM
<i>darunavir TABS 600mg</i>	1	QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	1	NM
<i>emtricitabine CAPS 200mg</i>	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine TABS 100mg, 200mg</i>	1	NM
<i>fosamprenavir calcium TABS 700mg</i>	1	NM
FUZEON SOLR 90mg	1	NM, LA
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	1	NM
SUNLENCA TBPK 300mg	1	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
TRIZIVIR TAB	1	NM

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	1	NM
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefдинир</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	1	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA
<i>tigecycline SOLR 50mg</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	1	B/D, NM
<i>BENDEKA SOLN 100mg/4ml</i>	1	B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	1	B/D
<i>GLEOSTINE CAPS 10mg, 40mg, 100mg</i>	1	NM
<i>LEUKERAN TABS 2mg</i>	1	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg</i>	1	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	1	B/D

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NM, LA, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA
BOSULIF CAPS 50mg	1	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NM, LA, PA
HERCEPTIN SOLR 150mg	1	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NM, LA, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	1	NM, LA, PA
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, LA, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	1	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	1	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	1	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	1	QL (24 tabs / 28 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	1	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	1	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	1	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, LA, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS REQUISITOS/LIMITES
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	

PA - Prior Authorization / Previa autorizacion QL - Quantity Limits / Limites de cantidad ST - Step Therapy / Terapia escalonada NM - Not available at mail-order / Sin encargos por correo B/D - Covered under Medicare B or D / Cubierto por Medicare Parte B o D LA - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	

CALCIUM CHANNEL BLOCKERS

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

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<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> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

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

CENTRAL NERVOUS SYSTEM

ANTI ANXIETY

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

ANTIDEMENTIA

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TABS 25mg, 50mg</i>	1	
<i>clozapine TABS 100mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	1	QL (120 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	1	PA
<i>clozapine TBDP 100mg</i>	1	QL (270 tabs / 30 days), PA
<i>clozapine TBDP 150mg</i>	1	QL (180 tabs / 30 days), PA
<i>clozapine TBDP 200mg</i>	1	QL (120 tabs / 30 days), PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA

HYPNOTICS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	QL (60 tabs / 30 days), NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NM

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM, PA
XGEVA SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

CHELATING AGENTS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	PA
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	

GLUCOCORTICOIDS

<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, LA, PA
<i>betaine powder for oral solution</i>	1	NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, LA, PA
CERDELGA CAPS 84mg	1	NM, LA, PA
CEREZYME SOLR 400unit	1	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, LA, PA
KORLYM TABS 300mg	1	NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM, PA
<i>miglustat</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
NAGLAZYME SOLN 1mg/ml	1	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, LA, PA
<i>yargesa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	QL (180 tabs / 30 days)

PROGESTINS

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

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPR 30mcg	1	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>medizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	1	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i>	1	
<i>rabeprazole sodium TBEC 20mg</i>	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg</i>	1	QL (30 tabs / 30 days)
<i>dutasteride CAPS .5mg</i>	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NAACL INJ 12500UNT	1	
HEP SOD/NAACL INJ 25000UNT	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NM, LA, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	QL (180 packets / 30 days), NM, LA, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
PROMACTA TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	1	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	1	QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	1	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NM, LA, PA
RENFLIXIS SOLR 100mg	1	NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	QL (12 vials / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	QL (3 syringes / 28 days), NM, LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	1	QL (1 syringe / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, LA, PA
ARCALYST SOLR 220mg	1	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, LA, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSCO 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	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
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 / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NAACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NAACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMY SOLN .25%	1	NM, LA, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate SUSP .2%</i>	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
ZERVIAE SOLN .24%	1	

ANTI GLAUCOMA

<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate SOLN .15%, .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl SOLN 2%</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	1	
VYZULTA SOLN .024%	1	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfates (ophthalmic) SOLN 1%</i>	1	
CYSTADROPS SOLN .37%	1	NM, LA, PA
CYSTARAN SOLN .44%	1	NM, LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl SOLN .5%</i>	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	1	
<i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	B/D
<i>levalbuterol tartrate AERO 45mcg/act</i>	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS 2.5mg, 5mg</i>	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NM, LA, PA
BRONCHITOL CAPS 40mg	1	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL/REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

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

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL /REQUISITOS/LIMITES	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	

PA - Prior Authorization / Previa autorizacion **QL** - Quantity Limits / Limites de cantidad **ST** - Step Therapy / Terapia escalonada **NM** - Not available at mail-order / Sin encargos por correo **B/D** - Covered under Medicare B or D / Cubierto por Medicare Parte B o D **LA** - Limited Access / Medicamentos con acceso limitado

Index

A	
<i>abacavir sulfate</i>	5
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	6
ABELCET	4
ABILIFY MAINTENA.....	32
<i>abiraterone acetate</i>	12
ABRYSVO	62
<i>acamprosate calcium</i>	41
<i>acarbose</i>	42
<i>accutane</i>	72
<i>acebutolol hcl</i>	26
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	27
<i>acetic acid</i>	57
<i>acetic acid (otic)</i>	68
<i>acetylcysteine</i>	70
<i>acitretin</i>	73
ACTHIB INJ	62
ACTIMMUNE	62
<i>acyclovir</i>	7
<i>acyclovir sodium</i>	7
ADACEL INJ.....	62
ADALIMUMAB-AACF (2 PEN)	59
<i>adefovir dipivoxil</i>	7
ADEMPAS	29
ADMELOG.....	44
ADMELOG SOLOSTAR	44
ADVAIR HFA AER 115/21.....	71
ADVAIR HFA AER 230/21.....	71
ADVAIR HFA AER 45/21	71
<i>afirmelle</i>	46
AIMOVIG.....	39
AKEEGA TAB 100/500	12
AKEEGA TAB 50/500MG	12
<i>ala-cort</i>	73
<i>albendazole</i>	3
<i>albuterol sulfate</i>	69
<i>alclometasone dipropionate</i>	73
ALDURAZYME	52
ALECENSA.....	14
<i>alendronate sodium</i>	45
<i>alfuzosin hcl</i>	56
<i>aliskiren fumarate</i>	28
<i>allopurinol</i>	1
<i>alose tron hcl</i>	55
<i>alprazolam</i>	29
ALREX.....	67
<i>altavera</i>	46
ALUNBRIG	14
ALUNBRIG PAK	15
ALVAIZ	58
ALVESCO	71
<i>alyacen 1/35</i>	46
<i>alyacen 7/7/7</i>	46
ALYGLO.....	61
<i>amantadine hcl</i>	31
<i>ambrisentan</i>	29
<i>amethia</i>	46
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	27
<i>amiloride hcl</i>	27
<i>amiodarone hcl</i>	25
<i>amitriptyline hcl</i>	30
<i>amlodipine besylate</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	23

<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	23	<i>amphetamine-dextroamphetamine tab 15 mg</i>	38
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	23	<i>amphetamine-dextroamphetamine tab 20 mg</i>	38
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	23	<i>amphetamine-dextroamphetamine tab 30 mg</i>	38
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	23	<i>amphetamine-dextroamphetamine tab 5 mg</i>	38
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	23	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	38
<i>amnestem</i>	72	<i>amphotericin b</i>	4
<i>amoxapine</i>	30	<i>amphotericin b liposome</i>	4
<i>amoxicillin</i>	10	<i>ampicillin</i>	10
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	10	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	10
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	10
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	10
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	10	<i>ampicillin sodium</i>	10
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	10	<i>anagrelide hcl</i>	58
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	10	<i>anastrozole</i>	12
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	10	<i>ANORO ELLIPT AER 62.5-25</i>	68
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	37	<i>aprepitant</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	38	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	38	<i>apri</i>	46
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	38	<i>APTIOM</i>	34
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	38	<i>APTIVUS</i>	5
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	37	<i>ARALAST NP</i>	70
<i>amphetamine-dextroamphetamine tab 10 mg</i>	38	<i>aranelle</i>	46
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	38	<i>ARCALYST</i>	62
		<i>AREXVY</i>	62
		<i>aripiprazole</i>	32
		<i>ARISTADA</i>	32
		<i>ARISTADA INITIO</i>	32
		<i>armodafinil</i>	41
		<i>ARNUITY ELLIPTA</i>	71
		<i>asenapine maleate</i>	32
		<i>ashlyna</i>	46
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	59
		<i>ASTAGRAF XL</i>	62

