

# **Florida Complete Care**

## **2026 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 00026048, Version Number #9

This formulary was updated on 03/01/2026. 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](http://www.fc2healthplan.com).

## **Formulario de 2026**

### **(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 00026048, Version Number #9

Este Formulario resumido se actualizó el 01/03/2026. Para obtener información más reciente 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](http://www.fc2healthplan.com).

Formulary last updated: 03/01/2026

H9986\_2026FORM\_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 drug list (formulary) for our plan which is current as of 03/01/2026. For an updated drug list (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, 2026 and from time to time during the year.

### **What is the Florida Complete Care formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 change?**

Most changes in drug coverage happen on January 1, but Florida Complete Care may add or remove drugs on the formulary during the year, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.fc2healthplan.com](http://www.fc2healthplan.com).

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Florida Complete Care’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Florida Complete Care’s formulary?”

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 03/01/2026. 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 16. 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 16. 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 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

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

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Florida Complete Care requires you [or your prescriber] 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 30 tablets per prescription for *simvastatin 80 mg tablets*. 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 16. 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.

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

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.

### **What if my drug is not on the formulary?**

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

If you learn that 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical***

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

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

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

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

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

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

### **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 16 provides coverage information about 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 91.

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.

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

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](http://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: 03/01/2026

H9986\_2026FORM\_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, que está vigente a partir del 01/03/2026. Para obtener la Lista de medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (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, los copagos y el coseguro pueden cambiar el 1 de enero de 2026 y periódicamente durante el año.

### **¿Qué es el Formulario de Florida Complete Care?**

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. 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.

### **¿El Formulario puede cambiar?**

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 del Formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican todos los meses en nuestro sitio web: [www.fc2healthplan.com](http://www.fc2healthplan.com).

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

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento 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. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o productos

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

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

Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, 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 para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada “¿Cómo puedo solicitar una excepción al Formulario de Florida Complete Care?”.

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

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, moverlo a un nivel de costo compartido diferente, o ambas. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento; o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para un 30-días y un aviso del cambio.

Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y 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 2026 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, 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 el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 01/03/2026. 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 posterior.

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:

#### **Afección médica**

El Formulario comienza en la página 16. 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 16. Luego, busque su medicamento debajo del nombre de la categoría.

#### **Listado alfabético**

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 91. 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 funcionan igual de bien y, suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes estatales.

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

En el Formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos habituales. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden reemplazar al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a medicamentos de marca.

- Para consultar los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

### **¿Hay alguna restricción en mi cobertura?**

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

- **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.

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

- **Límites de cantidad:** Para ciertos medicamentos, Florida Complete Care limita la cantidad del medicamento que Florida Complete Care cubrirá. Por ejemplo, Florida Complete Care proporciona 30 tabletas por receta para *simvastatin 80 mg tabletas*. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **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 16. 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 13 para obtener información acerca de cómo solicitar una excepción.

### **¿Qué son los medicamentos de venta libre (over-the-counter, OTC)?**

Los medicamentos de venta libre (over-the-counter, OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. Florida Complete Care paga por ciertos medicamentos de venta libre. Florida Complete Care proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo para Florida Complete Care de estos medicamentos de venta libre no se tendrá en cuenta para los costos totales de medicamentos de la Parte D.

### **¿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, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Florida Complete Care.

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

- 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.
- Puede pedirnos que no apliquemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o el límite de cantidad de 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 solicitud de una excepción si los medicamentos alternativos incluidos en el Formulario del plan, [el medicamento de menor costo compartido] o la aplicación de la restricción no fueran tan efectivos para usted o pudieran causarle efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** 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 pedir una decisión acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si aceptamos, o si la persona autorizada a dar recetas pide una decisión rápida, debemos comunicarle nuestra decisión, a más tardar, en un período de 24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

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

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 que está en nuestro Formulario, pero que tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras usted y su

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

médico determinan 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 en nuestro Formulario, o que tienen una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Si no se aprueba la cobertura, 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.

### **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 página 16 proporciona información acerca de la cobertura de los medicamentos que cubre Florida Complete Care. Si tiene alguna dificultad para encontrar el medicamento que toma en la Lista, consulte el Índice que comienza en la página 91.

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

Formulary last updated: 03/01/2026

H9986\_2026FORM\_C

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](http://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.

**FC2\_CY26\_1T\_SNP eff 03/01/2026**

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<b>ANALGESICS</b>		
<b>GOUT</b>		
<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	
<i>probenecid</i> TABS 500mg	1	
<b>MISCELLANEOUS</b>		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<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
<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
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

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

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<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 SOLN 1mg/ml, 2mg/ml</i>	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>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 LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	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 TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

## **ANTI-INFECTIVES**

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

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>BLUJEPa TABS 750mg</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	

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**B/D** - Covered under Medicare B or D

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin</i> SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomicin tromethamine</i> PACK 3gm	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</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	PA
<i>ivermectin</i> TABS 3mg	1	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 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	

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

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	QL (90 tabs / 30 days), PA
<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	
TOBI PODHALER CAPS 28mg	1	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
<b>ANTIFUNGALS</b>		
<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	
CRESEMBA CAPS 74.5mg, 186mg	1	PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

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

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS</b>
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

### **ANTIMALARIALS**

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

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
EDURANT PED TBSO 2.5mg	1	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<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

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
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
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<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
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	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
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM

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ODEFSEY TAB	1	NM
PREZCOBIX TAB 675/150	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

### **ANTITUBERCULAR AGENTS**

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

### **ANTIVIRALS**

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hcv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
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 PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)

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<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	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

### **CEPHALOSPORINS**

<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<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> 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	

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DIFICID SUSR 40mg/ml	1	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate TABS 400mg	1	
erythromycin lactobionate SOLR 500mg	1	
fidaxomicin TABS 200mg	1	
<b>FLUOROQUINOLONES</b>		
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
<b>PENICILLINS</b>		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	

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<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 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	
<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	
<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	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D

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<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	PA
<i>lomustine</i> CAPS 10mg, 40mg, 100mg	1	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D, NM
<b>ANTIMETABOLITES</b>		
<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, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<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, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
TABLOID TABS 40mg	1	PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<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

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<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, 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
INLURIYO TABS 200mg	1	QL (56 tabs / 28 days), NM, PA
<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
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	QL (120 tabs / 30 days), NM, PA

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<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
<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	
MATULANE CAPS 50mg	1	NM
<i>mesna</i> TABS 400mg	1	
MODEYSO CAPS 125mg	1	QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
<b>MITOTIC INHIBITORS</b>		
<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
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D, NM
<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

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<i>paclitaxel inj 100mg</i>	1	B/D, NM
<i>vincristine sulfate SOLN 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml</i>	1	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib SOLR 3.5mg</i>	1	NM, PA
BOSULIF CAPS 50mg	1	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (300 caps / 30 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, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	1	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, 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, 5mg	1	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA

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GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERCESSI SOLR 150mg, 420mg	1	NM, PA
HERNEXEOS TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<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, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA

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INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	QL (1 vial / 42 days), NM, 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 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA

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LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA

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<i>nilotinib hcl</i> CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	1	QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NM, 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, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA

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ROMVIMZA CAPS 14mg, 20mg, 30mg	1	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, 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, PA
TAFINLAR TBSO 10mg	1	QL (840 tabs / 28 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TECENTRIQ INJ HYBREZA	1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA

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TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA

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XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, PA

## **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 &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	

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<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<b>ACE INHIBITORS</b>		
<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	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
<b>ALPHA BLOCKERS</b>		
<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	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)

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<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)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

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

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	

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<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<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	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	

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<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	

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<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days), PA
<b>NITRATES</b>		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	1	QL (90 tabs / 30 days), NM, PA
<i>alyq TABS 20mg</i>	1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days), NM, PA
<i>bosentan TABS 62.5mg, 125mg</i>	1	QL (60 tabs / 30 days), NM, PA
<i>bosentan TBSO 32mg</i>	1	QL (120 tabs / 30 days), NM, PA

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OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA
UPTRAVI TABS 200mcg	1	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	QL (224 caps / 28 days), NM, 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 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

### **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

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<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 caps / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	1	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	1	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	1	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg</i>	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	QL (2 packs / year), PA
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 CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml</i>	1	

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<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 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 &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	

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<i>carbidopa &amp; 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	
<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, PA
<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	

### **ANTIPSYCHOTICS**

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	QL (1 syringe / 56 days)
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), ST
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)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order  
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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	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)
LYBALVI TAB 5-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA

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NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	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), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 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 .5mg, .75mg, 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

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<b>ANTISEIZURE AGENTS</b>		
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 TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	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)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)

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<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<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, PA
FYCOMPA SUSP .5mg/ml	1	QL (680 mL / 28 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	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<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	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

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<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 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; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<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
<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)
SUBVENITE SUSP 10mg/ml	1	ST
<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, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)

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<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, 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, PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<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</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA

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<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

### **HYPNOTICS**

<i>DAYVIGO</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 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 65 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 65 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA

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EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 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
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, 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, 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	QL (60 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	
NUDEXTA 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

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	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 / 365 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<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 65 years and older after a 90 day supply in a calendar year
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i> methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> tizanidine hcl</i> TABS 2mg, 4mg	1	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i> armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA

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<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, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 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 (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	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 NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM

### **ENDOCRINE AND METABOLIC**

#### **ANDROGENS**

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

#### **ANTIDIABETICS**

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)

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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-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 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 0.5MG/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)

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<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
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 SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

### **ANTIDIABETICS, INSULINS**

ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
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)

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NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	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
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)

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WYOST SOLN 120mg/1.7ml	1	NM, PA
XTRENBO SOLN 120mg/1.7ml	1	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	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	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM, PA
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	

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<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; 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>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</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	

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<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>luteru</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>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lyyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</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	

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<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</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>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	

**ESTROGENS**

<i>abigale</i>	1	
<i>abigale lo</i>	1	
<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	

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<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	1	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	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 TABS 10mcg</i>	1	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate SOLR 100mg</i>	1	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	1	B/D
<i>methylprednisolone TBPK 4mg</i>	1	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	1	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>	1	B/D
<i>prednisolone SOLN 15mg/5ml</i>	1	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	1	B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPK 5mg, 10mg</i>	1	
<i>PREDNISONO INTENSOL CONC 5mg/ml</i>	1	B/D
<i>SOLU-CORTEF SOLR 250mg, 500mg, 1000mg</i>	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide SUSP 50mg/ml</i>	1	

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ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
<i>betaine powder for oral solution</i>	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, 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, 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, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, 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, 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
NAGLAZYME SOLN 1mg/ml	1	NM, 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	
REVCOVI SOLN 2.4mg/1.5ml	1	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	QL (30 tabs / 30 days), NM, PA

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<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA
SYNAREL SOLN 2mg/ml	1	PA
<i>tolvaptan</i> TABS 15mg, 30mg	1	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	1	NM, PA
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	1	NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NM, PA

### **PROGESTINS**

<i>gallifrey</i> TABS 5mg	1	
<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>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	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	

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<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<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
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

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<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<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	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	1	QL (28 vials / 28 days), PA

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RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
<i>sucalfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

### **PROTON PUMP INHIBITORS**

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

#### **MISCELLANEOUS**

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

#### **URINARY ANTISPASMODICS**

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
<i>mirabegron</i> TB24 25mg, 50mg	1	QL (30 tabs / 30 days)

