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 #17

This formulary was updated on 11/01/2026. 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.

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 #17

Este Formulario resumido se actualizó el 01/11/2026. 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 dia,7 dias a la semana o visite www.fc2healthplan.com.

Formulary last updated: 11/01/2026

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 11/01/2026. 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.

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

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

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

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

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

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

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 11/01/2026. 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 93. 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: 11/01/2026

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: 11/01/2026

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***

***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 93.

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: 11/01/2026

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.

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: 11/01/2026

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 01/11/2026. 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.

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

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

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 01/11/2026. 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

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 93. 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.

- **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.

- 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

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 93.

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, (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: 11/01/2026

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.

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 11/01/2026

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
probenecid TABS 500mg	1	
MISCELLANEOUS		
JOURNAVX TABS 50mg	1	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	1	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diflunisal TABS 500mg	1	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS 10mg, 20mg	1	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
fentanyl 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
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	1	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NM, PA
atovaquone SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	1	
BLUJEPA TABS 750mg	1	
CAYSTON SOLR 75mg	1	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
daptomycin SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	1	
fosfomycin tromethamine PACK 3gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
ivermectin TABS 3mg	1	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	1	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 2gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	1	QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	1	
sulfadiazine TABS 500mg	1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
tobramycin NEBU 300mg/5ml	1	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	1	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	QL (120 caps / 30 days)
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	1	
nystatin TABS 500000unit	1	
posaconazole TBEC 100mg	1	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	1	PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
voriconazole SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM
darunavir TABS 600mg	1	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
EDURANT PED TBSO 2.5mg	1	NM
efavirenz TABS 600mg	1	NM
emtricitabine CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
etravirine TABS 100mg, 200mg	1	NM
fosamprenavir calcium 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
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc TABS 150mg, 300mg	1	NM
nevirapine 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
rilpivirine hcl TABS 25mg	1	NM
ritonavir TABS 100mg	1	NM

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NM
tenofovir disoproxil fumarate 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
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
IDVYNSO TAB 100-0.25	1	NM
JULUCA TAB 50-25MG	1	NM
KALETRA SOL	1	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
lopinavir-ritonavir tab 200-50 mg	1	NM
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		
cycloserine CAPS 250mg	1	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
rifapentine TABS 150mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
entecavir 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
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
lamivudine (hbv) 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
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
cefazolin sodium 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	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
cefepime hcl SOLR 1gm, 2gm	1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium SOLR 1gm, 2gm	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftaroline fosamil SOLR 400mg, 600mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
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	
FLUOROQUINOLONES		
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	
PENICILLINS		
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	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
dicloxacillin sodium CAPS 250mg, 500mg	1	
nafcillin sodium SOLR 1gm, 2gm, 10gm	1	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	1	
tigecycline SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 1gm/5ml, 500mg/2.5ml; 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
lomustine CAPS 10mg, 40mg, 100mg	1	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	1	B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl 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
mercaptopurine SUSP 2000mg/100ml	1	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
TABLOID TABS 40mg	1	PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
abirtega 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
anastrozole TABS 1mg	1	
bicalutamide 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	
exemestane TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
fulvestrant SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	1	QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LIFYORLI CAP 125MG DS	1	QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	1	QL (27 caps / 28 days), 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
megestrol acetate TABS 20mg, 40mg	1	
nilutamide 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	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
VEPPANU TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	1	QL (30 tabs / 30 days), NM, 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
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	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
ZENBEXUS CAPS .75mg, 1mg	1	QL (21 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
BESREMI PEN SOPN 500mcg/0.5ml	1	QL (2 pens / 28 days), NM, PA
bexarotene CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	1	B/D
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NM

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
mesna TABS 400mg	1	
MODEYSO CAPS 125mg	1	QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel 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
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel inj 100mg	1	B/D, NM
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
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
bortezomib SOLR 3.5mg	1	NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
bosutinib TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
bosutinib 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
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
CAVHANZA TBDP 60mg, 80mg	1	QL (112 tabs / 28 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
dasatinib TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
dasatinib 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
erlotinib hcl TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	1	QL (60 tabs / 30 days), NM, PA
everolimus 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
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
gefitinib 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
HYRNUO TABS 10mg	1	QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
imatinib mesylate TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 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
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
JIDEYTRO TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
JIDEYTRO TABS 100mg	1	QL (30 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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 600 DOSE TBPK 200mg	1	QL (63 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
lapatinib ditosylate TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
nilotinib hcl CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
nilotinib hcl 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
pazopanib hcl TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	1	QL (60 tabs / 30 days), NM, 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
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
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
sorafenib tosylate TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
sunitinib malate 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
TAGRISSO 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
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
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
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
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 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

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

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

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

ACE INHIBITORS

benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	1	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	1	
prevalite 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	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	1	PA; PA applies if 65 years and older

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	1	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
ranolazine TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	1	QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	1	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	1	QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA
UPTRAVI TABS 100mcg, 150mcg	1	QL (280 tabs / 28 days), 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
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		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
amoxapine TABS 25mg, 50mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	1	QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	1	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg	1	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	1	QL (90 caps / 30 days)
duloxetine hcl CPEP 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	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
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
paroxetine hcl SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	1	
protriptyline hcl TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
vilazodone hcl 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		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone TABS 200mg	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	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)
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	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	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	1	QL (2 packs / year), PA
BYSANTI TAB PACK B	1	QL (2 packs / year), PA
BYSANTI TAB PACK C	1	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	QL (60 caps / 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	QL (2 packs / year)
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
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate 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)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
lurasidone hcl 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)
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	1	QL (60 tabs / 30 days), ST

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate 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)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
risperidone microspheres 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)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	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)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium 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
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol 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	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	1	
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	1	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
levetiracetam TB3D 250mg	1	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	1	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
methsuximide CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
perampanel SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
perampanel TABS 2mg	1	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital 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
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days)
pregabalin CAPS 200mg	1	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days)
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	1	
relgaabi CAPS 300mg	1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	1	QL (270 caps / 30 days)
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide 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
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
topiramate SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid 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)
vigabatrin PACK 500mg	1	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	1	QL (180 packets / 30 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
vigadrone 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
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
guanfacine hcl (adhd) TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
eszopiclone 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
ramelteon TABS 8mg	1	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zaleplon 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
zaleplon 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
zolpidem tartrate 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		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
naratriptan hcl 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
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, 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
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	QL (60 caps / 30 days), PA
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	1	
riluzole TABS 50mg	1	
tetrabenazine TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol 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
cyclobenzaprine hcl 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
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol 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
methocarbamol 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
tizanidine hcl TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	1	QL (60 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
sodium oxybate SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg	1	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	1	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	1	
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump GEL 20.25mg/act	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	1	QL (60 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl 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
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	1	QL (30 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY 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 EXT WR MIS INSERTER	1	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	1	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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 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)
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
OMNIPOD5 LIB KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	1	QL (15 pods / 30 days), PA
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 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)

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium 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
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
teriparatide 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)
TYMLOS SOPN 3120mcg/1.56ml	1	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	1	NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NM, PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
elinest	1	
eluryng	1	
emzahh TABS .35mg	1	
enilloring	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
finzala	1	
galbriela	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1/20	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla TABS .35mg	1	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levora 0.15/30-28	1	
LILETTA IUD 20.1mcg/day	1	NM
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-linyah	1	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	1	NM
nikki	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
orquidea TABS .35mg	1	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
turqoz	1	
tydemy	1	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
zafemy	1	
zovia 1/35	1	
zumandimine	1	
ESTROGENS		
abigale	1	
abigale lo	1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol 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	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	1	
fyavolv tab 1mg-5mcg	1	
jinteli	1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
yuvafem TABS 10mcg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
betaine powder for oral solution	1	NM
cabergoline TABS .5mg	1	
carglumic acid TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
cinacalcet hcl TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated 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
javygtor PACK 100mg, 500mg; TABS 100mg	1	NM, PA
lanreotide acetate SOLN 120mg/0.5ml	1	NM, PA
levocarnitine (metabolic modifiers) 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
mifepristone (hyperglycemia) TABS 300mg	1	NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
raloxifene hcl 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
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
sodium phenylbutyrate 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
tolvaptan TABS 15mg, 30mg	1	NM, PA; (generic of JYNARQUE)

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
tolvaptan TBPK 15mg	1	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	1	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	1	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	1	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	1	NM, PA
zelvysia PACK 100mg, 500mg	1	NM, PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
meclizine hcl TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl 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
scopolamine PT72 1mg/3days	1	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL (90 caps / 30 days)
budesonide TB24 9mg	1	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
MISCELLANEOUS		
alosetron hcl 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	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
GATTEX KIT 5mg	1	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	1	
lubiprostone CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
misoprostol 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
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	1	
ursodiol 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	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
fesoterodine fumarate TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
mirabegron TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate 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)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	1	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium 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)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, PA

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
cilostazol 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
icatibant acetate SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	1	NM, PA
pentoxifylline TBCR 400mg	1	
sajazir 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
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
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
EBGLYSS SOAJ 250mg/2ml	1	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	1	QL (20 syringes / 365 days), NM, PA