<i>atazanavir sulfate</i>	5	BASAGLAR KWIKPEN	44
<i>atenolol</i>	26	BCG VACCINE	62
<i>atenolol & chlorthalidone tab 100-25 mg</i>	26	BD ALCOHOL SWABS	44
<i>atenolol & chlorthalidone tab 50-25 mg</i>	26	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>atomoxetine hcl</i>	38	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>atorvastatin calcium</i>	25	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	22
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	22
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5	<i>benazepril hcl</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5	BENDAMUSTINE HYDROCHLORID	11
ATROPINE SULFATE.....	68	BENDEKA	11
<i>atropine sulfate (ophthalmic)</i>	68	BENLYSTA	62
ATROVENT HFA	69	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	72
<i>aubra eq</i>	46	<i>benztropine mesylate</i>	31
AUGTYRO	15	BERINERT	58
<i>aurovela 1/20</i>	46	BESIVANCE	66
<i>aurovela 24 fe</i>	46	BESREMI	14
<i>aurovela fe 1.5/30</i>	46	<i>betaine powder for oral solution</i>	52
<i>aurovela fe 1/20</i>	46	<i>betamethasone dipropionate (topical)</i>	73
AUSTEDO	39	<i>betamethasone dipropionate augmented</i>	73
AUSTEDO XR	39, 40	<i>betamethasone valerate</i>	73
AUSTEDO XR TAB TITR KIT	40	BETASERON	40
AUVELITY TAB 45-105MG	30	<i>betaxolol hcl</i>	26
<i>aviane</i>	46	<i>betaxolol hcl (ophth)</i>	67
<i>ayuna</i>	46	<i>bethanechol chloride</i>	57
AYVAKIT	15	BETOPTIC-S	67
<i>azacitidine</i>	12	BEVESPI AER 9-4.8MCG	68
<i>azathioprine</i>	62	<i>bexarotene</i>	14
<i>azelastine hcl</i>	69	<i>bexarotene (topical)</i>	74
<i>azelastine hcl (ophth)</i>	67	BEXSERO INJ	62
<i>azithromycin</i>	9	<i>bicalutamide</i>	12
<i>aztreonam</i>	3	BICILLIN L-A	10
<i>azurette</i>	46	BIKTARVY TAB 30-120-15 MG.....	6
B		BIKTARVY TAB 50-200-25 MG.....	6
<i>bacitracin (ophthalmic)</i>	66	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	26
<i>bacitracin-polymyxin b ophth oint</i>	66	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	26
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	66	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	26
<i>baclofen</i>	40	<i>bisoprolol fumarate</i>	26
BAFIERTAM	40		
<i>balsalazide disodium</i>	55		
BALVERSA	15		
<i>balziva</i>	46		
BARACLUDE.....	7		

BIVIGAM	61
<i>blisovi 24 fe</i>	46
<i>blisovi fe 1.5/30</i>	46
BOOSTRIX INJ	62
<i>bortezomib</i>	15
BORTEZOMIB	15
<i>bosentan</i>	29
BOSULIF	15
BRAFTOVI	15
BREO ELLIPTA INH 100-25	71
BREO ELLIPTA INH 200-25	71
BREO ELLIPTA INH 50-25MCG	71
BREZTRI AERO AER SPHERE	68
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	68
<i>briellyn</i>	46
BRILINTA	59
<i>brimonidine tartrate</i>	67
<i>brinzolamide</i>	67
BRIVIACT	34
<i>bromfenac sodium (ophth)</i>	67
<i>bromocriptine mesylate</i>	31
BROMSITE	67
BRONCHITOL	70
BRUKINSA	15
<i>budesonide</i>	55
<i>budesonide (inhalation)</i>	71
<i>bumetanide</i>	27
<i>buprenorphine hcl</i>	41
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	41
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	41
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	41
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	41
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	41
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	41
<i>bupropion hcl</i>	30
<i>bupropion hcl (smoking deterrent)</i> ..	41
<i>buspirone hcl</i>	29
<i>butorphanol tartrate</i>	2
BYDUREON BCISE	42
BYETTA	42

C	
<i>cabergoline</i>	52
CABOMETYX	15
<i>calcipotriene</i>	73
<i>calcitonin (salmon) spray</i>	45
<i>calcitrene</i>	73
<i>calcitriol</i>	54
<i>calcitriol (oral)</i>	54
<i>calcium acetate (phosphate binder)</i> ..	53
CALQUENCE	15
<i>camila</i>	46
<i>camrese</i>	46
<i>camrese lo</i>	46
<i>candesartan cilexetil</i>	25
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	24
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	24
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .	24
CAPLYTA	32
CAPRELSA	15
<i>captopril</i>	23
<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	22
<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	22
<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	22
<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	22
<i>carb/levo orally disintegrating tab 10- 100mg</i>	31
<i>carb/levo orally disintegrating tab 25- 100mg</i>	31
<i>carb/levo orally disintegrating tab 25- 250mg</i>	31
<i>carbamazepine</i>	34
<i>carbidopa & levodopa tab 10-100 mg</i>	31
<i>carbidopa & levodopa tab 25-100 mg</i>	31
<i>carbidopa & levodopa tab 25-250 mg</i>	31
<i>carbidopa & levodopa tab er 25-100 mg</i>	31
<i>carbidopa & levodopa tab er 50-200 mg</i>	31

<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	31	<i>chloroquine phosphate</i>	5
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	31	<i>chlorpromazine hcl</i>	32
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	31	<i>chlorthalidone</i>	27
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	32	<i>cholestyramine</i>	26
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	32	<i>cholestyramine light</i>	26
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	32	<i>ciclopirox olamine</i>	72
<i>carboplatin</i>	11	<i>cilostazol</i>	58
<i>carglumic acid</i>	52	CILOXAN	66
<i>carisoprodol</i>	40	CIMDUO TAB 300-300	6
<i>carteolol hcl (ophth)</i>	67	<i>cinacalcet hcl</i>	52
<i>cartia xt</i>	27	CIPRO	9
<i>carvedilol</i>	26	<i>ciprofloxacin 200 mg/100ml in d5w</i> ...	9
<i>caspofungin acetate</i>	4	<i>ciprofloxacin 400 mg/200ml in d5w</i> ...	9
CAYSTON	3	<i>ciprofloxacin hcl</i>	9
<i>cefaclor</i>	8	<i>ciprofloxacin hcl (ophth)</i>	66
CEFACLOR ER	8	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	68
<i>cefadroxil</i>	8	<i>cisplatin</i>	11
CEFAZOLIN	8	<i>citalopram hydrobromide</i>	30
CEFAZOLIN INJ 1GM/50ML	8	<i>claravis</i>	72
<i>cefazolin sodium</i>	8	<i>clarithromycin</i>	9
CEFAZOLIN SOLN 2GM/100ML-4%	8	<i>clindamycin hcl</i>	3
<i>cefdinir</i>	8	<i>clindamycin palmitate hydrochloride</i> ..	3
<i>cefepime hcl</i>	8	<i>clindamycin phosphate</i>	3
<i>cefixime</i>	9	<i>clindamycin phosphate (topical)</i>	72
<i>cefoxitin sodium</i>	9	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3
<i>cefpodoxime proxetil</i>	9	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	3
<i>cefprozil</i>	9	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	3
<i>ceftazidime</i>	9	<i>clindamycin phosphate vaginal</i>	57
<i>ceftriaxone sodium</i>	9	CLINDMYC/NAC INJ 300/50ML	3
<i>cefuroxime axetil</i>	9	CLINDMYC/NAC INJ 600/50ML	3
<i>cefuroxime sodium</i>	9	CLINDMYC/NAC INJ 900/50ML	3
<i>celecoxib</i>	1	CLINIMIX INJ 4.25/D10	65
<i>cephalexin</i>	9	CLINIMIX INJ 4.25/D5W	65
CERDELGA	52	CLINIMIX INJ 5%/D15W	65
CEREZYME	52	CLINIMIX INJ 5%/D20W	65
<i>cetirizine hcl</i>	69	CLINIMIX INJ 6/5	65
<i>cevimeline hcl</i>	75	CLINIMIX INJ 8/10	65
<i>chateal eq</i>	46	CLINIMIX INJ 8/14	66
CHEMET	45	<i>clinisol sf 15%</i>	66
<i>chlorhexidine gluconate (mouth-throat)</i>	75	CLINOLIPID EMU 20%	66
		<i>clobazam</i>	34
		<i>clobetasol propionate</i>	73
		<i>clobetasol propionate e</i>	73

<i>clomipramine hcl</i>	30	<i>cyred eq</i>	46
<i>clonazepam</i>	34	CYSTADROPS	68
<i>clonidine</i>	28	CYSTAGON	52
<i>clonidine hcl</i>	28	CYSTARAN	68
<i>clopidogrel bisulfate</i>	59	<i>cytarabine</i>	12
<i>clorazepate dipotassium</i>	35	D	
<i>clotrimazole</i>	75	D10W/NACL INJ 0.2%	64
<i>clotrimazole (topical)</i>	72	D2.5W/NACL INJ 0.45%.....	64
<i>clotrimazole w/ betamethasone cream</i>		D5W/LYTES INJ #48.....	64
<i>1-0.05%</i>	72	<i>dabigatran etexilate mesylate</i>	57
<i>clozapine</i>	32	<i>dalfampridine</i>	40
COARTEM TAB 20-120MG.....	5	<i>danazol</i>	50
<i>colchicine</i>	1	<i>dantrolene sodium</i>	40
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dapsone</i>	3
<i>mg</i>	1	DAPTACEL INJ	62
<i>colesevelam hcl</i>	26	<i>daptomycin</i>	3
<i>colestipol hcl</i>	26	DAPTOMYCIN	3
<i>colistimethate sodium</i>	3	<i>darunavir</i>	5
COMBIGAN SOL 0.2/0.5%	67	<i>dasetta 1/35</i>	46
COMBIVENT AER 20-100	68	<i>dasetta 7/7/7</i>	46
COMETRIQ (60MG DOSE)	15	DAURISMO	16
COMETRIQ KIT 100MG	15	<i>daysee</i>	46
COMETRIQ KIT 140MG	15	DAYVIGO	38
COMPLERA TAB	6	<i>deblitane</i>	46
<i>compro</i>	54	<i>deferasirox</i>	45
<i>constulose</i>	55	DELSTRIGO TAB.....	6
COPIKTRA	15	DENG VAXIA SUS.....	62
CORLANOR	28	DEPO-SUBQ PROVERA 104	46
COTELLIC.....	16	<i>depo-testosterone</i>	42
CREON CAP 12000UNT.....	56	DESCOVY TAB 120-15MG	6
CREON CAP 24000UNT.....	56	DESCOVY TAB 200/25MG	6
CREON CAP 3000UNIT	56	<i>desipramine hcl</i>	30
CREON CAP 36000UNT.....	56	<i>desmopressin acetate</i>	52
CREON CAP 6000UNIT	56	<i>desmopressin acetate spray</i>	52
<i>cromolyn sodium</i>	70	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium (mastocytosis)</i>	55	<i>refrigerated</i>	52
<i>cromolyn sodium (ophth)</i>	67	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cryselle-28</i>	46	<i>0.15-0.02/0.01 mg(21/5)</i>	46
<i>cyclobenzaprine hcl</i>	40	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cyclophosphamide</i>	11	<i>mg-30 mcg</i>	46
CYCLOPHOSPHAMIDE	11	<i>desvenlafaxine succinate</i>	30
CYCLOPHOSPHAMIDE MONOHYDR....	11	<i>dexamethasone</i>	51
<i>cycloserine</i>	7	DEXAMETHASONE INTENSOL.....	51
<i>cyclosporine</i>	62	<i>dexamethasone sodium phosphate</i> ...	51
<i>cyclosporine modified (for</i>		<i>dexamethasone sodium phosphate</i>	
<i>microemulsion)</i>	62	<i>(ophth)</i>	67
<i>cyproheptadine hcl</i>	69	<i>dexmethylphenidate hcl</i>	38