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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)
<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 CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 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/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)

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XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
FULPHILA SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA
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
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, 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	
<i>sajazir</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg	1	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

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<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), 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
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	QL (6 autoinjectors / 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 AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, PA
KINERET SOSY 100mg/0.67ml	1	QL (28 syringes / 28 days), NM, PA

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PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NM, PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, 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	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
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NM, 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
TREMFYA SOSY 200mg/2ml	1	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA

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TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 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
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 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	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	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, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA

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OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, PA
BENLYSTA SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, 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
engraf CAPS 25mg, 100mg	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	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D, NM
<b>VACCINES</b>		
ABRYSCO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	

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ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/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	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD 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)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

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<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
D2.5W/NACL INJ 0.45%	1	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	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 0.3%</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	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	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	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	

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<i>multiple electrolytes ph 5.5</i>	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	
<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
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>klor-con PACK 20meq</i>	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10 TBCR 10meq</i>	1	
KLOR-CON 10 TBCR 10meq	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	
WESTAB PLUS TAB 27-1MG	1	
<b><i>IV NUTRITION</i></b>		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D
AMINOSYN-PF INJ 10%	1	B/D
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
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D

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<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS /REQUISITOS/LIMITES</b>
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%</i>	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	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>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

### **ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	

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<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVI SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	

**ANTI-INFLAMMATORIES**

<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	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>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	

**ANTIALLERGICS**

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

**ANTIGLAUCOMA**

<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	1	ST
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</i>	1	
<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 sulfate (ophthalmic) SOLN 1%</i>	1	

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CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	

## OTIC

### OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</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)</i> SOLN .3%	1	

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

### ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)

### ANTI HISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

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<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)

**BETA AGONISTS**

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)

**LEUKOTRIENE MODULATORS**

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	

**MISCELLANEOUS**

<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)

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<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, 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, 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, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA
<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, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA

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TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, 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)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

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<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

## TOPICAL

### DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 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 phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 mL / 30 days), PA
<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>neuac</i>	1	QL (45 gm / 30 days)
<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>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (60 gm / 30 days)
<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 SHAM 1%</i>	1	QL (120 mL / 30 days)
<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)

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<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

### **DERMATOLOGY, ANTIPSORIATICS**

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

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	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)

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<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	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

**DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	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> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<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)
<i>PANRETIN</i> GEL .1%	1	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA

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

<b>DRUG NAME/NOMBRE DEL MEDICAMENTO</b>	<b>DRUG TIER/NIVEL /REQUISITOS/LIMITES</b>	<b>REQUIREMENTS/LIMITS</b>
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **NM** - Not available at mail-order  
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## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	5
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	6
<i>abigale</i> .....	50
<i>abigale lo</i> .....	50
ABILIFY ASIMTUFII .....	32
ABILIFY MAINTENA .....	32
<i>abiraterone acetate</i> .....	11
<i>abirtega</i> .....	12
ABRYSVO.....	62
<i>acamprosate calcium</i> .....	42
<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> .....	56
<i>acetic acid (otic)</i> .....	68
<i>acetylcysteine</i> .....	69
<i>acitretin</i> .....	73
ACTHIB INJ.....	62
ACTIMMUNE.....	62
<i>acyclovir</i> .....	7
<i>acyclovir sodium</i> .....	7
ADACEL INJ .....	62
ADALIMUMAB-BWWD .....	59
<i>adefovir dipivoxil</i> .....	7
ADEMPAS .....	28
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
AIRSUPRA AER 90-80MCG.....	71
AKEEGA TAB 100/500 .....	12
AKEEGA TAB 50/500MG.....	12
<i>ala-cort</i> .....	73
<i>albendazole</i> .....	2
<i>albuterol sulfate</i> .....	69
<i>alclometasone dipropionate</i> .....	73
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY .....	44
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
<i>altavera</i> .....	46
ALUNBRIG .....	14
ALUNBRIG PAK.....	14
ALVAIZ .....	58
ALVESCO.....	71
<i>alyacen 1/35</i> .....	46
<i>alyacen 7/7/7</i> .....	46
ALYFTREK TAB 10-50-125.....	69
ALYFTREK TAB 4-20-50 .....	69
ALYGLO.....	61
<i>alyq</i> .....	28
<i>amantadine hcl</i> .....	31
<i>ambrisentan</i> .....	28
<i>amethyst</i> .....	46
<i>amikacin sulfate</i> .....	2
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	27
<i>amiloride hcl</i> .....	27
<i>aminosyn ii soln 15%</i> .....	65
AMINOSYN INJ 10%.....	65
AMINOSYN-PF INJ 10% .....	65
<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</i> 5-20 mg .....	22	<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg.....	38
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg .....	22	<i>amphetamine-dextroamphetamine tab</i> 10 mg .....	38
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-20 mg .....	23	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg .....	38
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-40 mg .....	23	<i>amphetamine-dextroamphetamine tab</i> 15 mg .....	38
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-20 mg.....	23	<i>amphetamine-dextroamphetamine tab</i> 20 mg .....	38
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-40 mg.....	23	<i>amphetamine-dextroamphetamine tab</i> 30 mg .....	38
<i>amlodipine besylate-valsartan tab</i> 10- 160 mg .....	23	<i>amphetamine-dextroamphetamine tab</i> 5 mg.....	38
<i>amlodipine besylate-valsartan tab</i> 10- 320 mg .....	23	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg .....	38
<i>amlodipine besylate-valsartan tab</i> 5- 160 mg .....	23	<i>amphotericin b</i> .....	4
<i>amlodipine besylate-valsartan tab</i> 5- 320 mg .....	23	<i>amphotericin b liposome</i> .....	4
<i>amnestem</i> .....	72	<i>ampicillin</i> .....	9
<i>amoxapine</i> .....	30	<i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm .....	9
<i>amoxicillin</i> .....	9	<i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm .....	9
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml.....	9	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm.....	9
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml.....	9	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 15 (10-5) gm.....	9
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml .....	9	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 3 (2-1) gm .....	9
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml.....	9	<i>ampicillin sodium</i> .....	10
<i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg.....	9	<i>anagrelide hcl</i> .....	58
<i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg.....	9	<i>anastrozole</i> .....	12
<i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg.....	9	ANORO ELLIPT AER 62.5-25.....	68
<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg .....	38	<i>aprepitant</i> .....	54
<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg .....	38	<i>aprepitant capsule therapy pack</i> 80 & 125 mg .....	54
<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg .....	38	<i>apri</i> .....	46
<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg .....	38	APTIOM.....	35
<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg .....	38	APTIVUS .....	5
		ARALAST NP .....	69
		<i>aranelle</i> .....	46
		ARCALYST .....	62
		AREXVY.....	62
		ARIKAYCE .....	2
		<i>aripiprazole</i> .....	32
		ARISTADA .....	32
		ARISTADA INITIO .....	32

<i>armodafinil</i> .....	41, 42	<i>bacitracin-polymyxin-neomycin-hc</i>	
ARNUIITY ELLIPTA .....	71	<i>ophth oint 1%</i> .....	66
<i>asenapine maleate</i> .....	32	<i>baclofen</i> .....	41
<i>ashlyna</i> .....	46	BAFIERTAM.....	41
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>balsalazide disodium</i> .....	55
<i>200 mg</i> .....	58	BALVERSA .....	14
ASTAGRAF XL.....	62	<i>balziva</i> .....	46
<i>atazanavir sulfate</i> .....	5	BARACLUDGE.....	7
<i>atenolol</i> .....	26	BCG VACCINE .....	62
<i>atenolol &amp; chlorthalidone tab 100-25</i>		<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>mg</i> .....	26	<i>10-12.5 mg</i> .....	22
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>		<i>benazepril &amp; hydrochlorothiazide tab</i>	
.....	26	<i>20-12.5 mg</i> .....	22
<i>atomoxetine hcl</i> .....	38	<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>atorvastatin calcium</i> .....	25	<i>20-25 mg</i> .....	22
<i>atovaquone</i> .....	2	<i>benazepril &amp; hydrochlorothiazide tab 5-</i>	
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>6.25mg</i> .....	22
<i>mg</i> .....	5	<i>benazepril hcl</i> .....	23
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BENDAMUSTINE HYDROCHLORID ....	10
<i>mg</i> .....	5	BENDEKA .....	10
ATROPINE SULFATE .....	67	BENLYSTA .....	62
<i>atropine sulfate (ophthalmic)</i> .....	67	<i>benzoyl peroxide-erythromycin gel 5-</i>	
ATROVENT HFA .....	68	<i>3%</i> .....	72
<i>aubra eq</i> .....	46	<i>benztropine mesylate</i> .....	31
AUGTYRO .....	14	BERINERT .....	58
<i>aurovela 1/20</i> .....	46	<i>besifloxacin hcl</i> .....	66
<i>aurovela 24 fe</i> .....	46	BESIVANCE .....	66
<i>aurovela fe 1.5/30</i> .....	46	BESREMI .....	13
<i>aurovela fe 1/20</i> .....	46	<i>betaine powder for oral solution</i> .....	52
AUSTEDO .....	40	<i>betamethasone dipropionate (topical)</i>	
AUSTEDO XR.....	40	.....	73
AUSTEDO XR TAB TITR KIT .....	40	<i>betamethasone dipropionate</i>	
AUVELITY TAB 45-105MG .....	30	<i>augmented</i> .....	73
<i>aviane</i> .....	46	<i>betamethasone valerate</i> .....	73
AVMAPKI PAK FAKZYNJA.....	14	BETASERON.....	41
<i>ayuna</i> .....	46	<i>betaxolol hcl</i> .....	26
AYVAKIT .....	14	<i>betaxolol hcl (ophth)</i> .....	67
<i>azacitidine</i> .....	11	<i>bethanechol chloride</i> .....	56
<i>azathioprine</i> .....	62	BEVESPI AER 9-4.8MCG .....	68
<i>azelastine hcl</i> .....	68	<i>bexarotene</i> .....	13
<i>azelastine hcl (ophth)</i> .....	67	<i>bexarotene (topical)</i> .....	74
<i>azithromycin</i> .....	8	BEXSERO .....	62
<i>aztreonam</i> .....	2	<i>bicalutamide</i> .....	12
<i>azurette</i> .....	46	BICILLIN L-A.....	10
<b>B</b>		BIKTARVY TAB 30-120-15 MG .....	6
<i>bacitracin (ophthalmic)</i> .....	66	BIKTARVY TAB 50-200-25 MG .....	6
<i>bacitracin-polymyxin b ophth oint</i> ....	66	BILDYOS .....	45

