



MASSACHUSETTS

Medicare PPO Blue SaverRx (PPO)  
Medicare PPO Blue ValueRx (PPO)  
Medicare PPO Blue PlusRx (PPO)

# 2023 PPO FORMULARY

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN  
23217, Version 7**

This abridged and comprehensive formulary was updated  
on 2/01/2023.

**Important Message About What You Pay for Vaccines**

- Our plan covers most Part D vaccines at no cost to you,  
even if you haven't paid your deductible (if applicable.)  
Call Member Services for more information.

**Important Message About What You Pay for Insulin**

- You won't pay more than \$35 for a one-month supply  
of each insulin product covered by our plan, no matter  
what cost-sharing tier it's on even if you haven't paid  
your deductible, if applicable.

For more recent information or other questions,  
please contact Blue Cross Blue Shield of Massachusetts  
at **1-800-200-4255**, or, for TTY users, **711**, from April 1  
through September 30, 8:00 a.m. to 8:00 p.m. ET,  
Monday through Friday, and from October 1 through  
March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week,  
or visit [bluecrossma.com/medicare](https://bluecrossma.com/medicare).





## **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 formulary (drug list) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 2/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2024, and from time to time during the year.



## WHAT IS THE MEDICARE PPO BLUE SAVERRX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY?

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

## CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

- » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 2/01/2023. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, [bluecrossma.com/medicare](https://bluecrossma.com/medicare). You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

## HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 9. 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 Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 9. 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 66. 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?

Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 tablets per 30 days per prescription of Simvastatin 10 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other, similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx formulary?" on page 4 for information about how to request an exception.

## WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

**If you learn that Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx does not cover your drug, you have two options:**

- You can ask Member Service for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans 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 MEDICARE PPO BLUE SAVERRX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit 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, Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

## WHAT SHOULD I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that might be covered under Medicare Part B.

## FOR MORE INFORMATION

For more detailed information about your Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plans, 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 [medicare.gov](https://www.medicare.gov).

## MEDICARE PPO BLUE SAVERRX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx. If you have trouble finding your drug in the list, turn to the index that begins on page 66.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., AMOXIL<sup>®</sup>) and generic drugs are listed in lower-case italics (e.g., amoxicillin).

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

### The abbreviations you may see in the formulary (list of covered drugs) include:

**Quantity Limits (QL):** To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you are taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.

**Mail Order (MO):** These prescription drugs are available through mail order.

**Home Infusion (HI):** This prescription drug may be covered under our medical benefit. For more information, call Member Service at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

**Medical Benefit (MB):** These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail order service.\*

**Prior Authorization (PA):** These prescription drugs require prior authorization from the plan.

**Step Therapy (ST):** These prescription drugs require you to first try another drug to treat your medical condition.

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Service at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

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

**Non-Extended Day Supply (NEDS):** In an effort to control drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

## HOW MUCH WILL I PAY FOR MY MEDICARE ADVANTAGE PLAN'S COVERED DRUGS?

### Your Medicare prescription drug costs:

The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug. You will pay no more than a \$35 copayment for select insulins. You can identify these insulins by "SI" used next to their names in the formulary.

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

### Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster, like drugs covered under your Medicare prescription drug benefit.

\*Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand test strips and blood glucose monitors that aren't listed on our formulary when purchased at a retail or mail order pharmacy.

## Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage

Plans	Drug Tier	Annual Deductible	30-day supply at a preferred network retail pharmacy	30-day supply at a standard network retail pharmacy	90-day supply at a preferred network mail-order pharmacy
Medicare PPO Blue SaverRx (PPO)	Tier 1: Preferred Generic Drugs	\$0	\$0	\$10	\$0
	Tier 2: Generic Drugs		\$10	\$20	\$20
	Tier 3: Preferred Brand Drugs	\$0	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		30%	30%	N/A
Medicare PPO Blue ValueRx (PPO)	Tier 1: Preferred Generic Drugs	\$0	\$0	\$8	\$0
	Tier 2: Generic Drugs		\$6	\$12	\$12
	Tier 3: Preferred Brand Drugs	\$0	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
Medicare PPO Blue PlusRx (PPO)	Tier 1: Preferred Generic Drugs	\$0	\$0	\$6	\$0
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$200	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		29%	29%	N/A

Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	MO
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2	MO
<i>febuxostat</i> TABS 40mg, 80mg	Tier 2	MO PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL MO
<i>probenecid</i> TABS 500mg	Tier 2	MO
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL MO
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 2	MO
<i>diclofenac w/ misoprostol tab delayed release</i> 50-0.2 mg	Tier 2	MO
<i>diclofenac w/ misoprostol tab delayed release</i> 75-0.2 mg	Tier 2	MO
<i>diflunisal</i> TABS 500mg	Tier 2	MO
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL MO
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 2	MO
<i>flurbiprofen</i> TABS 100mg	Tier 2	MO
<i>ibu</i> TABS 600mg, 800mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2	MO
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	MO
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	MO
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	MO
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	MO
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL MO
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 2	MO
<i>oxaprozin</i> TABS 600mg	Tier 2	MO
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 2	MO
<i>sulindac</i> TABS 150mg, 200mg	Tier 2	MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 2	QL MO PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL MO PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL MO PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL MO PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 2	QL MO PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MO - Available at mail-order  
 B/D - Covered under Medicare B or D LA - Limited Pharmacy Availability HI - Home Infusion  
 NEDS - Non-Extended Days Supply SI - Select Insulins

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 2	QL MO
<i>hydrocodone-acetaminophen tab</i> 5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
<i>hydrocodone-acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL MO
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 2	QL MO
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL MO
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D MO
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D MO
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 2	QL MO
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL MO
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 4	B/D MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MO - Available at mail-order  
 B/D - Covered under Medicare B or D LA - Limited Pharmacy Availability HI - Home Infusion  
 NEDS - Non-Extended Days Supply SI - Select Insulins

Drug Name	Drug Tier	Requirements/ Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 4	MO
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	Tier 2	QL MO
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL MO
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL MO
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg QL (360 tabs / 30 days)	Tier 2	QL MO
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg QL (360 tabs / 30 days)	Tier 2	QL MO
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL MO
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 2	B/D MO
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg	Tier 5	NEDS MO

Drug Name	Drug Tier	Requirements/ Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 2	MO
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 2	HI MO
<i>atovaquone</i> SUSP 750mg/5ml	Tier 2	MO
<i>aztreonam</i> SOLR 1gm	Tier 2	HI MO
<i>aztreonam</i> SOLR 2gm	Tier 2	MO
CAYSTON SOLR 75mg	Tier 5	NEDS LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	MO
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 2	MO
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 2	HI MO
<i>clindamycin phosphate</i> SOLN 9000mg/60ml	Tier 2	MO
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Tier 2	HI MO
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Tier 2	HI MO
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	Tier 2	HI MO
CLINDMYC/NAC INJ 300/50ML	Tier 4	MO
CLINDMYC/NAC INJ 600/50ML	Tier 4	MO
CLINDMYC/NAC INJ 900/50ML	Tier 4	MO
<i>colistimethate sodium</i> SOLR 150mg	Tier 2	HI MO
<i>dapsone</i> TABS 25mg, 100mg	Tier 2	MO
DAPTOMYCIN SOLR 350mg	Tier 5	NEDS HI MO
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 5	NEDS HI MO
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	NEDS QL MO
<i>ertapenem sodium</i> SOLR 1gm	Tier 2	HI MO
<i>gentamicin in saline inj</i> 0.8 mg/ml	Tier 2	HI MO
<i>gentamicin in saline inj</i> 1 mg/ml	Tier 2	HI MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 2	HI MO
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 2	HI MO
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	MO
<i>gentamicin sulfate SOLN 10mg/ml</i>	Tier 2	MO
<i>gentamicin sulfate SOLN 40mg/ml</i>	Tier 2	HI MO
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 2	HI MO
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 2	HI MO
<i>ivermectin TABS 3mg QL (12 tabs / 90 days)</i>	Tier 2	QL MO PA
<i>linezolid SOLN 600mg/300ml</i>	Tier 2	HI MO
<i>linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	Tier 5	NEDS QL MO
<i>linezolid TABS 600mg QL (60 tabs / 30 days)</i>	Tier 2	QL MO
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 2	HI MO
<i>meropenem SOLR 1gm, 500mg</i>	Tier 2	HI MO
<i>methenamine hippurate TABS 1gm</i>	Tier 2	MO
<i>metronidazole SOLN 500mg/100ml</i>	Tier 2	HI MO
<i>metronidazole TABS 250mg, 500mg</i>	Tier 1	MO
<i>neomycin sulfate TABS 500mg</i>	Tier 2	MO
<i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>	Tier 5	NEDS QL MO
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	Tier 3	MO
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	Tier 3	MO
<i>paramomycin sulfate CAPS 250mg</i>	Tier 2	MO
<i>pentamidine isethionate inh SOLR 300mg</i>	Tier 2	B/D MO
<i>pentamidine isethionate inj SOLR 300mg</i>	Tier 2	MO
<i>praziquantel TABS 600mg</i>	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>SIVEXTRO SOLR 200mg</i>	Tier 5	NEDS HI MO
<i>SIVEXTRO TABS 200mg</i>	Tier 5	NEDS MO
<i>streptomycin sulfate SOLR 1gm</i>	Tier 2	MO
<i>sulfadiazine TABS 500mg</i>	Tier 4	MO
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	MO
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	MO
<i>SYNERCID INJ 500MG</i>	Tier 5	NEDS MO
<i>tinidazole TABS 250mg, 500mg</i>	Tier 2	MO
<i>tobramycin NEBU 300mg/5ml</i>	Tier 5	NEDS PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml</i>	Tier 2	MO
<i>tobramycin sulfate SOLN 10mg/ml, 80mg/2ml</i>	Tier 2	HI MO
<i>trimethoprim TABS 100mg</i>	Tier 2	MO
<i>TRIMETHOPRIM TABS 100mg</i>	Tier 3	MO
<i>vancomycin hcl CAPS 125mg QL (80 caps / 180 days)</i>	Tier 2	QL MO
<i>vancomycin hcl CAPS 250mg QL (160 caps / 180 days)</i>	Tier 2	QL MO
<i>vancomycin hcl SOLR 1gm, 10gm, 500mg, 750mg</i>	Tier 2	HI MO
<i>vancomycin hcl SOLR 5gm</i>	Tier 2	MO
<i>VANCOMYCIN INJ 1 GM</i>	Tier 4	MO
<i>VANCOMYCIN INJ 500MG</i>	Tier 4	MO
<i>VANCOMYCIN INJ 750MG</i>	Tier 4	MO
<b>ANTIFUNGALS</b>		
<i>ABELCET SUSP 5mg/ml</i>	Tier 4	B/D MO
<i>amphotericin b SOLR 50mg</i>	Tier 2	HI B/D MO
<i>amphotericin b liposome SUSR 50mg</i>	Tier 5	NEDS B/D MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 2	HI MO
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 2	MO
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	HI MO
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	HI MO
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 5	NEDS MO PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 2	MO
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 2	MO
<i>itraconazole</i> CAPS 100mg	Tier 2	MO PA
<i>ketoconazole</i> TABS 200mg	Tier 2	MO PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 5	NEDS HI MO
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	NEDS QL MO PA
<i>nystatin</i> TABS 500000unit	Tier 2	MO
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 5	NEDS QL MO PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	Tier 1	QL MO
<i>voriconazole</i> SOLR 200mg	Tier 5	NEDS HI MO PA
<i>voriconazole</i> SUSR 40mg/ml	Tier 5	NEDS MO PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 2	QL MO PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL MO PA
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 2	MO
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 2	MO
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 2	MO
COARTEM TAB 20-120MG	Tier 4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i> TABS 250mg	Tier 2	MO
<i>primaquine phosphate</i> TABS 26.3mg	Tier 2	MO
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3	MO
<i>quinine sulfate</i> CAPS 324mg	Tier 2	MO PA
<b>ANTI-RETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 2	MO
APTIVUS CAPS 250mg	Tier 5	NEDS MO
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 2	MO
EDURANT TABS 25mg	Tier 5	NEDS MO
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	Tier 2	MO
<i>emtricitabine</i> CAPS 200mg	Tier 2	MO
EMTRIVA SOLN 10mg/ml	Tier 4	MO
<i>etravirine</i> TABS 100mg, 200mg	Tier 5	NEDS MO
<i>fosamprenavir calcium</i> TABS 700mg	Tier 5	NEDS MO
FUZEON SOLR 90mg	Tier 5	NEDS
INTELENCE TABS 25mg	Tier 4	MO
ISENTRESS CHEW 25mg	Tier 4	MO
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NEDS MO
ISENTRESS HD TABS 600mg	Tier 5	NEDS MO
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	MO
LEXIVA SUSP 50mg/ml	Tier 4	MO
<i>maraviroc</i> TABS 150mg, 300mg	Tier 5	NEDS MO
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	Tier 2	MO
NORVIR PACK 100mg; SOLN 80mg/ml	Tier 4	MO
PIFELTRO TABS 100mg	Tier 5	NEDS MO
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	NEDS QL MO

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL MO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	NEDS QL MO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 5	NEDS QL MO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
REYATAZ PACK 50mg <i>ritonavir</i> TABS 100mg	Tier 5 Tier 2	NEDS MO MO
RUKOBIA TB12 600mg	Tier 5	NEDS MO
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 5	NEDS MO
SELZENTRY TABS 25mg	Tier 4	MO
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	Tier 2	MO
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 2	MO
TIVICAY TABS 10mg	Tier 3	MO
TIVICAY TABS 25mg, 50mg	Tier 5	NEDS MO
TIVICAY PD TBSO 5mg	Tier 5	NEDS MO
TROGARZO SOLN 200mg/1.33ml	Tier 5	NEDS MO LA
TYBOST TABS 150mg	Tier 3	MO
VIRACEPT TABS 250mg, 625mg	Tier 5	NEDS MO
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NEDS MO
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 2	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	Tier 2	MO
BIKTARVY TAB 30-120-15 MG	Tier 5	NEDS MO
BIKTARVY TAB 50-200-25 MG	Tier 5	NEDS MO
CIMDUO TAB 300-300	Tier 5	NEDS MO
COMPLERA TAB	Tier 5	NEDS MO
DELSTRIGO TAB	Tier 5	NEDS MO
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 5	NEDS QL MO