<i>dextrose</i>	66	<i>disopyramide phosphate</i>	25
<i>dextrose 10% w/ sodium chloride</i>		<i>disulfiram</i>	41
<i>0.45%</i>	64	<i>divalproex sodium</i>	35
<i>dextrose 2.5% w/ sodium chloride</i>		<i>docetaxel</i>	14
<i>0.45%</i>	64	DOCETAXEL.....	14
<i>dextrose 5% in lactated ringers</i>	64	<i>dofetilide</i>	25
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>donepezil hydrochloride</i>	29
.....	64	DOPTELET	58
<i>dextrose 5% w/ sodium chloride</i>		<i>dorzolamide hcl</i>	67
<i>0.225%</i>	64	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>soln 2-0.5%</i>	68
.....	64	<i>dotti</i>	50
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOVATO TAB 50-300MG	6
.....	64	<i>doxazosin mesylate</i>	23
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxepin hcl</i>	30
.....	64	<i>doxepin hcl (sleep)</i>	38
DIACOMIT	35	<i>doxorubicin hcl</i>	12
<i>diazepam</i>	35	<i>doxorubicin hcl liposomal</i>	12
<i>diazepam (anticonvulsant)</i>	35	DOXORUBICIN HYDROCHLORIDE	12
<i>diazepam inj</i>	35	<i>doxy 100</i>	11
<i>diazepam intensol</i>	35	<i>doxycycline (monohydrate)</i>	11
<i>diazoxide</i>	52	<i>doxycycline hyclate</i>	11
<i>diclofenac potassium</i>	1	DRIZALMA SPRINKLE	30
<i>diclofenac sodium</i>	1	<i>dronabinol</i>	54
<i>diclofenac sodium (ophth)</i>	67	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (topical)</i>	74	<i>0.02 mg</i>	46
<i>dicloxacillin sodium</i>	10	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i>	55	<i>0.03 mg</i>	47
DIFICID	9	<i>drospirenone-ethinyl estrad-</i>	
<i>diflunisal</i>	1	<i>levomefolate tab 3-0.03-0.451 mg</i>	46
<i>difluprednate</i>	67	DROXIA	58
<i>digoxin</i>	28	<i>droxidopa</i>	28
<i>dihydroergotamine mesylate</i>	39	DULERA AER 100-5MCG	71
DILANTIN	35	DULERA AER 200-5MCG	71
DILANTIN INFATABS.....	35	DULERA AER 50-5MCG.....	71
DILANTIN-125	35	<i>duloxetine hcl</i>	30
<i>diltiazem hcl</i>	27	DUPIXENT	59
<i>diltiazem hcl coated beads</i>	27	<i>dutasteride</i>	56
<i>diltiazem hcl extended release beads</i>	27	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dilt-xr</i>	27	<i>mg</i>	56
DIP/TET PED INJ 25-5LFU	62	E	
<i>diphenhydramine hcl</i>	69	<i>e.e.s. 400</i>	9
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>ec-naproxen</i>	1
<i>mg/5ml</i>	56	EDURANT	5
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>efavirenz</i>	5
<i>0.025 mg</i>	56	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>dipyridamole</i>	59	<i>600-200-300 mg</i>	6

<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO TAB 49-51MG	24
400-300-300 mg	6	ENTRESTO TAB 97-103MG	24
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enulose</i>	55
600-300-300 mg	6	EPCLUSA PAK 150-37.5	7
ELIGARD	12	EPCLUSA PAK 200-50MG	7
<i>elinest</i>	47	EPCLUSA TAB 200-50MG	7
ELIQUIS	57	EPCLUSA TAB 400-100	8
ELIQUIS STARTER PACK	57	EPIDIOLEX	35
ELLENCÉ	12	<i>epinephrine (anaphylaxis)</i>	28, 70
<i>eluryng</i>	47	<i>epitol</i>	35
EMSAM	30	<i>eplerenone</i>	23
<i>emtricitabine</i>	5	EPRONTIA	35
<i>emtricitabine-tenofovir disoproxil</i>		<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>fumarate tab 100-150 mg</i>	7	.....	39
<i>emtricitabine-tenofovir disoproxil</i>		ERIVEDGE	16
<i>fumarate tab 133-200 mg</i>	7	ERLEADA	12, 13
<i>emtricitabine-tenofovir disoproxil</i>		<i>erlotinib hcl</i>	16
<i>fumarate tab 167-250 mg</i>	7	<i>errin</i>	47
<i>emtricitabine-tenofovir disoproxil</i>		<i>ertapenem sodium</i>	3
<i>fumarate tab 200-300 mg</i>	7	<i>ery</i>	72
EMTRIVA	5	<i>ery-tab</i>	9
EMVERM	3	ERYTHROCIN LACTOBIONATE	9
<i>emzahn</i>	47	<i>erythromycin (acne aid)</i>	72
<i>enalapril maleate</i>	23	<i>erythromycin (ophth)</i>	66
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin base</i>	9
<i>tab 10-25 mg</i>	23	<i>erythromycin ethylsuccinate</i>	9
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin lactobionate</i>	9
<i>tab 5-12.5 mg</i>	22	<i>escitalopram oxalate</i>	30
ENBREL	59	<i>esomeprazole magnesium</i>	56
ENBREL MINI	59	<i>estarylla</i>	47
ENBREL SURECLICK	59	<i>estradiol</i>	50
ENDARI	58	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 10-325mg</i>	2	0.5-0.1 mg	51
<i>endocet tab 2.5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 5-325mg</i>	2	1-0.5 mg	51
<i>endocet tab 7.5-325mg</i>	2	<i>estradiol vaginal</i>	51
ENGERIX-B	62	<i>estradiol valerate</i>	51
<i>enilloring</i>	47	<i>eszopiclone</i>	38
<i>enoxaparin sodium</i>	57	<i>ethambutol hcl</i>	7
<i>enpresse-28</i>	47	<i>ethosuximide</i>	35
<i>enskyce</i>	47	<i>ethynodiol diacetate & ethinyl estradiol</i>	
ENSTILAR AER	73	<i>tab 1 mg-35 mcg</i>	47
<i>entacapone</i>	32	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>entecavir</i>	7	<i>tab 1 mg-50 mcg</i>	47
ENTRESTO CAP 15-16MG	24	<i>etodolac</i>	1
ENTRESTO CAP 6-6MG	24	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 24-26MG	24	0.12-0.015 mg/24hr	47

<i>etoposide</i>	14	<i>flecainide acetate</i>	25
<i>etravirine</i>	5	<i>fluconazole</i>	4
EULEXIN	13	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>euthyrox</i>	53	<i>mg/100ml</i>	5
<i>everolimus</i>	16	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>everolimus (immunosuppressant)</i>	62	<i>mg/200ml</i>	5
EVOTAZ TAB 300-150	7	<i>flucytosine</i>	5
<i>exemestane</i>	13	<i>fludrocortisone acetate</i>	51
EYSUVIS	67	<i>flunisolide (nasal)</i>	71
<i>ezetimibe</i>	26	<i>fluocinolone acetonide</i>	73
<i>ezetimibe-simvastatin tab 10-10 mg</i>	26	<i>fluocinolone acetonide (otic)</i>	68
<i>ezetimibe-simvastatin tab 10-20 mg</i>	26	<i>fluocinonide</i>	73
<i>ezetimibe-simvastatin tab 10-40 mg</i>	26	<i>fluocinonide emulsified base</i>	73
<i>ezetimibe-simvastatin tab 10-80 mg</i>	26	<i>fluorometholone (ophth)</i>	67
F		<i>fluorouracil</i>	12
FABRAZYME	52	<i>fluorouracil (topical)</i>	74
<i>falmina</i>	47	<i>fluoxetine hcl</i>	30
<i>famciclovir</i>	8	<i>fluphenazine decanoate</i>	33
<i>famotidine</i>	55	<i>fluphenazine hcl</i>	33
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>flurbiprofen</i>	1
<i>mg/50ml</i>	55	<i>flurbiprofen sodium</i>	67
FANAPT	33	<i>fluticasone propionate</i>	73
FANAPT PAK	33	<i>fluticasone propionate (nasal)</i>	71
FARXIGA	42	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA	70	<i>100-50 mcg/act</i>	71
FASENRA PEN	70	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felbamate</i>	35	<i>250-50 mcg/act</i>	71
<i>felodipine</i>	27	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fenofibrate</i>	25	<i>500-50 mcg/act</i>	72
<i>fenofibrate micronized</i>	25	<i>fluvoxamine maleate</i>	29
<i>fentanyl</i>	1	<i>fondaparinux sodium</i>	57
<i>fentanyl citrate</i>	2	<i>fosamprenavir calcium</i>	5
<i>fesoterodine fumarate</i>	57	<i>fosinopril sodium</i>	23
FETZIMA	30	<i>fosinopril sodium & hydrochlorothiazide</i>	
FETZIMA CAP TITRATIO	30	<i>tab 10-12.5 mg</i>	23
FIASP	44	<i>fosinopril sodium & hydrochlorothiazide</i>	
FIASP FLEXTOUCH	44	<i>tab 20-12.5 mg</i>	23
FIASP PENFILL	44	FOTIVDA	16
FIASP PUMPCART	44	FRUZAQLA	16
<i>finasteride</i>	56	<i>fulvestrant</i>	13
<i>fingolimod hcl</i>	40	<i>furosemide</i>	28
FINTEPLA	35	<i>furosemide inj</i>	28
<i>finzala</i>	47	FUZEON	5
FIRMAGON	13	<i>fyavolv tab 0.5mg-2.5mcg</i>	51
<i>flac</i>	68	<i>fyavolv tab 1mg-5mcg</i>	51
FLAREX	67	FYCOMPA	35
FLEBOGAMMA DIF	61		