BIMZELX .....	59	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		8-2 mg (base equiv) .....	42
10-6.25 mg .....	26	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		2-0.5 mg (base equiv) .....	42
2.5-6.25 mg .....	26	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		8-2 mg (base equiv) .....	42
6.25 mg .....	26	<i>bupropion hcl</i> .....	30
<i>bisoprolol fumarate</i> .....	26	<i>bupropion hcl (smoking deterrent)</i> ...	42
BIVIGAM .....	61	<i>bupirone hcl</i> .....	29
<i>blisovi 24 fe</i> .....	46	<i>butorphanol tartrate</i> .....	2
<i>blisovi fe 1.5/30</i> .....	46	<b>C</b>	
BLUJEPa .....	2	<i>cabergoline</i> .....	52
BONSITY .....	45	CABOMETYX .....	14
BOOSTRIX INJ .....	62	<i>calcipotriene</i> .....	73
<i>bortezomib</i> .....	14	<i>calcitonin (salmon) spray</i> .....	45
BORTEZOMIB .....	14	<i>calcitrene</i> .....	73
<i>bosentan</i> .....	28	<i>calcitriol</i> .....	54
BOSULIF .....	14	<i>calcitriol (oral)</i> .....	54
BRAFTOVI .....	14	CALQUENCE .....	14
BREO ELLIPTA INH 100-25 .....	71	<i>camila</i> .....	46
BREO ELLIPTA INH 200-25 .....	71	<i>camrese</i> .....	46
BREO ELLIPTA INH 50-25MCG .....	71	<i>camrese lo</i> .....	46
<i>breyna</i> .....	71	<i>candesartan cilexetil</i> .....	25
BREZTRI AERO AER SPHERE .....	68	<i>candesartan cilexetil-</i>	
BREZTRI AERO AER SPHERE		<i>hydrochlorothiazide tab 16-12.5 mg</i>	
(INSTITUTIONAL PACK) .....	68	.....	23
<i>briellyn</i> .....	46	<i>candesartan cilexetil-</i>	
<i>brimonidine tartrate</i> .....	67	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>brinzolamide</i> .....	67	.....	24
BRIVIACT .....	35	<i>candesartan cilexetil-</i>	
<i>bromocriptine mesylate</i> .....	31	<i>hydrochlorothiazide tab 32-25 mg</i> .	24
BRUKINSA .....	14	CAPLYTA .....	32
<i>budesonide</i> .....	55	CAPRELSA .....	15
<i>budesonide (inhalation)</i> .....	71	<i>captopril</i> .....	23
<i>budesonide-formoterol fumarate dihyd</i>		<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>aerosol 160-4.5 mcg/act</i> .....	71	15 mg .....	22
<i>budesonide-formoterol fumarate dihyd</i>		<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>aerosol 80-4.5 mcg/act</i> .....	71	25 mg .....	22
<i>bumetanide</i> .....	27	<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>buprenorphine</i> .....	1	15 mg .....	22
<i>buprenorphine hcl</i> .....	42	<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		25 mg .....	22
12-3 mg (base equiv) .....	42	<i>carb/levo orally disintegrating tab 10-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		100mg .....	31
2-0.5 mg (base equiv) .....	42	<i>carb/levo orally disintegrating tab 25-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		100mg .....	31
4-1 mg (base equiv) .....	42		

<i>carb/levo orally disintegrating tab 25-250mg</i> .....	31	<i>ceftazidime</i> .....	8
<i>carbamazepine</i> .....	35	<i>ceftriaxone sodium</i> .....	8
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	31	<i>cefuroxime axetil</i> .....	8
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	31	<i>cefuroxime sodium</i> .....	8
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	31	<i>celecoxib</i> .....	1
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	31	<i>cephalexin</i> .....	8
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	32	CEQUR SIMPL KIT PATCH 2U (3-DAY) .....	44
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	32	CEQUR SIMPL KIT PATCH 2U (4-DAY) .....	44
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	32	CEQUR SIMPL MIS INSERTER .....	44
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	32	CERDELGA.....	52
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	32	CEREZYME.....	52
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	32	<i>cetirizine hcl</i> .....	68
<i>carboplatin</i> .....	10	<i>cevimeline hcl</i> .....	75
<i>carglumic acid</i> .....	52	<i>chateal eq</i> .....	46
<i>carisoprodol</i> .....	41	CHEMET .....	46
<i>carteolol hcl (ophth)</i> .....	67	<i>chlorhexidine gluconate (mouth-throat)</i> .....	75
<i>cartia xt</i> .....	27	<i>chloroquine phosphate</i> .....	5
<i>carvedilol</i> .....	26	<i>chlorpromazine hcl</i> .....	32
<i>caspofungin acetate</i> .....	4	<i>chlorthalidone</i> .....	27
CAYSTON.....	2	<i>cholestyramine</i> .....	25
<i>cefaclor</i> .....	8	<i>cholestyramine light</i> .....	25
<i>cefadroxil</i> .....	8	<i>ciclopirox</i> .....	72
CEFAZOLIN .....	8	<i>ciclopirox olamine</i> .....	72
CEFAZOLIN INJ 1GM/50ML.....	8	<i>cilostazol</i> .....	58
<i>cefazolin sodium</i> .....	8	CILOXAN .....	66
CEFAZOLIN SOLN 2GM/100ML-4% ....	8	CIMDUO TAB 300-300 .....	6
CEFAZOLIN/DEX SOL 1GM/50ML-4% .	8	<i>cinacalcet hcl</i> .....	52
CEFAZOLIN/DEX SOL 2GM/50ML-3% .	8	<i>ciprofloxacin 200 mg/100ml in d5w</i> ....	9
CEFAZOLIN/DEX SOL 3GM/150ML-4% .	8	<i>ciprofloxacin 400 mg/200ml in d5w</i> ....	9
CEFAZOLIN/DEX SOL 3GM/50ML-2% .	8	<i>ciprofloxacin hcl</i> .....	9
<i>cefdinir</i> .....	8	<i>ciprofloxacin hcl (ophth)</i> .....	66
<i>cefepime hcl</i> .....	8	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	68
<i>cefixime</i> .....	8	<i>cisplatin</i> .....	10
<i>cefotetan disodium</i> .....	8	<i>citalopram hydrobromide</i> .....	30
<i>cefoxitin sodium</i> .....	8	<i>claravis</i> .....	72
<i>cefpodoxime proxetil</i> .....	8	<i>clarithromycin</i> .....	8
<i>cefprozil</i> .....	8	<i>clindamycin hcl</i> .....	2
		<i>clindamycin palmitate hydrochloride</i> ...3	
		<i>clindamycin phosphate</i> .....	3
		<i>clindamycin phosphate (topical)</i> .....	72
		<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	3

<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml .....	3	COMETRIQ (60MG DOSE) .....	15
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml .....	3	COMETRIQ KIT 100MG .....	15
<i>clindamycin phosphate vaginal</i> .....	57	COMETRIQ KIT 140MG .....	15
<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%.....	72	<i>compro</i> .....	54
CLINDMYC/NAC INJ 300/50ML .....	3	<i>constulose</i> .....	55
CLINDMYC/NAC INJ 600/50ML .....	3	COPAXONE .....	41
CLINDMYC/NAC INJ 900/50ML .....	3	COPIKTRA .....	15
CLINIMIX INJ 4.25/D10 .....	65	CORLANOR .....	28
CLINIMIX INJ 4.25/D5W .....	65	COTELLIC .....	15
CLINIMIX INJ 5%/D15W .....	65	CREON CAP 12000UNT .....	55
CLINIMIX INJ 5%/D20W .....	65	CREON CAP 24000UNT .....	55
CLINIMIX INJ 6/5.....	65	CREON CAP 3000UNIT.....	55
CLINIMIX INJ 8/10.....	65	CREON CAP 36000UNT .....	55
CLINIMIX INJ 8/14.....	65	CREON CAP 6000UNIT.....	55
<i>clinisol sf 15%</i> .....	65	CRESEMBA .....	4
CLINOLIPID EMU 20% .....	65	<i>cromolyn sodium</i> .....	69
<i>clobazam</i> .....	35	<i>cromolyn sodium (mastocytosis)</i> .....	55
<i>clobetasol propionate</i> .....	73	<i>cromolyn sodium (ophth)</i> .....	67
<i>clobetasol propionate e</i> .....	73	<i>cryselle</i> .....	46
<i>clodan</i> .....	73	<i>cyclobenzaprine hcl</i> .....	41
<i>clomipramine hcl</i> .....	30	<i>cyclophosphamide</i> .....	11
<i>clonazepam</i> .....	35	CYCLOPHOSPHAMIDE.....	11
<i>clonidine</i> .....	28	CYCLOPHOSPHAMIDE MONOHYDR ...	11
<i>clonidine hcl</i> .....	28	<i>cycloserine</i> .....	7
<i>clopidogrel bisulfate</i> .....	58	<i>cyclosporine</i> .....	62
<i>clorazepate dipotassium</i> .....	35	<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	62
<i>clotrimazole</i> .....	75	<i>cyproheptadine hcl</i> .....	68
<i>clotrimazole (topical)</i> .....	72	<i>cyred eq</i> .....	46
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%.....	72	CYSTADROPS .....	68
<i>clozapine</i> .....	32, 33	CYSTAGON .....	52
COARTEM TAB 20-120MG .....	5	CYSTARAN.....	68
COBENFY CAP 100-20MG .....	33	<i>cytarabine</i> .....	11
COBENFY CAP 125-30MG .....	33	<b>D</b>	
COBENFY CAP 50-20MG.....	33	D10W/NACL INJ 0.2% .....	64
COBENFY STRT CAP PACK .....	33	D10W/NACL INJ 0.45% .....	64
<i>colchicine</i> .....	1	D2.5W/NACL INJ 0.45% .....	64
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i> .....	1	D5W/NACL INJ 0.2%.....	64
<i>colesevelam hcl</i> .....	25	D5W/NACL INJ 0.45% .....	64
<i>colestipol hcl</i> .....	25	<i>dabigatran etexilate mesylate</i> .....	57
<i>colistimethate sodium</i> .....	3	<i>dalfampridine</i> .....	41
COMBIGAN SOL 0.2/0.5%.....	67	<i>danazol</i> .....	42
COMBIVENT AER 20-100.....	68	<i>dantrolene sodium</i> .....	41
		DANZITEN .....	15
		<i>dapagliflozin propanediol</i> .....	42
		<i>dapsone</i> .....	3
		DAPTACEL INJ.....	62