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

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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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 55mg/0.37ml, 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
tofacitinib citrate SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	1	QL (30 tabs / 30 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
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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium 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 LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	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
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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA
IMMUNOSUPPRESSANTS		
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
gengraf 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; CP24 .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO 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	
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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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	
PEDVAXHIB 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)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes 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	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
D10W/NACL INJ 0.45%	1	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
lactated ringer's solution	1	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
multiple electrolytes ph 5.5	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	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
KLOR-CON 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	1	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
aminosyn ii soln 15%	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
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	1	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%	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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
plenamine	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		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
cromolyn sodium (ophth) SOLN 4%	1	
ZERVIATE SOLN .24%	1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	1	ST
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	1	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
atropine sulfate (ophthalmic) SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
proparacaine hcl SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) 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 9MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	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)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ipratropium bromide hfa AERS 17mcg/act	1	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	1	
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
hydroxyzine hcl 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
hydroxyzine pamoate CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
terbutaline sulfate 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		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine 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
cromolyn sodium NEBU 20mg/2ml	1	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) 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

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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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
nintedanib esylate CAPS 100mg, 150mg	1	QL (60 caps / 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
pirfenidone CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
pirfenidone 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
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast 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
theophylline 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
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
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		
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) 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)
budesonide (inhalation) 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)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 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

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
wixela inhub	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	1	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
neuac	1	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	QL (120 gm / 30 days), PA
PELLIX SOLN .005%	1	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	1	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	1	QL (100 mL / 30 days)
clobetasol propionate emo CREA .05%	1	QL (120 gm / 30 days)
clodan SHAM .05%	1	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)

DRUG NAME/NOMBRE DEL MEDICAMENTO	DRUG TIER/NIVEL	REQUIREMENTS/LIMITS /REQUISITOS/LIMITES
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	1	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	1	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	1	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	1	QL (300 mL / 28 days)
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	1	
imiquimod CREA 5%	1	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	1	QL (100 gm / 30 days), PA
podofilox SOLN .5%	1	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA

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

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

Index

A

abacavir sulfate 5
abacavir sulfate-lamivudine tab 600-300 mg.....6
abigale 52
abigale lo.....52
ABILIFY ASIMTUFII 33
ABILIFY MAINTENA 33
abiraterone acetate 12
abirtega.....12
ABRYSVO.....64
acamprosate calcium 43
acarbose.....43
accutane.....74
acebutolol hcl 27
acetaminophen w/ codeine soln 120-12 mg/5ml 2
acetaminophen w/ codeine tab 300-15 mg.....2
acetaminophen w/ codeine tab 300-30 mg.....2
acetaminophen w/ codeine tab 300-60 mg.....2
acetazolamide 28
acetic acid.....58
acetic acid (otic) 70
acetylcysteine.....71
acitretin.....75
ACTHIB INJ 64
ACTIMMUNE 64
acyclovir.....7
acyclovir sodium.....7
ADACEL INJ.....64
ADALIMUMAB-BWWD 60
adefovir dipivoxil 7
ADEMPAS.....29
ADMELOG 45
ADMELOG SOLOSTAR 45
ADVAIR HFA AER 115/21 73
ADVAIR HFA AER 230/21 73
ADVAIR HFA AER 45/21 73
afirmelle 47
AIMOVIG 40
AIRSUPRA AER 90-80MCG.....73
AKEEGA TAB 100/500.....12
AKEEGA TAB 50/500MG 12
ala-cort 75
albendazole 2
albuterol sulfate.....71
alclometasone dipropionate 75
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 45
ALDURAZYME 53
ALECENSA 14
alendronate sodium.....47
alfuzosin hcl 58
aliskiren fumarate 28
allopurinol 1
alosetron hcl 57
alprazolam 30
altavera 47
ALUNBRIG.....14
ALUNBRIG PAK 14
ALVAIZ 59
ALVESCO 73
alyacen 1/35 47
alyacen 7/7/7 47
ALYFTREK TAB 10-50-125 71
ALYFTREK TAB 4-20-50.....71
ALYGLO 63
alyq 29
amantadine hcl 32
ambrisentan.....29
amethyst 48
amikacin sulfate 2
amiloride & hydrochlorothiazide tab 5-50 mg.....28
amiloride hcl 28
aminosyn ii soln 15% 67
AMINOSYN INJ 10% 67
AMINOSYN-PF INJ 10%.....67
amiodarone hcl.....25
amitriptyline hcl.....30
amlodipine besylate.....27
amlodipine besylate-benazepril hcl cap 10-20 mg.....23
amlodipine besylate-benazepril hcl cap 10-40 mg.....23
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....23
amlodipine besylate-benazepril hcl cap 5-10 mg.....23

amlodipine besylate-benazepril hcl cap 5-20 mg.....23
amlodipine besylate-benazepril hcl cap 5-40 mg.....23
amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....24
amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....24
amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....24
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....24
amlodipine besylate-valsartan tab 10-160 mg.....24
amlodipine besylate-valsartan tab 10-320 mg.....24
amlodipine besylate-valsartan tab 5-160 mg.....24
amlodipine besylate-valsartan tab 5-320 mg.....24
amnesteem.....74
amoxapine.....31
amoxicillin.....9
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....9
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....9
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....9
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....9
amoxicillin & k clavulanate tab 250-125 mg.....9
amoxicillin & k clavulanate tab 500-125 mg.....9
amoxicillin & k clavulanate tab 875-125 mg.....9
amphetamine-dextroamphetamine cap er 24hr 10 mg.....39
amphetamine-dextroamphetamine cap er 24hr 15 mg.....39
amphetamine-dextroamphetamine cap er 24hr 20 mg.....39
amphetamine-dextroamphetamine cap er 24hr 25 mg.....39
amphetamine-dextroamphetamine cap er 24hr 30 mg.....39
amphetamine-dextroamphetamine cap er 24hr 5 mg.....39
amphetamine-dextroamphetamine tab 10 mg.....39
amphetamine-dextroamphetamine tab 12.5 mg.....39
amphetamine-dextroamphetamine tab 15 mg.....39
amphetamine-dextroamphetamine tab 20 mg.....39
amphetamine-dextroamphetamine tab 30 mg.....39
amphetamine-dextroamphetamine tab 5 mg.....39
amphetamine-dextroamphetamine tab 7.5 mg.....39
amphotericin b.....4
amphotericin b liposome.....4
ampicillin.....9
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm.....9
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....9
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm.....10
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....10
ampicillin sodium.....10
anagrelide hcl.....59
anastrozole.....12
ANORO ELLIPT AER 62.5-25.....70
aprepitant.....55
aprepitant capsule therapy pack 80 & 125 mg.....55
apri.....48
APTIOM.....35
APTIVUS.....5
ARALAST NP.....71
aranelle.....48
ARCALYST.....64
AREXVY.....64
ARIKAYCE.....2
aripiprazole.....33
ARISTADA.....33
ARISTADA INITIO.....33
armodafinil.....42
ARNUITY ELLIPTA.....73

asenapine maleate 33
ashlyna.....48
aspirin-dipyridamole cap er 12hr 25-200 mg.....60
ASTAGRAF XL.....64
atazanavir sulfate 5
atenolol 27
atenolol & chlorthalidone tab 100-25 mg 27
atenolol & chlorthalidone tab 50-25 mg 26
atomoxetine hcl 39
atorvastatin calcium 26
atovaquone.....2
atovaquone-proguanil hcl tab 250-100 mg.....5
atovaquone-proguanil hcl tab 62.5-25 mg.....5
ATROPINE SULFATE.....69
atropine sulfate (ophthalmic).....69
ATROVENT HFA.....70
aubra eq.....48
AUGTYRO.....14
aurovela 1/20.....48
aurovela 24 fe 48
aurovela fe 1/20 48
aurovela fe 1.5/30 48
AUSTEDO.....41
AUSTEDO XR.....41
AUSTEDO XR TAB TITR KIT 41
AUVELITY TAB 45-105MG.....31
AUVELITY TAB TITRATIO.....31
aviane 48
AVMAPKI PAK FAKZYNJA.....14
ayuna.....48
AYVAKIT 14
azacitidine 11
azathioprine 64
azelastine hcl 70
azelastine hcl (ophth) 69
azithromycin 9
aztreonam 2
azurette.....48