G	
<i>gabapentin</i>	35, 36
<i>galantamine hydrobromide</i>	29
GAMASTAN INJ	61
GAMMAGARD LIQUID.....	61
GAMMAGARD S/D IGA LESS TH.....	61
GAMMAKED	61
GAMMAPLEX	61
GAMUNEX-C	61
<i>ganciclovir sodium</i>	8
GARDASIL 9 INJ.....	62
<i>gatifloxacin (ophth)</i>	66
GATTEX	56
GAUZE PADS 2.....	44
<i>gavilyte-c</i>	55
<i>gavilyte-g</i>	55
GAVRETO	16
<i>gefitinib</i>	16
<i>gemcitabine hcl</i>	12
<i>gemfibrozil</i>	25
GEMTESA	57
<i>generlac</i>	55
<i>gengraf</i>	62
GENOTROPIN.....	52
GENOTROPIN MINIQUICK.....	52
<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	66
<i>gentamicin sulfate (topical)</i>	72
GENVOYA TAB	7
GILOTRIF	16
<i>glatiramer acetate</i>	40
<i>glatopa</i>	40
GLEOSTINE	11
<i>glimepiride</i>	42
<i>glipizide</i>	42
<i>glipizide xl</i>	42
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	42
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	42
<i>glipizide-metformin hcl tab 5-500 mg</i>	42
<i>glycopyrrolate</i>	55
<i>glydo</i>	74
GLYXAMBI TAB 10-5 MG	42
GLYXAMBI TAB 25-5 MG	42
<i>granisetron hcl</i>	54
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	28
<i>guanfacine hcl (adhd)</i>	38
GVOKE HYPOPEN 2-PACK	52
GVOKE KIT.....	52
GVOKE PFS	52
H	
HAEGARDA.....	58
<i>hailey 1.5/30</i>	47
<i>hailey 24 fe</i>	47
<i>halobetasol propionate</i>	73
<i>haloette</i>	47
<i>haloperidol</i>	33
<i>haloperidol decanoate</i>	33
<i>haloperidol lactate</i>	33
HARVONI PAK 33.75-150MG.....	8
HARVONI PAK 45-200MG	8
HARVONI TAB 45-200MG	8
HARVONI TAB 90-400MG	8
HAVRIX.....	63
<i>heather</i>	47
HEP SOD/D5W INJ 20000UNT	57
HEP SOD/D5W INJ 25000UNT.....	57
HEP SOD/NAACL INJ 12500UNT	57
HEP SOD/NAACL INJ 25000UNT	57
<i>heparin sodium (porcine)</i>	58
HEPARIN/NAACL INJ 25000UNT	58
HEPLISAV-B	63
HERCEP HYLEC SOL 60-10000	16
HERCEPTIN	16
HERZUMA.....	16
HIBERIX.....	63
HUMIRA	59
HUMIRA PEN.....	59
HUMIRA PEN KIT PS/UV	59
HUMIRA PEN-CD/UC/HS START	60
HUMIRA PEN-PEDIATRIC UC S	60
HUMULIN R U-500 (CONCENTR	44
HUMULIN R U-500 KWIKPEN.....	44
<i>hydralazine hcl</i>	28
<i>hydrochlorothiazide</i>	28
<i>hydrocodone bitartrate</i>	1

<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	INFANRIX INJ	63
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	INFLIXIMAB	60
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	INLYTA	17
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	INQOVI TAB 35-100MG	12
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	INREBIC.....	17
<i>hydrocortisone</i>	51	INSULIN PEN NEEDLES: BD/NOVO ...	44
<i>hydrocortisone (intrarectal)</i>	55	INSULIN SAFETY NEEDLES	44
<i>hydrocortisone (rectal)</i>	74	INSULIN SYRINGES: BD.....	44
<i>hydrocortisone (topical)</i>	73	INTELENCE.....	5
<i>hydromorphone hcl</i>	2	INTRALIPID	66
<i>hydroxychloroquine sulfate</i>	61	<i>introvale</i>	47
<i>hydroxyurea</i>	14	INVEGA HAFYERA.....	33
<i>hydroxyzine hcl</i>	69	INVEGA SUSTENNA	33
<i>hydroxyzine pamoate</i>	69	INVEGA TRINZA.....	33
HYSINGLA ER	1	IPOL INJ INACTIVE	63
I		<i>ipratropium bromide</i>	69
<i>ibandronate sodium</i>	45	<i>ipratropium bromide (nasal)</i>	69
IBRANCE	16	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	69
<i>ibu</i>	1	<i>irbesartan</i>	25
<i>ibuprofen</i>	1	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	24
<i>icatibant acetate</i>	58	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	24
<i>iclevia</i>	47	<i>irinotecan hcl</i>	14
ICLUSIG.....	16	ISENTRESS	5
IDACIO (2 PEN)	60	ISENTRESS HD	5
IDACIO (2 SYRINGE)	60	<i>isibloom</i>	47
IDACIO CROHN INJ DISEASE	60	ISOLYTE-P INJ /D5W	64
IDACIO PLAQU INJ PSORIASIS.....	60	ISOLYTE-S INJ.....	64
IDHIFA.....	16	ISOLYTE-S INJ PH 7.4.....	64
<i>imatinib mesylate</i>	17	<i>isoniazid</i>	7
IMBRUVICA	17	<i>isosorbide dinitrate</i>	28
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	<i>isosorbide mononitrate</i>	29
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	<i>isotretinoin</i>	72
<i>imipramine hcl</i>	30	<i>isradipine</i>	27
<i>imiquimod</i>	74	<i>itraconazole</i>	5
IMOVAX RABIES (H.D.C.V.)	63	<i>ivabradine hcl</i>	28
INBRIJA	32	<i>ivermectin</i>	3
<i>incassia</i>	47	IWILFIN	14
INCRELEX.....	52	IXCHIQ INJ.....	63
INCRUSE ELLIPTA.....	69	IXIARO INJ.....	63
<i>indapamide</i>	28	J	
		JAKAFI.....	17
		<i>jantoven</i>	58
		JANUMET TAB 50-1000	42
		JANUMET TAB 50-500MG	42

JANUMET XR TAB 100-1000.....	42	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	64
JANUMET XR TAB 50-1000	42	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	64
JANUMET XR TAB 50-500MG	42	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	64
JANUVIA	42	KCL/D5W/NACL INJ 0.3/0.9%	64
JARDIANCE.....	42	<i>kelnor 1/35</i>	47
<i>jasmiel</i>	47	<i>kelnor 1/50</i>	47
<i>javygtor</i>	52	KERENDIA	23
JAYPIRCA	17	KESIMPTA	40
JENTADUETO TAB 2.5-1000.....	42	<i>ketoconazole</i>	5
JENTADUETO TAB 2.5-500.....	42	<i>ketoconazole (topical)</i>	72, 73
JENTADUETO TAB 2.5-850.....	42	<i>ketorolac tromethamine (ophth)</i>	67
JENTADUETO TAB XR 2.5-1000MG ...	42	KEVZARA	60
JENTADUETO TAB XR 5-1000MG	42	KEYTRUDA	17
<i>jinteli</i>	51	KINRIX INJ.....	63
<i>jolessa</i>	47	<i>kionex</i>	45
<i>juleber</i>	47	KISQALI 200 DOSE.....	17
JULUCA TAB 50-25MG.....	7	KISQALI 200 PAK FEMARA.....	14
<i>junel 1.5/30</i>	47	KISQALI 400 DOSE.....	17
<i>junel 1/20</i>	47	KISQALI 400 PAK FEMARA.....	14
<i>junel fe 1.5/30</i>	47	KISQALI 600 DOSE.....	17
<i>junel fe 1/20</i>	47	KISQALI 600 PAK FEMARA.....	14
<i>junel fe 24</i>	47	<i>klayesta</i>	72
JYLAMVO	61	<i>klor-con</i>	65
JYNNEOS.....	63	<i>klor-con 10</i>	65
K		<i>klor-con 8</i>	65
KADCYLA.....	17	<i>klor-con m10</i>	65
<i>kaitlib fe</i>	47	<i>klor-con m15</i>	65
KALYDECO.....	70	<i>klor-con m20</i>	65
KANJINTI	17	KORLYM	52
<i>kariva</i>	47	KOSELUGO	17
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	64	<i>kourzeq</i>	75
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	64	KRAZATI	17
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	64	<i>kurvelo</i>	47
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	64	L	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	64	<i>labetalol hcl</i>	26
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	64	<i>lacosamide</i>	36
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	64	<i>lacosamide oral</i>	36
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	64	<i>lactated ringer's solution</i>	64
		<i>lactic acid (ammonium lactate)</i>	74
		<i>lactulose</i>	55
		<i>lactulose (encephalopathy)</i>	55
		<i>lamivudine</i>	6
		<i>lamivudine (hbv)</i>	8
		<i>lamivudine-zidovudine tab 150-300 mg</i>	7