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
DOVATO TAB 50-300MG <i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-200-300</i> <i>mg</i>	Tier 5	NEDS MO
<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 400-300-300</i> <i>mg</i>	Tier 5	NEDS MO
<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 600-300-300</i> <i>mg</i>	Tier 5	NEDS MO
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100-</i> <i>150 mg</i> QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133-</i> <i>200 mg</i> QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167-</i> <i>250 mg</i> QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200-</i> <i>300 mg</i> QL (30 tabs / 30 days)	Tier 5	NEDS QL MO
EVOTAZ TAB 300-150	Tier 5	NEDS MO
GENVOYA TAB	Tier 5	NEDS MO
JULUCA TAB 50-25MG <i>lamivudine-zidovudine tab</i> <i>150-300 mg</i>	Tier 5 Tier 2	NEDS MO MO
<i>lopinavir-ritonavir soln 400-</i> <i>100 mg/5ml (80-20 mg/ml)</i>	Tier 2	MO
<i>lopinavir-ritonavir tab 100-25</i> <i>mg</i>	Tier 2	MO
<i>lopinavir-ritonavir tab 200-50</i> <i>mg</i>	Tier 2	MO
ODEFSEY TAB	Tier 5	NEDS MO
PREZCOBIX TAB 800-150	Tier 5	NEDS MO
STRIBILD TAB	Tier 5	NEDS MO
SYMTUZA TAB	Tier 5	NEDS MO
TRIUMEQ PD TAB	Tier 5	NEDS MO
TRIUMEQ TAB	Tier 5	NEDS MO
TRIZIVIR TAB	Tier 5	NEDS MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	Tier 5	NEDS MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 2	MO
<i>isoniazid</i> SYRP 50mg/5ml	Tier 2	MO
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	MO
PASER PACK 4gm	Tier 4	MO
PRIFTIN TABS 150mg	Tier 4	MO
<i>pyrazinamide</i> TABS 500mg	Tier 2	MO
<i>rifabutin</i> CAPS 150mg	Tier 2	MO
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2	MO
<i>rifampin</i> SOLR 600mg	Tier 2	HI MO
SIRTURO TABS 20mg, 100mg	Tier 5 NEDS	MO LA PA
TRECTOR TABS 250mg	Tier 4	MO
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1	MO
<i>acyclovir</i> SUSP 200mg/5ml	Tier 2	MO
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 2	HI B/D MO
<i>adefovir dipivoxil</i> TABS 10mg	Tier 5	NEDS MO
BARACLUDE SOLN .05mg/ml	Tier 5	NEDS MO
<i>entecavir</i> TABS .5mg, 1mg	Tier 2	MO
EPCLUSA PAK 150-37.5	Tier 5	NEDS PA
EPCLUSA PAK 200-50MG	Tier 5	NEDS PA
EPCLUSA TAB 200-50MG	Tier 5	NEDS PA
EPCLUSA TAB 400-100	Tier 5	NEDS PA
EPIVIR HBV SOLN 5mg/ml	Tier 4	MO
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 2	MO
<i>ganciclovir sodium</i> SOLR 500mg	Tier 2	B/D MO
HARVONI PAK 33.75-150MG	Tier 5	NEDS PA
HARVONI PAK 45-200MG	Tier 5	NEDS PA
HARVONI TAB 45-200MG	Tier 5	NEDS PA
HARVONI TAB 90-400MG	Tier 5	NEDS PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 2	MO
MAVYRET PAK 50-20MG	Tier 5	NEDS PA
MAVYRET TAB 100-40MG	Tier 5	NEDS PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL MO
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL MO
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NEDS PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 5 NEDS	QL MO PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 3	QL MO
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 2	
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 2	MO
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 2	MO
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 5	NEDS MO
<i>valganciclovir hcl</i> TABS 450mg	Tier 2	MO
VEMLIDY TABS 25mg	Tier 5 NEDS	MO PA
VOSEVI TAB	Tier 5	NEDS PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	Tier 2	MO
CEFACTOR ER TB12 500mg	Tier 4	MO
<i>cefadroxil</i> CAPS 500mg	Tier 1	MO
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 2	MO
CEFAZOLIN INJ 1GM/50ML	Tier 4	MO
<i>cefazolin sodium</i> SOLR 1gm, 2gm	Tier 2	MO
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 2	HI MO
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4	MO
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 2	MO
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 2	HI MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl</i> SOLR 2gm	Tier 2	MO
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	MO
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 2	HI MO
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 2	MO
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	MO
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 2	HI
CEFTAZIDIME/ SOL D5W 1GM	Tier 4	
CEFTAZIDIME/ SOL D5W 2GM	Tier 4	HI
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm	Tier 2	MO
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	HI MO
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	MO
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2	HI MO
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	MO
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	MO
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 2	HI
TEFLARO SOLR 400mg, 600mg	Tier 5	NEDS HI MO
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 2	MO
<i>azithromycin</i> SOLR 500mg	Tier 2	HI MO
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	MO
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 2	MO
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 5	NEDS MO

Drug Name	Drug Tier	Requirements/ Limits
<i>e.e.s. 400</i> TABS 400mg	Tier 2	MO
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 2	MO
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	HI MO
<i>erythrocin stearate</i> TABS 250mg	Tier 2	MO
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 2	MO
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 2	MO
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 2	HI MO
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	Tier 4	MO
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 2	HI MO
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 2	MO
<i>ciprofloxacin hcl</i> TABS 100mg	Tier 2	MO
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	MO
<i>levofloxacin</i> SOLN 25mg/ml	Tier 2	HI MO
<i>levofloxacin</i> SOLN 25mg/ml	Tier 2	MO
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	MO
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 2	MO
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 2	HI MO
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 2	HI MO
<i>moxifloxacin hcl</i> TABS 400mg	Tier 2	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	MO
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 2	MO
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 2	MO
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 2	MO
<i>ampicillin CAPS 500mg</i>	Tier 1	MO
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 2	HI MO
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	Tier 2	HI MO
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 2	MO
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 2	MO
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 2	HI MO
<i>ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg</i>	Tier 2	MO
<i>ampicillin sodium SOLR 1gm, 10gm, 125mg</i>	Tier 2	HI MO
<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml</i>	Tier 4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 2	MO
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 2	HI MO
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 2	MO
<i>nafcillin sodium SOLR 10gm</i>	Tier 5 NEDS	HI MO
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 2	HI MO

Drug Name	Drug Tier	Requirements/Limits
<i>PEN GK/DEXTR INJ 40000/ML</i>	Tier 4	MO
<i>PEN GK/DEXTR INJ 60000/ML</i>	Tier 4	MO
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 2	HI MO
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	Tier 4	MO
<i>penicillin g sodium SOLR 5000000unit</i>	Tier 2	HI MO
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	Tier 2	MO
<i>penicillin v potassium TABS 250mg, 500mg</i>	Tier 1	MO
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	Tier 2	HI MO
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 2	HI MO
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 2	HI MO
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 2	HI MO
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 2	MO
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 2	HI MO
<b>TETRACYCLINES</b>		
<i>doxy 100 SOLR 100mg</i>	Tier 2	HI MO
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	Tier 2	MO
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	Tier 2	MO
<i>doxycycline hyclate SOLR 100mg</i>	Tier 2	HI MO
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 2	MO
<i>NUZYRA SOLR 100mg</i>	Tier 5 NEDS	HI MO LA
<i>NUZYRA TABS 150mg</i>	Tier 5 NEDS	MO LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 2	MO PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i> SOLR 50mg	Tier 5	NEDS HI MO
TIGECYCLINE SOLR 50mg	Tier 5	NEDS MO
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA SOLN 100mg/4ml	Tier 5	NEDS B/D MO LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	Tier 5	NEDS B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	Tier 5	NEDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	NEDS B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 4	MO
GLEOSTINE CAPS 100mg	Tier 5	NEDS MO
LEUKERAN TABS 2mg	Tier 4	MO
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	Tier 5	NEDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	Tier 2	B/D MO
<b>ANTIBIOTICS</b>		
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 2	B/D MO
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	Tier 5	NEDS B/D MO
ELLECE SOLN 50mg/25ml, 200mg/100ml	Tier 4	B/D
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	Tier 5	NEDS B/D MO
<i>cytarabine</i> SOLN 20mg/ml	Tier 2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 2	B/D
INQOVI TAB 35-100MG	Tier 5	NEDS LA PA
LONSURF TAB 15-6.14	Tier 5	NEDS LA PA
LONSURF TAB 20-8.19	Tier 5	NEDS LA PA
<i>mercaptopurine</i> TABS 50mg	Tier 2	MO
<i>methotrexate sodium</i> SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
<i>methotrexate sodium</i> SOLN 50mg/2ml, 250mg/10ml	Tier 2	HI B/D
ONUREG TABS 200mg, 300mg	Tier 5	NEDS LA PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 5	NEDS B/D MO
PURIXAN SUSP 2000mg/100ml	Tier 5	NEDS MO
TABLOID TABS 40mg	Tier 4	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg, 500mg	Tier 5	NEDS PA
<i>anastrozole</i> TABS 1mg	Tier 1	MO
<i>bicalutamide</i> TABS 50mg	Tier 2	MO
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	PA
EMCYT CAPS 140mg	Tier 5	NEDS MO
ERLEADA TABS 60mg	Tier 5	NEDS LA PA
EULEXIN CAPS 125mg	Tier 5	NEDS MO
<i>exemestane</i> TABS 25mg	Tier 2	MO
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 5	NEDS B/D
<i>letrozole</i> TABS 2.5mg	Tier 1	MO
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 2	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NEDS PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NEDS PA
LYSODREN TABS 500mg	Tier 5	NEDS MO
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i> TABS 150mg	Tier 5	NEDS MO
NUBEQA TABS 300mg	Tier 5	NEDS LA PA
ORGOVYX TABS 120mg	Tier 5	NEDS MO LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 5	NEDS MO
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 2	MO
<i>toremifene citrate</i> TABS 60mg	Tier 5	NEDS MO
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 5	NEDS LA PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5	NEDS QL LA PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	Tier 5	NEDS MO LA PA
<i>bexarotene</i> CAPS 75mg	Tier 5	NEDS MO PA
<i>hydroxyurea</i> CAPS 500mg	Tier 2	MO
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 2	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5	NEDS QL PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5	NEDS QL PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5	NEDS QL PA

Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS 50mg	Tier 5	NEDS MO LA
SYNRIBO SOLR 3.5mg	Tier 5	NEDS PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 5	NEDS MO
WELIREG TABS 40mg	Tier 5	NEDS LA PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml	Tier 2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	NEDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	NEDS B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	Tier 2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 2	B/D MO
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	Tier 5	NEDS B/D MO
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	Tier 2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 2	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	Tier 5	NEDS LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 5	NEDS LA PA
ALUNBRIG PAK	Tier 5	NEDS LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 5	NEDS LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	Tier 5	NEDS PA
<i>bortezomib</i> SOLR 3.5mg	Tier 5	NEDS PA
BOSULIF TABS 100mg, 400mg, 500mg	Tier 5	NEDS PA
BRAFTOVI CAPS 75mg	Tier 5	NEDS LA PA
BRUKINSA CAPS 80mg	Tier 5	NEDS LA PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5	NEDS QL LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
CAPRELSA TABS 100mg, 300mg	Tier 5	NEDS MO LA PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 5	NEDS LA PA
COMETRIQ KIT 100MG	Tier 5	NEDS LA PA
COMETRIQ KIT 140MG	Tier 5	NEDS LA PA
COPIKTRA CAPS 15mg, 25mg	Tier 5	NEDS LA PA
COTELLIC TABS 20mg	Tier 5	NEDS LA PA
DAURISMO TABS 25mg, 100mg	Tier 5	NEDS LA PA
ERIVEDGE CAPS 150mg	Tier 5	NEDS LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	Tier 5	NEDS QL PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
EXKIVITY CAPS 40mg	Tier 5	NEDS LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
GAVRETO CAPS 100mg	Tier 5	NEDS LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 5	NEDS LA PA
HERCEP HYLEC SOL 60-10000	Tier 5	NEDS MO LA PA
HERCEPTIN SOLR 150mg	Tier 5	NEDS MO LA PA

Drug Name	Drug Tier	Requirements/Limits
HERZUMA SOLR 150mg, 420mg	Tier 5	NEDS MO LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5	NEDS QL LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5	NEDS QL LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5	NEDS QL LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5	NEDS QL LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5	NEDS QL LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5	NEDS QL LA PA
INREBIC CAPS 100mg	Tier 5	NEDS LA PA
IRESSA TABS 250mg	Tier 5	NEDS LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
KADCYLA SOLR 100mg, 160mg	Tier 5	NEDS B/D MO LA
KANJINTI SOLR 150mg, 420mg	Tier 5	NEDS MO LA PA
KEYTRUDA SOLN 100mg/4ml	Tier 5	NEDS MO LA PA

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Drug Name	Drug Requirements/ Tier	Limits
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5 NEDS	QL PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5 NEDS	QL PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5 NEDS	QL PA
<i>lapatinib ditosylate</i> TABS 250mg	Tier 5	NEDS PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 NEDS	QL LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 NEDS	QL LA PA
LORBRENA TABS 25mg, 100mg	Tier 5 NEDS	LA PA
LUMAKRAS TABS 120mg	Tier 5 NEDS	LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL LA PA
MEKINIST TABS .5mg, 2mg	Tier 5 NEDS	LA PA
MEKTOVI TABS 15mg	Tier 5 NEDS	LA PA
MONJUVI SOLR 200mg	Tier 5 NEDS	MO LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	Tier 5 NEDS	MO LA PA
NERLYNX TABS 40mg	Tier 5 NEDS	LA PA

Drug Name	Drug Requirements/ Tier	Limits
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 NEDS	QL PA
ODOMZO CAPS 200mg	Tier 5 NEDS	LA PA
OGIVRI SOLR 150mg	Tier 5 NEDS	MO LA PA
OGIVRI INJ 420MG	Tier 5 NEDS	MO LA PA
ONTRUZANT SOLR 150mg, 420mg	Tier 5 NEDS	MO LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 5 NEDS	LA PA
PHESGO SOL	Tier 5 NEDS	MO LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 5	NEDS PA
PIQRAY 250MG TAB DOSE	Tier 5	NEDS PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 5	NEDS PA
QINLOCK TABS 50mg	Tier 5 NEDS	LA PA
RETEVMO CAPS 40mg, 80mg	Tier 5 NEDS	LA PA
ROZLYTREK CAPS 100mg, 200mg	Tier 5 NEDS	LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL LA PA
RYDAPT CAPS 25mg	Tier 5	NEDS PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5 NEDS	QL PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 5	NEDS PA
STIVARGA TABS 40mg	Tier 5 NEDS	LA PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5 NEDS	QL PA

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TABRECTA TABS 150mg, 200mg	Tier 5	NEDS PA
TAFINLAR CAPS 50mg, 75mg	Tier 5	NEDS LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5	NEDS QL LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5	NEDS QL LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 5	NEDS PA
TAZVERIK TABS 200mg	Tier 5	NEDS LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5	NEDS MO LA PA
TEPMETKO TABS 225mg	Tier 5	NEDS LA PA
TIBSOVO TABS 250mg	Tier 5	NEDS MO LA PA
TRAZIMERA SOLR 150mg, 420mg	Tier 5	NEDS MO PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	Tier 5	NEDS LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	Tier 5	NEDS LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	Tier 5	NEDS LA PA
TRUSELTIQ 125 MG DAILY DOSE	Tier 5	NEDS LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5	NEDS PA
TUKYSA TABS 50mg, 150mg	Tier 5	NEDS LA PA
TURALIO CAPS 200mg	Tier 5	NEDS LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 4	QL LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5	NEDS QL LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5	NEDS QL LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5	NEDS QL LA PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5	NEDS QL LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 5	NEDS LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 5	NEDS LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5	NEDS QL LA PA
VOTRIENT TABS 200mg	Tier 5	NEDS LA PA
XALKORI CAPS 200mg, 250mg	Tier 5	NEDS LA PA
XOSPATA TABS 40mg	Tier 5	NEDS LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 5	NEDS QL LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 5	NEDS QL LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 5	NEDS QL LA PA
ZELBORAF TABS 240mg	Tier 5	NEDS LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5	NEDS MO LA PA
ZOLINZA CAPS 100mg	Tier 5	NEDS PA
ZYDELIG TABS 100mg, 150mg	Tier 5	NEDS LA PA
ZYKADIA TABS 150mg	Tier 5	NEDS LA PA
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 2	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2	MO
MESNEX TABS 400mg	Tier 5	NEDS
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL MO
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	MO
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	MO
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	MO
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO

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

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Drug Name	Drug Tier	Requirements/ Limits
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	Tier 1	MO
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	Tier 2	MO
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-valsartan tab</i> 5-160 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-valsartan tab</i> 5-320 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-valsartan tab</i> 10-160 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>amlodipine besylate-valsartan tab</i> 10-320 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>EDARBYCLOR TAB</i> 40-12.5 QL (30 tabs / 30 days)	Tier 4	QL MO
<i>EDARBYCLOR TAB</i> 40-25MG QL (30 tabs / 30 days)	Tier 4	QL MO
<i>ENTRESTO TAB</i> 24-26MG	Tier 3	MO
<i>ENTRESTO TAB</i> 49-51MG	Tier 3	MO
<i>ENTRESTO TAB</i> 97-103MG	Tier 3	MO
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 50-12.5 mg	Tier 1	MO
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-12.5 mg	Tier 1	MO
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-25 mg	Tier 1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>EDARBI TABS 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 4	QL MO
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	Tier 2	MO
<i>amiodarone hcl TABS 200mg</i>	Tier 1	MO
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 4	MO
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	MO
MULTAQ TABS 400mg	Tier 4	MO
NORPACE CR CP12 100mg, 150mg	Tier 4	MO
<i>pacerone</i> TABS 100mg, 400mg	Tier 2	MO
<i>pacerone</i> TABS 200mg	Tier 1	MO
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 2	MO
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 2	MO
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	MO
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	MO
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	Tier 2	MO
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	Tier 2	MO
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	Tier 2	MO
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	MO
<i>gemfibrozil</i> TABS 600mg	Tier 1	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL MO ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	Tier 4	QL MO ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL MO
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	Tier 1	QL MO