B

bacitracin-polymyxin b ophth oint 68
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....68
baclofen.....42
BAFIERTAM 41
balsalazide disodium.....56
BALVERSA.....14
balziva.....48
BARACLUDE 7
BCG VACCINE.....64
benazepril & hydrochlorothiazide tab 10-12.5 mg 23
benazepril & hydrochlorothiazide tab 20-12.5 mg 23
benazepril & hydrochlorothiazide tab 20-25 mg.....23
benazepril & hydrochlorothiazide tab 5-6.25mg.....23
benazepril hcl 23
BENDAMUSTINE HYDROCHLORID.....10
BENDEKA.....10
BENLYSTA.....64
benzoyl peroxide-erythromycin gel 5-3%.....74
benztropine mesylate 32
BERINERT 59
besifloxacin hcl 68
BESIVANCE 68
BESREMI 13
BESREMI PEN 13
betaine powder for oral solution 53
betamethasone dipropionate (topical) 75
betamethasone dipropionate augmented.....75
betamethasone valerate.....75
BETASERON 42
betaxolol hcl.....27
betaxolol hcl (ophth) 69
bethanechol chloride 58
BEVESPI AER 9-4.8MCG.....70
bexarotene.....13
bexarotene (topical) 76
BEXSERO 64
bicalutamide.....12
BICILLIN L-A 10
BIKTARVY TAB 30-120-15 MG 6
BIKTARVY TAB 50-200-25 MG 6
BILDYOS.....47
BIMZELX.....60

bisoprolol & hydrochlorothiazide tab 10-6.25 mg 27
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 27
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 27
bisoprolol fumarate 27
BIVIGAM 63
blisovi 24 fe 48
blisovi fe 1/20 48
blisovi fe 1.5/30 48
BLUJEPA 2
BONSITY 47
BOOSTRIX INJ 64
bortezomib 14
BORTEZOMIB 14
bosentan 29
BOSULIF 15
bosutinib 15
BRAFTOVI 15
BREO ELLIPTA INH 100-25 73
BREO ELLIPTA INH 200-25 73
BREO ELLIPTA INH 50-25MCG 73
breyna 73
BREZTRI AERO AER 18MCG 70
BREZTRI AERO AER 9MCG 70
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 70
briellyn 48
brimonidine tartrate 69
brinzolamide 69
brivaracetam 35
BRIVIACT 35, 36
bromocriptine mesylate 32
BRUKINSA 15
budesonide 56
budesonide (inhalation) 73
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 73
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 73
bumetanide 28
buprenorphine 1
buprenorphine hcl 43
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 43
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 43
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 43
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 43
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 43
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 43
bupropion hcl 31
bupropion hcl (smoking deterrent) 43
buspirone hcl 30
butorphanol tartrate 2
BYSANTI 33
BYSANTI TAB PACK A 33
BYSANTI TAB PACK B 33
BYSANTI TAB PACK C 33

C

cabergoline 53
CABOMETYX 15
calcipotriene 75
calcitonin (salmon) spray 47
calcitrene 75
calcitriol 55
calcitriol (oral) 55
CALQUENCE 15
camila 48
camrese 48
camrese lo 48
candesartan cilexetil 25
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 24
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 24
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .24
CAPLYTA 33
CAPRELSA 15
captopril 23
captopril & hydrochlorothiazide tab 25-15 mg 23
captopril & hydrochlorothiazide tab 25-25 mg 23

captopril & hydrochlorothiazide tab 50-15 mg.....23
captopril & hydrochlorothiazide tab 50-25 mg.....23
carb/levo orally disintegrating tab 10-100mg.....32
carb/levo orally disintegrating tab 25-100mg.....32
carb/levo orally disintegrating tab 25-250mg.....32
carbamazepine 36
*carbidopa & levodopa tab 10-100 mg*32
*carbidopa & levodopa tab 25-100 mg*32
*carbidopa & levodopa tab 25-250 mg*32
carbidopa & levodopa tab er 25-100 mg 32
carbidopa & levodopa tab er 50-200 mg 32
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....32
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....32
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....32
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 32
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....32
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....33
carboplatin.....11
carglumic acid 53
carisoprodol 42
carteolol hcl (ophth) 69
cartia xt.....27
carvedilol.....27
caspofungin acetate 4
CAVHANZA.....15
CAYSTON.....2
cefaclor 8
cefadroxil 8
CEFAZOLIN 8
CEFAZOLIN/DEX SOL 1GM/50ML-4%..8
CEFAZOLIN/DEX SOL 2GM/50ML-3%..8
CEFAZOLIN/DEX SOL 3GM/150ML-4% 8
CEFAZOLIN/DEX SOL 3GM/50ML-2%..8
CEFAZOLIN INJ 1GM/50ML.....8
cefazolin sodium 8
CEFAZOLIN SOLN 2GM/100ML-4% 8
cefdinir.....8
cefepime hcl.....8
cefixime 8
cefotetan disodium.....8
cefoxitin sodium 8
cefpodoxime proxetil 8
cefprozil 8
ceftaroline fosamil 8
ceftazidime 8
ceftriaxone sodium.....8
cefuroxime axetil 8
cefuroxime sodium.....8
celecoxib 1
cephalexin 8
CEQUR EXT WR MIS INSERTER 45
CEQUR SIMPL KIT 1U EXTND 45
CEQUR SIMPL KIT 2U EXTND 45
CEQUR SIMPL KIT PATCH 2U (3-DAY) 45
CEQUR SIMPL KIT PATCH 2U (4-DAY) 46
CEQUR SIMPL MIS INSERTER 46
CERDELGA 53
CEREZYME 53
cetirizine hcl.....70
cevimeline hcl.....77
chateal eq.....48
CHEMET.....47
chlorhexidine gluconate (mouth-throat) 77
chloroquine phosphate 5
chlorpromazine hcl 33
chlorthalidone.....28
cholestyramine 26
cholestyramine light 26
ciclopirox 74
ciclopirox olamine 74
cilostazol 60
CILOXAN.....68
CIMDUO TAB 300-300 6
cinacalcet hcl 53, 54
ciprofloxacin 200 mg/100ml in d5w 9
ciprofloxacin 400 mg/200ml in d5w 9
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 70

ciprofloxacin hcl.....9
ciprofloxacin hcl (ophth) 68
cisplatin.....11
citalopram hydrobromide 31
claravis.....74
clarithromycin 9
clindamycin hcl.....2
clindamycin palmitate hydrochloride...3
clindamycin phosphate 3
clindamycin phosphate (topical).....74
clindamycin phosphate in d5w iv soln 300 mg/50ml 3
clindamycin phosphate in d5w iv soln 600 mg/50ml 3
clindamycin phosphate in d5w iv soln 900 mg/50ml 3
clindamycin phosphate vaginal.....58
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....74
CLINDMYC/NAC INJ 300/50ML.....3
CLINDMYC/NAC INJ 600/50ML.....3
CLINDMYC/NAC INJ 900/50ML.....3
CLINIMIX INJ 4.25/D10 67
CLINIMIX INJ 4.25/D5W 67
CLINIMIX INJ 5%/D15W 67
CLINIMIX INJ 5%/D20W 67
CLINIMIX INJ 6/5.....67
CLINIMIX INJ 8/10 67
CLINIMIX INJ 8/14 67
clinisol sf 15% 67
CLINOLIPID EMU 20% 67
clobazam 36
clobetasol propionate.....75
clobetasol propionate emo.....75
clodan 75
clomipramine hcl.....31
clonazepam.....36
clonidine 28
clonidine hcl 28
clopidogrel bisulfate 60
clorazepate dipotassium.....36
clotrimazole 77
clotrimazole (topical) 74
clotrimazole w/ betamethasone cream 1-0.05% 74
clozapine 33
COARTEM TAB 20-120MG 5
COBENFY CAP 100-20MG 33
COBENFY CAP 125-30MG 34
COBENFY CAP 50-20MG 33
COBENFY STRT CAP PACK 34
colchicine.....1
colchicine w/ probenecid tab 0.5-500 mg.....1
colesevelam hcl 26
colestipol hcl 26
colistimethate sodium.....3
COMBIGAN SOL 0.2/0.5%.....69
COMBIVENT AER 20-100.....70
COMETRIQ (60MG DOSE).....15
COMETRIQ KIT 100MG.....15
COMETRIQ KIT 140MG.....15
compro.....55
constulose.....56
COPAXONE.....42
COPIKTRA.....15
CORLANOR.....28
COTELLIC 15
CREON CAP 12000UNT 57
CREON CAP 24000UNT 57
CREON CAP 3000UNIT 57
CREON CAP 36000UNT 57
CREON CAP 6000UNIT 57
CRESEMBA.....4
cromolyn sodium 71
cromolyn sodium (mastocytosis) 57
cromolyn sodium (ophth) 69
cryselle.....48
cyclobenzaprine hcl 42
cyclophosphamide.....11
CYCLOPHOSPHAMIDE 11
CYCLOPHOSPHAMIDE MONOHYDR....11
cycloserine.....7
cyclosporine 64
cyclosporine modified (for microemulsion) 64
cyproheptadine hcl 70
cyred eq 48
CYSTADROPS 69
CYSTAGON.....54
CYSTARAN 69
cytarabine.....11
D
D10W/NACL INJ 0.2% 65