<i>lamotrigine</i>	36	<i>levofloxacin in d5w iv soln 750</i>	
<i>lanreotide acetate</i>	52	<i>mg/150ml</i>	9
<i>lansoprazole</i>	56	<i>levonest</i>	48
<i>lanthanum carbonate</i>	53	<i>levonor-eth est tab 0.15-</i>	
LANTUS	44	<i>0.02/0.025/0.03 mg &eth est 0.01</i>	
LANTUS SOLOSTAR	44	<i>mg</i>	48
<i>lapatinib ditosylate</i>	17	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>larin 1.5/30</i>	47	<i>day) tab 0.15-0.03 mg</i>	48
<i>larin 1/20</i>	47	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin 24 fe</i>	47	<i>0.1 mg-20 mcg</i>	48
<i>larin fe 1.5/30</i>	47	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1/20</i>	48	<i>0.15 mg-30 mcg</i>	48
<i>latanoprost</i>	68	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>layolis fe</i>	48	<i>30/0.075-40/0.125-30mg-mcg</i>	48
<i>leena</i>	48	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>leflunomide</i>	61	<i>eth est tab 0.01mg(7)</i>	48
<i>lenalidomide</i>	13	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
LENVIMA 10 MG DAILY DOSE	18	<i>& eth est tab 0.01mg(7)</i>	48
LENVIMA 12MG DAILY DOSE	18	<i>levora 0.15/30-28</i>	48
LENVIMA 20 MG DAILY DOSE	18	<i>levo-t</i>	53
LENVIMA 4 MG DAILY DOSE	17	<i>levothyroxine sodium</i>	54
LENVIMA 8 MG DAILY DOSE	18	<i>levoxyl</i>	54
LENVIMA CAP 14 MG	18	<i>l-glutamine (sickle cell)</i>	58
LENVIMA CAP 18 MG	18	LIBERVANT	36
LENVIMA CAP 24 MG	18	<i>lidocaine</i>	74
<i>lessina</i>	48	<i>lidocaine hcl</i>	74
<i>letrozole</i>	13	<i>lidocaine hcl (local anesth.)</i>	3
<i>leucovorin calcium</i>	22	<i>lidocaine hcl (mouth-throat)</i>	75
LEUKERAN	11	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	74
<i>leuprolide acetate</i>	13	<i>lidocan</i>	74
<i>levabuterol hcl</i>	69	<i>linezolid</i>	3, 4
<i>levabuterol tartrate</i>	69	LINEZOLID INJ 2MG/ML	4
<i>levetiracetam</i>	36	LINZESS	56
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i>	54
<i>1000 mg/100ml</i>	36	<i>lisinopril</i>	23
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>1500 mg/100ml</i>	36	<i>12.5 mg</i>	23
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>500 mg/100ml</i>	36	<i>12.5 mg</i>	23
<i>levobunolol hcl</i>	68	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levocarnitine (metabolic modifiers)</i> ...	52	<i>25 mg</i>	23
<i>levocetirizine dihydrochloride</i>	69	<i>lithium</i>	40
<i>levofloxacin</i>	9	<i>lithium carbonate</i>	40
<i>levofloxacin in d5w iv soln 250</i>		<i>loestrin 1.5/30-21</i>	48
<i>mg/50ml</i>	9	<i>loestrin 1/20-21</i>	48
<i>levofloxacin in d5w iv soln 500</i>		<i>loestrin fe 1.5/30</i>	48
<i>mg/100ml</i>	9	<i>loestrin fe 1/20</i>	48

LOKELMA	45	<i>magnesium sulfate in dextrose 5% iv</i>	
LONSURF TAB 15-6.14	12	<i>soln 1 gm/100ml</i>	65
LONSURF TAB 20-8.19	12	<i>malathion</i>	74
<i>loperamide hcl</i>	56	<i>maraviroc</i>	6
<i>lopinavir-ritonavir soln 400-100</i>		<i>marlissa</i>	48
<i>mg/5ml (80-20 mg/ml)</i>	7	MARPLAN	30
<i>lopinavir-ritonavir tab 100-25 mg</i>	7	MATULANE	14
<i>lopinavir-ritonavir tab 200-50 mg</i>	7	MAVYRET PAK 50-20MG	8
<i>lorazepam</i>	29	MAVYRET TAB 100-40MG	8
<i>lorazepam intensol</i>	29	<i>meclizine hcl</i>	54
LORBRENA	18	<i>medroxyprogesterone acetate</i>	53
<i>loryna</i>	48	<i>medroxyprogesterone acetate</i>	
<i>losartan potassium</i>	25	<i>(contraceptive)</i>	48
<i>losartan potassium &</i>		<i>mefloquine hcl</i>	5
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>megestrol acetate</i>	13, 53
.....	24	<i>megestrol acetate (appetite)</i>	53
<i>losartan potassium &</i>		MEKINIST	18
<i>hydrochlorothiazide tab 100-25 mg</i>	24	MEKTOVI	18
<i>losartan potassium &</i>		<i>meloxicam</i>	1
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>memantine hcl</i>	29
.....	24	<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
LOTEMAX	67	<i>10 mg titration pack</i>	29
<i>loteprednol etabonate</i>	67	MENACTRA INJ	63
<i>lovastatin</i>	25	MENQUADFI INJ	63
<i>low-ogestrel</i>	48	MENVEO INJ	63
<i>loxapine succinate</i>	33	MENVEO SOL	63
LUMAKRAS	18	<i>mercaptapurine</i>	12
LUMIGAN	68	<i>meropenem</i>	4
LUMIZYME	52	<i>mesalamine</i>	55
LUPRON DEPOT (1-MONTH)	13	<i>mesalamine w/ cleanser</i>	55
LUPRON DEPOT (3-MONTH)	13	MESNEX	22
LUPRON DEPOT-PED (1-MONTH)	52	<i>metformin hcl</i>	42, 43
LUPRON DEPOT-PED (3-MONTH)	52	<i>methadone hcl</i>	1
LUPRON DEPOT-PED (6-MONTH)	52	<i>methadone hydrochloride i</i>	1
<i>lurasidone hcl</i>	33	<i>methazolamide</i>	28
<i>lutea</i>	48	<i>methenamine hippurate</i>	4
<i>lyleq</i>	48	<i>methimazole</i>	54
<i>lyllana</i>	51	<i>methocarbamol</i>	41
LYNPARZA	18	<i>methotrexate sodium</i>	12, 61
LYSODREN	13	<i>methsuximide</i>	36
LYTGOBI (12 MG DAILY DOSE)	18	<i>methylphenidate hcl</i>	38
LYTGOBI (16 MG DAILY DOSE)	18	<i>methylprednisolone</i>	51
LYTGOBI (20 MG DAILY DOSE)	18	<i>methylprednisolone acetate</i>	51
<i>lyza</i>	48	<i>methylprednisolone sod succ</i>	51
M		<i>methyltestosterone</i>	42
<i>magnesium sulfate</i>	64	<i>metoclopramide hcl</i>	54
MAGNESIUM SULFATE	64	<i>metolazone</i>	28

<i>metoprolol & hydrochlorothiazide tab</i>		<i>moxifloxacin hcl 400 mg/250ml in</i>	
100-25 mg	26	sodium chloride 0.8% inj	9
<i>metoprolol & hydrochlorothiazide tab</i>		MRESVIA.....	63
100-50 mg	26	MULTAQ	25
<i>metoprolol & hydrochlorothiazide tab</i>		<i>multiple electrolytes ph 5.5</i>	65
50-25 mg	26	<i>multiple electrolytes ph 7.4</i>	65
<i>metoprolol succinate</i>	27	<i>mupirocin</i>	72
<i>metoprolol tartrate</i>	27	<i>mycophenolate mofetil</i>	62
<i>metronidazole</i>	4	<i>mycophenolate sodium</i>	62
<i>metronidazole (topical)</i>	74	MYRBETRIQ.....	57
<i>metronidazole vaginal</i>	57	N	
<i>metyrosine</i>	28	<i>nabumetone</i>	1
MG SO4/D5W INJ 10MG/ML.....	65	<i>nadolol</i>	27
<i>mibelas 24 fe</i>	48	<i>nafcillin sodium</i>	10
<i>micafungin sodium</i>	5	NAGLAZYME	53
<i>microgestin 1.5/30</i>	48	<i>nalbuphine hcl</i>	2
<i>microgestin 1/20</i>	48	<i>naloxone hcl</i>	41
<i>microgestin 24 fe</i>	48	<i>naltrexone hcl</i>	41
<i>microgestin fe 1.5/30</i>	48	NAMZARIC CAP 14-10MG	30
<i>microgestin fe 1/20</i>	48	NAMZARIC CAP 21-10MG	30
<i>midodrine hcl</i>	28	NAMZARIC CAP 28-10MG	30
MIEBO	68	NAMZARIC CAP 7-10MG	30
<i>mifepristone (hyperglycemia)</i>	52	NAMZARIC CAP PACK	30
<i>miglustat</i>	52	<i>naproxen</i>	1
<i>mili</i>	48	<i>naproxen dr</i>	1
<i>mimvey</i>	51	<i>naproxen sodium</i>	1
<i>minocycline hcl</i>	11	<i>naratriptan hcl</i>	39
<i>minoxidil</i>	28	NATACYN	66
<i>mirtazapine</i>	30	<i>nateglinide</i>	43
<i>misoprostol</i>	56	NATPARA	45
MITIGARE	1	NAYZILAM	36
M-M-R II INJ.....	63	<i>nebivolol hcl</i>	27
M-NATAL PLUS TAB	65	<i>necon 0.5/35-28</i>	48
<i>modafinil</i>	41	<i>nefazodone hcl</i>	31
<i>moexipril hcl</i>	23	<i>neomycin sulfate</i>	4
<i>molindone hcl</i>	33	<i>neomycin-bacitrac zn-polymyx</i>	
<i>mometasone furoate</i>	74	5(3.5)mg-400unt-10000unt op oin	66
MONJUVI.....	18	<i>neomycin-polymy-gramicid op sol</i>	
<i>mono-lynyah</i>	48	1.75-10000-0.025mg-unt-mg/ml ..	67
<i>montelukast sodium</i>	69	<i>neomycin-polymyxin-dexamethasone</i>	
<i>morphine sulfate</i>	2	ophth oint 0.1%	66
MORPHINE SULFATE	2	<i>neomycin-polymyxin-dexamethasone</i>	
MORPHINE SULFATE/SODIUM C	2	ophth susp 0.1%	66
MOUNJARO.....	43	<i>neomycin-polymyxin-hc ophth susp</i> ..	66
MOVANTIK	56	<i>neomycin-polymyxin-hc otic soln 1%</i>	68
<i>moxifloxacin hcl</i>	9	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>moxifloxacin hcl (ophth)</i>	66	mg/ml-10000 unit/ml-1%	68