<i>daptomycin</i> .....	3	<i>diazepam (anticonvulsant)</i> .....	35
DAPTOMYCIN .....	3	<i>diazepam inj</i> .....	35
<i>darunavir</i> .....	5	<i>diazepam intensol</i> .....	35
<i>dasatinib</i> .....	15	<i>diazoxide</i> .....	51
<i>dasetta 1/35</i> .....	46	<i>diclofenac potassium</i> .....	1
<i>dasetta 7/7/7</i> .....	46	<i>diclofenac sodium</i> .....	1
DAURISMO .....	15	<i>diclofenac sodium (ophth)</i> .....	67
<i>daysee</i> .....	47	<i>diclofenac sodium (topical)</i> .....	74
DAYVIGO .....	39	<i>dicloxacillin sodium</i> .....	10
<i>deblitane</i> .....	47	<i>dicyclomine hcl</i> .....	54
<i>deferasirox</i> .....	46	DIFICID .....	9
DELSTRIGO TAB .....	6	<i>diflunisal</i> .....	1
DENGVAZIA SUS .....	62	<i>difluprednate</i> .....	67
DEPO-SUBQ PROVERA 104 .....	47	<i>digoxin</i> .....	28
<i>depo-testosterone</i> .....	42	<i>dihydroergotamine mesylate</i> .....	39
DESCOVY TAB 120-15MG .....	6	DILANTIN .....	35
DESCOVY TAB 200/25MG .....	6	<i>diltiazem hcl</i> .....	27
<i>desipramine hcl</i> .....	30	<i>diltiazem hcl coated beads</i> .....	27
<i>desmopressin acetate</i> .....	52	<i>diltiazem hcl extended release beads</i> .....	27
<i>desmopressin acetate spray</i> .....	52	<i>dilt-xr</i> .....	27
<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	52	<i>diphenhydramine hcl</i> .....	68
<i>desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> .....	47	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> .....	55
<i>desvenlafaxine succinate</i> .....	30	<i>dipyridamole</i> .....	58
<i>dexamethasone</i> .....	51	<i>disopyramide phosphate</i> .....	25
DEXAMETHASONE INTENSOL .....	51	<i>disulfiram</i> .....	42
<i>dexamethasone sodium phosphate</i> .....	51	<i>divalproex sodium</i> .....	35
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	67	<i>docetaxel</i> .....	13
<i>dexmethylphenidate hcl</i> .....	38, 39	DOCETAXEL .....	13
<i>dextrose</i> .....	66	DOCIVYX .....	13
DEXTROSE 10% .....	66	<i>dofetilide</i> .....	25
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i> .....	64	<i>dolishale</i> .....	47
<i>dextrose 5% in lactated ringers</i> .....	64	<i>donepezil hydrochloride</i> .....	29
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i> .....	64	DOPTELET .....	58
<i>dextrose 5% w/ sodium chloride 0.3%</i> .....	64	DOPTELET SPRINKLE .....	58
<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	64	<i>dorzolamide hcl</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	64	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i> .....	67
DEXTROSE 70% .....	66	<i>dotti</i> .....	50
DIACOMIT .....	35	DOVATO TAB 50-300MG .....	6
<i>diazepam</i> .....	35	<i>doxazosin mesylate</i> .....	23
		<i>doxepin hcl</i> .....	30
		<i>doxepin hcl (sleep)</i> .....	39
		<i>doxorubicin hcl</i> .....	13
		<i>doxorubicin hcl liposomal</i> .....	13
		<i>doxy 100</i> .....	10
		<i>doxycycline (monohydrate)</i> .....	10

<i>doxycycline hyclate</i> .....	10	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	6
DRIZALMA SPRINKLE .....	30	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	6
<i>dronabinol</i> .....	54	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	6
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	47	EMTRIVA .....	5
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	47	EMVERM.....	3
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	47	<i>emzahh</i> .....	47
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	47	<i>enalapril maleate</i> .....	23
DROXIA.....	58	<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	22
<i>droxidopa</i> .....	28	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	22
DULERA AER 100-5MCG.....	71	ENBREL.....	59
DULERA AER 200-5MCG.....	71	ENBREL MINI .....	59
DULERA AER 50-5MCG .....	71	ENBREL SURECLICK.....	59
<i>duloxetine hcl</i> .....	30	<i>endocet tab 10-325mg</i> .....	2
DUPIXENT.....	59	<i>endocet tab 2.5-325mg</i> .....	2
<i>dutasteride</i> .....	56	<i>endocet tab 5-325mg</i> .....	2
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	56	<i>endocet tab 7.5-325mg</i> .....	2
<b>E</b>		ENGERIX-B .....	63
<i>e.e.s. 400</i> .....	9	<i>enilloring</i> .....	47
<i>econazole nitrate</i> .....	73	<i>enoxaparin sodium</i> .....	57
EDURANT .....	5	ENSACOVE .....	15
EDURANT PED .....	5	<i>enskyce</i> .....	47
<i>efavirenz</i> .....	5	ENSTILAR AER .....	73
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	6	<i>entacapone</i> .....	32
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	6	<i>entecavir</i> .....	7
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	6	ENTRESTO CAP 15-16MG.....	24
ELIGARD .....	12	ENTRESTO CAP 6-6MG .....	24
<i>elinest</i> .....	47	<i>enulose</i> .....	55
ELIQUIS .....	57	EPCLUSA PAK 150-37.5.....	7
ELIQUIS (1.5MG PACK) 3 X .....	57	EPCLUSA PAK 200-50MG .....	7
ELIQUIS (2MG PACK) 4 X.....	57	EPCLUSA TAB 200-50MG .....	7
ELIQUIS STARTER PACK .....	57	EPCLUSA TAB 400-100 .....	7
<i>eluryng</i> .....	47	EPIDIOLEX .....	35
EMGALITY.....	40	<i>epinephrine (anaphylaxis)</i> ....	28, 69, 70
EMSAM.....	30	<i>eplerenone</i> .....	23
<i>emtricitabine</i> .....	5	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	40
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> .....	6	ERIVEDGE .....	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	6	ERLEADA.....	12
		<i>erlotinib hcl</i> .....	15
		<i>errin</i> .....	47
		<i>ertapenem sodium</i> .....	3
		<i>ery</i> .....	72

ERYTHROCIN LACTOBIONATE.....	9	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin (acne aid)</i> .....	72	<i>mg/50ml</i> .....	54
<i>erythromycin (ophth)</i> .....	66	FANAPT.....	33
<i>erythromycin base</i> .....	9	FANAPT PAK PACK A .....	33
<i>erythromycin ethylsuccinate</i> .....	9	FANAPT PAK PACK B .....	33
<i>erythromycin lactobionate</i> .....	9	FANAPT PAK PACK C .....	33
ERZOFRI .....	33	FARXIGA .....	43
<i>escitalopram oxalate</i> .....	30	FASENRA.....	70
<i>eslicarbazepine acetate</i> .....	35, 36	FASENRA PEN .....	70
<i>esomeprazole magnesium</i> .....	56	<i>feirza 1.5/30</i> .....	47
<i>estarylla</i> .....	47	<i>feirza 1/20</i> .....	47
<i>estradiol</i> .....	50	<i>felbamate</i> .....	36
<i>estradiol &amp; norethindrone acetate tab</i>		<i>felodipine</i> .....	27
<i>0.5-0.1 mg</i> .....	51	<i>fenofibrate</i> .....	25
<i>estradiol &amp; norethindrone acetate tab</i>		<i>fenofibrate micronized</i> .....	25
<i>1-0.5 mg</i> .....	51	<i>fentanyl</i> .....	1
<i>estradiol vaginal</i> .....	51	<i>fesoterodine fumarate</i> .....	56
<i>estradiol valerate</i> .....	51	FETZIMA .....	30
<i>eszopiclone</i> .....	39	FETZIMA CAP TITRATIO.....	30
<i>ethambutol hcl</i> .....	7	FIASP .....	44
<i>ethosuximide</i> .....	36	FIASP FLEXTOUCH.....	44
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		FIASP PENFILL .....	44
<i>tab 1 mg-50 mcg</i> .....	47	FIASP PUMPCART .....	44
<i>etodolac</i> .....	1	<i>fidaxomicin</i> .....	9
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>finasteride</i> .....	56
<i>0.12-0.015 mg/24hr</i> .....	47	<i>ingolimod hcl</i> .....	41
<i>etoposide</i> .....	13	FINTEPLA .....	36
<i>etravirine</i> .....	5	<i>finzala</i> .....	47
EUCRISA .....	74	FIRMAGON .....	12
EULEXIN .....	12	<i>flac</i> .....	68
<i>everolimus</i> .....	15	FLEBOGAMMA DIF .....	61
<i>everolimus (immunosuppressant)</i> ....	62	<i>flecainide acetate</i> .....	25
EVOTAZ TAB 300-150.....	6	<i>fluconazole</i> .....	4
<i>exemestane</i> .....	12	<i>fluconazole in nacl 0.9% inj 200</i>	
EXXUA .....	30	<i>mg/100ml</i> .....	4
EXXUA TITRATION PACK.....	30	<i>fluconazole in nacl 0.9% inj 400</i>	
EYSUVIS.....	68	<i>mg/200ml</i> .....	4
<i>ezetimibe</i> .....	26	<i>flucytosine</i> .....	4
<i>ezetimibe-simvastatin tab 10-10 mg</i> .26		<i>fludrocortisone acetate</i> .....	51
<i>ezetimibe-simvastatin tab 10-20 mg</i> .26		<i>flunisolide (nasal)</i> .....	71
<i>ezetimibe-simvastatin tab 10-40 mg</i> .26		<i>fluocinolone acetonide</i> .....	73
<i>ezetimibe-simvastatin tab 10-80 mg</i> .26		<i>fluocinolone acetonide (otic)</i> .....	68
<b>F</b>		<i>fluocinonide</i> .....	73
FABRAZYME .....	52	<i>fluocinonide emulsified base</i> .....	74
<i>falmina</i> .....	47	<i>fluorometholone (ophth)</i> .....	67
<i>famciclovir</i> .....	7	<i>fluorouracil</i> .....	11
<i>famotidine</i> .....	54	<i>fluorouracil (topical)</i> .....	74

<i>fluoxetine hcl</i> .....	30	GAUZE PADS 2 .....	44
<i>fluphenazine decanoate</i> .....	33	<i>gavilyte-c</i> .....	55
<i>fluphenazine hcl</i> .....	33	<i>gavilyte-g</i> .....	55
<i>flurbiprofen</i> .....	1	<i>gavilyte-n/flavor pack</i> .....	55
<i>flurbiprofen sodium</i> .....	67	GAVRETO .....	16
<i>fluticasone propionate</i> .....	74	<i>gefitinib</i> .....	16
<i>fluticasone propionate (nasal)</i> .....	71	<i>gemcitabine hcl</i> .....	11
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i> .....	71	<i>gemfibrozil</i> .....	25
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i> .....	72	GEMTESA .....	56
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i> .....	72	<i>generlac</i> .....	55
<i>fluvoxamine maleate</i> .....	29	<i>gengraf</i> .....	62
<i>fondaparinux sodium</i> .....	57	GENOTROPIN .....	52
<i>fosamprenavir calcium</i> .....	5	GENOTROPIN MINIQUICK .....	52
<i>fosfomycin tromethamine</i> .....	3	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	3
<i>fosinopril sodium</i> .....	23	<i>gentamicin in saline inj 1 mg/ml</i> .....	3
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	23	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	3
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	23	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	3
FOTIVDA .....	15	<i>gentamicin in saline inj 2 mg/ml</i> .....	3
FRINDOVYX .....	11	<i>gentamicin sulfate</i> .....	3
FRUZAQLA .....	15	<i>gentamicin sulfate (ophth)</i> .....	66
FULPHILA .....	58	<i>gentamicin sulfate (topical)</i> .....	72
<i>fulvestrant</i> .....	12	GENVOYA TAB.....	6
<i>furosemide</i> .....	27	GILOTRIF .....	16
<i>furosemide inj</i> .....	27	<i>glatiramer acetate</i> .....	41
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	51	<i>glatopa</i> .....	41
<i>fyavolv tab 1mg-5mcg</i> .....	51	GLEOSTINE .....	11
FYCOMPA.....	36	<i>glimepiride</i> .....	43
<b>G</b>		<i>glipizide</i> .....	43
<i>gabapentin</i> .....	36	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	43
<i>galantamine hydrobromide</i> .....	29	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	43
<i>galbriela</i> .....	47	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	43
<i>gallifrey</i> .....	53	<i>glycopyrrolate</i> .....	54
GAMASTAN INJ.....	61	<i>glydo</i> .....	74
GAMMAGARD LIQUID .....	61	GLYXAMBI TAB 10-5 MG .....	43
GAMMAGARD S/D IGA LESS TH .....	61	GLYXAMBI TAB 25-5 MG .....	43
GAMMAKED.....	61	GOMEKLI.....	16
GAMMAPLEX.....	61	<i>granisetron hcl</i> .....	54
GAMUNEX-C.....	61	<i>griseofulvin microsize</i> .....	4
<i>ganciclovir sodium</i> .....	7	<i>griseofulvin ultramicrosize</i> .....	4
GARDASIL 9.....	63	<i>guanfacine hcl</i> .....	28
<i>gatifloxacin (ophth)</i> .....	66	<i>guanfacine hcl (adhd)</i> .....	39
GATTEX.....	55	<b>H</b>	
		HADLIMA.....	59
		HADLIMA PUSHTOUCH .....	59
		HAEGARDA .....	58