D10W/NACL INJ 0.45%.....66
D2.5W/NACL INJ 0.45%.....65
D5W/NACL INJ 0.2% 65
D5W/NACL INJ 0.45% 65
dabigatran etexilate mesylate 59
dalfampridine 42
danazol 43
dantrolene sodium 42
DANZITEN.....15
dapagliflozin 43
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg 44
dapagliflozin-metformin hcl tab er 24hr 10-500 mg 44
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg 44
dapagliflozin-metformin hcl tab er 24hr 5-500 mg 43
dapsone 3
DAPTACEL INJ 64
daptomycin 3
DAPTOMYCIN 3
darunavir.....5
dasatinib.....15
dasetta 1/35 48
dasetta 7/7/7 48
DAURISMO 15, 16
daysee 48
DAYVIGO 40
deblitane 48
deferasirox.....47
DELSTRIGO TAB 6
DEPO-SUBQ PROVERA 104 48
depo-testosterone 43
DESCOVY TAB 120-15MG.....6
DESCOVY TAB 200/25MG.....6
desipramine hcl 31
desmopressin acetate 54
desmopressin acetate spray 54
desmopressin acetate spray refrigerated 54
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....48
desvenlafaxine succinate.....31
dexamethasone 53
DEXAMETHASONE INTENSOL.....53
dexamethasone sodium phosphate ...53
dexamethasone sodium phosphate (ophth) 69
dexmethylphenidate hcl 39
dextromethorphan hbr-quinidine sulfate cap 20-10 mg 41
dextrose 67
DEXTROSE 10%.....67
dextrose 2.5% w/ sodium chloride 0.45% 66
dextrose 5% in lactated ringers 66
dextrose 5% w/ sodium chloride 0.225% 66
dextrose 5% w/ sodium chloride 0.3% 66
dextrose 5% w/ sodium chloride 0.45% 66
dextrose 5% w/ sodium chloride 0.9% 66
DEXTROSE 70%.....67
DIACOMIT.....36
diazepam 36
diazepam (anticonvulsant) 36
diazepam inj 36
diazepam intensol 36
diazoxide 53
diclofenac potassium 1
diclofenac sodium 1
diclofenac sodium (ophth) 69
diclofenac sodium (topical) 76
dicloxacillin sodium 10
dicyclomine hcl 56
DIFICID.....9
diflunisal.....1
difluprednate 69
digoxin 28
dihydroergotamine mesylate.....40
DILANTIN 36
diltiazem hcl.....27
diltiazem hcl coated beads 27
diltiazem hcl extended release beads 27
dilt-xr.....27
diphenhydramine hcl 70
diphenoxylate w/ atropine tab 2.5-0.025 mg 57
dipyridamole 60
disopyramide phosphate 25
disulfiram 43

divalproex sodium 36
docetaxel 14
DOCETAXEL 14
DOCIVYX 14
dofetilide 25
dolishale 48
donepezil hydrochloride 30
DOPTELET 60
DOPTELET SPRINKLE 60
dorzolamide hcl 69
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 69
dotti 52
DOVATO TAB 50-300MG 6
doxazosin mesylate 24
doxepin hcl 31
doxepin hcl (sleep) 40
doxorubicin hcl 13
doxorubicin hcl liposomal 13
doxy 100 10
doxycycline (monohydrate) 10
doxycycline hyclate 10
DRIZALMA SPRINKLE 31
dronabinol 55
drospirenone-ethinyl estradiol tab 3-0.02 mg 48
drospirenone-ethinyl estradiol tab 3-0.03 mg 48
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 48
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 48
DROXIA 60
droxidopa 28
DULERA AER 100-5MCG 73
DULERA AER 200-5MCG 73
DULERA AER 50-5MCG 73
duloxetine hcl 31
DUPIXENT 60
dutasteride 58
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 58

E

e.e.s. 400 9
EBGLYSS 60
econazole nitrate 74
EDURANT 5
EDURANT PED 5
efavirenz 5
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 6
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 6
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 6
ELIGARD 12
elinest 48
ELIQUIS 59
ELIQUIS (1.5MG PACK) 3 X 59
ELIQUIS (2MG PACK) 4 X 59
ELIQUIS STARTER PACK 59
eluryng 48
EMGALITY 40, 41
EMSAM 31
emtricitabine 5
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 6
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 6
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 6
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 6
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 6
EMTRIVA 5
EMVERM 3
emzahh 48
enalapril maleate 23
enalapril maleate & hydrochlorothiazide tab 10-25 mg 23
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 23
ENBREL 61
ENBREL MINI 61
ENBREL SURECLICK 61
endocet tab 10-325mg 2
endocet tab 2.5-325mg 2
endocet tab 5-325mg 2
endocet tab 7.5-325mg 2
ENGERIX-B 64
enilloring 48
enoxaparin sodium 59
ENSACOVE 16

enskyce 48
ENSTILAR AER....75
entacapone 33
entecavir 7
ENTRESTO CAP 15-16MG 24
ENTRESTO CAP 6-6MG....24
enulose....56
EPCLUSA PAK 150-37.5 7
EPCLUSA PAK 200-50MG 7
EPCLUSA TAB 200-50MG 7
EPCLUSA TAB 400-100 7
EPIDIOLEX....36
epinephrine....28
epinephrine (anaphylaxis) 71
eplerenone....24
ergotamine w/ caffeine tab 1-100 mg 41
ERIVEDGE....16
ERLEADA 12
erlotinib hcl....16
errin....48
ertapenem sodium 3
ery....74
ERYTHROCIN LACTOBIONATE....9
erythromycin (acne aid)....74
erythromycin (ophth) 68
erythromycin base 9
erythromycin ethylsuccinate....9
erythromycin lactobionate....9
ERZOFRI....34
escitalopram oxalate 31
eslicarbazepine acetate....36
esomeprazole magnesium 58
estarylla 48
estradiol 52
estradiol & norethindrone acetate tab 0.5-0.1 mg....52
estradiol & norethindrone acetate tab 1-0.5 mg....52
estradiol vaginal 52
estradiol valerate 52
eszopiclone 40
ethambutol hcl 7
ethosuximide....36
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 49
etodolac 1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 49
etoposide....14
etravirine....5
EUCRISA....76
EULEXIN 12
everolimus 16
everolimus (immunosuppressant)....64
EVOTAZ TAB 300-150 6
exemestane 12
EXXUA....31
EXXUA TITRATION PACK 31
EYSUVIS....69
ezetimibe....26
ezetimibe-simvastatin tab 10-10 mg.26
ezetimibe-simvastatin tab 10-20 mg.26
ezetimibe-simvastatin tab 10-40 mg.26
ezetimibe-simvastatin tab 10-80 mg.26

F

FABRAZYME 54
falmina 49
famciclovir 7
famotidine 56
famotidine in nacl 0.9% iv soln 20 mg/50ml....56
FANAPT 34
FANAPT PAK PACK A....34
FANAPT PAK PACK B....34
FANAPT PAK PACK C....34
FARXIGA....44
FASENRA 71
FASENRA PEN....72
feirza 1/20 49
feirza 1.5/30 49
felbamate 36
felodipine....27
fenofibrate 26
fenofibrate micronized 26
fentanyl....1
fesoterodine fumarate 58
FETZIMA....31
FETZIMA CAP TITRATIO 31
FIASP....46
FIASP FLEXTOUCH 46
FIASP PENFILL....46
FIASP PUMPCART....46
fidaxomicin 9

finasteride.....58
fingolimod hcl.....42
FINTEPLA.....37
finzala.....49
FIRMAGON.....12
flac.....70
FLEBOGAMMA DIF.....63
flecainide acetate.....25
fluconazole.....4
fluconazole in nacl 0.9% inj 200 mg/100ml.....4
fluconazole in nacl 0.9% inj 400 mg/200ml.....4
flucytosine.....4
fludrocortisone acetate.....53
flunisolide (nasal).....73
fluocinolone acetonide.....75
fluocinolone acetonide (otic).....70
fluocinonide.....75
fluocinonide emulsified base.....75
fluorometholone (ophth).....69
fluorouracil.....11
fluorouracil (topical).....76
fluoxetine hcl.....31
fluphenazine decanoate.....34
fluphenazine hcl.....34
flurbiprofen.....1
flurbiprofen sodium.....69
fluticasone propionate.....75
fluticasone propionate (nasal).....73
fluticasone-salmeterol aer powder ba 100-50 mcg/act.....73
fluticasone-salmeterol aer powder ba 250-50 mcg/act.....73
fluticasone-salmeterol aer powder ba 500-50 mcg/act.....73
fluvoxamine maleate.....30
fondaparinux sodium.....59
fosamprenavir calcium.....5
fosfomycin tromethamine.....3
fosinopril sodium.....23
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....23
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....23
FOTIVDA.....16
FRINDOVYX.....11
FRUZAQLA.....16
FULPHILA.....59
fulvestrant.....12
furosemide.....28
furosemide inj.....28
fyavolv tab 0.5mg-2.5mcg.....52
fyavolv tab 1mg-5mcg.....52
FYCOMPA.....37

G

gabapentin.....37
galantamine hydrobromide.....30
galbriela.....49
gallifrey.....55
GAMASTAN INJ.....63
GAMMAGARD LIQUID.....63
GAMMAGARD LIQUID ERC.....63
GAMMAGARD S/D IGA LESS TH.....63
GAMMAKED.....63
GAMMAPLEX.....63
GAMUNEX-C.....63
ganciclovir sodium.....7
GARDASIL 9.....64
gatifloxacin (ophth).....68
GATTEX.....57
GAUZE PADS 2.....46
gavilyte-c.....57
gavilyte-g.....57
gavilyte-n/flavor pack.....57
GAVRETO.....16
gefitinib.....16
gemcitabine hcl.....11
gemfibrozil.....26
GEMTESA.....58
generlac.....57
gengraf.....64
GENOTROPIN.....54
GENOTROPIN MINIQUICK.....54
gentamicin in saline inj 0.8 mg/ml.....3
gentamicin in saline inj 1.2 mg/ml.....3
gentamicin in saline inj 1.6 mg/ml.....3
gentamicin in saline inj 1 mg/ml.....3
gentamicin in saline inj 2 mg/ml.....3
gentamicin sulfate.....3
gentamicin sulfate (ophth).....68
gentamicin sulfate (topical).....74
GENVOYA TAB.....6
GILOTRIF.....16