Drug Name	Drug Tier	Requirements/ Limits
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL MO ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL MO ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	Tier 2	MO
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 2	MO
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 2	MO
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 2	MO
<i>ezetimibe</i> TABS 10mg	Tier 2	MO
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>ezetimibe-simvastatin tab</i> 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>ezetimibe-simvastatin tab</i> 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL MO
PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 3	MO PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
VASCEPA CAPS .5gm, 1gm	Tier 4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	MO
atenolol & chlorthalidone tab 100-25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	MO
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 2	MO
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 2	MO
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 2	MO
<b>BETA-BLOCKERS</b>		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	MO
atenolol TABS 25mg, 50mg, 100mg	Tier 1	MO
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	MO
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	MO
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	MO
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 2	MO
metoprolol tartrate SOLN 5mg/5ml	Tier 2	MO
metoprolol tartrate TABS 25mg, 50mg, 100mg	Tier 1	MO
nadolol TABS 20mg, 40mg, 80mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL MO
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL MO
pindolol TABS 5mg, 10mg	Tier 1	MO
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg	Tier 2	MO
propranolol hcl SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	MO
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	MO
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 2	MO
dilt-xr CP24 120mg, 180mg, 240mg	Tier 2	MO
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	MO
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	Tier 1	MO
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
felodipine TB24 2.5mg, 5mg, 10mg	Tier 2	MO
isradipine CAPS 2.5mg, 5mg	Tier 1	MO
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
nicardipine hcl CAPS 20mg, 30mg	Tier 1	MO
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	MO
nimodipine CAPS 30mg	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	Tier 1	MO
<b>NYMALIZE</b> SOLN 6mg/ml	Tier 5	NEDS MO
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	MO
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 2	MO
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	MO
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2	MO
<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg	Tier 1	MO
<i>amiloride hcl</i> TABS 5mg	Tier 1	MO
<i>bumetanide</i> SOLN .25mg/ml	Tier 2	HI MO
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	Tier 2	MO
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2	MO
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	MO
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2	HI MO
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	MO
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	MO
<i>methazolamide</i> TABS 25mg, 50mg	Tier 2	MO
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2	MO
<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg	Tier 1	MO
<b>MISCELLANEOUS</b>		
<b>ADRENALIN</b> SOLN 1mg/ml	Tier 4	MO
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-20 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-40 mg	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-80 mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 2	MO
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	MO
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 4	MO
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 2	MO
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2	QL MO
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	Tier 5 NEDS	QL PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5 NEDS	QL PA
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 1	MO PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 2	MO
<i>metirosine</i> CAPS 250mg	Tier 5 NEDS	MO PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 2	MO
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	MO
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 2	MO
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 3	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 2	MO
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	MO
NITRO-BID OINT 2%	Tier 3	MO
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 2	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5 NEDS	QL LA PA

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL LA PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5 NEDS	MO LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 5 NEDS	LA PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL MO
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	MO
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 2	MO
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	MO
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL MO
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	Tier 2	MO
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL MO
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL MO
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL MO
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL MO
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5 NEDS	QL MO PA

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Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT SOLN 50mg/5ml	Tier 4	MO PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5	NEDS QL MO PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 2	MO
CELONTIN CAPS 300mg	Tier 4	MO
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 2	QL MO PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL MO
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL MO
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 2	QL MO PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 5	NEDS QL LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 5	NEDS QL LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 5	NEDS QL LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 5	NEDS QL LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL MO PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL MO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 2	QL MO PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 2	MO
<i>diazepam inj</i> SOLN 5mg/ml	Tier 2	MO
DILANTIN CAPS 30mg, 100mg	Tier 4	MO
DILANTIN INFATABS CHEW 50mg	Tier 4	MO
DILANTIN-125 SUSP 125mg/5ml	Tier 4	MO
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 2	MO
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	NEDS QL MO LA PA
<i>epitol</i> TABS 200mg	Tier 2	MO
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL MO PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 2	MO
<i>felbamate</i> SUSP 600mg/5ml	Tier 5	NEDS MO
<i>felbamate</i> TABS 400mg, 600mg	Tier 2	MO
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 5	NEDS QL LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 5	NEDS QL MO PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 5	NEDS QL MO PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 2	QL MO
<i>gabapentin</i> SOLN 250mg/5ml QL (2160 mL / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL MO
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>lacosamide</i> SOLN 200mg/20ml	Tier 5	NEDS MO
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL MO
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL MO
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	QL MO
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 2	MO
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	MO
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 2	MO
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 2	MO
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 2	MO
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 2	MO
NAYZILAM SOLN 5mg/0.1ml	Tier 4	MO
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 2	MO
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	Tier 4	MO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 3	MO PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 4	MO PA
PHENYTEK CAPS 200mg, 300mg	Tier 4	MO
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 2	MO
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2	MO
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 2	MO
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL MO PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL MO PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL MO PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 2	QL MO PA
<i>primidone</i> TABS 50mg, 250mg	Tier 1	MO
<i>roovepra</i> TABS 500mg	Tier 2	MO
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5	NEDS QL MO PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 2	QL MO PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 5	NEDS QL MO PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL MO
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL MO

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

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5 NEDS	QL MO
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5 NEDS	QL MO
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 4	QL MO PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 2	MO
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5 NEDS	QL MO LA PA
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	MO
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 2	MO
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL MO
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs	Tier 2	MO PA
NAMZARIC CAP 7-10MG	Tier 4	MO
NAMZARIC CAP 14-10MG	Tier 4	MO
NAMZARIC CAP 21-10MG	Tier 4	MO
NAMZARIC CAP 28-10MG	Tier 4	MO
NAMZARIC CAP PACK	Tier 4	MO
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 2	QL MO
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	MO
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 3	MO
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL MO PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	Tier 2	MO
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	MO
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	Tier 1	MO
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 4	MO PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 4	MO
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	Tier 3	MO
<i>doxepin hcl</i> CAPS 150mg	Tier 4	MO
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL MO PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 2	QL MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	NEDS QL MO PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 2	MO
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	Tier 1	MO
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL MO PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL MO PA

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA CAP TITRATIO	Tier 4	MO PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1	MO
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2	MO
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 2	MO
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL MO
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 2	MO
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	Tier 1	MO
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 2	MO
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	MO
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	MO
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL MO PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	Tier 1	MO
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	Tier 4	QL MO
<i>phenelzine sulfate</i> TABS 15mg	Tier 2	MO
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 4	MO
<i>sertraline hcl</i> CONC 20mg/ml	Tier 2	MO
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	Tier 1	MO
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 2	MO
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	MO
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4	QL MO
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL MO
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	Tier 1	MO
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	MO
VIIBRYD KIT STARTER	Tier 4	MO
vilazodone hcl TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL MO
<b>ANTIPARKINSONIAN AGENTS</b>		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL MO
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 2	MO
benztropine mesylate SOLN 1mg/ml	Tier 2	MO
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 3	MO PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 2	MO
carb/levo orally disintegrating tab 10-100mg	Tier 2	MO
carb/levo orally disintegrating tab 25-100mg	Tier 2	MO
carb/levo orally disintegrating tab 25-250mg	Tier 2	MO
carbidopa TABS 25mg	Tier 2	MO
carbidopa & levodopa tab 10-100 mg	Tier 2	MO
carbidopa & levodopa tab 25-100 mg	Tier 2	MO
carbidopa & levodopa tab 25-250 mg	Tier 2	MO
carbidopa & levodopa tab er 25-100 mg	Tier 2	MO
carbidopa & levodopa tab er 50-200 mg	Tier 2	MO
carbidopa-levodopa- entacapone tabs 12.5-50- 200 mg	Tier 2	MO
carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa- entacapone tabs 25-100- 200 mg	Tier 2	MO
carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg	Tier 2	MO
carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg	Tier 2	MO
carbidopa-levodopa- entacapone tabs 50-200- 200 mg	Tier 2	MO
entacapone TABS 200mg	Tier 2	MO
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	Tier 5	NEDS QL MO PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 4	MO
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	MO
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Tier 2	MO
rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 2	QL MO
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	MO
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	Tier 2	MO
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	MO
trihexyphenidyl hcl SOLN .4mg/ml PA if 70 years and older	Tier 3	MO PA
trihexyphenidyl hcl TABS 2mg, 5mg PA if 70 years and older	Tier 1	MO PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 5	NEDS QL MO
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 5	NEDS QL MO
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 2	QL MO
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL MO
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 5	NEDS QL MO
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 5	NEDS QL MO
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 5	NEDS QL MO
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5	NEDS MO
asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL MO
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 5	NEDS QL MO PA
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 2	MO
CHLORPROMAZINE HYDROCHLOR 30mg/ml, 100mg/ml	Tier 4	MO
clozapine TABS 25mg, 50mg	Tier 2	MO
clozapine TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
clozapine TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL MO
clozapine TBDP 12.5mg, 25mg	Tier 2	MO PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 2	QL MO PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 2	QL MO PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 5	NEDS QL MO PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 5	NEDS QL MO PA
FANAPT PAK	Tier 4	MO PA
fluphenazine decanoate SOLN 25mg/ml	Tier 2	MO
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 2	MO
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	MO
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 2	MO
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 2	MO
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5	NEDS QL MO
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL MO
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5	NEDS QL MO

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Drug Name	Drug	Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5	NEDS	QL MO
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 5	NEDS	QL MO
LATUDA TABS 80mg QL (60 tabs / 30 days)	Tier 5	NEDS	QL MO
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2		MO
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 2		MO
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 5	NEDS	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 5	NEDS	QL LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 2		QL MO
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	Tier 2		QL MO
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2		QL MO
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 2		QL MO
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 2		QL MO
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2		MO
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 5	NEDS	QL MO
<i>pimozide</i> TABS 1mg, 2mg	Tier 2		MO
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	Tier 2		MO
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 2		QL MO PA

Drug Name	Drug	Requirements/ Tier	Limits
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 2		QL MO PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 5	NEDS	QL MO
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 5	NEDS	QL MO
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 4		QL MO
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 5	NEDS	QL MO
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2		QL MO
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1		MO
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 2		QL MO
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 2		QL MO
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 2		QL MO
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 4		QL MO
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2		MO
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 2		MO
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2		MO
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 5	NEDS	QL MO PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 5	NEDS	QL MO
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	NEDS	QL MO
VRAYLAR CAP 1.5-3MG	Tier 4		MO

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 2	QL MO
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	Tier 2	QL MO
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 4	QL MO PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 5	NEDS QL MO PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 5	NEDS QL MO PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 2	QL MO
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 2	QL MO
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 2	QL MO
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL MO PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 3	QL MO PA
guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 3	QL MO PA

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Drug Name	Drug Tier	Requirements/Limits
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL MO PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 2	QL MO PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 4	QL MO PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 4	QL MO PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 4	QL MO PA
<b>HYPNOTICS</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL MO
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL MO
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	Tier 5	NEDS QL LA PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 2	QL MO PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 2	QL MO PA

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	QL MO PA
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL MO PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 5	NEDS MO
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 5	NEDS QL MO PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL MO PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 2	QL MO
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	QL MO PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 2	QL MO
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 2	QL MO
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 2	QL MO
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 2	QL MO
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL MO
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL MO
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	NEDS QL LA PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 4	QL MO PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	Tier 4	QL MO PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 5	NEDS QL LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	MO
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 4	QL MO PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 2	MO
<i>riluzole</i> TABS 50mg	Tier 2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
SAVELLA MIS TITR PAK	Tier 4	MO PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	Tier 5	NEDS QL PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	NEDS QL LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5	NEDS QL PA
<i>dalfampridine</i> TB12 10mg	Tier 2	PA
<i> fingolimod hcl</i> CAPS .5mg QL (28 caps / 28 days)	Tier 5	NEDS QL PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	Tier 5	NEDS QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	NEDS QL PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	NEDS QL PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	NEDS QL PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	NEDS QL PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 5	NEDS QL LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	Tier 2	MO
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 3	MO PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 2	MO
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 2	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	NEDS QL LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	Tier 2	MO
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL MO PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	Tier 2	QL MO
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	Tier 2	QL MO
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	Tier 2	QL MO
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	Tier 2	QL MO
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 2	QL MO
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 2	QL MO
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	Tier 2	MO
<i>disulfiram TABS 250mg, 500mg</i>	Tier 2	MO
<i>naloxone hcl LIQD 4mg/0.1ml</i>	Tier 1	MO
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	Tier 2	MO
<i>naltrexone hcl TABS 50mg</i>	Tier 2	MO
<i>NICOTROL INHALER INHA 10mg</i>	Tier 4	MO
<i>NICOTROL NS SOLN 10mg/ml</i>	Tier 4	MO
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	Tier 2	QL MO PA
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 2	MO PA
<i>VIVITROL SUSR 380mg</i>	Tier 5	NEDS

Drug Name	Drug Tier	Requirements/ Limits
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>oxandrolone TABS 2.5mg</i> QL (120 tabs / 30 days)	Tier 2	QL MO PA
<i>oxandrolone TABS 10mg</i> QL (60 tabs / 30 days)	Tier 2	QL MO PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	Tier 2	QL MO PA
<i>testosterone GEL 1.62%</i> QL (150 gm / 30 days)	Tier 2	QL MO PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	Tier 2	MO PA
<i>testosterone enanthate SOLN 200mg/ml</i>	Tier 2	PA
<b>ANTIDIABETICS</b>		
<i>acarbose TABS 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>BYDUREON BCISE AUJ 2mg/0.85ml</i> QL (4 pens / 28 days)	Tier 3	QL MO
<i>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</i> QL (1 pen / 30 days)	Tier 4	QL MO
<i>DEXCOM G6 MIS RECEIVER</i> QL (1 each / year)	MB	QL MO
<i>DEXCOM G6 MIS SENSOR</i>	MB	MO
<i>DEXCOM G6 MIS TRANSMIT</i> QL (1 box / 90 days)	MB	QL MO
<i>FARXIGA TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	Tier 3	QL MO
<i>FREESTY LIBR KIT 2 SENSOR</i>	MB	MO
<i>FREESTY LIBR MIS 2 READER</i> QL (1 each / year)	MB	QL MO
<i>FREESTYLE KIT FREEDOM</i> QL (1 box / year)	MB	QL MO
<i>FREESTYLE KIT INSULINX</i> QL (1 box / year)	MB	QL MO
<i>FREESTYLE KIT LITE</i> QL (1 box / year)	MB	QL MO
<i>FREESTYLE KIT SENSOR</i>	MB	MO

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE MIS READER QL (1 each / year)	MB	QL MO
FREESTYLE TES QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL MO
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL MO
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>glipizide xl</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO
<i>glipizide xl</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL MO
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL MO
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 3	QL MO
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL MO
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL MO
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL MO
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL MO
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL MO

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<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL MO
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL MO
ONE TOUCH KIT VERIO FL QL (1 box / year)	MB	QL MO
ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL MO
ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL MO
ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
ONETOUCH TES VERIO QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 3	QL MO
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL MO
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	Tier 3	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL MO
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL MO
PRECISION MIS XTRA QL (1 each / year)	MB	QL MO
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 300/90 days for insulin users	MB	MO
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL MO
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL MO
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL MO
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)	Tier 3	QL MO
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL MO
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL MO
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL MO
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	Tier 3	QL MO
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL MO
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 3	QL MO
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL MO
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	Tier 3	MO
BD ALCOHOL SWABS	Tier 3	MO
FIASP FLEX INJ TOUCH SI	Tier 3	MO
FIASP INJ 100/ML SI	Tier 3	MO
FIASP PENFIL INJ U-100 SI	Tier 3	MO
GAUZE PADS 2" X 2"	Tier 3	MO
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 5	NEDS B/D MO
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5	NEDS MO

Drug Name	Drug Tier	Requirements/ Limits
INSULIN PEN NEEDLES: BD/NOVO	Tier 3	MO
INSULIN SAFETY NEEDLES	Tier 3	MO
INSULIN SYRINGES: BD	Tier 3	MO
LANTUS SOLN 100unit/ml SI	Tier 3	MO
LANTUS SOLOSTAR SOPN 100unit/ml SI	Tier 3	MO
LEVEMIR SOLN 100unit/ml SI	Tier 3	MO
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	Tier 3	MO
NOVOLIN INJ 70/30 SI (brand RELION not covered)	Tier 3	MO
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	Tier 3	MO
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	Tier 3	MO