<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	66	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	49
<i>neo-polycin hc ophth oint 1%</i>	66	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	49
NERLYNX.....	18	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	49
NEUPRO	32	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	49
<i>nevirapine</i>	6	<i>norlyroc</i>	49
NEXAVAR	18	NORPACE CR	25
NEXLETOL	26	<i>nortrel 0.5/35 (28)</i>	49
NEXLIZET TAB 180/10MG	26	<i>nortrel 1/35 (21)</i>	49
<i>niacin (antihyperlipidemic)</i>	26	<i>nortrel 1/35 (28)</i>	49
<i>nicardipine hcl</i>	27	<i>nortrel 7/7/7</i>	49
NICOTROL INHALER	41	<i>nortriptyline hcl</i>	31
NICOTROL NS	41	NORVIR	6
<i>nifedipine</i>	27	NOVOLIN INJ 70/30.....	44
<i>nikki</i>	48	NOVOLIN INJ 70/30 FP	44
<i>nilutamide</i>	13	NOVOLIN N	44
<i>nimodipine</i>	27	NOVOLIN N FLEXPEN	44
NINLARO.....	18	NOVOLIN R	44
<i>nitazoxanide</i>	4	NOVOLIN R FLEXPEN	44
<i>nitisinone</i>	53	NOVOLOG MIX INJ 70/30	44
NITRO-BID	29	NOVOLOG MIX INJ FLEXPEN	44
<i>nitrofurantoin macrocrystal</i>	4	NUBEQA.....	13
<i>nitrofurantoin monohyd macro</i>	4	NUDEXTA CAP 20-10MG	40
<i>nitroglycerin</i>	29	NULOJIX	62
<i>nitroglycerin (intra-anal)</i>	74	NUPLAZID	33
<i>nizatidine</i>	55	NURTEC	39
<i>nora-be</i>	48	NUTRILIPID	66
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	49	NUZYRA	11
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	49	<i>nyamyc</i>	72
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	49	<i>nylia 1/35</i>	49
<i>norethindrone (contraceptive)</i>	49	<i>nylia 7/7/7</i>	49
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	49	NYMALIZE	27
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	49	<i>nymyo</i>	49
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	49	<i>nystatin</i>	5
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	49	<i>nystatin (mouth-throat)</i>	75
<i>norethindrone acetate</i>	53	<i>nystatin (topical)</i>	72
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	51	<i>nystop</i>	72
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	51	●	
		<i>ocella</i>	49
		OCTAGAM	61
		<i>octreotide acetate</i>	53
		ODEFSEY TAB	7
		ODOMZO.....	19
		OFEV	70

<i>ofloxacin (ophth)</i>	67	<i>ondansetron</i>	54
<i>ofloxacin (otic)</i>	68	<i>ondansetron hcl</i>	54
OGIVRI	19	ONTRUZANT	19
OGSIVEO	19	ONUREG	12
OJEMDA	19	OPSUMIT.....	29
OJJAARA	19	ORGOVYX.....	13
<i>olanzapine</i>	33	ORKAMBI GRA 100-125	70
<i>olmesartan medoxomil</i>	25	ORKAMBI GRA 150-188	70
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	24	ORKAMBI GRA 75-94MG	70
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	24	ORKAMBI TAB 100-125	70
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	24	ORKAMBI TAB 200-125	70
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	24	ORSERDU.....	13
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	24	<i>oseltamivir phosphate</i>	8
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	24	OTEZLA.....	60
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	24	OTEZLA TAB 10/20	60
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	24	OTEZLA TAB 10/20/30	60
<i>omega-3-acid ethyl esters cap 1 gm</i> .	26	<i>oxacillin sodium</i>	10
<i>omeprazole</i>	56	<i>oxaliplatin</i>	11
OMNIPOD 5 G6 KIT INTRO	44	<i>oxcarbazepine</i>	36
OMNIPOD 5 G6 MIS PODS	44	<i>oxybutynin chloride</i>	57
OMNIPOD 5 G7 KIT INTRO	44	<i>oxycodone hcl</i>	2
OMNIPOD 5 G7 MIS PODS	44	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	2
OMNIPOD DASH KIT INTRO	44	<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	2
OMNIPOD DASH MIS PODS.....	44	<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	2
OMNIPOD GO KIT 10UNT/DY	44	<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	2
OMNIPOD GO KIT 15UNT/DY	44	OZEMPIC (0.25 OR 0.5 MG/DOSE) ...	43
OMNIPOD GO KIT 20UNT/DY	44	OZEMPIC (0.25 OR 0.5MG/DOSE) ...	43
OMNIPOD GO KIT 25UNT/DY	45	OZEMPIC (1MG/DOSE).....	43
OMNIPOD GO KIT 30UNT/DY	45	OZEMPIC (2MG/DOSE).....	43
OMNIPOD GO KIT 35UNT/DY	45	P	
OMNIPOD GO KIT 40UNT/DY	45	<i>pacerone</i>	25
OMNIPOD MIS CLASSIC	45	<i>paclitaxel</i>	14
		<i>paclitaxel protein-bound particles for iv</i> <i>susp 100 mg</i>	14
		<i>paliperidone</i>	33
		<i>pamidronate disodium</i>	45
		PAMIDRONATE DISODIUM	45
		PANRETIN	74
		<i>pantoprazole sodium</i>	56
		PANZYGA	62
		<i>paraplatin</i>	11
		<i>paricalcitol</i>	54
		<i>paroxetine hcl</i>	31

PAXLOVID TAB 150-100	8	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
PAXLOVID TAB 300-100	8	<i>850 mg</i>	43
<i>pazopanib hcl</i>	19	<i>piperacillin sod-tazobactam na for inj</i>	
PEDIARIX INJ 0.5ML	63	<i>3.375 gm (3-0.375 gm)</i>	11
PEDVAX HIB	63	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>13.5 gm (12-1.5 gm)</i>	11
<i>for soln 236 gm</i>	55	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>2.25 gm (2-0.25 gm)</i>	11
<i>420 gm</i>	55	<i>piperacillin sod-tazobactam sod for inj</i>	
PEGASYS.....	8	<i>4.5 gm (4-0.5 gm)</i>	11
PEMAZYRE	19	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>pemetrexed disodium</i>	12	<i>40.5 gm (36-4.5 gm)</i>	11
PEN GK/DEXTR INJ 40000/ML	10	PIQRAY 200MG DAILY DOSE	19
PEN GK/DEXTR INJ 60000/ML	10	PIQRAY 250MG TAB DOSE	19
PENBRAYA INJ	63	PIQRAY 300MG DAILY DOSE	19
<i>penicillamine</i>	45	<i>pirfenidone</i>	70
<i>penicillin g potassium</i>	10	<i>piroxicam</i>	1
<i>penicillin g sodium</i>	10	PLASMA-LYTE INJ -148	65
<i>penicillin v potassium</i>	10	PLASMA-LYTE INJ -A.....	65
PENTACEL INJ	63	<i>plenamine</i>	66
<i>pentamidine isethionate inh</i>	4	PLENVU SOL	55
<i>pentamidine isethionate inj</i>	4	<i>podofilox</i>	74
<i>pentoxifylline</i>	58	<i>polycin ophth oint</i>	67
<i>perindopril erbumine</i>	23	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>perio gard</i>	75	<i>10000 unit/ml-0.1%</i>	67
<i>permethrin</i>	74	POMALYST.....	13
<i>perphenazine</i>	33	<i>portia-28.....</i>	49
PERSERIS.....	33	<i>posaconazole</i>	5
<i>pfizerpen</i>	10	POT CHL 20MEQ/L IN NAACL 0.45% INJ	
<i>phenelzine sulfate</i>	31	<i>.....</i>	65
<i>phenobarbital</i>	36	POT CHL 20MEQ/L IN NAACL 0.9% INJ	
<i>phenobarbital sodium</i>	36	<i>.....</i>	65
<i>phenytek.....</i>	36	POT CHL 40MEQ/L IN NAACL 0.9% INJ	
<i>phenytoin.....</i>	36	<i>.....</i>	65
<i>phenytoin sodium.....</i>	36	<i>potassium chloride</i>	65
<i>phenytoin sodium extended.....</i>	36	POTASSIUM CHLORIDE	65
PHESGO SOL	19	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>philith</i>	49	<i>in dextrose 5% inj</i>	65
PIFELTRO	6	<i>potassium chloride microencapsulated</i>	
<i>pilocarpine hcl.....</i>	68	<i>crystals er</i>	65
<i>pilocarpine hcl (oral).....</i>	75	<i>potassium citrate (alkalinizer)</i>	57
<i>pimozide</i>	33	PRADAXA	58
<i>pimtrea</i>	49	<i>pramipexole dihydrochloride</i>	32
<i>pindolol.....</i>	27	<i>prasugrel hcl</i>	59
<i>pioglitazone hcl</i>	43	<i>pravastatin sodium</i>	25
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>praziquantel</i>	4
<i>500 mg</i>	43	<i>prazosin hcl.....</i>	23