<i>hailey 1.5/30</i> .....	47	<i>hydroxyurea</i> .....	13
<i>hailey 24 fe</i> .....	47	<i>hydroxyzine hcl</i> .....	69
<i>halobetasol propionate</i> .....	74	<i>hydroxyzine pamoate</i> .....	69
<i>haloette</i> .....	47	<b>I</b>	
<i>haloperidol</i> .....	33	<i>ibandronate sodium</i> .....	45
<i>haloperidol decanoate</i> .....	33	IBRANCE .....	16
<i>haloperidol lactate</i> .....	33	IBTROZI .....	16
HAVRIX .....	63	<i>ibu</i> .....	1
<i>heather</i> .....	47	<i>ibuprofen</i> .....	1
HEP SOD/NACL INJ 25000UNT .....	57	<i>icatibant acetate</i> .....	58
<i>heparin sodium (porcine)</i> .....	57	<i>iclevia</i> .....	47
HEPLISAV-B .....	63	ICLUSIG .....	16
HERCEP HYLEC SOL 60-10000 .....	16	IDHIFA .....	16
HERCEPTIN .....	16	<i>imatinib mesylate</i> .....	16
HERCESSI .....	16	IMBRUVICA .....	16
HERNEXEOS .....	16	<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i> .....	3
HERZUMA .....	16	<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i> .....	3
HIBERIX .....	63	<i>imipramine hcl</i> .....	31
HUMIRA .....	59	<i>imiquimod</i> .....	74
HUMIRA PEN .....	59	IMKELDI .....	16
HUMIRA PEN KIT PS/UV .....	59	IMOVAX RABIES (H.D.C.V.) .....	63
HUMIRA PEN-CD/UC/HS START .....	59	IMPAVIDO .....	3
HUMULIN R U-500 (CONCENTR) .....	44	INBRIJA .....	32
HUMULIN R U-500 KWIKPEN .....	44	<i>incassia</i> .....	47
<i>hydralazine hcl</i> .....	28	INCRELEX .....	52
<i>hydrochlorothiazide</i> .....	27	INCRUSE ELLIPTA .....	68
<i>hydrocodone bitartrate</i> .....	1	<i>indapamide</i> .....	27
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i> .....	2	INFANRIX INJ .....	63
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i> .....	2	INFLIXIMAB .....	59
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i> .....	2	INLURIYO .....	12
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i> .....	2	INLYTA .....	16
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2	INQOVI TAB 35-100MG .....	11
<i>hydrocortisone</i> .....	51	INREBIC .....	17
<i>hydrocortisone (intrarectal)</i> .....	55	INSULIN PEN NEEDLES: EMBECTA-BD .....	44
<i>hydrocortisone (rectal)</i> .....	74	INSULIN SAFETY NEEDLES: EMBECTA- BD .....	44
<i>hydrocortisone (topical)</i> .....	74	INSULIN SYRINGES: EMBECTA-BD ...	44
<i>hydrocortisone sod succinate</i> .....	51	INTELENCE .....	5
<i>hydrocortisone valerate</i> .....	74	INTRALIPID .....	66
<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i> .....	68	<i>introvale</i> .....	47
<i>hydromorphone hcl</i> .....	2	INVEGA HAFYERA .....	33
<i>hydroxychloroquine sulfate</i> .....	61	INVEGA SUSTENNA .....	33
		INVEGA TRINZA .....	33
		IPOL INJ INACTIVE .....	63



KEYTRUDA.....	17	<i>larin 1/20</i> .....	48
KEYTRUDA INJ QLEX 395-4800 MG- UNIT/2.4ML.....	17	<i>larin 24 fe</i> .....	48
KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML.....	17	<i>larin fe 1.5/30</i> .....	48
KINERET.....	59	<i>larin fe 1/20</i> .....	48
KINRIX INJ.....	63	<i>latanoprost</i> .....	67
<i>kionex</i> .....	46	LAZCLUZE.....	17, 18
KISQALI 200 DOSE.....	17	<i>leflunomide</i> .....	61
KISQALI 400 DOSE.....	17	<i>lenalidomide</i> .....	13
KISQALI 400 PAK FEMARA.....	17	LENVIMA 10 MG DAILY DOSE.....	18
KISQALI 600 DOSE.....	17	LENVIMA 12MG DAILY DOSE.....	18
KISQALI 600 PAK FEMARA.....	17	LENVIMA 20 MG DAILY DOSE.....	18
<i>klayesta</i> .....	73	LENVIMA 4 MG DAILY DOSE.....	18
<i>klor-con</i> .....	65	LENVIMA 8 MG DAILY DOSE.....	18
<i>klor-con 10</i> .....	65	LENVIMA CAP 14 MG.....	18
KLOR-CON 10.....	65	LENVIMA CAP 18 MG.....	18
KLOR-CON 8.....	65	LENVIMA CAP 24 MG.....	18
<i>klor-con m10</i> .....	65	<i>lessina</i> .....	48
<i>klor-con m15</i> .....	65	<i>letrozole</i> .....	12
<i>klor-con m20</i> .....	65	<i>leucovorin calcium</i> .....	13
KLOXXADO.....	42	LEUKERAN.....	11
KOMZIFTI.....	17	<i>leuprolide acetate</i> .....	12
KOSELUGO.....	17	<i>levabuterol hcl</i> .....	69
<i>kourzeq</i> .....	75	<i>levabuterol tartrate</i> .....	69
KRAZATI.....	17	<i>levetiracetam</i> .....	36
<i>kurvelo</i> .....	48	LEVETIRACETAM.....	36
<b>L</b>		<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i> .....	36
<i>labetalol hcl</i> .....	26	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i> .....	36
<i>lacosamide</i> .....	36	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i> .....	36
<i>lacosamide oral</i> .....	36	<i>levobunolol hcl</i> .....	67
LACTATED RIN INJ.....	64	<i>levocarnitine (metabolic modifiers)</i> ..	52
<i>lactated ringer's solution</i> .....	64	<i>levocetirizine dihydrochloride</i> .....	69
<i>lactic acid (ammonium lactate)</i> .....	74	<i>levofloxacin</i> .....	9
<i>lactulose</i> .....	55	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i> .....	9
<i>lactulose (encephalopathy)</i> .....	55	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i> .....	9
<i>lamivudine</i> .....	5	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i> .....	9
<i>lamivudine (hbv)</i> .....	7	<i>levonest</i> .....	48
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	6	<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &amp; eth est 0.01</i> <i>mg</i> .....	48
<i>lamotrigine</i> .....	36	<i>levonorgestrel &amp; ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i> .....	48
<i>lanreotide acetate</i> .....	52		
<i>lansoprazole</i> .....	56		
LANTUS.....	44		
LANTUS SOLOSTAR.....	44		
<i>lapatinib ditosylate</i> .....	17		
<i>larin 1.5/30</i> .....	48		

<i>levonorgestrel &amp; ethinyl estradiol tab</i>		<i>lorazepam</i> .....	29
0.1 mg-20 mcg .....	48	<i>lorazepam intensol</i> .....	29
<i>levonorgestrel-eth estra tab 0.05-</i>		LORBRENA .....	18
30/0.075-40/0.125-30mg-mcg .....	48	<i>loryna</i> .....	48
<i>levonorgestrel-ethinyl estradiol</i>		<i>losartan potassium</i> .....	25
( <i>continuous</i> ) <i>tab 90-20 mcg</i> .....	48	<i>losartan potassium &amp;</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>eth est tab 0.01mg(7)</i> .....	48	.....	24
<i>levora 0.15/30-28</i> .....	48	<i>losartan potassium &amp;</i>	
<i>levo-t</i> .....	53	<i>hydrochlorothiazide tab 100-25 mg</i>	24
<i>levothyroxine sodium</i> .....	53	<i>losartan potassium &amp;</i>	
<i>levoxyl</i> .....	53	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>l-glutamine (sickle cell)</i> .....	58	.....	24
<i>lidocaine</i> .....	74	LOTEMAX .....	67
<i>lidocaine hcl</i> .....	74	<i>loteprednol etabonate-tobramycin</i>	
<i>lidocaine hcl (local anesth.)</i> .....	1	<i>ophth susp 0.5-0.3%</i> .....	66
<i>lidocaine hcl (mouth-throat)</i> .....	75	<i>lovastatin</i> .....	25
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	74	<i>low-ogestrel</i> .....	48
<i>lidocan</i> .....	74	<i>loxapine succinate</i> .....	33
LILETTA.....	48	<i>luizza 1.5/30</i> .....	48
<i>linezolid</i> .....	3	<i>luizza 1/20</i> .....	48
LINEZOLID INJ 2MG/ML.....	3	LUMAKRAS .....	18
LINZESS.....	55	LUMIGAN .....	67
<i>liomny</i> .....	53	LUMIZYME .....	52
<i>liothyronine sodium</i> .....	53	LUPRON DEPOT (1-MONTH) .....	12
<i>lisinopril</i> .....	23	LUPRON DEPOT (3-MONTH) .....	12
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		LUPRON DEPOT-PED (1-MONTH.....	52
12.5 mg .....	23	LUPRON DEPOT-PED (3-MONTH.....	52
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LUPRON DEPOT-PED (6-MONTH.....	52
12.5 mg .....	23	<i>lurasidone hcl</i> .....	33
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>lutera</i> .....	48
25 mg .....	23	LYBALVI TAB 10-10MG .....	33
<i>lithium</i> .....	40	LYBALVI TAB 15-10MG .....	33
<i>lithium carbonate</i> .....	40	LYBALVI TAB 20-10MG .....	33
LIVTENCITY .....	7	LYBALVI TAB 5-10MG.....	33
<i>loestrin 1.5/30-21</i> .....	48	<i>lyleq</i> .....	48
<i>loestrin 1/20-21</i> .....	48	<i>lyllana</i> .....	51
<i>loestrin fe 1.5/30</i> .....	48	LYNPARZA .....	18
<i>loestrin fe 1/20</i> .....	48	LYSODREN .....	12
<i>lojaimiess</i> .....	48	LYTGOBI (12 MG DAILY DOSE) .....	18
LOKELMA.....	46	LYTGOBI (16 MG DAILY DOSE) .....	18
<i>lomustine</i> .....	11	LYTGOBI (20 MG DAILY DOSE) .....	18
LONSURF TAB 15-6.14 .....	11	<i>lyza</i> .....	48
LONSURF TAB 20-8.19 .....	11	<b>M</b>	
<i>loperamide hcl</i> .....	55	<i>magnesium sulfate</i> .....	64
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	6	MAGNESIUM SULFATE .....	64
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	6		