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	Tier 3	MO
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	Tier 3	MO
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 4	QL MO PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL MO PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	Tier 4	QL MO PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days) SI	Tier 3	QL MO
TOUJEO MAX SOLOSTAR SOPN 300unit/ml SI	Tier 3	MO
TOUJEO SOLOSTAR SOPN 300unit/ml SI	Tier 3	MO
TRESIBA SOLN 100unit/ml SI	Tier 3	MO
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml SI	Tier 3	MO
V-GO 20 KIT QL (1 kit / 30 days)	Tier 4	QL MO PA
V-GO 30 KIT QL (1 kit / 30 days)	Tier 4	QL MO PA
V-GO 40 KIT QL (1 kit / 30 days)	Tier 4	QL MO PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	Tier 3	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml	Tier 2	MO
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	MO
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D MO
FORTEO SOPN 600mcg/2.4ml	Tier 5	NEDS PA
FOSAMAX + D TAB 70- 2800	Tier 4	MO ST
FOSAMAX + D TAB 70- 5600	Tier 4	MO ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	Tier 2	B/D QL
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D MO
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 5	NEDS LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	Tier 2	MO
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5	NEDS PA
XGEVA SOLN 120mg/1.7ml	Tier 5	NEDS PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 2	B/D MO
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	Tier 4	MO
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	Tier 5	NEDS PA
<i>deferasirox</i> TABS 90mg	Tier 2	PA
LOKELMA PACK 5gm, 10gm	Tier 3	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>penicillamine</i> TABS 250mg	Tier 5	NEDS MO
<i>sodium polystyrene sulfonate powder</i>	Tier 2	MO
<i>sps</i> SUSP 15gm/60ml	Tier 2	MO
<i>trientine hcl</i> CAPS 250mg	Tier 5	NEDS MO PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 3	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	Tier 2	MO
<i>altavera</i>	Tier 2	MO
<i>alyacen 1/35</i>	Tier 2	MO
<i>alyacen 7/7/7</i>	Tier 2	MO
<i>apri</i>	Tier 2	MO
<i>aranelle</i>	Tier 2	MO
<i>aubra eq</i>	Tier 2	MO
<i>aurovela 1/20</i>	Tier 2	MO
<i>aurovela fe 1.5/30</i>	Tier 2	MO
<i>aurovela fe 1/20</i>	Tier 2	MO
<i>aviane</i>	Tier 2	MO
<i>ayuna</i>	Tier 2	MO
<i>azurette</i>	Tier 2	MO
<i>balziva</i>	Tier 2	MO
<i>blisovi fe 1.5/30</i>	Tier 2	MO
<i>briellyn</i>	Tier 2	MO
<i>camila</i> TABS .35mg	Tier 2	MO
<i>chateal</i>	Tier 2	MO
<i>cryselle-28</i>	Tier 2	MO
<i>cyred eq</i>	Tier 2	MO
<i>dasetta 1/35</i>	Tier 2	MO
<i>dasetta 7/7/7</i>	Tier 2	MO
<i>deblitane</i> TABS .35mg	Tier 2	MO
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2	MO
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	MO
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 2	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 2	MO
<i>elinest</i>	Tier 2	MO
ELLA TABS 30mg	Tier 3	MO
<i>eluryng</i>	Tier 2	MO
<i>emoquette</i>	Tier 2	MO
<i>enpresse-28</i>	Tier 2	MO
<i>enskyce</i>	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>errin</i> TABS .35mg	Tier 2	MO
<i>estarylla</i>	Tier 2	MO
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	MO
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 2	MO
<i>falmina</i>	Tier 2	MO
<i>femynor</i>	Tier 2	MO
<i>hailey 1.5/30</i>	Tier 2	MO
<i>heather</i> TABS .35mg	Tier 2	MO
<i>iclevia</i>	Tier 2	MO
<i>incassia</i> TABS .35mg	Tier 2	MO
<i>introvale</i>	Tier 2	MO
<i>isibloom</i>	Tier 2	MO
<i>jasmiel</i>	Tier 2	MO
<i>jolessa</i>	Tier 2	MO
<i>juleber</i>	Tier 2	MO
<i>junel 1.5/30</i>	Tier 2	MO
<i>junel 1/20</i>	Tier 2	MO
<i>junel fe 1.5/30</i>	Tier 2	MO
<i>junel fe 1/20</i>	Tier 2	MO
<i>kariva</i>	Tier 2	MO
<i>kelnor 1/35</i>	Tier 2	MO
<i>kelnor 1/50</i>	Tier 2	MO
<i>kurvelo</i>	Tier 2	MO
<i>larin 1.5/30</i>	Tier 2	MO
<i>larin 1/20</i>	Tier 2	MO
<i>larin fe 1.5/30</i>	Tier 2	MO
<i>larin fe 1/20</i>	Tier 2	MO
<i>leena</i>	Tier 2	MO
<i>lessina</i>	Tier 2	MO
<i>levonest</i>	Tier 2	MO
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	MO
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	MO
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>levora 0.15/30-28</i>	Tier 2	MO
<i>lillow</i>	Tier 2	MO
<i>loestrin 1.5/30-21</i>	Tier 2	MO
<i>loestrin 1/20-21</i>	Tier 2	MO
<i>loestrin fe 1.5/30</i>	Tier 2	MO
<i>loestrin fe 1/20</i>	Tier 2	MO
<i>loryna</i>	Tier 2	MO
<i>low-ogestrel</i>	Tier 2	MO
<i>lutera</i>	Tier 2	MO
<i>lyleq TABS .35mg</i>	Tier 2	MO
<i>lyza TABS .35mg</i>	Tier 2	MO
<i>marlissa</i>	Tier 2	MO
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 2	MO
<i>microgestin 1.5/30</i>	Tier 2	MO
<i>microgestin 1/20</i>	Tier 2	MO
<i>microgestin fe 1.5/30</i>	Tier 2	MO
<i>microgestin fe 1/20</i>	Tier 2	MO
<i>mili</i>	Tier 2	MO
<i>mono-linyah</i>	Tier 2	MO
<i>necon 0.5/35-28</i>	Tier 2	MO
<i>nikki</i>	Tier 2	MO
<i>nora-be TABS .35mg</i>	Tier 2	MO
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2	MO
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 2	MO
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2	MO
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2	MO
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2	MO
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 2	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	MO
<i>norlyroc TABS .35mg</i>	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nortrel 0.5/35 (28)</i>	Tier 2	MO
<i>nortrel 1/35 (21)</i>	Tier 2	MO
<i>nortrel 1/35 (28)</i>	Tier 2	MO
<i>nortrel 7/7/7</i>	Tier 2	MO
<i>nylia 1/35</i>	Tier 2	MO
<i>nylia 7/7/7</i>	Tier 2	MO
<i>nymyo</i>	Tier 2	MO
<i>ocella</i>	Tier 2	MO
<i>philith</i>	Tier 2	MO
<i>pimtrea</i>	Tier 2	MO
<i>pirmella 1/35</i>	Tier 2	MO
<i>portia-28</i>	Tier 2	MO
<i>reclipsen</i>	Tier 2	MO
<i>setlakin</i>	Tier 2	MO
<i>sharobel TABS .35mg</i>	Tier 2	MO
<i>simliya</i>	Tier 2	MO
<i>sprintec 28</i>	Tier 2	MO
<i>sronyx</i>	Tier 2	MO
<i>syeda</i>	Tier 2	MO
<i>tarina fe 1/20 eq</i>	Tier 2	MO
<i>tilia fe</i>	Tier 2	MO
<i>tri-estarylla</i>	Tier 2	MO
<i>tri-legest fe</i>	Tier 2	MO
<i>tri-linyah</i>	Tier 2	MO
<i>tri-lo-estarylla</i>	Tier 2	MO
<i>tri-lo-marzia</i>	Tier 2	MO
<i>tri-lo-mili</i>	Tier 2	MO
<i>tri-lo-sprintec</i>	Tier 2	MO
<i>tri-mili</i>	Tier 2	MO
<i>tri-nymyo</i>	Tier 2	MO
<i>tri-sprintec</i>	Tier 2	MO
<i>tri-vylibra</i>	Tier 2	MO
<i>tri-vylibra lo</i>	Tier 2	MO
<i>trivora-28</i>	Tier 2	MO
<i>velivet</i>	Tier 2	MO
<i>vestura</i>	Tier 2	MO
<i>vienva</i>	Tier 2	MO
<i>viorele</i>	Tier 2	MO
<i>vyfemla</i>	Tier 2	MO
<i>vylibra</i>	Tier 2	MO
<i>wera</i>	Tier 2	MO
<i>xulane</i>	Tier 2	MO
<i>zafemy</i>	Tier 2	MO
<i>zovia 1/35</i>	Tier 2	MO
<i>zumandimine</i>	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 2	MO
SYNAREL SOLN 2mg/ml	Tier 5	NEDS
<b>ESTROGENS</b>		
<i>amabelz</i>	Tier 3	MO
DELESTROGEN OIL 10mg/ml	Tier 4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	MO
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3	MO
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 2	MO
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 3	MO
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 3	MO
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 2	MO
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	Tier 2	MO
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 3	MO
<i>fyavolv tab 1mg-5mcg</i>	Tier 3	MO
<i>jinteli</i>	Tier 3	MO
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	MO
<i>mimvey</i>	Tier 3	MO
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg</i>	Tier 3	MO
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 3	MO
<i>yuvafem</i> TABS 10mcg	Tier 2	MO
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 4	MO
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	MO
<i>fludrocortisone acetate</i> TABS .1mg	Tier 2	MO
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 2	MO
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D MO
<i>methylprednisolone</i> TBPK 4mg	Tier 2	MO
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 2	B/D MO
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 2	B/D MO
<i>prednisolone</i> SOLN 15mg/5ml	Tier 2	B/D MO
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 2	B/D MO
<i>prednisone</i> SOLN 5mg/5ml	Tier 2	B/D MO
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D MO
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	MO
PREDNISON INTENSOL CONC 5mg/ml	Tier 4	B/D MO
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	Tier 5	NEDS MO
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 3	MO
GVOKE KIT SOLN 1mg/0.2ml	Tier 3	MO
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 3	MO
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NEDS MO LA PA

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<i>betaine powder for oral solution</i>	Tier 5	NEDS MO LA
<i>cabergoline</i> TABS .5mg	Tier 2	MO
<i>carglumic acid</i> TBSO 200mg	Tier 5	NEDS LA PA
CERDELGA CAPS 84mg	Tier 5	NEDS LA PA
CEREZYME SOLR 400unit	Tier 5	NEDS LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (60 tabs / 30 days)	Tier 2	B/D QL MO
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	Tier 5	NEDS B/D QL MO
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	Tier 5	NEDS B/D QL MO
CYSTAGON CAPS 50mg, 150mg	Tier 4	LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 5	NEDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 2	MO
<i>desmopressin acetate spray</i> SOLN .01%	Tier 2	MO
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 2	MO
FABRAZYME SOLR 5mg, 35mg	Tier 5	NEDS MO LA PA
GENOTROPIN CART 5mg, 12mg	Tier 5	NEDS PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NEDS PA
INCRELEX SOLN 40mg/4ml	Tier 5	NEDS LA PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 5	NEDS LA PA
KORLYM TABS 300mg	Tier 5	NEDS LA PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 2	B/D MO
LUMIZYME SOLR 50mg	Tier 5	NEDS MO LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 5	NEDS PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 5	NEDS PA

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	Tier 5	NEDS QL PA
NAGLAZYME SOLN 1mg/ml	Tier 5	NEDS MO LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	Tier 5	NEDS PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 2	PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NEDS PA
<i>raloxifene hcl</i> TABS 60mg	Tier 2	MO
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 5	NEDS PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NEDS LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 5	NEDS MO PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NEDS LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NEDS LA PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 2	QL MO
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 2	QL MO
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	Tier 5	NEDS QL MO
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	Tier 5	NEDS QL MO
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 5	NEDS QL MO
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	MO
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3	MO
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 4	MO PA
<i>norethindrone acetate</i> TABS 5mg	Tier 2	MO
<b>THYROID AGENTS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 2	MO
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	MO
<i>propylthiouracil</i> TABS 50mg	Tier 1	MO
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	MO
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	Tier 2	B/D MO
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	Tier 2	B/D MO
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 2	B/D MO
RAYALDEE CPCR 30mcg	Tier 5	NEDS MO
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 2	B/D MO
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 2	B/D MO
<i>compro</i> SUPP 25mg	Tier 2	MO
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 2	B/D QL MO
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 2	MO
<i>granisetron hcl</i> TABS 1mg	Tier 2	B/D MO
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 2	MO
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2	MO
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1	MO
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 2	B/D MO
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	MO
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 2	B/D MO
<i>prochlorperazine</i> SUPP 25mg	Tier 2	MO
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 2	MO
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	MO
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	MO PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 2	MO PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 4	QL MO PA
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 3	MO
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 4	MO
<i>glycopyrrolate</i> TABS 1mg, 2mg	Tier 2	MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	MO
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 2	QL MO
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL MO
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	MO
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 2	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	Tier 2	MO
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 2	QL MO PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL MO PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 2	MO
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 2	QL MO
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 2	QL MO
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	Tier 2	MO
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 2	MO
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 2	MO
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	Tier 2	MO
<i>enulose</i> SOLN 10gm/15ml	Tier 2	MO
<i>gavilyte-c</i>	Tier 1	MO
<i>gavilyte-g</i>	Tier 1	MO
<i>generlac</i> SOLN 10gm/15ml	Tier 2	MO
GOLYTELY SOL	Tier 3	MO
<i>lactulose</i> SOLN 10gm/15ml	Tier 2	MO
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	MO
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	MO
PLENVU SOL	Tier 4	MO
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 2	MO
SUPREP BOWEL SOL PREP KIT	Tier 4	MO
<b>MISCELLANEOUS</b>		
<i>alose tron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL MO PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 2	MO
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 4	MO
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 3	MO
GATTEX KIT 5mg	Tier 5 NEDS	LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 4	QL MO
<i>loperamide hcl</i> CAPS 2mg	Tier 2	MO
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 2	MO
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL MO
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 5 NEDS	MO PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate</i> TABS 1gm	Tier 2	MO
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 2	MO
XERMELO TABS 250mg QL (90 tabs / 30 days)	Tier 5	NEDS QL LA PA
XIFAXAN TABS 550mg	Tier 5	NEDS MO PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	Tier 3	MO
CREON CAP 6000UNIT	Tier 3	MO
CREON CAP 12000UNT	Tier 3	MO
CREON CAP 24000UNT	Tier 3	MO
CREON CAP 36000UNT	Tier 3	MO
ZENPEP CAP 3000UNIT	Tier 4	MO
ZENPEP CAP 5000UNIT	Tier 4	MO
ZENPEP CAP 10000UNT	Tier 4	MO
ZENPEP CAP 15000UNT	Tier 4	MO
ZENPEP CAP 20000UNT	Tier 4	MO
ZENPEP CAP 25000UNT	Tier 4	MO
ZENPEP CAP 40000UNT	Tier 4	MO
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 2	QL MO ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 2	QL MO
<i>lansoprazole</i> TBDD 15mg, 30mg QL (60 tabs / 30 days)	Tier 2	QL MO ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 2	MO
<i>pantoprazole sodium</i> SOLR 40mg	Tier 2	MO
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	Tier 1	MO
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	Tier 2	QL MO
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>finasteride</i> TABS 5mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>tamsulosin hcl</i> CAPS .4mg	Tier 2	MO
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	Tier 2	MO
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2	MO
<i>potassium citrate</i> (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 2	MO
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL MO ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	Tier 2	QL MO
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 4	QL MO
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL MO
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL MO
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	Tier 2	MO
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL MO
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL MO
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL MO
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 2	QL MO ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL MO
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	Tier 2	QL MO
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal CREA 2%</i>	Tier 2	MO
<i>metronidazole vaginal GEL .75%</i>	Tier 2	MO
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	Tier 2	MO
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i> QL (60 caps / 30 days)	Tier 2	QL MO
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL MO
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL MO
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL MO
<i>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</i>	Tier 2	MO
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	Tier 2	MO
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Tier 5	NEDS MO
HEP SOD/D5W INJ 20000UNT	Tier 2	MO
HEP SOD/D5W INJ 25000UNT	Tier 2	MO
HEP SOD/NACL INJ 25000UNT	Tier 3	MO
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	Tier 2	HI B/D MO
HEPARIN/NACL INJ 25000UNT	Tier 3	MO
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	MO
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 4	QL MO