glatiramer acetate 42
glatopa 42
GLEOSTINE 11
glimepiride 44
glipizide 44
glipizide-metformin hcl tab 2.5-250 mg 44
glipizide-metformin hcl tab 2.5-500 mg 44
*glipizide-metformin hcl tab 5-500 mg*44
glycopyrrolate 56
glydo 76
GLYXAMBI TAB 10-5 MG 44
GLYXAMBI TAB 25-5 MG 44
GOMEKLI 16
granisetron hcl 55
griseofulvin microsize 4
griseofulvin ultramicrosize 4
guanfacine hcl 28
guanfacine hcl (adhd) 39, 40
GVOKE HYPOPEN 1-PACK 53
GVOKE HYPOPEN 2-PACK 53
GVOKE KIT 53
GVOKE PFS 53
H
HADLIMA 61
HADLIMA PUSHTOUCH 61
HAEGARDA 60
hailey 1.5/30 49
hailey 24 fe 49
hailey fe 1/20 49
halobetasol propionate 75
haloperidol 34
haloperidol decanoate 34
haloperidol lactate 34
HAVRIX 64
heather 49
heparin sodium (porcine) 59
HEPLISAV-B 64
HEP SOD/NACL INJ 25000UNT 59
HERCEP HYLEC SOL 60-10000 16
HERCEPTIN 16
HERCESSI 16
HERNEXEOS 16
HERZUMA 16
HIBERIX 64
HUMIRA 61
HUMIRA PEN 61
HUMIRA PEN-CD/UC/HS START 61
HUMIRA PEN KIT PS/UV 61
HUMULIN R U-500 KWIKPEN 46
hydralazine hcl 29
hydrochlorothiazide 28
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 2
hydrocodone-acetaminophen tab 10-325 mg 2
hydrocodone-acetaminophen tab 5-325 mg 2
hydrocodone-acetaminophen tab 7.5-325 mg 2
hydrocodone bitartrate 1
hydrocodone-ibuprofen tab 7.5-200 mg 2
hydrocortisone 53
hydrocortisone (intrarectal) 56
hydrocortisone (rectal) 76
hydrocortisone (topical) 76
hydrocortisone sod succinate 53
hydrocortisone valerate 76
hydrocortisone w/ acetic acid otic soln 1-2% 70
hydromorphone hcl 2
hydroxychloroquine sulfate 63
hydroxyurea 13
hydroxyzine hcl 70
hydroxyzine pamoate 71
HYRNUO 16
I
ibandronate sodium 47
IBRANCE 16, 17
IBTROZI 17
ibu 1
ibuprofen 1
icatibant acetate 60
iclevia 49
ICLUSIG 17
IDHIFA 17
IDVYNSO TAB 100-0.25 6
imatinib mesylate 17
IMBRUVICA 17
imipenem-cilastatin intravenous for soln 250 mg 3

imipenem-cilastatin intravenous for soln 500 mg 3
imipramine hcl 31
imiquimod 76
IMKELDI 17
IMOVAX RABIES (H.D.C.V.) 64
INBRIJA 33
incassia 49
INCRELEX 54
INCRUSE ELLIPTA 70
indapamide 28
INFANRIX INJ 65
INFLIXIMAB 61
INLURIYO 12
INLYTA 17
INQOVI TAB 35-100MG 11
INREBIC 17
INSULIN PEN NEEDLES: EMBECTA-BD 46
INSULIN SAFETY NEEDLES: EMBECTA-BD 46
INSULIN SYRINGES: EMBECTA-BD 46
INTELENCE 5
INTRALIPID 67
introvale 49
INVEGA HAFYERA 34
INVEGA SUSTENNA 34
INVEGA TRINZA 34
IPOL INJ INACTIVE 65
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 70
ipratropium bromide 70
ipratropium bromide (nasal) 70
ipratropium bromide hfa 70
irbesartan 25
irbesartan-hydrochlorothiazide tab 150-12.5 mg 24
irbesartan-hydrochlorothiazide tab 300-12.5 mg 24
irinotecan hcl 13
ISENTRESS 5
ISENTRESS HD 5
isibloom 49
ISOLYTE-P INJ /D5W 66
ISOLYTE-S INJ PH 7.4 66
isoniazid 7
isosorbide dinitrate 29
isosorbide mononitrate 29
isotretinoin 74
isradipine 27
ITOVEBI 17
itraconazole 4
ivabradine hcl 29
ivermectin 3
IWILFIN 13
IXIARO INJ 65

J

jaimiess 49
JAKAFI 17
jantoven 59
JANUMET TAB 50-1000 44
JANUMET TAB 50-500MG 44
JANUMET XR TAB 100-1000 44
JANUMET XR TAB 50-1000 44
JANUMET XR TAB 50-500MG 44
JANUVIA 44
JARDIANCE 44
jasmiel 49
javygtor 54
JAYPIRCA 17
jencycla 49
JENTADUETO TAB 2.5-1000 44
JENTADUETO TAB 2.5-500 44
JENTADUETO TAB 2.5-850 44
JENTADUETO TAB XR 2.5-1000MG 44
JENTADUETO TAB XR 5-1000MG 44
JIDEYTRO 17
jinteli 52
jolessa 49
JOURNAVX 1
juleber 49
JULUCA TAB 50-25MG 6
junel 1/20 49
junel 1.5/30 49
junel fe 1/20 49
junel fe 1.5/30 49
junel fe 24 49
JYLAMVO 63
JYNNEOS 65

K

KADCYLA 17
kaitlib fe 49
KALETRA SOL 6
KALYDECO 72

KANJINTI 17
kariva 49
KCL/D5W/NACL INJ 0.15/0.2 66
KCL/D5W/NACL INJ 0.3/0.9% 66
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 66
kcl 20 meq/l (0.149%) in nacl 0.45% inj 66
kcl 20 meq/l (0.149%) in nacl 0.9% inj 66
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 66
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 66
kcl 20 meq/l (0.15%) in nacl 0.45% inj 66
kcl 20 meq/l (0.15%) in nacl 0.9% inj 66
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 66
kcl 40 meq/l (0.298%) in nacl 0.9% inj 66
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 66
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 66
kcl 40 meq/l (0.3%) in nacl 0.9% inj 66
kelnor 1/35 49
KERENDIA 24
KESIMPTA 42
ketoconazole 4
ketoconazole (topical) 74
ketorolac tromethamine (ophth) 69
KEYTRUDA 17
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 18
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 18
KINERET 61
KINRIX INJ 65
kionex 47
KISQALI 200 DOSE 18
KISQALI 400 DOSE 18
KISQALI 600 DOSE 18
klayesta 74
klor-con 67
klor-con 10 67
KLOR-CON 10 67
klor-con 8 67
KLOR-CON 8 67
klor-con m10 67
klor-con m15 67
klor-con m20 67
KLOXXADO 43
KOMZIFTI 18
KOSELUGO 18
kourzeq 77
KRAZATI 18
kurvelo 49

L

labetalol hcl 27
lacosamide 37
lacosamide oral 37
lactated ringer's solution 66
LACTATED RIN INJ 66
lactic acid (ammonium lactate) 76
lactulose 57
lactulose (encephalopathy) 57
lamivudine 5
lamivudine (hbv) 7
lamivudine-zidovudine tab 150-300 mg 6
lamotrigine 37
lanreotide acetate 54
lansoprazole 58
LANTUS 46
LANTUS SOLOSTAR 46
lapatinib ditosylate 18
larin 1/20 49
larin 1.5/30 49
larin 24 fe 49
larin fe 1/20 49
larin fe 1.5/30 49
latanoprost 69
LAZCLUZE 18
leflunomide 63
lenalidomide 13
LENVIMA 10 MG DAILY DOSE 18
LENVIMA 12MG DAILY DOSE 18
LENVIMA 20 MG DAILY DOSE 18
LENVIMA 4 MG DAILY DOSE 18
LENVIMA 8 MG DAILY DOSE 18
LENVIMA CAP 14 MG 18
LENVIMA CAP 18 MG 18

LENVIMA CAP 24 MG 18
lessina 49
letrozole 12
leucovorin calcium 13
LEUKERAN 11
leuprolide acetate 12
levalbuterol hcl 71
levalbuterol tartrate 71
levetiracetam 37
levetiracetam in sodium chloride iv soln 1000 mg/100ml 37
levetiracetam in sodium chloride iv soln 1500 mg/100ml 37
levetiracetam in sodium chloride iv soln 500 mg/100ml 37
levobunolol hcl 69
levocarnitine (metabolic modifiers) ...54
levocetirizine dihydrochloride 71
levofloxacin 9
levofloxacin in d5w iv soln 250 mg/50ml 9
levofloxacin in d5w iv soln 500 mg/100ml 9
levofloxacin in d5w iv soln 750 mg/150ml 9
levonest 49
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 49
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 49
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 50
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 50
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 50
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 49
levora 0.15/30-28 50
levothyroxine sodium 55
levoxyl 55
l-glutamine (sickle cell) 60
lidocaine 76
lidocaine hcl 76
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 77
lidocaine-prilocaine cream 2.5-2.5% .76
lidocan 76
LIFYORLI CAP 125MG DS 12
LIFYORLI CAP 150MG DS 12
LILETTA 50
linezolid 3
LINEZOLID INJ 2MG/ML 3
LINZESS 57
liomny 55
liothyronine sodium 55
lisinopril 23
lisinopril & hydrochlorothiazide tab 10-12.5 mg 23
lisinopril & hydrochlorothiazide tab 20-12.5 mg 23
lisinopril & hydrochlorothiazide tab 20-25 mg 23
lithium 41
lithium carbonate 41
LIVTENCITY 7
loestrin 1/20-21 50
loestrin 1.5/30-21 50
loestrin fe 1/20 50
loestrin fe 1.5/30 50
lojaimiess 50
LOKELMA 47
lomustine 11
LONSURF TAB 15-6.14 11
LONSURF TAB 20-8.19 11
loperamide hcl 57
lopinavir-ritonavir tab 100-25 mg 6
lopinavir-ritonavir tab 200-50 mg 7
lorazepam 30
lorazepam intensol 30
LORBRENA 18, 19
loryna 50
losartan potassium 25
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 24
losartan potassium & hydrochlorothiazide tab 100-25 mg 24
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 24
LOTEMAX 69

loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 68
lovastatin 26
low-ogestrel 50
loxapine succinate 34
lubiprostone 57
luizza 1/20 50
luizza 1.5/30 50
LUMAKRAS 19
LUMIGAN 69
LUMIZYME 54
LUPRON DEPOT (1-MONTH) 12
LUPRON DEPOT (3-MONTH) 12
LUPRON DEPOT-PED (1-MONTH 54
LUPRON DEPOT-PED (3-MONTH 54
LUPRON DEPOT-PED (6-MONTH 54
lurasidone hcl 34
lutera 50
LYBALVI TAB 10-10MG 34
LYBALVI TAB 15-10MG 34
LYBALVI TAB 20-10MG 34
LYBALVI TAB 5-10MG 34
lyleq 50
lyllana 52
LYNPARZA 19
LYSODREN 12
LYTGOBI (12 MG DAILY DOSE) 19
LYTGOBI (16 MG DAILY DOSE) 19
LYTGOBI (20 MG DAILY DOSE) 19
lyza 50

M

macitentan 29
magnesium sulfate 66
MAGNESIUM SULFATE 66
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 66
malathion 77
maraviroc 5
marlissa 50
MARPLAN 31
MATULANE 13
MAVYRET PAK 50-20MG 7
MAVYRET TAB 100-40MG 7
meclizine hcl 56
medroxyprogesterone acetate 55
medroxyprogesterone acetate (contraceptive) 50
mefloquine hcl 5
megestrol acetate 12, 55
megestrol acetate (appetite) 55
MEKINIST 19
MEKTOVI 19
meleya 50
meloxicam 1
memantine hcl 30
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 30
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 30
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 30
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 30
MENQUADFI 65
MENVEO INJ 65
MENVEO SOL 65
mercaptopurine 11
meropenem 3
mesalamine 56
mesalamine w/ cleanser 56
mesna 14
metformin hcl 44
methadone hcl 1
methadone hydrochloride i 1
methazolamide 28
methenamine hippurate 3
methimazole 55
methocarbamol 42
methotrexate sodium 11, 63
methsuximide 37
methylphenidate hcl 40
methylprednisolone 53
methylprednisolone acetate 53
methylprednisolone sod succ 53
metoclopramide hcl 56
metolazone 28
metoprolol & hydrochlorothiazide tab 100-25 mg 27
metoprolol & hydrochlorothiazide tab 100-50 mg 27
metoprolol & hydrochlorothiazide tab 50-25 mg 27
metoprolol succinate 27
metoprolol tartrate 27

metronidazole 3
metronidazole (topical) 76
metronidazole vaginal 58
metyrosine 29
mibelas 24 fe 50
micafungin sodium 4
microgestin 1/20 50
microgestin 1.5/30 50
microgestin fe 1/20 50
microgestin fe 1.5/30 50
midodrine hcl 29
MIEBO 69
mifepristone (hyperglycemia) 54
mili 50
mimvey 52
minocycline hcl 10
minoxidil 29
mirabegron 58
mirtazapine 31
misoprostol 57
M-M-R II INJ 65
M-NATAL PLUS TAB 67
modafinil 42
MODEYSO 14
moexipril hcl 23
molindone hcl 34
mometasone furoate 76
MONJUVI 19
mono-linyah 50
montelukast sodium 71
morphine sulfate 1, 2
MOUNJARO 44
MOVANTIK 57
moxifloxacin hcl 9
moxifloxacin hcl (ophth) 68
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 9
MRESVIA 65
MULTAQ 25
multiple electrolytes ph 5.5 66
mupirocin 74
mycophenolate mofetil 64
mycophenolate sodium 64
MYRBETRIQ 58

N

nabumetone 1
nadolol 27
nafcillin sodium 10
NAGLAZYME 54
naloxone hcl 43
naltrexone hcl 43
NAMZARIC CAP 7-10MG 30
naproxen 1
naproxen sodium 1
naratriptan hcl 41
NATACYN 68
nateglinide 44
NAYZILAM 37
nebivolol hcl 27
necon 0.5/35-28 50
nefazodone hcl 31
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 68
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..68
neomycin-polymyxin-dexamethasone ophth oint 0.1% 68
neomycin-polymyxin-dexamethasone ophth susp 0.1% 68
neomycin-polymyxin-hc ophth susp ..68
neomycin-polymyxin-hc otic soln 1% 70
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 70
neomycin sulfate 3
NERLYNX 19
neuac 74
nevirapine 5
NEXLETOL 26
NEXLIZET TAB 180/10MG 26
NEXPLANON 50
niacin (antihyperlipidemic) 26
nicardipine hcl 27
NICOTROL NS 43
nifedipine 27
nikki 50
nilotinib hcl 19
nilutamide 12
nimodipine 27
NINLARO 19
nintedanib esylate 72
nitazoxanide 3
nitisinone 54
nitro-bid 29
nitrofurantoin macrocrystal 3

nitrofurantoin monohyd macro.....3
nitroglycerin.....29
nitroglycerin (intra-anal).....76
nizatidine.....56
nora-be.....50
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....50
norethindrone (contraceptive).....50
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....51
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....50
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....50
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....51
norethindrone acetate.....55
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....52
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....52
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....50
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....51
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....51
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....51
norlyroc.....51
nortrel 0.5/35 (28).....51
nortrel 1/35 (21).....51
nortrel 1/35 (28).....51
nortrel 7/7/7.....51
nortriptyline hcl.....31
NORVIR.....5
NOVOLIN INJ 70/30.....46
NOVOLIN INJ 70/30 FP.....46
NOVOLIN N.....46
NOVOLIN N FLEXPEN.....46
NOVOLIN R.....46
NOVOLIN R FLEXPEN.....46
NOVOLOG.....46
NOVOLOG FLEXPEN.....46
NOVOLOG FLEXPEN RELION.....46
NOVOLOG MIX INJ 70/30.....46
NOVOLOG MIX INJ FLEXPEN.....46
NOVOLOG PENFILL.....46
NOVOLOG RELION.....46
NUBEQA.....12
NUEDEXTA CAP 20-10MG.....41
NULOJIX.....64
NUPLAZID.....34
NURTEC.....41
NUTRILIPID.....67
NUZYRA.....10
nyamyc.....74
nylia 1/35.....51
nylia 7/7/7.....51
nystatin.....4
nystatin (mouth-throat).....77
nystatin (topical).....75
nystop.....75

O

OCTAGAM.....63
octreotide acetate.....54
ODEFSEY TAB.....7
ODOMZO.....19
OFEV.....72
ofloxacin (ophth).....68
ofloxacin (otic).....70
OGIVRI.....19
OGSIVEO.....19
OJEMDA.....19
OJJAARA.....19
olanzapine.....34
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....25
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....25
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg.....25
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....25
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....25
olmesartan medoxomil.....25

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 24
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 24
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .24
omega-3-acid ethyl esters cap 1 gm .26
omeprazole 58
OMNIPOD 5 DX KIT INT G7G6 46
OMNIPOD 5 DX MIS POD G7G6.....46
OMNIPOD5 LIB KIT INTRO.....46
OMNIPOD5 LIB MIS PODS 46
OMNIPOD DASH KIT INTRO.....46
OMNIPOD DASH MIS PODS 46
ondansetron 56
ondansetron hcl 56
ONTRUZANT.....19
ONUREG 11
OPIPZA.....35
OPSUMIT 29
ORGOVYX 12
ORKAMBI GRA 100-125 72
ORKAMBI GRA 150-188 72
ORKAMBI GRA 75-94MG 72
ORKAMBI TAB 100-125.....72
ORKAMBI TAB 200-125.....72
orquidea 51
ORSERDU 12
oseltamivir phosphate 7
OSPOMYV 47
oxacillin sodium 10
oxaliplatin 11
oxcarbazepine 37
oxybutynin chloride 58
oxycodone hcl 2
oxycodone w/ acetaminophen tab 10-325 mg.....2
oxycodone w/ acetaminophen tab 2.5-325 mg.....2
oxycodone w/ acetaminophen tab 5-325 mg.....2
oxycodone w/ acetaminophen tab 7.5-325 mg.....2
OZEMPIC 44
OZEMPIC (0.25 OR 0.5MG/DOSE) 45
OZEMPIC (1MG/DOSE) 45
OZEMPIC (2MG/DOSE) 45