<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	64	<i>methylprednisolone</i> .....	51
<i>malathion</i> .....	75	<i>methylprednisolone acetate</i> .....	51
<i>maraviroc</i> .....	5	<i>methylprednisolone sod succ</i> .....	51
<i>marlissa</i> .....	48	<i>metoclopramide hcl</i> .....	54
MARPLAN.....	31	<i>metolazone</i> .....	27
MATULANE.....	13	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	26
MAVYRET PAK 50-20MG.....	7	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	26
MAVYRET TAB 100-40MG .....	7	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	26
<i>meclizine hcl</i> .....	54	<i>metoprolol succinate</i> .....	26
<i>medroxyprogesterone acetate</i> .....	53	<i>metoprolol tartrate</i> .....	26
<i>medroxyprogesterone acetate (contraceptive)</i> .....	48	<i>metronidazole</i> .....	3
<i>mefloquine hcl</i> .....	5	<i>metronidazole (topical)</i> .....	74
<i>megestrol acetate</i> .....	12, 53	<i>metronidazole vaginal</i> .....	57
<i>megestrol acetate (appetite)</i> .....	53	<i>metyrosine</i> .....	28
MEKINIST .....	18	<i>mibelas 24 fe</i> .....	48
MEKTOVI .....	18	<i>micafungin sodium</i> .....	4
<i>meleya</i> .....	48	<i>microgestin 1.5/30</i> .....	48
<i>meloxicam</i> .....	1	<i>microgestin 1/20</i> .....	48
<i>memantine hcl</i> .....	29	<i>microgestin fe 1.5/30</i> .....	48
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	30	<i>microgestin fe 1/20</i> .....	49
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> .....	30	<i>midodrine hcl</i> .....	28
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> .....	30	MIEBO .....	68
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> .....	30	<i>mifepristone (hyperglycemia)</i> .....	52
MENQUADFI.....	63	<i>mili</i> .....	49
MENVEO INJ.....	63	<i>mimvey</i> .....	51
MENVEO SOL .....	63	<i>minocycline hcl</i> .....	10
<i>mercaptapurine</i> .....	11	<i>minoxidil</i> .....	28
<i>meropenem</i> .....	3	<i>mirabegron</i> .....	56
<i>mesalamine</i> .....	55	<i>mirtazapine</i> .....	31
<i>mesalamine w/ cleanser</i> .....	55	<i>misoprostol</i> .....	55
<i>mesna</i> .....	13	M-M-R II INJ.....	63
<i>metformin hcl</i> .....	43	M-NATAL PLUS TAB.....	65
<i>methadone hcl</i> .....	1	<i>modafinil</i> .....	42
<i>methadone hydrochloride i</i> .....	1	MODEYSO.....	13
<i>methazolamide</i> .....	27	<i>moexipril hcl</i> .....	23
<i>methenamine hippurate</i> .....	3	<i>molindone hcl</i> .....	33
<i>methimazole</i> .....	53	<i>mometasone furoate</i> .....	74
<i>methocarbamol</i> .....	41	MONJUVI.....	18
<i>methotrexate sodium</i> .....	11, 61	<i>mono-lynyah</i> .....	49
<i>methsuximide</i> .....	36	<i>montelukast sodium</i> .....	69
<i>methylphenidate hcl</i> .....	39	<i>morphine sulfate</i> .....	1, 2
		MOUNJARO .....	43
		MOVANTIK.....	55
		<i>moxifloxacin hcl</i> .....	9

<i>moxifloxacin hcl (ophth)</i> .....	66	<i>nicardipine hcl</i> .....	27
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	9	NICOTROL NS .....	42
MRESVIA .....	63	<i>nifedipine</i> .....	27
MULTAQ .....	25	<i>nikki</i> .....	49
<i>multiple electrolytes ph 5.5</i> .....	65	<i>nilotinib hcl</i> .....	19
<i>mupirocin</i> .....	72	<i>nilutamide</i> .....	12
<i>mycophenolate mofetil</i> .....	62	<i>nimodipine</i> .....	27
<i>mycophenolate sodium</i> .....	62	NINLARO.....	19
MYRBETRIQ .....	57	<i>nitazoxanide</i> .....	3
<b>N</b>		<i>nitisinone</i> .....	52
<i>nabumetone</i> .....	1	NITRO-BID .....	28
<i>nadolol</i> .....	26	<i>nitrofurantoin macrocrystal</i> .....	3
<i>nafcillin sodium</i> .....	10	<i>nitrofurantoin monohyd macro</i> .....	3
NAGLAZYME.....	52	<i>nitroglycerin</i> .....	28
<i>naloxone hcl</i> .....	42	<i>nitroglycerin (intra-anal)</i> .....	74
<i>naltrexone hcl</i> .....	42	<i>nizatidine</i> .....	54
NAMZARIC CAP 7-10MG.....	30	<i>nora-be</i> .....	49
<i>naproxen</i> .....	1	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	49
<i>naproxen sodium</i> .....	1	<i>norethindrone (contraceptive)</i> .....	49
<i>naratriptan hcl</i> .....	40	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	49
NATACYN.....	66	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	49
<i>nateglinide</i> .....	43	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	49
NAYZILAM .....	36	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....	49
<i>nebivolol hcl</i> .....	26	<i>norethindrone acetate</i> .....	53
<i>necon 0.5/35-28</i> .....	49	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	51
<i>nefazodone hcl</i> .....	31	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	51
<i>neomycin sulfate</i> .....	3	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	49
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	66	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	49
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..	66	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	49
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	66	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	49
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	66	<i>norlyroc</i> .....	49
<i>neomycin-polymyxin-hc ophth susp</i> ..	66	<i>nortrel 0.5/35 (28)</i> .....	49
<i>neomycin-polymyxin-hc otic soln 1%</i>	68	<i>nortrel 1/35 (21)</i> .....	49
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	68	<i>nortrel 1/35 (28)</i> .....	49
NERLYNX .....	18	<i>nortrel 7/7/7</i> .....	49
<i>neuac</i> .....	72	<i>nortriptyline hcl</i> .....	31
<i>nevirapine</i> .....	5		
NEXLETOL .....	26		
NEXLIZET TAB 180/10MG .....	26		
NEXPLANON .....	49		
<i>niacin (antihyperlipidemic)</i> .....	26		

NORVIR.....	5	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30 .....	44	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NOVOLIN INJ 70/30 FP .....	44	.....	24
NOVOLIN N .....	44	<i>olmesartan medoxomil-</i>	
NOVOLIN N FLEXPEN.....	44	<i>hydrochlorothiazide tab 40-25 mg .</i>	24
NOVOLIN R .....	45	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN .....	45	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLOG.....	45	mg .....	24
NOVOLOG FLEXPEN .....	45	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN RELION .....	45	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ 70/30 .....	45	mg .....	24
NOVOLOG MIX INJ FLEXPEN .....	45	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL.....	45	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLOG RELION .....	45	.....	24
NUBEQA .....	12	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG.....	40	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX.....	62	mg .....	24
NUPLAZID.....	33, 34	<i>olmesartan-amlodipine-</i>	
NURTEC .....	40	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NUTRILIPID .....	66	.....	24
NUZYRA .....	10	<i>omega-3-acid ethyl esters cap 1 gm.</i>	26
<i>nyamyc</i> .....	73	<i>omeprazole.....</i>	56
<i>nylia 1/35</i> .....	49	OMNIPOD 5 DX KIT INT G7G6 .....	45
<i>nylia 7/7/7</i> .....	49	OMNIPOD 5 DX MIS POD G7G6 .....	45
<i>nystatin</i> .....	4	OMNIPOD 5 L2 KIT INTRO G6.....	45
<i>nystatin (mouth-throat)</i> .....	75	OMNIPOD 5 L2 MIS PODS G6 .....	45
<i>nystatin (topical)</i> .....	73	OMNIPOD DASH KIT INTRO .....	45
<i>nystop</i> .....	73	OMNIPOD DASH MIS PODS .....	45
<b>○</b>		<i>ondansetron</i> .....	54
OCTAGAM .....	62	<i>ondansetron hcl</i> .....	54
<i>octreotide acetate</i> .....	52	ONTRUZANT .....	19
ODEFSEY TAB.....	7	ONUREG.....	11
ODOMZO .....	19	OPIPZA .....	34
OFEV .....	70	OPSUMIT.....	29
<i>ofloxacin (ophth)</i> .....	66	ORGOVYX.....	12
<i>ofloxacin (otic)</i> .....	68	ORKAMBI GRA 100-125.....	70
OGIVRI .....	19	ORKAMBI GRA 150-188.....	70
OGSIVEO.....	19	ORKAMBI GRA 75-94MG.....	70
OJEMDA .....	19	ORKAMBI TAB 100-125 .....	70
OJJAARA.....	19	ORKAMBI TAB 200-125 .....	70
<i>olanzapine</i> .....	34	<i>orquidea</i> .....	49
<i>olmesartan medoxomil</i> .....	25	ORSERDU.....	12
<i>olmesartan medoxomil-</i>		<i>oseltamivir phosphate</i> .....	7
<i>hydrochlorothiazide tab 20-12.5 mg</i>		OSPOMYV .....	45
.....	24	<i>oxacillin sodium</i> .....	10
		<i>oxaliplatin</i> .....	11
		<i>oxcarbazepine</i> .....	36

<i>oxybutynin chloride</i> .....	57	<i>pentoxifylline</i> .....	58
<i>oxycodone hcl</i> .....	2	<i>perampanel</i> .....	36
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	2	<i>perindopril erbumine</i> .....	23
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	2	<i>perio gard</i> .....	75
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	2	<i>permethrin</i> .....	75
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	2	<i>perphenazine</i> .....	34
OZEMPIC (0.25 OR 0.5MG/DOSE) ....	43	<i>pfizerpen</i> .....	10
OZEMPIC (1MG/DOSE) .....	43	<i>phenelzine sulfate</i> .....	31
OZEMPIC (2MG/DOSE) .....	43	<i>phenobarbital</i> .....	36
<b>P</b>		<i>phenobarbital sodium</i> .....	37
<i>pacerone</i> .....	25	<i>phenytek</i> .....	37
<i>paclitaxel</i> .....	13	<i>phenytoin</i> .....	37
<i>paclitaxel inj 100mg</i> .....	14	<i>phenytoin sodium</i> .....	37
<i>paliperidone</i> .....	34	<i>phenytoin sodium extended</i> .....	37
<i>pamidronate disodium</i> .....	45	PHESGO SOL .....	19
PAMIDRONATE DISODIUM .....	45	<i>philith</i> .....	49
PANRETIN .....	74	PIFELTRO .....	5
<i>pantoprazole sodium</i> .....	56	<i>pilocarpine hcl</i> .....	67
PANZYGA .....	62	<i>pilocarpine hcl (oral)</i> .....	75
<i>paricalcitol</i> .....	54	<i>pimecrolimus</i> .....	74
<i>paroxetine hcl</i> .....	31	<i>pimozide</i> .....	34
PAXLOVID PAK .....	7	<i>pimtrea</i> .....	49
PAXLOVID TAB 150-100 .....	7	<i>pindolol</i> .....	26
PAXLOVID TAB 300-100 .....	7	<i>pioglitazone hcl</i> .....	43
<i>pazopanib hcl</i> .....	19	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	43
PEDIARIX INJ 0.5ML .....	63	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	43
PEDVAX HIB .....	63	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	10
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	55	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	10
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	55	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	10
PEGASYS .....	7	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	10
PEMAZYRE .....	19	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	10
<i>pemetrexed disodium</i> .....	11	PIQRAY 200MG DAILY DOSE .....	19
PENBRAYA INJ .....	63	PIQRAY 250MG TAB DOSE .....	19
<i>penicillamine</i> .....	46	PIQRAY 300MG DAILY DOSE .....	19
<i>penicillin g potassium</i> .....	10	<i>pirfenidone</i> .....	70
<i>penicillin g sodium</i> .....	10	<i>piroxicam</i> .....	1
<i>penicillin v potassium</i> .....	10	<i>plenamine</i> .....	66
PENMENVY INJ .....	63	PLENVU SOL .....	55
PENTACEL INJ .....	63	<i>podofilox</i> .....	74
<i>pentamidine isethionate inh</i> .....	3	<i>polymyxin b sulfate</i> .....	4
<i>pentamidine isethionate inj</i> .....	3		