<i>prednisolone</i>	51	<i>pyridostigmine bromide</i>	40
<i>prednisolone acetate (ophth)</i>	67	Q	
PREDNISOLONE SODIUM PHOSP	67	QINLOCK.....	19
<i>prednisolone sodium phosphate</i>	51	QUADRACEL INJ.....	63
<i>prednisone</i>	51	QUADRACEL INJ 0.5ML	63
PREDNISON INTENSOL.....	51	<i>quetiapine fumarate</i>	33, 34
<i>pregabalin</i>	36	<i>quinapril hcl</i>	23
PREHEVBRIO	63	<i>quinidine sulfate</i>	25
PREMASOL SOL 10%	66	<i>quinine sulfate</i>	5
PRENATAL TAB 27-1MG.....	65	QULIPTA	39
PRENATAL TAB PLUS.....	65	R	
<i>prevalite</i>	26	RABAVERT INJ	63
PREVYMIS	8	<i>rabeprazole sodium</i>	56
PREZCOBIX TAB 800-150	7	<i>raloxifene hcl</i>	53
PREZISTA.....	6	<i>ramipril</i>	23
PRIFTIN	7	<i>ranolazine</i>	28
<i>primaquine phosphate</i>	5	<i>rasagiline mesylate</i>	32
PRIMAQUINE PHOSPHATE	5	RAYALDEE	54
<i>primidone</i>	36	<i>reclipsen</i>	49
PRIORIX INJ	63	RECOMBIVAX HB.....	63
PRIVIGEN.....	62	RECTIV	74
<i>probenecid</i>	1	REGRANEX	75
<i>prochlorperazine</i>	54	RELENZA DISKHALER	8
<i>prochlorperazine edisylate</i>	54	RELISTOR	56
<i>prochlorperazine maleate</i>	54	REMICADE.....	60
PROCRIT	58	RENFLEXIS	60
<i>proctocort</i>	74	<i>repaglinide</i>	43
<i>procto-med hc</i>	74	REPATHA.....	26
<i>proctosol hc</i>	74	REPATHA PUSHTRONEX SYSTEM	26
<i>proctozone-hc</i>	74	REPATHA SURECLICK	26
<i>progesterone</i>	53	RESTASIS	68
PROGRAF	62	RESTASIS MULTIDOSE.....	68
PROLASTIN-C	70	RETEVMO	19
PROLENSA.....	67	REVLIMID.....	13
PROLIA	45	REXULTI	34
PROMACTA	58, 59	REYATAZ.....	6
<i>promethazine hcl</i>	54	REZLIDHIA	19
<i>propafenone hcl</i>	25	REZUROCK	62
<i>proparacaine hcl</i>	68	RHOPRESSA	68
<i>propranolol hcl</i>	27	<i>ribavirin (hepatitis c)</i>	8
<i>propylthiouracil</i>	54	<i>rifabutin</i>	7
PROQUAD INJ	63	<i>rifampin</i>	7
PROSOL INJ 20%	66	<i>riluzole</i>	40
<i>protriptyline hcl</i>	31	<i>rimantadine hydrochloride</i>	8
PULMOZYME	70	RINVOQ	60
PURIXAN	12	RINVOQ LQ	60
<i>pyrazinamide</i>	7	<i>risedronate sodium</i>	45

<i>risperidone</i>	34	SIVEXTRO	4
<i>risperidone microspheres</i>	34	SKYRIZI	60
<i>ritonavir</i>	6	SKYRIZI PEN	60
<i>rivastigmine</i>	30	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>rivastigmine tartrate</i>	30	17.5-3.13-1.6 gm/177ml	55
<i>rivelsa</i>	49	<i>sodium chloride</i>	65
<i>rizatriptan benzoate</i>	39	<i>sodium chloride (gu irrigant)</i>	75
ROCKLATAN DRO	68	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>roflumilast</i>	70	mg/ml soln	65
<i>ropinirole hydrochloride</i>	32	SODIUM OXYBATE.....	41
<i>rosuvastatin calcium</i>	25	<i>sodium phenylbutyrate</i>	53
ROTARIX SUS	63	<i>sodium polystyrene sulfonate powder</i>	
ROTATEQ SOL.....	63	.....	45
<i>roweepra</i>	36	<i>solifenacin succinate</i>	57
ROZLYTREK	19	SOLIQUA INJ 100/33	45
RUBRACA	20	SOLTAMOX	13
<i>rufinamide</i>	36, 37	SOLU-CORTEF	51
RUKOBIA.....	6	SOMATULINE DEPOT	53
RYBELSUS	43	SOMAVERT.....	53
RYDAPT.....	20	<i>sorafenib tosylate</i>	20
S		<i>sorine</i>	25
<i>sajazir</i>	59	<i>sotalol hcl</i>	25
SANDIMMUNE	62	<i>sotalol hcl (afib/afl)</i>	25
SANTYL.....	75	<i>spironolactone</i>	23
<i>sapropterin dihydrochloride</i>	53	<i>spironolactone & hydrochlorothiazide</i>	
SCEMBLIX	20	<i>tab 25-25 mg</i>	28
<i>scopolamine</i>	54	<i>sprintec 28</i>	49
SECUADO.....	34	SPRITAM	37
<i>selegiline hcl</i>	32	SPRYCEL	20
<i>selenium sulfide</i>	73	<i>sps</i>	46
SELZENTRY	6	<i>sronyx</i>	49
SEREVENT DISKUS	69	<i>ssd</i>	72
<i>sertraline hcl</i>	31	STELARA	60
<i>setlakin</i>	49	STIVARGA	20
<i>sevelamer carbonate</i>	53	<i>streptomycin sulfate</i>	4
<i>sharobel</i>	49	STRIBILD TAB.....	7
SHINGRIX	63	<i>subvenite</i>	37
SIGNIFOR	53	<i>sucalfate</i>	56
<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium (acne)</i>	72
<i>hypertension)</i>	29	<i>sulfacetamide sodium (ophth)</i>	67
<i>silver sulfadiazine</i>	72	<i>sulfacetamide sodium-prednisolone</i>	
SIMBRINZA SUS 1-0.2%	68	<i>ophth soln 10-0.23(0.25)%</i>	66
<i>simliya</i>	49	<i>sulfadiazine</i>	4
<i>simpesse</i>	49	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>simvastatin</i>	26	400-80 mg/5ml	4
<i>sirolimus</i>	62	<i>sulfamethoxazole-trimethoprim susp</i>	
SIRTURO	7	200-40 mg/5ml	4

<i>sulfamethoxazole-trimethoprim tab</i>		TEFLARO	9
400-80 mg	4	<i>telmisartan</i>	25
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-amlodipine tab 40-10 mg</i>	
800-160 mg	4	.....	24
SULFAMYLON	72	<i>telmisartan-amlodipine tab 40-5 mg</i> .	24
<i>sulfasalazine</i>	55	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulindac</i>	1	.....	24
<i>sumatriptan</i>	39	<i>telmisartan-amlodipine tab 80-5 mg</i> .	24
<i>sumatriptan succinate</i>	39	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>sunitinib malate</i>	20	12.5 mg	24
SUNLENCA	6	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>syeda</i>	50	12.5 mg	24
SYMDEKO TAB 100-150	70	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMDEKO TAB 50-75MG	70	25 mg	24
SYMPAZAN	37	<i>temazepam</i>	38
SYMTUZA TAB.....	7	TENIVAC INJ 5-2LF.....	63
SYNAREL.....	50	<i>tenofovir disoproxil fumarate</i>	6
SYNJARDY TAB 12.5-1000MG	43	TEPMETKO	20
SYNJARDY TAB 12.5-500.....	43	<i>terazosin hcl</i>	23
SYNJARDY TAB 5-1000MG	43	<i>terbinafine hcl</i>	5
SYNJARDY TAB 5-500MG.....	43	<i>terbutaline sulfate</i>	69
SYNJARDY XR TAB 10-1000	43	<i>terconazole vaginal</i>	57
SYNJARDY XR TAB 12.5-1000	43	TERIPARATIDE.....	45
SYNJARDY XR TAB 25-1000	43	<i>testosterone</i>	42
SYNJARDY XR TAB 5-1000MG	43	<i>testosterone cypionate</i>	42
SYNTHROID.....	54	<i>testosterone enanthate</i>	42
T		<i>tetrabenazine</i>	40
TABLOID	12	<i>tetracycline hcl</i>	11
TABRECTA	20	THALOMID	13, 14
<i>tacrolimus</i>	62	THEO-24	70
<i>tacrolimus (topical)</i>	74	<i>theophylline</i>	71
TAFINLAR.....	20	<i>thioridazine hcl</i>	34
TAGRISSO.....	20	<i>thiothixene</i>	34
TALTZ	61	<i>tiadylt er</i>	27
TALZENNA	20	<i>tiagabine hcl</i>	37
<i>tamoxifen citrate</i>	13	TIBSOVO.....	20
<i>tamsulosin hcl</i>	56	TICOVAC.....	63
<i>tarina 24 fe</i>	50	<i>tigecycline</i>	11
<i>tarina fe 1/20 eq</i>	50	<i>tilia fe</i>	50
TASIGNA.....	20	<i>timolol maleate</i>	27
<i>tasimelteon</i>	38	<i>timolol maleate (ophth)</i>	68
<i>tazarotene</i>	73	<i>tinidazole</i>	4
<i>tazicef</i>	9	TIVICAY	6
TAZORAC	73	TIVICAY PD	6
TAZVERIK	20	<i>tizanidine hcl</i>	41
TDVAX INJ 2-2 LF.....	63	TOBRADEX OIN 0.3-0.1%	66
TECENTRIQ	20	TOBRADEX ST SUS 0.3-0.05.....	66