P

pacerone 25
paclitaxel 14
paclitaxel inj 100mg 14
paliperidone 35
pamidronate disodium 47
PAMIDRONATE DISODIUM.....47
PANRETIN 76
pantoprazole sodium 58
PANZYGA 63
paricalcitol 55
paroxetine hcl 31, 32
PAXLOVID PAK 7
PAXLOVID TAB 150-100 7
PAXLOVID TAB 300-100 7
pazopanib hcl 20
PEDIARIX INJ 0.5ML.....65
PEDVAXHIB.....65
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 57
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....57
PEGASYS 7
PELLIX.....75
PEMAZYRE 20
pemetrexed disodium 11
PENBRAYA INJ 65
penicillamine 47
penicillin g potassium 10
penicillin g sodium 10
penicillin v potassium 10
PENMENVY INJ.....65
PENTACEL INJ 65
pentamidine isethionate inh 3
pentamidine isethionate inj 3
pentoxifylline.....60
perampanel.....37
perindopril erbumine 23
periogard 77
permethrin.....77
perphenazine.....35
pfizerpen 10
phenelzine sulfate 32
phenobarbital 37
phenobarbital sodium 37

phenytek 37
phenytoin 38
phenytoin sodium 38
phenytoin sodium extended.....38
PHESGO SOL.....20
philith.....51
PIFELTRO 5
pilocarpine hcl 69
pilocarpine hcl (oral).....77
pimecrolimus.....76
pimozide.....35
pimtrea 51
pindolol 27
pioglitazone hcl.....45
pioglitazone hcl-metformin hcl tab 15-500 mg.....45
pioglitazone hcl-metformin hcl tab 15-850 mg.....45
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 10
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....10
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....10
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 10
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....10
PIQRAY 200MG DAILY DOSE.....20
PIQRAY 250MG TAB DOSE.....20
PIQRAY 300MG DAILY DOSE.....20
pirfenidone.....72
piroxicam 1
plenamine.....68
PLENVU SOL.....57
podofilox.....76
polymyxin b sulfate.....3
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....68
pomalidomide.....13
POMALYST 13
portia-28 51
posaconazole 4
potassium chloride.....66, 67
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....67
potassium chloride microencapsulated crystals er.....67
potassium citrate (alkalinizer).....58
POT CHL 20MEQ/L IN NACL 0.45% INJ 66
POT CHL 20MEQ/L IN NACL 0.9% INJ 66
POT CHL 40MEQ/L IN NACL 0.9% INJ 66
pramipexole dihydrochloride.....33
prasugrel hcl 60
pravastatin sodium.....26
praziquantel.....4
prazosin hcl.....24
prednisolone 53
prednisolone acetate (ophth) 69
PREDNISOLONE SODIUM PHOSP.....69
prednisolone sodium phosphate 53
prednisone.....53
PREDNISONE INTENSOL 53
pregabalin.....38
PREMASOL SOL 10% 68
PRENATAL TAB 27-1MG 67
PRENATAL TAB PLUS 67
prevalite 26
PREVYMIS.....8
PREZCOBIX TAB 675/150.....7
PREZCOBIX TAB 800-150.....7
PREZISTA 5
PRIFTIN.....7
primaquine phosphate 5
PRIMAQUINE PHOSPHATE 5
primidone 38
PRIORIX INJ.....65
PRIVIGEN 64
probenecid.....1
prochlorperazine 56
prochlorperazine edisylate.....56
prochlorperazine maleate 56
PROCRIT.....59
proctocort 76
procto-med hc 76
proctosol hc 76
proctozone-hc 76
progesterone.....55
PROGRAF 64
PROLASTIN-C 72

PROLIA 47
promethazine hcl 56
propafenone hcl 26
proparacaine hcl 69
propranolol hcl 27
propylthiouracil 55
PROQUAD INJ 65
PROSOL INJ 20% 68
protriptyline hcl 32
PULMOZYME 72
pyrazinamide 7
pyridostigmine bromide 41
pyrimethamine 4
PYZCHIVA 61
Q
QINLOCK 20
QUADRACEL INJ 0.5ML 65
quetiapine fumarate 35
quinapril hcl 23
quinidine sulfate 26
quinine sulfate 5
QULIPTA 41
R
RABAVERT INJ 65
rabeprazole sodium 58
RALDESY 32
raloxifene hcl 54
ramelteon 40
ramipril 24
ranolazine 29
rasagiline mesylate 33
reclipsen 51
RECOMBIVAX HB 65
RELENZA DISKHALER 8
relgaabi 38
RELISTOR 57
REMICADE 61
RENFLEXIS 61
repaglinide 45
REPATHA 26
REPATHA SURECLICK 26
RESTASIS 69
RESTASIS MULTIDOSE 69
RETEVMO 20
REVCOVI 54
REVUFORJ 20
REXULTI 35
REYATAZ 5
REZDIFFRA 54
REZLIDHIA 20
REZUROCK 64
RHOPRESSA 69
ribavirin (hepatitis c) 8
rifabutin 7
rifampin 7
rifapentine 7
rilpivirine hcl 5
riluzole 41
rimantadine hydrochloride 8
RINVOQ 61
RINVOQ LQ 61
risedronate sodium 47
risperidone 35
risperidone microspheres 35
ritonavir 5
rivaroxaban 59
rivastigmine 30
rivastigmine tartrate 30
rivelsa 51
rizatriptan benzoate 41
ROCKLATAN DRO 69
roflumilast 72
ROMVIMZA 20
ropinirole hydrochloride 33
rosuvastatin calcium 26
rosyrah 51
ROTARIX SUS 65
ROTATEQ SOL 65
roweepra 38
ROZLYTREK 20
RUBRACA 20
rufinamide 38
RUKOBIA 6
RYBELSUS 45
RYDAPT 20
S
sacubitril-valsartan tab 24-26 mg 25
sacubitril-valsartan tab 49-51 mg 25
sacubitril-valsartan tab 97-103 mg 25
sajazir 60
SANTYL 77
sapropterin dihydrochloride 54
SCEMBLIX 20
scopolamine 56

SECUADO 35
selegiline hcl 33
selenium sulfide 75
SELZENTRY 6
SEREVENT DISKUS 71
sertraline hcl 32
setlakin 51
sharobel 51
SHINGRIX 65
SIGNIFOR 54
SIKLOS 60
sildenafil citrate (pulmonary hypertension) 29
silver sulfadiazine 74
SIMBRINZA SUS 1-0.2% 69
simliya 51
simpesse 51
simvastatin 26
sirolimus 64
SIRTURO 7
sitagliptin phosphate 45
sitagliptin phosphate-metformin hcl tab 50-1000 mg 45
sitagliptin phosphate-metformin hcl tab 50-500 mg 45
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg 45
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg 45
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg 45
SKYRIZI 62
SKYRIZI PEN 62
sodium chloride 67
sodium chloride (gu irrigant) 77
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 67
sodium oxybate 43
sodium phenylbutyrate 54
sodium polystyrene sulfonate 47
sodium polystyrene sulfonate powder 47
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 57
solifenacin succinate 58
SOLIQUA INJ 100/33 46
SOLTAMOX 12
SOLU-CORTEF 53
SOMATULINE DEPOT 54
SOMAVERT 54
sorafenib tosylate 21
sotalol hcl 26
sotalol hcl (afib/afl) 26
SOTYKTU 62
SPIRIVA RESPIMAT 70
spironolactone 24
spironolactone & hydrochlorothiazide tab 25-25 mg 28
sprintec 28 51
SPRITAM 38
sps 47
sps rectal 47
sronyx 51
ssd 74
STELARA 62
STIVARGA 21
streptomycin sulfate 4
STRIBILD TAB 7
subvenite 38
SUBVENITE 38
sucralfate 57
sulfacetamide sodium (acne) 74
sulfacetamide sodium (ophth) 68
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 68
sulfadiazine 4
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 4
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 4
sulfamethoxazole-trimethoprim tab 400-80 mg 4
sulfamethoxazole-trimethoprim tab 800-160 mg 4
SULFAMYLON 74
sulfasalazine 56
sulindac 1
sumatriptan 41
sumatriptan succinate 41
sunitinib malate 21
SUNLENCA 6
syeda 51
SYMDEKO TAB 100-150 72
SYMDEKO TAB 50-75MG 72

SYMPAZAN 38
SYMTUZA TAB 7
SYNAREL 54
SYNTHROID 55
T
TABLOID 11
TABRECTA 21
tacrolimus 64
tacrolimus (topical) 76
tadalafil 58
tadalafil (pulmonary hypertension) 29
TAFINLAR 21
TAGRISSO 21
TALZENNA 21
tamoxifen citrate 12
tamsulosin hcl 58
tarina 24 fe 51
tarina fe 1/20 eq 51
tasimelteon 40
TAVNEOS 60
tazarotene 75
tazicef 8
TECENTRIQ 21
TECENTRIQ INJ HYBREZA 21
TEFLARO 8
telmisartan 25
telmisartan-amlodipine tab 40-10 mg 25
telmisartan-amlodipine tab 40-5 mg 25
telmisartan-amlodipine tab 80-10 mg 25
telmisartan-amlodipine tab 80-5 mg 25
telmisartan-hydrochlorothiazide tab 40-12.5 mg 25
telmisartan-hydrochlorothiazide tab 80-12.5 mg 25
telmisartan-hydrochlorothiazide tab 80-25 mg 25
temazepam 40
TENIVAC INJ 5-2LF 65
tenofovir disoproxil fumarate 6
TEPMETKO 21
terazosin hcl 24
terbinafine hcl 4
terbutaline sulfate 71
terconazole vaginal 58
teriparatide 47
TERIPARATIDE 47
testosterone 43
testosterone cypionate 43
testosterone enanthate 43
testosterone pump 43
tetrabenazine 41
tetracycline hcl 10
THALOMID 13
theophylline 72
thioridazine hcl 35
thiothixene 35
tiadylt er 28
tiagabine hcl 38
TIBSOVO 21
ticagrelor 60
TICOVAC 65
tigecycline 10
tilia fe 51
timolol maleate 27
timolol maleate (ophth) 69
tinidazole 4
TIVICAY 6
TIVICAY PD 6
tizanidine hcl 42
TOBI PODHALER 4
TOBRADEX OIN 0.3-0.1% 68
tobramycin 4
tobramycin (ophth) 68
tobramycin-dexamethasone ophth susp 0.3-0.1% 68
tobramycin sulfate 4
tofacitinib citrate 62
tolterodine tartrate 58
tolvaptan 54, 55
tolvaptan tab therapy pack 30 & 15 mg 55
tolvaptan tab therapy pack 45 & 15 mg 55
tolvaptan tab therapy pack 60 & 30 mg 55
tolvaptan tab therapy pack 90 & 30 mg 55
topiramate 38
toremifene citrate 12
torpenz 21
torsemide 28
TOUJEO MAX SOLOSTAR 46