Drug Name	Drug Tier	Requirements/ Limits
PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 4	QL MO
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	MO
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL MO
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL MO
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL MO
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NEDS PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NEDS PA
ZIEXTENZO SOSY 6mg/0.6ml	Tier 5	NEDS PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl CAPS 1mg, 1.5mg</i>	Tier 2	MO
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	NEDS QL LA PA
<i>cilostazol TABS 50mg, 100mg</i>	Tier 1	MO
DOPTELET TABS 20mg	Tier 5	NEDS LA PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	MO
ENDARI PACK 5gm	Tier 5	NEDS MO LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	NEDS QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	NEDS QL LA PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>icatibant acetate</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	Tier 5	NEDS QL PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	MO
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
<i>sajazir</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	Tier 5	NEDS QL LA PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 2	MO
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 2	MO
BRILINTA TABS 60mg, 90mg	Tier 3	MO
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	MO
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 3	MO PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 2	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 5	NEDS PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	Tier 5	NEDS QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5	NEDS QL PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	NEDS QL PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	NEDS QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 5	NEDS QL PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEDIA INJ CROHNS	Tier 5	NEDS PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEN KIT PS/UV	Tier 5	NEDS PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 5	NEDS PA
INFLIXIMAB SOLR 100mg	Tier 5	NEDS LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 5	NEDS QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 5	NEDS QL PA

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Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 5	NEDS QL PA
REMICADE SOLR 100mg	Tier 5	NEDS LA PA
RENFLEXIS SOLR 100mg	Tier 5	NEDS LA PA
RINVOQ TB24 15mg, QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
RINVOQ TB24 45mg QL (112 tabs / year)	Tier 5	NEDS QL PA
SKYRIZI SOCT 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5	NEDS QL PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 5	NEDS QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5	NEDS QL PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5	NEDS QL PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 5	NEDS QL LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5	NEDS QL PA
XELJANZ TABS 5mg, QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
XELJANZ XR TB24 11mg, QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
hydroxychloroquine sulfate TABS 200mg	Tier 2	MO
leflunomide TABS 10mg, QL (30 tabs / 30 days)	Tier 2	QL MO
methotrexate sodium TABS 2.5mg	Tier 2	MO
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 4	B/D MO
XATMEP SOLN 2.5mg/ml	Tier 4	B/D MO

Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOGLOBULINS</b>		
BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NEDS LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NEDS PA
GAMASTAN INJ	Tier 4	B/D LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml	Tier 5	NEDS HI PA
GAMMAGARD LIQUID SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NEDS PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NEDS HI PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NEDS PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NEDS LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml	Tier 5	NEDS HI PA
GAMUNEX-C SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NEDS PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	Tier 5	NEDS PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NEDS PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NEDS PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 5	NEDS LA PA
ARCALYST SOLR 220mg	Tier 5	NEDS LA PA

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Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	Tier 5	NEDS B/D LA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS 50mg	Tier 2	B/D MO
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	NEDS QL MO LA PA
BENLYSTA SOLR 120mg, 400mg	Tier 5	NEDS MO LA PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 2	B/D MO
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 2	B/D MO
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	Tier 5	NEDS B/D MO
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 2	B/D MO
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	Tier 2	B/D MO
<i>mycophenolate mofetil</i> SUSR 200mg/ml	Tier 5	NEDS B/D MO
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	Tier 2	B/D MO
NULOJIX SOLR 250mg	Tier 5	NEDS B/D MO
PROGRAF PACK .2mg, 1mg	Tier 4	B/D MO
REZUROCK TABS 200mg	Tier 5	NEDS LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 4	B/D MO
<i>sirolimus</i> SOLN 1mg/ml	Tier 5	NEDS B/D MO
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	Tier 2	B/D MO
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	Tier 2	B/D MO
<b>VACCINES</b>		
ACTHIB INJ	Tier 1	MO
ADACEL INJ	Tier 1	MO
BCG VACCINE SOLR 50mg	Tier 1	MO
BEXSERO INJ	Tier 1	MO

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	Tier 1	MO
DAPTACEL INJ	Tier 1	MO
DENGVAXIA SUS	Tier 1	MO
DIP/TET PED INJ 25-5LFU	Tier 1	B/D MO
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D MO
GARDASIL 9 INJ	Tier 1	MO
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	MO
HIBERIX SOLR 10mcg	Tier 1	MO
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D MO
INFANRIX INJ	Tier 1	MO
IPOL INJ INACTIVE	Tier 1	MO
IXIARO INJ	Tier 1	MO
KINRIX INJ	Tier 1	MO
M-M-R II INJ	Tier 1	MO
MENACTRA INJ	Tier 1	MO
MENQUADFI INJ	Tier 1	MO
MENVEO INJ	Tier 1	MO
MENVEO SOL	Tier 1	MO
PEDIARIX INJ 0.5ML	Tier 1	MO
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	MO
PENTACEL INJ	Tier 1	MO
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D MO
PRIORIX INJ	Tier 1	MO
PROQUAD INJ	Tier 1	MO
QUADRACEL INJ	Tier 1	MO
QUADRACEL INJ 0.5ML	Tier 1	MO
RABAVERT INJ	Tier 1	B/D MO
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D MO
ROTARIX SUS	Tier 1	MO
ROTATEQ SOL	Tier 1	MO
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL MO
TDVAX INJ 2-2 LF	Tier 1	B/D MO
TENIVAC INJ 5-2LF	Tier 1	B/D MO
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	MO

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Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA INJ	Tier 1	MO
TWINRIX INJ	Tier 1	MO
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	MO
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	MO
VARIVAX INJ 1350pfu/0.5ml	Tier 1	MO
YF-VAX INJ	Tier 1	MO

**NUTRITIONAL/SUPPLEMENTS  
ELECTROLYTES/MINERALS,  
INJECTABLE**

D2.5W/NACL INJ 0.45%	Tier 4	HI MO
D5W/LYTES INJ #48	Tier 4	MO
D10W/NACL INJ 0.2%	Tier 3	HI MO
dextrose 2.5% w/ sodium chloride 0.45%	Tier 2	HI MO
dextrose 5% in lactated ringers	Tier 2	MO
dextrose 5% w/ sodium chloride 0.2%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.3%	Tier 2	MO
dextrose 5% w/ sodium chloride 0.9%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.45%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.225%	Tier 2	MO
dextrose 10% w/ sodium chloride 0.45%	Tier 2	HI MO
ISOLYTE-P INJ /D5W	Tier 4	MO
ISOLYTE-S INJ	Tier 4	MO
ISOLYTE-S INJ PH 7.4	Tier 4	MO
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 2	HI MO

Drug Name	Drug Tier	Requirements/ Limits
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 2	HI MO
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 2	HI MO
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	HI MO
lactated ringer's solution	Tier 2	MO
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	MO
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	MO
magnesium sulfate SOLN 50%	Tier 3	HI MO
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 3	MO
MG SO4/D5W INJ 10MG/ML	Tier 3	MO
PLASMA-LYTE INJ -148	Tier 4	MO
PLASMA-LYTE INJ -A	Tier 4	MO
POT CHL/NACL 20MEQ/L IN NACL 0.9% INJ	Tier 2	MO
POT CHL/NACL 20MEQ/L IN NACL 0.45% INJ	Tier 4	MO
POT CHL/NACL 40MEQ/L IN NACL 0.9% INJ	Tier 4	MO
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	Tier 2	HI MO
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 4	MO
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	HI MO
sodium chloride SOLN 2.5meq/ml	Tier 2	MO
sodium chloride SOLN .45%, .9%, 3%, 5%	Tier 2	HI MO
TPN ELECTROL INJ	Tier 4	B/D MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con</i> PACK 20meq	Tier 2	MO
<i>klor-con 8</i> TBCR 8meq	Tier 1	MO
<i>klor-con 10</i> TBCR 10meq	Tier 1	MO
<i>klor-con m10</i> TBCR 10meq	Tier 1	MO
<i>klor-con m15</i> TBCR 15meq	Tier 2	MO
<i>klor-con m20</i> TBCR 20meq	Tier 1	MO
M-NATAL PLUS TAB	Tier 3	MO
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 2	MO
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	Tier 1	MO
<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 20meq	Tier 1	MO
<i>potassium chloride microencapsulated crystals</i> er TBCR 15meq	Tier 2	MO
PRENATAL TAB 27-1MG	Tier 3	MO
PRENATAL TAB PLUS	Tier 3	MO
PRENATAL VIT TAB LOW IRON	Tier 3	MO
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	MO
TRICARE TAB PRENATAL	Tier 3	MO
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	Tier 4	HI B/D MO
CLINIMIX INJ 4.25/D10	Tier 4	HI B/D MO
CLINIMIX INJ 5%/D15W	Tier 4	HI B/D MO
CLINIMIX INJ 5%/D20W	Tier 4	HI B/D MO
CLINIMIX INJ 6/5	Tier 4	B/D MO
CLINIMIX INJ 8/10	Tier 4	B/D MO
CLINIMIX INJ 8/14	Tier 4	B/D MO
<i>clinisol sf 15%</i>	Tier 2	HI B/D MO
CLINOLIPID EMU 20%	Tier 4	B/D MO
<i>dextrose</i> SOLN 5%, 10%	Tier 2	HI MO
<i>dextrose</i> SOLN 50%, 70%	Tier 2	B/D MO
FREAMINE III INJ 10%	Tier 4	HI B/D MO
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	HI B/D MO
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D MO
<i>plenamine</i>	Tier 2	HI B/D MO
PREMASOL SOL 10%	Tier 5	NEDS HI B/D MO
PROCALAMINE INJ 3%	Tier 4	B/D MO

Drug Name	Drug Tier	Requirements/ Limits
PROSOL INJ 20%	Tier 4	HI B/D MO
TRAVASOL INJ 10%	Tier 4	HI B/D MO
TROPHAMINE INJ 10%	Tier 4	HI B/D MO
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	MO
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	MO
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	MO
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 2	MO
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	MO
TOBRADEX OIN 0.3-0.1%	Tier 3	MO
TOBRADEX ST SUS 0.3-0.05	Tier 3	MO
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	MO
ZYLET SUS 0.5-0.3%	Tier 3	MO
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	MO
BESIVANCE SUSP .6%	Tier 3	MO
CILOXAN OINT .3%	Tier 3	MO
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	MO
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	MO
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 2	MO
<i>gentak OINT .3%</i>	Tier 1	MO
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	MO
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	Tier 2	MO
NATACYN SUSP 5%	Tier 4	MO
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	MO
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 2	MO
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	MO
<i>sulfacetamide sodium (ophth) OINT 10%</i>	Tier 2	MO
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	Tier 1	MO
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	MO
<i>trifluridine SOLN 1%</i>	Tier 2	MO
<i>ZIRGAN GEL .15%</i>	Tier 4	MO
<b>ANTI-INFLAMMATORIES</b>		
<i>ALREX SUSP .2%</i>	Tier 3	MO
<i>bromfenac sodium (ophth) SOLN .09%</i>	Tier 2	MO
<i>BROMSITE SOLN .075%</i>	Tier 4	MO
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 2	MO
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 2	MO
<i>difluprednate EMUL .05%</i>	Tier 2	MO
<i>FLAREX SUSP .1%</i>	Tier 4	MO
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 2	MO
<i>flurbiprofen sodium SOLN .03%</i>	Tier 2	MO
<i>ILEVRO SUSP .3%</i>	Tier 3	MO
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 2	MO
<i>LOTEMAX OINT .5%</i>	Tier 3	MO
<i>prednisolone acetate (ophth) SUSP 1%</i>	Tier 2	MO
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	Tier 3	MO
<i>PROLENSA SOLN .07%</i>	Tier 3	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 2	MO
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 1	MO
<i>olopatadine hcl SOLN .1%</i>	Tier 2	MO
<i>ZERVIAE SOLN .24%</i>	Tier 4	MO

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIGLAUCOMA</b>		
<i>ALPHAGAN P SOLN .1%</i>	Tier 3	MO
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 2	MO
<i>BETOPTIC-S SUSP .25%</i>	Tier 3	MO
<i>brimonidine tartrate SOLN .2%</i>	Tier 1	MO
<i>brimonidine tartrate SOLN .15%</i>	Tier 2	MO
<i>brinzolamide SUSP 1%</i>	Tier 2	MO
<i>carteolol hcl (ophth) SOLN 1%</i>	Tier 1	MO
<i>COMBIGAN SOL 0.2/0.5%</i>	Tier 3	MO
<i>dorzolamide hcl SOLN 2%</i>	Tier 1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	MO
<i>latanoprost SOLN .005%</i>	Tier 1	MO
<i>levobunolol hcl SOLN .5%</i>	Tier 1	MO
<i>LUMIGAN SOLN .01%</i>	Tier 3	MO
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	Tier 1	MO
<i>RHOPRESSA SOLN .02%</i>	Tier 3	MO
<i>SIMBRINZA SUS 1-0.2%</i>	Tier 3	MO
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	Tier 2	MO
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	Tier 1	MO
<i>travoprost SOLN .004%</i>	Tier 2	MO
<i>VYZULTA SOLN .024%</i>	Tier 4	MO
<b>MISCELLANEOUS</b>		
<i>ATROPINE SULFATE SOLN 1%</i>	Tier 3	MO
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	Tier 2	MO
<i>CYSTADROPS SOLN .37%</i>	Tier 5 NEDS LA PA	
<i>CYSTARAN SOLN .44%</i>	Tier 5 NEDS LA PA	
<i>ISOPTO ATROPINE SOLN 1%</i>	Tier 3	MO
<i>proparacaine hcl SOLN .5%</i>	Tier 2	MO
<i>RESTASIS EMUL .05%</i>	Tier 3	MO
<i>RESTASIS MULTIDOSE EMUL .05%</i>	Tier 3	MO
<i>TYRVAYA SOLN .03mg/act</i>	Tier 4	MO
<i>XIIDRA SOLN 5%</i>	Tier 3	MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic) SOLN 2%</i>	Tier 2	MO
CIPRO HC SUS OTIC	Tier 4	MO
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 2	MO
<i>flac OIL .01%</i>	Tier 2	MO
<i>fluocinolone acetonide (otic) OIL .01%</i>	Tier 2	MO
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2	MO
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2	MO
<i>ofloxacin (otic) SOLN .3%</i>	Tier 2	MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	Tier 3	QL MO QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 3	QL MO QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	Tier 3	QL MO QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL MO QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 4	QL MO QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	B/D MO
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL MO QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL MO QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS	Tier 4	QL MO 17mcg/act QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB	Tier 3	QL MO 62.5mcg/inh QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	Tier 2	B/D MO
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	Tier 2	MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl SOLN .1%, .15%</i>	Tier 2	MO
<i>cetirizine hcl SOLN 1mg/ml</i>	Tier 1	MO
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	Tier 3	MO PA PA if 70 years and older
<i>desloratadine TABS 5mg</i>	Tier 2	MO
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 2	MO
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	Tier 4	MO PA PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	Tier 3	MO PA PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	Tier 3	MO PA PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg</i>	Tier 2	MO
<i>olopatadine hcl (nasal) SOLN .6%</i>	Tier 2	MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate AERS 108mcg/act</i>	Tier 2	QL MO QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	Tier 2	QL MO QL (2 inhalers / 30 days) (generic of Proventil HFA)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL MO
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D MO
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 2	MO
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	Tier 2	B/D MO
<i>formoterol fumarate</i> NEBU 20mcg/2ml	Tier 5	NEDS B/D MO
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 2	B/D MO
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL MO ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL MO
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 2	MO
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL MO
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	Tier 2	MO
<i>montelukast sodium</i> TABS 10mg	Tier 1	MO
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 2	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	B/D MO
ARALAST NP SOLR 500mg, 1000mg	Tier 5 NEDS	HI MO LA PA

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D MO
DALIRESP TABS 250mcg, 500mcg	Tier 4	MO
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 2	MO
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	MO
ESBRIET CAPS 267mg QL (270 caps / 30 days)	Tier 5 NEDS	QL LA PA
FASENRA SOSY 30mg/ml	Tier 5 NEDS	LA PA
FASENRA PEN SOAJ 30mg/ml	Tier 5 NEDS	LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 5 NEDS	QL LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5 NEDS	QL LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	Tier 5 NEDS	QL LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 5 NEDS	QL LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 5 NEDS	QL LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5 NEDS	QL LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5 NEDS	QL LA PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 5 NEDS	QL PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 5 NEDS	QL PA