<i>tobramycin</i>	4	<i>trihexyphenidyl hcl</i>	32
<i>tobramycin (ophth)</i>	67	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin sulfate</i>	4	1000MG	43
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
0.3-0.1%	66	1000MG	43
<i>tolterodine tartrate</i>	57	TRIJARDY XR TAB ER 24HR 25-5-	
<i>topiramate</i>	37	1000MG	43
<i>toremifene citrate</i>	13	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torpenz</i>	20	1000MG	43
<i>torse mide</i>	28	TRIKAFTA PAK 59.5MG	71
TOUJEO MAX SOLOSTAR	45	TRIKAFTA PAK 75MG	71
TOUJEO SOLOSTAR	45	TRIKAFTA TAB 100-50-75MG & 150MG	
TPN ELECTROL INJ	65	.....	71
TRADJENTA	43	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol hcl</i>	2	.....	71
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-legend fe</i>	50
<i>mg</i>	2	<i>tri-linyah</i>	50
<i>trandolapril</i>	23	<i>tri-lo-estarylla</i>	50
<i>tranexamic acid</i>	59	<i>tri-lo-marzia</i>	50
<i>tranylcypramine sulfate</i>	31	<i>tri-lo-mili</i>	50
TRAVASOL INJ 10%	66	<i>tri-lo-sprintec</i>	50
TRAZIMERA	21	<i>trimethoprim</i>	4
<i>trazodone hcl</i>	31	<i>tri-mili</i>	50
TRECATOR	7	<i>trimipramine maleate</i>	31
TRELEGY AER ELLIPTA 100-62.5-25		TRINTELLIX	31
MCG	69	<i>tri-nymyo</i>	50
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-sprintec</i>	50
MCG	69	TRIUMEQ PD TAB	7
TREMFYA	61	TRIUMEQ TAB	7
<i>treprostinil</i>	29	<i>trivora-28</i>	50
TRESIBA	45	<i>tri-vylibra</i>	50
TRESIBA FLEXTOUCH	45	<i>tri-vylibra lo</i>	50
<i>tretinoin</i>	72	TRIZIVIR TAB	7
<i>tretinoin (chemotherapy)</i>	14	TROGARZO	6
<i>triamcinolone acetonide (mouth)</i>	75	TROPHAMINE INJ 10%	66
<i>triamcinolone acetonide (topical)</i>	74	<i>trospium chloride</i>	57
<i>triamterene & hydrochlorothiazide cap</i>		TRULICITY	43
37.5-25 mg	28	TRUMENBA INJ	63
<i>triamterene & hydrochlorothiazide tab</i>		TRUQAP	21
37.5-25 mg	28	TRUXIMA	21
<i>triamterene & hydrochlorothiazide tab</i>		TUKYSA	21
75-50 mg	28	TURALIO	21
<i>tridacaine ii</i>	74	<i>turqoz</i>	50
<i>trientine hcl</i>	46	TWINRIX INJ	63
<i>tri-estarylla</i>	50	TYBOST	6
<i>trifluoperazine hcl</i>	34	<i>tydemy</i>	50
<i>trifluridine</i>	67	TYPHIM VI	63

TYRVAYA	68
U	
UBRELVY	39
<i>unithroid</i>	54
<i>ursodiol</i>	56
V	
<i>valacyclovir hcl</i>	8
VALCHLOR	74
<i>valganciclovir hcl</i>	8
<i>valproate sodium</i>	37
<i>valproic acid</i>	37
<i>valsartan</i>	25
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	24
VALTOCO 10 MG DOSE	37
VALTOCO 15 MG DOSE	37
VALTOCO 20 MG DOSE	37
VALTOCO 5 MG DOSE	37
<i>vancomycin hcl</i>	4
VANCOMYCIN HYDROCHLORIDE	4
VANCOMYCIN INJ 1 GM	4
VANCOMYCIN INJ 500MG	4
VANCOMYCIN INJ 750MG	4
VANFLYTA	21
VAQTA	63
<i>varenicline tartrate</i>	41
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	41
VARIVAX	63
VASCEPA	26
<i>velivet</i>	50
VELPHORO	53
VELTASSA	46
VEMLIDY	8
VENCLEXTA	21
VENCLEXTA TAB START PK	21
<i>venlafaxine hcl</i>	31
VENTAVIS	29
VENTOLIN HFA	69

VENTOLIN HFA (INSTITUTIONAL PACK)	69
<i>verapamil hcl</i>	27
VERQUVO	28
VERSACLOZ	34
VERZENIO	21
<i>vestura</i>	50
V-GO 20 KIT	45
V-GO 30 KIT	45
V-GO 40 KIT	45
<i>vienva</i>	50
<i>vigabatrin</i>	37
<i>vigadrone</i>	37
<i>vigpoder</i>	37
<i>vilazodone hcl</i>	31
<i>vincristine sulfate</i>	14
<i>vinorelbine tartrate</i>	14
<i>viorele</i>	50
VIRACEPT	6
VIREAD	6
VITRAKVI	21
VIVITROL	41
VIZIMPRO	21
VONJO	21
<i>voriconazole</i>	5
VOSEVI TAB	8
VRAYLAR	34
<i>vyfemla</i>	50
<i>vylibra</i>	50
VYZULTA	68
W	
<i>warfarin sodium</i>	58
<i>water for irrigation, sterile irrigation soln</i>	75
WELIREG	14
<i>wera</i>	50
<i>wixela inhub</i>	72
<i>wymzya fe</i>	50
X	
XALKORI	21
XARELTO	58
XARELTO STAR TAB 15/20MG	58
XATMEP	61
XCOPRI	37
XCOPRI PAK 100-150	37
XCOPRI PAK 12.5-25	37

XCOPRI PAK 150-200MG (MAINTENANCE).....	37	<i>zafirlukast</i>	70
XCOPRI PAK 150-200MG (TITRATION)	37	<i>zaleplon</i>	39
XCOPRI PAK 50-100MG	37	ZARXIO.....	58
XDEMVY	67	ZEJULA	22
XELJANZ	61	ZELBORAF.....	22
XELJANZ XR	61	ZEMAIRA.....	71
XERMELO	56	<i>zenatane</i>	72
XGEVA	45	ZENPEP CAP 10000UNT	56
XHANCE	71	ZENPEP CAP 15000UNT	56
XIFAXAN	56	ZENPEP CAP 20000UNT	56
XIGDUO XR TAB 10-1000	43	ZENPEP CAP 25000UNT	56
XIGDUO XR TAB 10-500MG	43	ZENPEP CAP 3000UNIT	56
XIGDUO XR TAB 2.5-1000	43	ZENPEP CAP 40000UNT	56
XIGDUO XR TAB 5-1000MG	43	ZENPEP CAP 5000UNIT	56
XIGDUO XR TAB 5-500MG	43	ZENPEP CAP 60000UNT	56
XIIDRA	68	ZERVIAE.....	67
XOFLUZA.....	8	<i>zidovudine</i>	6
XOLAIR	71	ZIEXTENZO	58
XOSPATA	21	<i>ziprasidone hcl</i>	34
XPOVIO 100 MG ONCE WEEKLY.....	22	<i>ziprasidone mesylate</i>	34
XPOVIO 40 MG ONCE WEEKLY	21	ZIRABEV	22
XPOVIO 40 MG TWICE WEEKLY	21	ZIRGAN	67
XPOVIO 60 MG ONCE WEEKLY	21	<i>zoledronic acid</i>	45
XPOVIO 60 MG TWICE WEEKLY	21	ZOLINZA	22
XPOVIO 80 MG ONCE WEEKLY	22	<i>zolpidem tartrate</i>	39
XPOVIO 80 MG TWICE WEEKLY	22	ZONISADE.....	37
XTANDI.....	13	<i>zonisamide</i>	37
<i>xulane</i>	50	<i>zovia 1/35</i>	50
XULTOPHY INJ 100/3.6	45	ZTALMY	37
Y		<i>zumandimine</i>	50
<i>yargesa</i>	53	ZURZUVAE	31
YF-VAX INJ	63	ZYDELIG	22
<i>yuvaferm</i>	51	ZYKADIA	22
Z		ZYLET SUS 0.5-0.3%	66
<i>zafemy</i>	50	ZYPREXA RELPREVV	34

HPMS Approved Formulary File Submission ID 00024198, Version Number #16

This formulary was updated on 10/1/2024. For more recent information or other questions, please contact Florida Complete Care Customer Service at 1-844-740-0625 (TTY users should call 711), 24 hours a day, 7 days a week or visit www.fc2healthplan.com.

Este Formulario resumido se actualizó el 1/10/2024. Para consultar un Listado completo o si tiene otras preguntas, comuníquese con Florida Complete Care Servicio para los miembros 1-844-740-0625 (los usuarios de TTY deben llamar al 711), 24 horas al día, 7 días a la semana o visite www.fc2healthplan.com.

Formulary last updated: 10/1/2024

H9986_2024FORM_C