TOUJEO SOLOSTAR 46
TPN ELECTROL INJ 67
TRADJENTA 45
tramadol-acetaminophen tab 37.5-325 mg 2
tramadol hcl 2
trandolapril 24
tranexamic acid 60
tranylcypromine sulfate 32
TRAVASOL INJ 10% 68
TRAZIMERA 21
trazodone hcl 32
TRELEGY AER ELLIPTA 100-62.5-25 MCG 70
TRELEGY AER ELLIPTA 200-62.5-25 MCG 70
TREMFYA 62
TREMFYA INDUCTION PACK FO 62
TREMFYA PEN 62
treprostinil 29
tretinoin 74
tretinoin (chemotherapy) 14
triamcinolone acetonide (mouth) 77
triamcinolone acetonide (topical) 76
triamterene & hydrochlorothiazide cap 37.5-25 mg 28
triamterene & hydrochlorothiazide tab 37.5-25 mg 28
triamterene & hydrochlorothiazide tab 75-50 mg 28
tridacaine iii 76
triderm 76
trientine hcl 47
tri-estarylla 51
trifluoperazine hcl 35
trifluridine 68
trihexyphenidyl hcl 33
TRIJARDY XR TAB ER 24HR 10-5-1000MG 45
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 45
TRIJARDY XR TAB ER 24HR 25-5-1000MG 45
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 45
TRIKAFTA PAK 59.5MG 72
TRIKAFTA PAK 75MG 72
TRIKAFTA TAB 100-50-75MG & 150MG 72
TRIKAFTA TAB 50-25-37.5MG & 75MG 72
tri-legest fe 51
tri-linyah 51
tri-lo-estarylla 51
tri-lo-marzia 51
tri-lo-mili 51
tri-lo-sprintec 51
trimethoprim 4
tri-mili 51
trimipramine maleate 32
TRINTELLIX 32
tri-sprintec 51
TRIUMEQ PD TAB 7
TRIUMEQ TAB 7
tri-vylibra 51
tri-vylibra lo 51
TROGARZO 6
TROPHAMINE INJ 10% 68
trospium chloride 58
TRULICITY 45
TRUMENBA 65
TRUQAP 21
TRUXIMA 21
TUKYSA 21
TURALIO 21
turqoz 52
twice-daily clindamycin phosphate (topical) 74
TWINRIX INJ 65
TYBOST 6
tydemy 52
TYENNE 62
TYMLOS 47
TYPHIM VI 65

U

UBRELVY 41
unithroid 55
UPTRAVI 29
UPTRAVI PACK TAB 200/800 30
ursodiol 57
USTEKINUMAB 62

V

valacyclovir hcl 8
VALCHLOR 76

valganciclovir hcl 8
valproate sodium 38
valproic acid 38
valsartan 25
valsartan-hydrochlorothiazide tab 160-12.5 mg 25
valsartan-hydrochlorothiazide tab 160-25 mg 25
valsartan-hydrochlorothiazide tab 320-12.5 mg 25
valsartan-hydrochlorothiazide tab 320-25 mg 25
valsartan-hydrochlorothiazide tab 80-12.5 mg 25
VALTOCO 10 MG DOSE 38
VALTOCO 15 MG DOSE 38
VALTOCO 20 MG DOSE 38
VALTOCO 5 MG DOSE 38
valtya 1/35 52
valtya 1/50 52
vancomycin hcl 4
VANCOMYCIN INJ 1 GM 4
VANCOMYCIN INJ 500MG 4
VANCOMYCIN INJ 750MG 4
VANFLYTA 21
VAQTA 65
varenicline tartrate 43
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 43
VARIVAX 65
VASCEPA 26
VAXCHORA SUS 65
velivet 52
VELSIPITY 62
VENCLEXTA 21
VENCLEXTA TAB START PK 21
venlafaxine hcl 32
VENTOLIN HFA 71
VENTOLIN HFA (INSTITUTIONAL PACK) 71
VEPPANU 13
verapamil hcl 28
VERQUVO 29
VERSACLOZ 35
VERZENIO 22
vestura 52
vienva 52
vigabatrin 38
vigadrone 38, 39
VIGAFYDE 39
vilazodone hcl 32
VIMKUNYA 65
vincristine sulfate 14
vinorelbine tartrate 14
viorele 52
VIRACEPT 6
VIREAD 6
VITRAKVI 22
VIVIMUSTA 11
VIVITROL 43
VIVOTIF CAP EC 65
VIZIMPRO 22
VONJO 22
VOQUEZNA PAK DUAL PAK 57
VOQUEZNA PAK TRIP PK 57
VORANIGO 22
voriconazole 4, 5
VOSEVI TAB 8
VOWST CAP 57
VRAYLAR 35
vyfemla 52
vylibra 52
VYNDAMAX 29
VYZULTA 69

W

warfarin sodium 59
water for irrigation, sterile irrigation soln 77
WELIREG 14
wera 52
WESTAB PLUS TAB 27-1MG 67
WINREVAIR 30
wixela inhub 74
wymzya fe 52
WYOST 47

X

XALKORI 22
xarah fe 52
XARELTO 59
XARELTO STAR TAB 15/20MG 59
XATMEP 63
XCOPRI 39
XCOPRI PAK 100-150 39
XCOPRI PAK 12.5-25 39

XCOPRI PAK 150-200MG (MAINTENANCE) 39
XCOPRI PAK 150-200MG (TITRATION) 39
XCOPRI PAK 50-100MG.....39
XDEMVY 68
XELJANZ 63
XELJANZ XR 63
xelria fe 52
XERMELO 57
XHANCE.....73
XIFAXAN 57
XIGDUO XR TAB 10-1000 45
XIGDUO XR TAB 10-500MG 45
XIGDUO XR TAB 2.5-1000 45
XIGDUO XR TAB 5-1000MG 45
XIGDUO XR TAB 5-500MG 45
XIIDRA 70
XOFLUZA 8
XOLAIR.....73
XOSPATA 22
XPOVIO PAK (100 MG ONCE WEEKLY) 22
XPOVIO PAK (40 MG ONCE WEEKLY) 22
XPOVIO PAK (40 MG TWICE WEEKLY) 22
XPOVIO PAK (60 MG ONCE WEEKLY) 22
XPOVIO PAK (60 MG TWICE WEEKLY) 22
XPOVIO PAK (80 MG ONCE WEEKLY) 22
XPOVIO PAK (80 MG TWICE WEEKLY) 22
XTANDI 13
XTRENBO 47
xulane 52
XULTOPHY INJ 100/3.6 46

Y

YESINTEK 63
YF-VAX INJ.....65
YONSA 13
yulithira 22
YUTREPIA 30
yuvafem 52

Z

zafemy 52
zafirlukast 71
zaleplon 40
ZARXIO 59
ZEGALOGUE 53
ZEJULA 22
ZELBORAF.....22
zelvysia 55
ZEMAIRA 73
zenatane.....74
ZENBEXUS 13
ZENPEP CAP 10000UNT 57
ZENPEP CAP 15000UNT 57
ZENPEP CAP 20000UNT 58
ZENPEP CAP 25000UNT 58
ZENPEP CAP 3000UNIT 57
ZENPEP CAP 40000UNT 58
ZENPEP CAP 5000UNIT 57
ZENPEP CAP 60000UNT 58
ZERVIATE 69
zidovudine 6
ziprasidone hcl.....35
ziprasidone mesylate 35
ZIRABEV 22
ZIRGAN 68
zoledronic acid.....47
ZOLINZA.....23
zolpidem tartrate 40
ZONISADE 39
zonisamide.....39
zovia 1/35.....52
ZTALMY 39
zumandimine.....52
ZURZUVAE 32
ZYDELIG 23
ZYKADIA.....23
ZYLET SUS 0.5-0.3%.....68
ZYPREXA RELPREVV 35

HPMS Approved Formulary File Submission ID 00026048, Version Number #17

This formulary was updated on 11/01/2026. 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.

Este Formulario resumido se actualizó el 01/11/2026. 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 dia,7 dias a la semana o visite www.fc2healthplan.com.

Formulary last updated: 11/01/2026

H9986_2026FORM_C