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Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NEDS MO LA PA
PROLASTIN-C SOLR 1000mg	Tier 5	NEDS HI MO LA PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NEDS PA
<i>roflumilast</i> TABS 250mcg, 500mcg	Tier 2	MO
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5	NEDS QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5	NEDS QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 4	MO
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 4	MO
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	Tier 2	MO
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	NEDS QL LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 5	NEDS QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 5	NEDS LA PA
ZEMAIRA SOLR 1000mg	Tier 5	NEDS MO LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL MO
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL MO
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	Tier 2	QL MO ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	Tier 4	QL MO ST

Drug Name	Drug Tier	Requirements/ Limits
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL MO PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL MO
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 2	B/D MO
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	Tier 3	QL MO
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 3	QL MO
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	Tier 3	QL MO
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	Tier 4	QL MO
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	Tier 4	QL MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL MO
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL MO
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL MO
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL MO
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	Tier 3	QL MO
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	Tier 3	QL MO
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	Tier 2	MO PA
<i>avita</i> CREA .025%; GEL .025% QL (45 gm / 30 days)	Tier 2	QL MO PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	Tier 2	QL MO
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	Tier 2	QL MO
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 2	QL MO
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	Tier 2	QL MO
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL MO
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	Tier 2	QL MO
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 2	QL MO PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL MO
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL MO
<i>silver sulfadiazine</i> CREA 1%	Tier 2	MO
<i>ssd</i> CREA 1%	Tier 2	MO
<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 4	QL MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL MO
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL MO
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 2	QL MO
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	Tier 2	QL MO
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	Tier 2	QL MO
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL MO
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL MO
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 2	MO PA
<i>calcipotriene</i> OINT .005% QL (120 gm / 30 days)	Tier 2	QL MO PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 2	QL MO PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	Tier 2	QL MO PA
<i>tazarotene</i> CREA .1% QL (60 gm / 30 days)	Tier 2	QL MO PA
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 4	QL MO PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL MO
<i>selenium sulfide</i> LOTN 2.5%	Tier 2	MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1	MO
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 2	QL MO
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL MO
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 2	QL MO
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL MO
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL MO
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 2	QL MO
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 2	QL MO
ENSTILAR AER QL (120 gm / 30 days)	Tier 4	QL MO PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 2	QL MO
<i>fluocinolone acetonide</i> CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 2	QL MO
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL MO
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	Tier 2	QL MO
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL MO
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL MO
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL MO
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2	MO
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 2	QL MO
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	Tier 1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	Tier 2	MO
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 2	MO
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	Tier 1	QL MO
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	Tier 1	MO
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 2	MO
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 2	QL MO PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 2	QL MO PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	Tier 2	QL MO PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	Tier 2	QL MO PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL MO PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	QL MO PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	Tier 2	QL MO
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 5 NEDS	QL MO PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	Tier 2	QL MO
<i>FINACEA</i> FOAM 15% QL (50 gm / 30 days)	Tier 4	QL MO
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 2	QL MO
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL MO
<i>hydrocortisone (rectal)</i> CREA 2.5%	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL MO
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 2	MO
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 2	QL MO
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 2	QL MO
NORITATE CREA 1% QL (60 gm / 30 days)	Tier 5 NEDS	QL MO
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 5 NEDS	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL MO
<i>procto-med hc</i> CREA 2.5%	Tier 2	MO
<i>procto-pak</i> CREA 1%	Tier 2	MO
<i>proctosol hc</i> CREA 2.5%	Tier 2	MO
<i>proctozone-hc</i> CREA 2.5%	Tier 2	MO
RECTIV OINT .4% QL (30 gm / 30 days)	Tier 4	QL MO
<i>rosadan</i> CREA .75% QL (45 gm / 30 days)	Tier 2	QL MO
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 2	QL MO
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 5 NEDS	QL LA PA
ZYCLARA PUMP CREA 2.5% QL (7.5 gm / 28 days)	Tier 5 NEDS	QL MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 2	QL MO
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 2	QL MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 5 NEDS	QL MO PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 4	QL MO
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	MO

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<i>water for irrigation, sterile irrigation soln</i>	Tier 2	MO
<b><i>MOUTH/THROAT/DENTAL AGENTS</i></b>		
<i>cevimeline hcl CAPS 30mg</i>	Tier 2	MO
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	Tier 1	MO
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 2	QL MO
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 2	MO
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	Tier 2	MO
<i>periogard SOLN .12%</i>	Tier 1	MO
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	Tier 2	MO
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 2	MO

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## Index

<b>A</b>		
<i>abacavir sulfate</i> .....	13	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	14	
ABELCET .....	12	
ABILIFY MAINTENA .....	35	
<i>abiraterone acetate</i> .....	18	
<i>acamprosate calcium</i> .....	39	
<i>acarbose</i> .....	40	
<i>accutane</i> .....	62	
<i>acebutolol hcl</i> .....	27	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	10	
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	10	
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	10	
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	10	
<i>acetazolamide</i> .....	28	
<i>acetic acid</i> .....	51	
<i>acetic acid (otic)</i> .....	59	
<i>acetylcysteine</i> .....	60	
<i>acitretin</i> .....	63	
ACTHIB INJ .....	55	
ACTIMMUNE .....	54	
<i>acyclovir</i> .....	15	
<i>acyclovir sodium</i> .....	15	
ADACEL INJ .....	55	
<i>adefovir dipivoxil</i> .....	15	
ADEMPAS .....	29	
ADRENALIN .....	28	
ADVAIR DISKU AER 100/50 .....	61	
ADVAIR DISKU AER 250/50 .....	61	
ADVAIR DISKU AER 500/50 .....	61	
ADVAIR HFA AER 115/21 .....	62	
ADVAIR HFA AER 230/21 .....	62	
ADVAIR HFA AER 45/21 .....	61	
<i>afirmelle</i> .....	45	
AIMOVIG .....	38	
<i>ala-cort</i> .....	63	
<i>albendazole</i> .....	11	
<i>albuterol sulfate</i> .....	59, 60	
<i>alclometasone dipropionate</i> .....	63	
ALDURAZYME .....	47	
ALECENSA .....	19	
<i>alendronate sodium</i> .....	44	
<i>alfuzosin hcl</i> .....	51	
<i>aliskiren fumarate</i> .....	28	
<i>allopurinol</i> .....	9	
<i>alosepron hcl</i> .....	50	
ALPHAGAN P .....	58	
<i>alprazolam</i> .....	29	
ALREX .....	58	
<i>altavera</i> .....	45	
ALTOPREV .....	26	
ALUNBRIG .....	19	
ALUNBRIG PAK .....	19	
<i>alyacen 1/35</i> .....	45	
<i>alyacen 7/7/7</i> .....	45	
<i>amabelz</i> .....	47	
<i>amantadine hcl</i> .....	34	
<i>ambrisentan</i> .....	29	
<i>amikacin sulfate</i> .....	11	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	28	
<i>amiloride hcl</i> .....	28	
<i>amiodarone hcl</i> .....	25	
<i>amitriptyline hcl</i> .....	33	
<i>amlodipine besylate</i> .....	27	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	28	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	28	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	23	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	23	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	23	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	23	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	23	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	23	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	24	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	24	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	24	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	24	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	24	

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	<i>ANORO ELLIPT AER 62.5-25</i>
.....24	.....37	.....59
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	<i>aprepitant</i> .....49
.....24	.....37	<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....49
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	<i>amphetamine-dextroamphetamine tab 10 mg</i>	<i>apri</i> .....45
.....24	.....37	<i>APTIOM</i> .....29
<i>amnestem</i> .....62	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	<i>APTIVUS</i> .....13
<i>amoxapine</i> .....33	.....37	<i>ARALAST NP</i> .....60
<i>amoxicillin</i> .....16	<i>amphetamine-dextroamphetamine tab 15 mg</i>	<i>aranelle</i> .....45
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	.....37	<i>ARCALYST</i> .....54
.....16	<i>amphetamine-dextroamphetamine tab 20 mg</i>	<i>arformoterol tartrate</i> .....60
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	.....37	<i>aripiprazole</i> .....35
.....17	<i>amphetamine-dextroamphetamine tab 30 mg</i>	<i>ARISTADA</i> .....35
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	.....37	<i>ARISTADA INITIO</i> .....35
.....17	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	<i>armodafinil</i> .....39
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	.....37	<i>ARNUIITY ELLIPTA</i> .....61
.....17	<i>amphotericin b</i> .....12	<i>asenapine maleate</i> .....35
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	<i>amphotericin b liposome</i> .....12	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>
.....17	<i>ampicillin</i> .....17	.....53
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	<i>atazanavir sulfate</i> .....13
.....17	.....17	<i>atenolol</i> .....27
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>
.....17	.....17	.....27
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>
.....17	.....17	.....27
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	<i>atomoxetine hcl</i> .....37
.....17	.....17	<i>atorvastatin calcium</i> .....26
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	<i>atovaquone</i> .....11
.....17	.....17	<i>atovaquone-proguanil hcl tab 250-100 mg</i>
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	<i>ampicillin sodium</i> .....17	.....13
.....37	<i>anagrelide hcl</i> .....52	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	<i>anastrozole</i> .....18	.....13
.....37		<i>ATROPINE SULFATE</i> ....58
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>		<i>atropine sulfate (ophthalmic)</i> .....58
.....37		<i>ATROVENT HFA</i> .....59
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>		<i>abra eq</i> .....45
.....37		<i>aurovela 1/20</i> .....45
		<i>aurovela fe 1.5/30</i> .....45
		<i>aurovela fe 1/20</i> .....45
		<i>AUSTEDO</i> .....39
		<i>AUVELITY TAB 45-105MG</i>
		.....33
		<i>aviane</i> .....45
		<i>avita</i> .....62
		<i>ayuna</i> .....45
		<i>AYVAKIT</i> .....19
		<i>azacitidine</i> .....18

azathioprine.....	55	<i>betamethasone</i>		<i>brimonidine tartrate</i> .....	58
azelaic acid.....	64	<i>dipropionate augmented</i>		<i>brinzolamide</i> .....	58
azelastine hcl.....	59	.....	63	BRIVIACT.....	29, 30
azelastine hcl (ophth).....	58	<i>betamethasone valerate</i> .	63	<i>bromfenac sodium (ophth)</i>	
azithromycin.....	16	BETASERON.....	39	.....	58
aztreonam.....	11	<i>betaxolol hcl (ophth)</i> .....	58	<i>bromocriptine mesylate</i> ...	34
azurette.....	45	<i>bethanechol chloride</i> .....	51	BROMSITE.....	58
<b>B</b>		BETOPTIC-S.....	58	BRUKINSA.....	19
<i>bacitracin (ophthalmic)</i> ....	57	BEVESPI AER 9-4.8MCG		<i>budesonide</i> .....	50
<i>bacitracin-polymyxin b</i>		.....	59	<i>budesonide (inhalation)</i> ...	61
<i>ophth oint</i> .....	57	<i>bexarotene</i> .....	19	<i>bumetanide</i> .....	28
<i>bacitracin-polymyxin-</i>		<i>bexarotene (topical)</i> .....	64	<i>buprenorphine hcl</i> .....	39
<i>neomycin-hc ophth oint</i>		BEXSERO INJ.....	55	<i>buprenorphine hcl-</i>	
1%.....	57	<i>bicalutamide</i> .....	18	<i>naloxone hcl sl film 12-3</i>	
<i>baclofen</i> .....	39	BICILLIN L-A.....	17	<i>mg (base equiv)</i> .....	40
BAFIERTAM.....	39	BIKTARVY TAB 30-120-15		<i>buprenorphine hcl-</i>	
<i>balsalazide disodium</i> .....	50	MG.....	14	<i>naloxone hcl sl film 2-0.5</i>	
BALVERSA.....	19	BIKTARVY TAB 50-200-25		<i>mg (base equiv)</i> .....	40
<i>balziva</i> .....	45	MG.....	14	<i>buprenorphine hcl-</i>	
BARACLUDGE.....	15	<i>bisoprolol &amp;</i>		<i>naloxone hcl sl film 4-1</i>	
BASAGLAR KWIKPEN...	43	<i>hydrochlorothiazide tab</i>		<i>mg (base equiv)</i> .....	40
BCG VACCINE.....	55	10-6.25 mg.....	27	<i>buprenorphine hcl-</i>	
BD ALCOHOL SWABS...	43	<i>bisoprolol &amp;</i>		<i>naloxone hcl sl film 8-2</i>	
BELSOMRA.....	38	<i>hydrochlorothiazide tab</i>		<i>mg (base equiv)</i> .....	40
<i>benazepril &amp;</i>		2.5-6.25 mg.....	27	<i>buprenorphine hcl-</i>	
<i>hydrochlorothiazide tab</i>		<i>bisoprolol &amp;</i>		<i>naloxone hcl sl tab 2-0.5</i>	
10-12.5 mg.....	23	<i>hydrochlorothiazide tab</i>		<i>mg (base equiv)</i> .....	40
<i>benazepril &amp;</i>		5-6.25 mg.....	27	<i>buprenorphine hcl-</i>	
<i>hydrochlorothiazide tab</i>		<i>bisoprolol fumarate</i> .....	27	<i>naloxone hcl sl tab 8-2</i>	
20-12.5 mg.....	23	BIVIGAM.....	54	<i>mg (base equiv)</i> .....	40
<i>benazepril &amp;</i>		<i>blisovi fe 1.5/30</i> .....	45	<i>bupropion hcl</i> .....	33
<i>hydrochlorothiazide tab</i>		BOOSTRIX INJ.....	55	<i>bupropion hcl (smoking</i>	
20-25 mg.....	23	<i>bortezomib</i> .....	19	<i>deterrent)</i> .....	40
<i>benazepril &amp;</i>		BORTEZOMIB.....	19	<i>buspirone hcl</i> .....	29
<i>hydrochlorothiazide tab</i>		<i>bosentan</i> .....	29	<i>butorphanol tartrate</i> .....	10
5-6.25mg.....	23	BOSULIF.....	19	BYDUREON BCISE.....	40
<i>benazepril hcl</i> .....	23	BRAFTOVI.....	19	BYETTA.....	40
BENDEKA.....	18	BREO ELLIPTA INH 100-		<b>C</b>	
BENLYSTA.....	55	25.....	62	<i>cabergoline</i> .....	48
<i>benzoyl peroxide-</i>		BREO ELLIPTA INH 200-		CABOMETYX.....	20
<i>erythromycin gel 5-3%</i>	62	25.....	62	<i>calcipotriene</i> .....	63
<i>benztropine mesylate</i> .....	34	BREZTRI AERO AER		<i>calcitonin (salmon) spray</i>	44
BERINERT.....	52	SPHERE.....	59	<i>calcitrene</i> .....	63
BESIVANCE.....	57	BREZTRI AERO AER		<i>calcitriol</i> .....	49
BESREMI.....	19	SPHERE		<i>calcium acetate (phosphate</i>	
<i>betaine powder for oral</i>		(INSTITUTIONAL PACK)		<i>binder)</i> .....	48
<i>solution</i> .....	48	.....	59	CALQUENCE.....	20
<i>betamethasone</i>		<i>brillyn</i> .....	45	<i>camila</i> .....	45
<i>dipropionate (topical)</i> ...	63	BRILINTA.....	53	<i>candesartan cilexetil</i> .....	25