<i>polymyxin b-trimethoprim ophth soln</i>	58
10000 unit/ml-0.1% .....	67
POMALYST .....	13
<i>portia-28</i> .....	49
<i>posaconazole</i> .....	4
POT CHL 20MEQ/L IN NAACL 0.45% INJ	
.....	65
POT CHL 20MEQ/L IN NAACL 0.9% INJ	
.....	65
POT CHL 40MEQ/L IN NAACL 0.9% INJ	
.....	65
<i>potassium chloride</i> .....	65
<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>in dextrose 5% inj</i> .....	65
<i>potassium chloride microencapsulated</i>	
<i>crystals er</i> .....	65
<i>potassium citrate (alkalinizer)</i> .....	56
<i>pramipexole dihydrochloride</i> .....	32
<i>prasugrel hcl</i> .....	58
<i>pravastatin sodium</i> .....	25
<i>praziquantel</i> .....	4
<i>prazosin hcl</i> .....	23
<i>prednisolone</i> .....	51
<i>prednisolone acetate (ophth)</i> .....	67
PREDNISOLONE SODIUM PHOSP.....	67
<i>prednisolone sodium phosphate</i> .....	51
<i>prednisone</i> .....	51
PREDNISONE INTENSOL .....	51
<i>pregabalin</i> .....	37
PREMASOL SOL 10%.....	66
PRENATAL TAB 27-1MG .....	65
PRENATAL TAB PLUS .....	65
<i>prevalite</i> .....	26
PREVYMIS.....	7
PREZCOBIX TAB 675/150.....	7
PREZCOBIX TAB 800-150.....	7
PREZISTA .....	5
PRIFTIN.....	7
<i>primaquine phosphate</i> .....	5
PRIMAQUINE PHOSPHATE .....	5
<i>primidone</i> .....	37
PRIORIX INJ.....	63
PRIVIGEN .....	62
<i>probenecid</i> .....	1
<i>prochlorperazine</i> .....	54
<i>prochlorperazine edisylate</i> .....	54
<i>prochlorperazine maleate</i> .....	54
PROCRIT .....	58
<i>proctocort</i> .....	74
<i>procto-med hc</i> .....	74
<i>proctosol hc</i> .....	74
<i>proctozone-hc</i> .....	74
<i>progesterone</i> .....	53
PROGRAF .....	62
PROLASTIN-C .....	70
PROLIA .....	45
<i>promethazine hcl</i> .....	54
<i>propafenone hcl</i> .....	25
<i>proparacaine hcl</i> .....	68
<i>propranolol hcl</i> .....	26
<i>propylthiouracil</i> .....	53
PROQUAD INJ .....	63
PROSOL INJ 20% .....	66
<i>protriptyline hcl</i> .....	31
PULMOZYME .....	70
<i>pyrazinamide</i> .....	7
<i>pyridostigmine bromide</i> .....	40
<i>pyrimethamine</i> .....	4
PYZCHIVA .....	60
<b>Q</b>	
QINLOCK.....	19
QUADRACEL INJ 0.5ML.....	63
<i>quetiapine fumarate</i> .....	34
<i>quinapril hcl</i> .....	23
<i>quinidine sulfate</i> .....	25
<i>quinine sulfate</i> .....	5
QULIPTA .....	40
<b>R</b>	
RABAVERT INJ .....	63
<i>rabeprazole sodium</i> .....	56
RALDESY .....	31
<i>raloxifene hcl</i> .....	52
<i>ramelteon</i> .....	39
<i>ramipril</i> .....	23
<i>ranolazine</i> .....	28
<i>rasagiline mesylate</i> .....	32
<i>reclipsen</i> .....	49
RECOMBIVAX HB.....	63
RELENZA DISKHALER.....	7
RELISTOR.....	55, 56
REMICADE.....	60
RENFLEXIS .....	60
<i>repaglinide</i> .....	43, 44
REPATHA.....	26

REPATHA SURECLICK .....	26	<i>sajazir</i> .....	58
RESTASIS .....	68	SANTYL.....	75
RESTASIS MULTIDOSE .....	68	<i>sapropterin dihydrochloride</i> .....	53
RETEVMO .....	19	SCSEMBLIX .....	20
REVCОВI .....	52	<i>scopolamine</i> .....	54
REVUFORJ .....	19	SECUADO.....	34
REXULTI .....	34	<i>selegiline hcl</i> .....	32
REYATAZ .....	5	<i>selenium sulfide</i> .....	73
REZDIFFRA .....	52	SELZENTRY .....	6
REZLIDHIA .....	19	SEREVENT DISKUS .....	69
REZUROCK .....	62	<i>sertraline hcl</i> .....	31
RHOPRESSA.....	67	<i>setlakin</i> .....	49
<i>ribavirin (hepatitis c)</i> .....	8	<i>sharobel</i> .....	49
<i>rifabutin</i> .....	7	SHINGRIX .....	63
<i>rifampin</i> .....	7	SIGNIFOR.....	53
<i>riluzole</i> .....	40	SIKLOS .....	58
<i>rimantadine hydrochloride</i> .....	8	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i> .....	29
RINVOQ .....	60	<i>silver sulfadiazine</i> .....	72
RINVOQ LQ.....	60	SIMBRINZA SUS 1-0.2% .....	67
<i>risedronate sodium</i> .....	45	<i>simliya</i> .....	49
<i>risperidone</i> .....	34	<i>simpesse</i> .....	49
<i>risperidone microspheres</i> .....	34	<i>simvastatin</i> .....	25
<i>ritonavir</i> .....	5	<i>sirolimus</i> .....	62
<i>rivaroxaban</i> .....	57	SIRTURO .....	7
<i>rivastigmine</i> .....	30	SKYRIZI .....	60
<i>rivastigmine tartrate</i> .....	30	SKYRIZI PEN.....	60
<i>rivelsa</i> .....	49	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i> .....	55
<i>rizatriptan benzoate</i> .....	40	<i>sodium chloride</i> .....	65
ROCKLATAN DRO.....	67	<i>sodium chloride (gu irrigant)</i> .....	75
<i>roflumilast</i> .....	70	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i> .....	65
ROMVIMZA .....	20	SODIUM OXYBATE .....	42
<i>ropinirole hydrochloride</i> .....	32	<i>sodium phenylbutyrate</i> .....	53
<i>rosuvastatin calcium</i> .....	25	<i>sodium polystyrene sulfonate powder</i> .....	46
<i>rosyrah</i> .....	49	<i>solifenacin succinate</i> .....	57
ROTARIX SUS.....	63	SOLIQUA INJ 100/33 .....	45
ROTATEQ SOL .....	63	SOLTAMOX .....	12
<i>roweepra</i> .....	37	SOLU-CORTEF.....	51
ROZLYTREK .....	20	SOMATULINE DEPOT.....	53
RUBRACA .....	20	SOMAVERT .....	53
<i>rufinamide</i> .....	37	<i>sorafenib tosylate</i> .....	20
RUKOBIA.....	6	<i>sotalol hcl</i> .....	25
RYBELSUS .....	44	<i>sotalol hcl (afib/afl)</i> .....	25
RYDAPT .....	20	SOTYKTU.....	60
<b>S</b>			
<i>sacubitril-valsartan tab 24-26 mg</i> ...	24		
<i>sacubitril-valsartan tab 49-51 mg</i> ...	24		
<i>sacubitril-valsartan tab 97-103 mg</i> ...	24		

SPIRIVA RESPIMAT .....	68	<i>tacrolimus</i> .....	62
<i>spironolactone</i> .....	23	<i>tacrolimus (topical)</i> .....	74
<i>spironolactone &amp; hydrochlorothiazide</i>		<i>tadalafil</i> .....	56
<i>tab 25-25 mg</i> .....	27	<i>tadalafil (pulmonary hypertension)</i> ...	29
<i>sprintec 28</i> .....	49	TAFINLAR .....	20
SPRITAM .....	37	TAGRISSE .....	20
<i>sps</i> .....	46	TALZENNA .....	20
<i>sps rectal</i> .....	46	<i>tamoxifen citrate</i> .....	12
<i>sronyx</i> .....	50	<i>tamsulosin hcl</i> .....	56
<i>ssd</i> .....	72	<i>tarina 24 fe</i> .....	50
STELARA .....	60	<i>tarina fe 1/20 eq</i> .....	50
STIVARGA .....	20	<i>tasimelteon</i> .....	39
<i>streptomycin sulfate</i> .....	4	TAVNEOS .....	58
STRIBILD TAB .....	7	<i>tazarotene</i> .....	73
<i>subvenite</i> .....	37	<i>tazicef</i> .....	8
SUBVENITE .....	37	TAZVERIK .....	20
<i>sucralfate</i> .....	56	TECENTRIQ .....	20
<i>sulfacetamide sodium (acne)</i> .....	72	TECENTRIQ INJ HYBREZA .....	20
<i>sulfacetamide sodium (ophth)</i> .....	67	TEFLARO .....	8
<i>sulfacetamide sodium-prednisolone</i>		<i>telmisartan</i> .....	25
<i>ophth soln 10-0.23(0.25)%</i> .....	66	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sulfadiazine</i> .....	4	.....	24
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>telmisartan-amlodipine tab 40-5 mg</i> .	24
<i>400-80 mg/5ml</i> .....	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulfamethoxazole-trimethoprim susp</i>		.....	24
<i>200-40 mg/5ml</i> .....	4	<i>telmisartan-amlodipine tab 80-5 mg</i> .	24
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>400-80 mg</i> .....	4	<i>12.5 mg</i> .....	24
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>800-160 mg</i> .....	4	<i>12.5 mg</i> .....	24
SULFAMYLON .....	72	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>sulfasalazine</i> .....	55	<i>25 mg</i> .....	24
<i>sulindac</i> .....	1	<i>temazepam</i> .....	39
<i>sumatriptan</i> .....	40	TENIVAC INJ 5-2LF .....	63
<i>sumatriptan succinate</i> .....	40	<i>tenofovir disoproxil fumarate</i> .....	6
<i>sunitinib malate</i> .....	20	TEPMETKO .....	20
SUNLENCA .....	6	<i>terazosin hcl</i> .....	23
<i>syeda</i> .....	50	<i>terbinafine hcl</i> .....	4
SYMDEKO TAB 100-150 .....	70	<i>terbutaline sulfate</i> .....	69
SYMDEKO TAB 50-75MG .....	70	<i>terconazole vaginal</i> .....	57
SYMPAZAN .....	37	<i>teriparatide</i> .....	45
SYMTUZA TAB .....	7	TERIPARATIDE .....	45
SYNAREL .....	53	<i>testosterone</i> .....	42
SYNTHROID .....	53	<i>testosterone cypionate</i> .....	42
<b>T</b>		<i>testosterone enanthate</i> .....	42
TABLOID .....	11	<i>testosterone pump</i> .....	42
TABRECTA .....	20	<i>tetrabenazine</i> .....	40