<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i> .....24	<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i> .....34	<i>cholestyramine light</i> .....26
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....24	<i>carboplatin</i> ..... 18	<i>choline fenofibrate</i> .....26
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .....24	<i>carglumic acid</i> .....48	<i>ciclopirox olamine</i> .....62
CAPLYTA .....35	<i>carteolol hcl (ophth)</i> .....58	<i>cilostazol</i> .....52
CAPRELSA .....20	<i>cartia xt</i> .....27	CILOXAN .....57
<i>captopril</i> .....23	<i>carvedilol</i> .....27	CIMDUO TAB 300-300 ... 14
<i>carb/levo orally disintegrating tab 10- 100mg</i> .....34	<i>caspofungin acetate</i> ..... 13	<i>cinacalcet hcl</i> .....48
<i>carb/levo orally disintegrating tab 25- 100mg</i> .....34	CAYSTON ..... 11	CIPRO ..... 16
<i>carb/levo orally disintegrating tab 25- 250mg</i> .....34	<i>cefactor</i> .....15	CIPRO HC SUS OTIC ...59
<i>carbamazepine</i> .....30	CEFACLOR ER..... 15	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..... 16
<i>carbidopa</i> .....34	<i>cefadroxil</i> ..... 15	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..... 16
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....34	CEFAZOLIN INJ 1GM/50ML ..... 15	<i>ciprofloxacin hcl</i> ..... 16
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....34	<i>cefazolin sodium</i> ..... 15	<i>ciprofloxacin hcl (ophth)</i> ..57
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....34	CEFAZOLIN SOLN 2GM/100ML-4% ..... 15	<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i> .....59
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....34	<i>cefdinir</i> ..... 15	<i>cisplatin</i> ..... 18
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....34	<i>cefepime hcl</i> ..... 15, 16	<i>citalopram hydrobromide</i> 33
<i>carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg</i> .....34	<i>cefexime</i> ..... 16	<i>claravis</i> .....62
<i>carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg</i> .....34	<i>cefoxitin sodium</i> ..... 16	<i>clarithromycin</i> ..... 16
<i>carbidopa-levodopa- entacapone tabs 25-100- 200 mg</i> .....34	<i>cefpodoxime proxetil</i> ..... 16	<i>clindamycin hcl</i> ..... 11
<i>carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg</i> .....34	<i>cefprozil</i> ..... 16	<i>clindamycin palmitate hydrochloride</i> ..... 11
<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i> .....34	<i>ceftazidime</i> ..... 16	<i>clindamycin phosphate</i> ... 11
	CEFTAZIDIME/ SOL D5W 1GM ..... 16	<i>clindamycin phosphate (topical)</i> .....62
	CEFTAZIDIME/ SOL D5W 2GM ..... 16	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> ..... 11
	<i>ceftriaxone sodium</i> ..... 16	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> ..... 11
	<i>cefuroxime axetil</i> ..... 16	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> ..... 11
	<i>cefuroxime sodium</i> ..... 16	<i>clindamycin phosphate vaginal</i> .....52
	<i>celecoxib</i> .....9	CLINDMYC/NAC INJ 300/50ML..... 11
	CELONTIN .....30	CLINDMYC/NAC INJ 600/50ML..... 11
	<i>cephalexin</i> ..... 16	CLINDMYC/NAC INJ 900/50ML..... 11
	CERDELGA .....48	CLINIMIX INJ 4.25/D10 ..57
	CEREZYME .....48	CLINIMIX INJ 4.25/D5W .57
	<i>cetirizine hcl</i> .....59	CLINIMIX INJ 5%/D15W.57
	<i>cevimeline hcl</i> .....65	CLINIMIX INJ 5%/D20W.57
	<i>chateal</i> .....45	
	CHEMET .....44	
	<i>chlorhexidine gluconate (mouth-throat)</i> .....65	
	<i>chloroquine phosphate</i> .... 13	
	<i>chlorpromazine hcl</i> .....35	
	CHLORPROMAZINE HYDROCHLOR .....35	
	<i>chlorthalidone</i> .....28	
	<i>cholestyramine</i> .....26	

CLINIMIX INJ 6/5 .....	57	<i>cromolyn sodium</i>		<i>desmopressin acetate</i> .....	48
CLINIMIX INJ 8/10 .....	57	( <i>mastocytosis</i> ) .....	50	<i>desmopressin acetate</i>	
CLINIMIX INJ 8/14 .....	57	<i>cromolyn sodium (ophth)</i>	58	<i>spray</i> .....	48
<i>clinisol sf 15%</i> .....	57	<i>cryselle-28</i> .....	45	<i>desmopressin acetate</i>	
CLINOLIPID EMU 20%...57		<i>cyclobenzaprine hcl</i> .....	39	<i>spray refrigerated</i> .....	48
<i>clobazam</i> .....	30	<i>cyclophosphamide</i> .....	18	<i>desogest-eth estrad &amp; eth</i>	
<i>clobetasol propionate</i> .....	63	CYCLOPHOSPHAMIDE .18		<i>estrad tab 0.15-0.02/0.01</i>	
<i>clobetasol propionate e</i> ...63		CYCLOPHOSPHAMIDE		<i>mg(21/5)</i> .....	45
<i>clomipramine hcl</i> .....	33	MONOHYDR .....	18	<i>desogestrel &amp; ethinyl</i>	
<i>clonazepam</i> .....	30	<i>cycloserine</i> .....	14	<i>estradiol tab 0.15 mg-30</i>	
<i>clonidine</i> .....	29	<i>cyclosporine</i> .....	55	<i>mcg</i> .....	45
<i>clonidine hcl</i> .....	29	<i>cyclosporine modified (for</i>		<i>desvenlafaxine succinate</i>	33
<i>clopidogrel bisulfate</i> .....	53	<i>microemulsion</i> ) .....	55	<i>dexamethasone</i> .....	47
<i>clorazepate dipotassium</i> .30		<i>cyproheptadine hcl</i> .....	59	DEXAMETHASONE	
<i>clotrimazole</i> .....	65	<i>cyred eq</i> .....	45	INTENSOL.....	47
<i>clotrimazole (topical)</i> .....	62	CYSTADROPS .....	58	<i>dexamethasone sodium</i>	
<i>clotrimazole w/</i>		CYTAGON .....	48	<i>phosphate</i> .....	47
<i>betamethasone cream 1-</i>		CYSTARAN .....	58	<i>dexamethasone sodium</i>	
<i>0.05%</i> .....	62	<i>cytarabine</i> .....	18	<i>phosphate (ophth)</i> .....	58
<i>clozapine</i> .....	35	<b>D</b>		DEXCOM G6 MIS	
COARTEM TAB 20-120MG		D10W/NACL INJ 0.2%....56		RECEIVER .....	40
.....	13	D2.5W/NACL INJ 0.45%.56		DEXCOM G6 MIS	
<i>colchicine</i> .....	9	D5W/LYTES INJ #48 .....	56	SENSOR.....	40
<i>colchicine w/ probenecid</i>		<i>dabigatran etexilate</i>		DEXCOM G6 MIS	
<i>tab 0.5-500 mg</i> .....	9	<i>mesylate</i> .....	52	TRANSMIT .....	40
<i>colesevelam hcl</i> .....	26	<i>dalfampridine</i> .....	39	<i>dexmethylphenidate hcl</i> ..37	
<i>colestipol hcl</i> .....	26	DALIRESP .....	60	<i>dextrose</i> .....	57
<i>colistimethate sodium</i> ....11		<i>danazol</i> .....	47	<i>dextrose 10% w/ sodium</i>	
COMBIGAN SOL 0.2/0.5%		<i>dantrolene sodium</i> .....	39	<i>chloride 0.45%</i> .....	56
.....	58	<i>dapsone</i> .....	11	<i>dextrose 2.5% w/ sodium</i>	
COMBIVENT AER 20-100		DAPTACEL INJ .....	55	<i>chloride 0.45%</i> .....	56
.....	59	<i>daptomycin</i> .....	11	<i>dextrose 5% in lactated</i>	
COMETRIQ (60MG DOSE)		DAPTOMYCIN .....	11	<i>ringers</i> .....	56
.....	20	<i>darifenacin hydrobromide</i>		<i>dextrose 5% w/ sodium</i>	
COMETRIQ KIT 100MG .20		.....	51	<i>chloride 0.2%</i> .....	56
COMETRIQ KIT 140MG .20		<i>dasetta 1/35</i> .....	45	<i>dextrose 5% w/ sodium</i>	
COMPLERA TAB .....	14	<i>dasetta 7/7/7</i> .....	45	<i>chloride 0.225%</i> .....	56
<i>compro</i> .....	49	DAURISMO .....	20	<i>dextrose 5% w/ sodium</i>	
<i>constulose</i> .....	50	<i>deblitane</i> .....	45	<i>chloride 0.3%</i> .....	56
COPIKTRA .....	20	<i>deferasirox</i> .....	44	<i>dextrose 5% w/ sodium</i>	
CORLANOR .....	29	DELESTROGEN .....	47	<i>chloride 0.45%</i> .....	56
COTELLIC .....	20	DELSTRIGO TAB .....	14	<i>dextrose 5% w/ sodium</i>	
CREON CAP 12000UNT 51		DENG VAXIA SUS.....	55	<i>chloride 0.9%</i> .....	56
CREON CAP 24000UNT 51		DESCOVY TAB 120-15MG		DIACOMIT .....	30
CREON CAP 3000UNIT .51		.....	14	<i>diazepam</i> .....	30
CREON CAP 36000UNT 51		DESCOVY TAB 200/25MG		<i>diazepam (anticonvulsant)</i>	
CREON CAP 6000UNIT .51		.....	14	.....	30
<i>cromolyn sodium</i> .....	60	<i>desipramine hcl</i> .....	33	<i>diazepam inj</i> .....	30
		<i>desloratadine</i> .....	59	<i>diazoxide</i> .....	47

<i>diclofenac potassium</i> .....	9	<i>dotti</i> .....	47	ELIQUIS STARTER PACK	
<i>diclofenac sodium</i> .....	9	DOVATO TAB 50-300MG		.....	52
<i>diclofenac sodium (ophth)</i>		.....	14	ELLA .....	45
.....	58	<i>doxazosin mesylate</i> .....	24	ELLECE .....	18
<i>diclofenac sodium (topical)</i>		<i>doxepin hcl</i> .....	33	<i>eluryng</i> .....	45
.....	64	<i>doxepin hcl (sleep)</i> .....	38	EMCYT .....	18
<i>diclofenac w/ misoprostol</i>		<i>doxercalciferol</i> .....	49	<i>emoquette</i> .....	45
<i>tab delayed release 50-</i>		<i>doxorubicin hcl</i> .....	18	EMSAM .....	33
<i>0.2 mg</i> .....	9	<i>doxorubicin hcl liposomal</i>	18	<i>emtricitabine</i> .....	13
<i>diclofenac w/ misoprostol</i>		<i>doxy 100</i> .....	17	<i>emtricitabine-tenofovir</i>	
<i>tab delayed release 75-</i>		<i>doxycycline (monohydrate)</i>		<i>disoproxil fumarate tab</i>	
<i>0.2 mg</i> .....	9	.....	17	<i>100-150 mg</i> .....	14
<i>dicloxacillin sodium</i> .....	17	<i>doxycycline hyclate</i> .....	17	<i>emtricitabine-tenofovir</i>	
<i>dicyclomine hcl</i> .....	50	DRIZALMA SPRINKLE ...	33	<i>disoproxil fumarate tab</i>	
DIFICID .....	16	<i>dronabinol</i> .....	49	<i>133-200 mg</i> .....	14
<i>diflunisal</i> .....	9	<i>drospirenone-ethinyl</i>		<i>emtricitabine-tenofovir</i>	
<i>difluprednate</i> .....	58	<i>estradiol tab 3-0.02 mg</i>	45	<i>disoproxil fumarate tab</i>	
<i>digoxin</i> .....	29	<i>drospirenone-ethinyl</i>		<i>167-250 mg</i> .....	14
<i>dihydroergotamine</i>		<i>estradiol tab 3-0.03 mg</i>	45	<i>emtricitabine-tenofovir</i>	
<i>mesylate</i> .....	38	DROXIA .....	52	<i>disoproxil fumarate tab</i>	
DILANTIN .....	30	<i>droxidopa</i> .....	29	<i>200-300 mg</i> .....	14
DILANTIN INFATABS ....	30	<i>duloxetine hcl</i> .....	33	EMTRIVA.....	13
DILANTIN-125.....	30	DUPIXENT .....	53	EMVERM.....	11
<i>diltiazem hcl</i> .....	27	<i>dutasteride</i> .....	51	<i>enalapril maleate</i> .....	23
<i>diltiazem hcl coated beads</i>		<i>dutasteride-tamsulosin hcl</i>		<i>enalapril maleate &amp;</i>	
.....	27	<i>cap 0.5-0.4 mg</i> .....	51	<i>hydrochlorothiazide tab</i>	
<i>diltiazem hcl extended</i>		<b>E</b>		<i>10-25 mg</i> .....	23
<i>release beads</i> .....	27	<i>e.e.s. 400</i> .....	16	<i>enalapril maleate &amp;</i>	
<i>dilt-xr</i> .....	27	<i>ec-naproxen</i> .....	9	<i>hydrochlorothiazide tab</i>	
DIP/TET PED INJ 25-5LFU		EDARBI .....	25	<i>5-12.5 mg</i> .....	23
.....	55	EDARBYCLOR TAB 40-		ENBREL .....	53
<i>diphenhydramine hcl</i> .....	59	<i>12.5</i> .....	24	ENBREL MINI .....	53
<i>diphenoxylate w/ atropine</i>		EDARBYCLOR TAB 40-		ENBREL SURECLICK ....	53
<i>liq 2.5-0.025 mg/5ml</i> ....	50	<i>25MG</i> .....	24	ENDARI .....	52
<i>diphenoxylate w/ atropine</i>		EDURANT .....	13	<i>endocet tab 10-325mg</i> ....	10
<i>tab 2.5-0.025 mg</i> .....	50	<i>efavirenz</i> .....	13	<i>endocet tab 2.5-325mg</i> ...	10
<i>dipyridamole</i> .....	53	<i>efavirenz-emtricitabine-</i>		<i>endocet tab 5-325mg</i> .....	10
<i>disopyramide phosphate</i> ..	25	<i>tenofovir df tab 600-200-</i>		<i>endocet tab 7.5-325mg</i> ...	10
<i>disulfiram</i> .....	40	<i>300 mg</i> .....	14	ENGERIX-B.....	55
<i>divalproex sodium</i> .....	30	<i>efavirenz-lamivudine-</i>		<i>enoxaparin sodium</i> .....	52
<i>docetaxel</i> .....	19	<i>tenofovir df tab 400-300-</i>		<i>enpresse-28</i> .....	45
DOCETAXEL.....	19	<i>300 mg</i> .....	14	<i>enskyce</i> .....	45
<i>dofetilide</i> .....	25	<i>efavirenz-lamivudine-</i>		ENSTILAR AER .....	63
<i>donepezil hydrochloride</i> ..	32	<i>tenofovir df tab 600-300-</i>		<i>entacapone</i> .....	34
DOPTELET .....	52	<i>300 mg</i> .....	14	<i>entecavir</i> .....	15
<i>dorzolamide hcl</i> .....	58	ELIGARD .....	18	ENTRESTO TAB 24-26MG	
<i>dorzolamide hcl-timolol</i>		<i>elinest</i> .....	45	.....	24
<i>maleate ophth soln 22.3-</i>		ELIQUIS .....	52	ENTRESTO TAB 49-51MG	
<i>6.8 mg/ml</i> .....	58			.....	24