<i>tetracycline hcl</i> .....	10	<i>tranexamic acid</i> .....	58
THALOMID .....	13	<i>tranylcypromine sulfate</i> .....	31
<i>theophylline</i> .....	70	TRAVASOL INJ 10% .....	66
<i>thioridazine hcl</i> .....	34	TRAZIMERA .....	21
<i>thiothixene</i> .....	34	<i>trazodone hcl</i> .....	31
<i>tiadylt er</i> .....	27	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tiagabine hcl</i> .....	37	MCG .....	68
TIBSOVO .....	20	TRELEGY AER ELLIPTA 200-62.5-25	
<i>ticagrelor</i> .....	58	MCG .....	68
TICOVAC .....	63	TREMFYA.....	60
<i>tigecycline</i> .....	10	TREMFYA INDUCTION PACK FO.....	60
<i>tilia fe</i> .....	50	TREMFYA PEN .....	60
<i>timolol maleate</i> .....	26	<i>treprostinil</i> .....	29
<i>timolol maleate (ophth)</i> .....	67	<i>tretinoin</i> .....	72
<i>tinidazole</i> .....	4	<i>tretinoin (chemotherapy)</i> .....	13
TIVICAY .....	6	<i>triamcinolone acetonide (mouth)</i> .....	75
TIVICAY PD.....	6	<i>triamcinolone acetonide (topical)</i> .....	74
<i>tizanidine hcl</i> .....	41	<i>triamterene &amp; hydrochlorothiazide cap</i>	
TOBI PODHALER.....	4	37.5-25 mg .....	27
TOBRADEX OIN 0.3-0.1% .....	66	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>tobramycin</i> .....	4	37.5-25 mg .....	27
<i>tobramycin (ophth)</i> .....	67	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>tobramycin sulfate</i> .....	4	75-50 mg .....	28
<i>tobramycin-dexamethasone ophth susp</i>		<i>tridacaine ii</i> .....	74
0.3-0.1% .....	66	<i>triderm</i> .....	74
<i>tolterodine tartrate</i> .....	57	<i>trientine hcl</i> .....	46
<i>tolvaptan</i> .....	53	<i>tri-estarylla</i> .....	50
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>		<i>trifluoperazine hcl</i> .....	34
.....	53	<i>trifluridine</i> .....	67
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>		<i>trihexyphenidyl hcl</i> .....	32
.....	53	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>		1000MG .....	44
.....	53	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>		1000MG .....	44
.....	53	TRIJARDY XR TAB ER 24HR 25-5-	
<i>topiramate</i> .....	37	1000MG .....	44
<i>toremifene citrate</i> .....	12	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torpenz</i> .....	20	1000MG .....	44
<i>torseamide</i> .....	27	TRIKAFTA PAK 59.5MG .....	70
TOUJEO MAX SOLOSTAR.....	45	TRIKAFTA PAK 75MG.....	70
TOUJEO SOLOSTAR.....	45	TRIKAFTA TAB 100-50-75MG & 150MG	
TPN ELECTROL INJ.....	65	.....	71
TRADJENTA.....	44	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol hcl</i> .....	2	.....	70
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-legest fe</i> .....	50
mg.....	2	<i>tri-lynyah</i> .....	50
<i>trandolapril</i> .....	23	<i>tri-lo-estarylla</i> .....	50

<i>tri-lo-marzia</i> .....	50	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	24
<i>tri-lo-mili</i> .....	50	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	24
<i>tri-lo-sprintec</i> .....	50	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	24
<i>trimethoprim</i> .....	4	VALTOCO 10 MG DOSE.....	37
<i>tri-mili</i> .....	50	VALTOCO 15 MG DOSE.....	37
<i>trimipramine maleate</i> .....	31	VALTOCO 20 MG DOSE.....	37
TRINTELLIX .....	31	VALTOCO 5 MG DOSE .....	37
<i>tri-sprintec</i> .....	50	<i>valtya 1/35</i> .....	50
TRIUMEQ PD TAB.....	7	<i>valtya 1/50</i> .....	50
TRIUMEQ TAB .....	7	<i>vancomycin hcl</i> .....	4
<i>tri-vylibra</i> .....	50	VANCOMYCIN INJ 1 GM .....	4
<i>tri-vylibra lo</i> .....	50	VANCOMYCIN INJ 500MG.....	4
TROGARZO .....	6	VANCOMYCIN INJ 750MG.....	4
TROPHAMINE INJ 10% .....	66	VANFLYTA .....	21
<i>tropium chloride</i> .....	57	VAQTA .....	63
TRULICITY .....	44	<i>varenicline tartrate</i> .....	42
TRUMENBA .....	63	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	42
TRUQAP.....	21	VARIVAX .....	63
TRUXIMA .....	21	VASCEPA.....	26
TUKYSA.....	21	VAXCHORA SUS .....	63
TURALIO .....	21	<i>velivet</i> .....	50
<i>turqoz</i> .....	50	VELSIPITY .....	61
<i>twice-daily clindamycin phosphate (topical)</i> .....	72	VENCLEXTA .....	21
TWINRIX INJ.....	63	VENCLEXTA TAB START PK .....	21
TYBOST.....	6	<i>venlafaxine hcl</i> .....	31
<i>tydemy</i> .....	50	VENTOLIN HFA.....	69
TYENNE.....	60, 61	VENTOLIN HFA (INSTITUTIONAL PACK) .....	69
TYPHIM VI .....	63	<i>verapamil hcl</i> .....	27
<b>U</b>		VERQUVO.....	28
UBRELVY .....	40	VERSACLOZ.....	34
<i>unithroid</i> .....	54	VERZENIO .....	21
UPTRAVI.....	29	<i>vestura</i> .....	50
UPTRAVI PACK TAB 200/800 .....	29	<i>vienna</i> .....	50
<i>ursodiol</i> .....	56	<i>vigabatrin</i> .....	38
USTEKINUMAB .....	61	<i>vigadrone</i> .....	38
<b>V</b>		VIGAFYDE .....	38
<i>valacyclovir hcl</i> .....	8	<i>vilazodone hcl</i> .....	31
VALCHLOR.....	75	VIMKUNYA.....	63
<i>valganciclovir hcl</i> .....	8	<i>vincristine sulfate</i> .....	14
<i>valproate sodium</i> .....	37	<i>vinorelbine tartrate</i> .....	14
<i>valproic acid</i> .....	37	<i>viorele</i> .....	50
<i>valsartan</i> .....	25	VIRACEPT.....	6
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	24		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	24		

VIREAD .....	6	<i>xelria fe</i> .....	50
VITRAKVI .....	21	XERMELO .....	56
VIVIMUSTA .....	11	XHANCE .....	71
VIVITROL .....	42	XIFAXAN .....	56
VIVOTIF CAP EC .....	63	XIGDUO XR TAB 10-1000 .....	44
VIZIMPRO .....	21	XIGDUO XR TAB 10-500MG .....	44
VONJO .....	21	XIGDUO XR TAB 2.5-1000 .....	44
VOQUEZNA PAK DUAL PAK .....	56	XIGDUO XR TAB 5-1000MG .....	44
VOQUEZNA PAK TRIP PK .....	56	XIGDUO XR TAB 5-500MG .....	44
VORANIGO .....	21	XIIDRA .....	68
<i>voriconazole</i> .....	5	XOFLUZA .....	8
VOSEVI TAB .....	8	XOLAIR .....	71
VOWST CAP .....	56	XOSPATA .....	21
VRAYLAR .....	34	XPOVIO PAK (100 MG ONCE WEEKLY) .....	22
<i>vyfemla</i> .....	50	XPOVIO PAK (40 MG ONCE WEEKLY) 21	
<i>vylibra</i> .....	50	XPOVIO PAK (40 MG TWICE WEEKLY) .....	21
VYZULTA .....	67	XPOVIO PAK (60 MG ONCE WEEKLY) 22	
<b>W</b>		XPOVIO PAK (60 MG TWICE WEEKLY) .....	22
<i>warfarin sodium</i> .....	57	XPOVIO PAK (80 MG ONCE WEEKLY) 22	
<i>water for irrigation, sterile irrigation soln</i> .....	75	XPOVIO PAK (80 MG TWICE WEEKLY) .....	22
WELIREG .....	13	XTANDI .....	12
<i>wera</i> .....	50	XTRENBO .....	46
WESTAB PLUS TAB 27-1MG .....	65	<i>xulane</i> .....	50
WINREVAIR .....	29	XULTOPHY INJ 100/3.6 .....	45
WINREVAIR INJ 45MG .....	29	<b>Y</b>	
WINREVAIR INJ 60MG .....	29	YESINTEK .....	61
<i>wixela inhub</i> .....	72	YF-VAX INJ .....	63
<i>wymzya fe</i> .....	50	YONSA .....	12
WYOST .....	46	YUTREPIA .....	29
<b>X</b>		<i>yuvaferm</i> .....	51
XALKORI .....	21	<b>Z</b>	
<i>xarah fe</i> .....	50	<i>zafemy</i> .....	50
XARELTO .....	57	<i>zafirlukast</i> .....	69
XARELTO STAR TAB 15/20MG .....	58	<i>zaleplon</i> .....	39
XATMEP .....	61	ZARXIO .....	58
XCOPRI .....	38	ZEGALOGUE .....	52
XCOPRI PAK 100-150 .....	38	ZEJULA .....	22
XCOPRI PAK 12.5-25 .....	38	ZELBORAF .....	22
XCOPRI PAK 150-200MG (MAINTENANCE) .....	38	<i>zelvysia</i> .....	53
XCOPRI PAK 150-200MG (TITRATION) .....	38	ZEMAIRA .....	71
XCOPRI PAK 50-100MG .....	38	<i>zenatane</i> .....	72
XDEMVY .....	67	ZENPEP CAP 10000UNT .....	56
XELJANZ .....	61	ZENPEP CAP 15000UNT .....	56
XELJANZ XR .....	61		

ZENPEP CAP 20000UNT .....	56	ZOLINZA .....	22
ZENPEP CAP 25000UNT .....	56	<i>zolpidem tartrate</i> .....	39
ZENPEP CAP 3000UNIT .....	56	ZONISADE.....	38
ZENPEP CAP 40000UNT .....	56	<i>zonisamide</i> .....	38
ZENPEP CAP 5000UNIT .....	56	<i>zovia 1/35</i> .....	50
ZENPEP CAP 60000UNT .....	56	ZTALMY.....	38
ZERVIATE .....	67	<i>zumandimine</i> .....	50
<i>zidovudine</i> .....	6	ZURZUVAE .....	31
<i>ziprasidone hcl</i> .....	34	ZYDELIG .....	22
<i>ziprasidone mesylate</i> .....	34	ZYKADIA .....	22
ZIRABEV .....	22	ZYLET SUS 0.5-0.3% .....	66
ZIRGAN.....	67	ZYPREXA RELPREVV.....	34
<i>zoledronic acid</i> .....	46		

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This formulary was updated on 03/01/2026. 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](http://www.fc2healthplan.com).

Este Formulario resumido se actualizó el 01/03/2026. Para obtener información más reciente 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](http://www.fc2healthplan.com).

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