ENTRESTO TAB 97-103MG .....	24	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	45	<i>fentanyl citrate</i> .....	10
<i>enulose</i> .....	50	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	45	<i>fesoterodine fumarate</i> .....	51
EPCLUSA PAK 150-37.5	15	<i>etodolac</i> .....	9	FETZIMA .....	33
EPCLUSA PAK 200-50MG .....	15	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> .....	45	FETZIMA CAP TITRATIO .....	33
EPCLUSA TAB 200-50MG .....	15	<i>etoposide</i> .....	19	FIASP FLEX INJ TOUCH43	43
EPCLUSA TAB 400-100	15	<i>etravirine</i> .....	13	FIASP INJ 100/ML .....	43
EPIDIOLEX .....	30	EULEXIN .....	18	FIASP PENFIL INJ U-100 .....	43
<i>epinephrine (anaphylaxis)</i> .....	60	<i>euthyrox</i> .....	49	FINACEA .....	64
<i>epitol</i> .....	30	<i>everolimus</i> .....	20	<i>finasteride</i> .....	51
EPIVIR HBV .....	15	<i>everolimus (immunosuppressant)</i> ..	55	<i>finngolimod hcl</i> .....	39
<i>eplerenone</i> .....	23	EVOTAZ TAB 300-150 ...	14	FINTEPLA .....	30
EPRONTIA .....	30	<i>exemestane</i> .....	18	<i>flac</i> .....	59
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	38	EXKIVITY .....	20	FLAREX.....	58
ERIVEDGE .....	20	EZALLOR SPRINKLE .....	26	FLEBOGAMMA DIF .....	54
ERLEADA.....	18	<i>ezetimibe</i> .....	26	<i>flecainide acetate</i> .....	26
<i>erlotinib hcl</i> .....	20	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	26	FLOVENT DISKUS .....	61
<i>errin</i> .....	45	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	26	FLOVENT HFA .....	61
<i>ertapenem sodium</i> .....	11	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	26	<i>fluconazole</i> .....	13
<i>ery</i> .....	62	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	26	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	13
<i>ery-tab</i> .....	16	<b>F</b>		<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	13
ERYTHROCIN		FABRAZYME .....	48	<i>flucytosine</i> .....	13
LACTOBIONATE .....	16	<i>falmina</i> .....	45	<i>fludrocortisone acetate</i> ....	47
<i>erythrocin stearate</i> .....	16	<i>famciclovir</i> .....	15	<i>flunisolide (nasal)</i> .....	61
<i>erythromycin (acne aid)</i> ..	62	<i>famotidine</i> .....	50	<i>fluocinolone acetonide</i> ...	63
<i>erythromycin (ophth)</i> .....	57	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	50	<i>fluocinolone acetonide (otic)</i> .....	59
<i>erythromycin base</i> .....	16	FANAPT .....	35	<i>fluocinonide</i> .....	63
<i>erythromycin ethylsuccinate</i> .....	16	FANAPT PAK .....	35	<i>fluocinonide emulsified base</i> .....	63
<i>erythromycin lactobionate</i> .....	16	FARXIGA.....	40	<i>fluorometholone (ophth)</i> ..	58
ESBRIET .....	60	<i>famotidine</i> .....	50	<i>fluorouracil</i> .....	18
<i>escitalopram oxalate</i> .....	33	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	50	<i>fluorouracil (topical)</i> .....	64
<i>esomeprazole magnesium</i> .....	51	FANAPT .....	35	<i>fluoxetine hcl</i> .....	33
<i>estarylla</i> .....	45	FANAPT PAK .....	35	<i>fluphenazine decanoate</i> ..	35
<i>estradiol</i> .....	47	FASENRA.....	60	<i>fluphenazine hcl</i> .....	35
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	47	FASENRA PEN .....	60	<i>flurbiprofen</i> .....	9
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> ...	47	<i>febuxostat</i> .....	9	<i>flurbiprofen sodium</i> .....	58
<i>estradiol vaginal</i> .....	47	<i>felbamate</i> .....	30	<i>fluticasone propionate</i> ....	63
<i>estradiol valerate</i> .....	47	<i>felodipine</i> .....	27	<i>fluticasone propionate (nasal)</i> .....	61
<i>ethambutol hcl</i> .....	15	<i>femynor</i> .....	45	<i>fluvastatin sodium</i> .....	26
<i>ethosuximide</i> .....	30	<i>fenofibrate</i> .....	26	<i>fluvoxamine maleate</i> .....	29
		<i>fenofibrate micronized</i> ....	26	<i>fondaparinux sodium</i> .....	52
		<i>fentanyl</i> .....	9	<i>formoterol fumarate</i> .....	60
				FORTEO.....	44

FOSAMAX + D TAB 70-2800 .....	44	GAMMAKED .....	54	<i>glipizide-metformin hcl tab</i>	
FOSAMAX + D TAB 70-5600 .....	44	GAMMAPLEX .....	54	5-500 mg .....	41
<i>fosamprenavir calcium</i> ....	13	GAMUNEX-C .....	54	<i>glycopyrrolate</i> .....	50
<i>fosinopril sodium</i> .....	23	<i>ganciclovir sodium</i> .....	15	<i>glydo</i> .....	64
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i>		GARDASIL 9 INJ .....	55	GLYXAMBI TAB 10-5 MG .....	41
10-12.5 mg .....	23	<i>gatifloxacin (ophth)</i> .....	57	GLYXAMBI TAB 25-5 MG .....	41
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i>		GATTEX .....	50	GOLYTELY SOL .....	50
20-12.5 mg .....	23	GAUZE PADS 2 .....	43	GRALISE .....	39
FOTIVDA .....	20	<i>gavilyte-c</i> .....	50	<i>granisetron hcl</i> .....	49
FREAMINE III INJ 10% .....	57	<i>gavilyte-g</i> .....	50	<i>griseofulvin microsize</i> .....	13
FREESTY LIBR KIT 2 SENSOR .....	40	GAVRETO .....	20	<i>griseofulvin ultramicrosize</i> .....	13
FREESTY LIBR MIS 2 READER .....	40	<i>gemcitabine hcl</i> .....	18	<i>guanfacine hcl</i> .....	29
FREESTYLE KIT FREEDOM .....	40	<i>gemfibrozil</i> .....	26	<i>guanfacine hcl (adhd)</i> .....	37
FREESTYLE KIT INSULINX .....	40	GEMTESA .....	51	GVOKE HYPOPEN 2-PACK .....	47
FREESTYLE KIT LITE .....	40	<i>generlac</i> .....	50	GVOKE KIT .....	47
FREESTYLE KIT SENSOR .....	40	<i>gengraf</i> .....	55	GVOKE PFS .....	47
FREESTYLE MIS READER .....	41	GENOTROPIN .....	48	<b>H</b>	
FREESTYLE TES .....	41	GENOTROPIN MINIQUICK .....	48	HAEGARDA .....	52
FREESTYLE TES INSULINX .....	41	<i>gentak</i> .....	57	<i>hailey 1.5/30</i> .....	45
FREESTYLE TES LITE .....	41	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	11	<i>halobetasol propionate</i> .....	63
FREESTYLE TES PREC NEO .....	41	<i>gentamicin in saline inj 1 mg/ml</i> .....	11	<i>haloperidol</i> .....	35
<i>fulvestrant</i> .....	18	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	12	<i>haloperidol decanoate</i> .....	35
<i>furosemide</i> .....	28	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	12	<i>haloperidol lactate</i> .....	35
<i>furosemide inj</i> .....	28	<i>gentamicin in saline inj 2 mg/ml</i> .....	12	HARVONI PAK 33.75-150MG .....	15
FUZEON .....	13	<i>gentamicin sulfate</i> .....	12	HARVONI PAK 45-200MG .....	15
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	47	<i>gentamicin sulfate (ophth)</i> .....	57	HARVONI TAB 45-200MG .....	15
<i>fyavolv tab 1mg-5mcg</i> .....	47	<i>gentamicin sulfate (topical)</i> .....	62	HARVONI TAB 90-400MG .....	15
FYCOMPA .....	30	GENVOYA TAB .....	14	HAVRIX .....	55
<b>G</b>		GILENYA .....	39	<i>heather</i> .....	45
<i>gabapentin</i> .....	30, 31	GILOTRIF .....	20	HEP SOD/D5W INJ 20000UNT .....	52
<i>galantamine hydrobromide</i> .....	32	<i>glatiramer acetate</i> .....	39	HEP SOD/D5W INJ 25000UNT .....	52
GAMASTAN INJ .....	54	<i>glatopa</i> .....	39	HEP SOD/NAACL INJ 25000UNT .....	52
GAMMAGARD LIQUID .....	54	GLEOSTINE .....	18	<i>heparin sodium (porcine)</i> .....	52
GAMMAGARD S/D IGA LESS TH .....	54	<i>glimepiride</i> .....	41	HEPARIN/NAACL INJ 25000UNT .....	52
		<i>glipizide</i> .....	41	HERCEP HYLEC SOL 60-10000 .....	20
		<i>glipizide xl</i> .....	41	HERCEPTIN .....	20
		<i>glipizide-metformin hcl tab</i>			
		2.5-250 mg .....	41		
		<i>glipizide-metformin hcl tab</i>			
		2.5-500 mg .....	41		

HERZUMA.....	20	<i>hydroxyzine pamoate</i> .....	59	IPOLE INJ INACTIVE .....	55
HETLIOZ .....	38	HYSINGLA ER .....	9	<i>ipratropium bromide</i> .....	59
HIBERIX .....	55	<b>I</b>		<i>ipratropium bromide (nasal)</i>	
HUMIRA .....	53	<i>ibandronate sodium</i> .....	44	.....	59
HUMIRA PEDIA INJ		IBRANCE.....	20	<i>ipratropium-albuterol nebu</i>	
CROHNS .....	53	<i>ibu</i> .....	9	<i>soln 0.5-2.5(3) mg/3ml</i>	59
HUMIRA PEDIATRIC		<i>ibuprofen</i> .....	9	<i>irbesartan</i> .....	25
CROHNS D.....	53	<i>icatibant acetate</i> .....	53	<i>irbesartan-</i>	
HUMIRA PEN.....	53	<i>iclevia</i> .....	45	<i>hydrochlorothiazide tab</i>	
HUMIRA PEN KIT PS/UV		ICLUSIG .....	20	<i>150-12.5 mg</i> .....	24
.....	53	IDHIFA.....	20	<i>irbesartan-</i>	
HUMIRA PEN-CD/UC/HS		ILEVRO .....	58	<i>hydrochlorothiazide tab</i>	
START .....	53	<i>imatinib mesylate</i> .....	20	<i>300-12.5 mg</i> .....	24
HUMIRA PEN-PEDIATRIC		IMBRUVICA .....	20	IRESSA .....	20
UC S .....	53	<i>imipenem-cilastatin</i>		<i>irinotecan hcl</i> .....	19
HUMIRA PEN-PS/UV		<i>intravenous for soln 250</i>		ISENTRESS .....	13
STARTER .....	53	<i>mg</i> .....	12	ISENTRESS HD.....	13
HUMULIN R U-500		<i>imipenem-cilastatin</i>		<i>isibloom</i> .....	45
(CONCENTR .....	43	<i>intravenous for soln 500</i>		ISOLYTE-P INJ /D5W.....	56
HUMULIN R U-500		<i>mg</i> .....	12	ISOLYTE-S INJ .....	56
KWIKPEN .....	43	<i>imipramine hcl</i> .....	33	ISOLYTE-S INJ PH 7.4...56	
<i>hydralazine hcl</i> .....	29	<i>imiquimod</i> .....	64	<i>isoniazid</i> .....	15
<i>hydrochlorothiazide</i> .....	28	IMOVAX RABIES		ISOPTO ATROPINE .....	58
<i>hydrocodone bitartrate</i> .....	9	(H.D.C.V.) .....	55	<i>isosorbide dinitrate</i> .....	29
<i>hydrocodone-</i>		<i>incassia</i> .....	45	<i>isosorbide mononitrate</i> ...29	
<i>acetaminophen soln 7.5-</i>		INCRELEX .....	48	<i>isotretinoin</i> .....	62
<i>325 mg/15ml</i> .....	10	INCRUSE ELLIPTA .....	59	<i>isradipine</i> .....	27
<i>hydrocodone-</i>		<i>indapamide</i> .....	28	<i>itraconazole</i> .....	13
<i>acetaminophen tab 10-</i>		INFANRIX INJ .....	55	<i>ivermectin</i> .....	12
<i>325 mg</i> .....	10	INFLIXIMAB .....	53	IXIARO INJ.....	55
<i>hydrocodone-</i>		INGREZZA .....	39	<b>J</b>	
<i>acetaminophen tab 5-325</i>		INGREZZA CAP 40-80MG		JAKAFI .....	20
<i>mg</i> .....	10	.....	39	<i>jantoven</i> .....	52
<i>hydrocodone-</i>		INLYTA .....	20	JANUMET TAB 50-1000.41	
<i>acetaminophen tab 7.5-</i>		INQOVI TAB 35-100MG .	18	JANUMET TAB 50-500MG	
<i>325 mg</i> .....	10	INREBIC .....	20	.....	41
<i>hydrocodone-ibuprofen tab</i>		INSULIN PEN NEEDLES:		JANUMET XR TAB 100-	
<i>7.5-200 mg</i> .....	10	BD/NOVO .....	43	1000 .....	41
<i>hydrocortisone</i> .....	47	INSULIN SAFETY		JANUMET XR TAB 50-	
<i>hydrocortisone (intrarectal)</i>		NEEDLES .....	43	1000 .....	41
.....	50	INSULIN SYRINGES: BD		JANUMET XR TAB 50-	
<i>hydrocortisone (rectal)</i> ....	64	.....	43	500MG .....	41
<i>hydrocortisone (topical)</i> ..	63,	INTELENCE .....	13	JANUVIA .....	41
64		INTRALIPID.....	57	JARDIANCE .....	41
<i>hydromorphone hcl</i> .....	10	INTRON A .....	55	<i>jasmiel</i> .....	45
<i>hydroxychloroquine sulfate</i>		<i>introvale</i> .....	45	<i>javygtor</i> .....	48
.....	54	INVEGA HAFYERA .....	35	JENTADUETO TAB 2.5-	
<i>hydroxyurea</i> .....	19	INVEGA SUSTENNA.....	35	1000 .....	41
<i>hydroxyzine hcl</i> .....	59	INVEGA TRINZA.....	36		

JENTADUETO TAB 2.5-500 .....	41	KERENDIA .....	23	<i>larin fe 1.5/30</i> .....	45
JENTADUETO TAB 2.5-850 .....	41	KESIMPTA .....	39	<i>larin fe 1/20</i> .....	45
JENTADUETO TAB XR 2.5-1000MG .....	41	<i>ketoconazole</i> .....	13	<i>latanoprost</i> .....	58
JENTADUETO TAB XR 5-1000MG .....	41	<i>ketoconazole (topical)</i> ....	62, 63	LATUDA .....	36
<i>jinteli</i> .....	47	<i>ketorolac tromethamine (ophth)</i> .....	58	<i>leena</i> .....	45
<i>jolessa</i> .....	45	KEVZARA.....	53	<i>leflunomide</i> .....	54
<i>juleber</i> .....	45	KEYTRUDA .....	20	<i>lenalidomide</i> .....	19
JULUCA TAB 50-25MG ..	14	KINRIX INJ .....	55	LENVIMA 10 MG DAILY DOSE .....	21
<i>junel 1.5/30</i> .....	45	KISQALI 200 DOSE .....	21	LENVIMA 12MG DAILY DOSE .....	21
<i>junel 1/20</i> .....	45	KISQALI 200 PAK FEMARA .....	19	LENVIMA 20 MG DAILY DOSE .....	21
<i>junel fe 1.5/30</i> .....	45	KISQALI 400 DOSE .....	21	LENVIMA 4 MG DAILY DOSE .....	21
<i>junel fe 1/20</i> .....	45	KISQALI 400 PAK FEMARA .....	19	LENVIMA 8 MG DAILY DOSE .....	21
<b>K</b>		KISQALI 600 DOSE .....	21	LENVIMA CAP 14 MG ....	21
KADCYLA.....	20	KISQALI 600 PAK FEMARA .....	19	LENVIMA CAP 18 MG ....	21
KALYDECO .....	60	<i>klor-con</i> .....	57	LENVIMA CAP 24 MG ....	21
KANJINTI.....	20	<i>klor-con 10</i> .....	57	<i>lessina</i> .....	45
<i>kariva</i> .....	45	<i>klor-con 8</i> .....	57	<i>letrozole</i> .....	18
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	56	<i>klor-con m10</i> .....	57	<i>leucovorin calcium</i> .....	22, 23
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	56	<i>klor-con m15</i> .....	57	LEUKERAN .....	18
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	56	<i>klor-con m20</i> .....	57	<i>leuprolide acetate</i> .....	18
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	56	KORLYM .....	48	<i>levalbuterol hcl</i> .....	60
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	56	<i>kurvelo</i> .....	45	<i>levalbuterol tartrate</i> .....	60
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	56	KYNMOBI .....	34	LEVEMIR.....	43
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	56	<b>L</b>		LEVEMIR FLEXTOUCH .	43
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	56	<i>labetalol hcl</i> .....	27	<i>levetiracetam</i> .....	31
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	56	<i>lacosamide</i> .....	31	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....	31
KCL/D5W/NACL INJ 0.3/0.9%.....	56	<i>lacosamide oral</i> .....	31	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....	31
<i>kelnor 1/35</i> .....	45	<i>lactated ringer's solution</i> .	56	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....	31
<i>kelnor 1/50</i> .....	45	<i>lactic acid (ammonium lactate)</i> .....	64	<i>levobunolol hcl</i> .....	58
		<i>lactulose</i> .....	50	<i>levocarnitine (metabolic modifiers)</i> .....	48
		<i>lactulose (encephalopathy)</i> .....	50	<i>levocetirizine dihydrochloride</i> .....	59
		<i>lamivudine</i> .....	13	<i>levofloxacin</i> .....	16
		<i>lamivudine (hbv)</i> .....	15	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	16
		<i>lamivudine-zidovudine tab 150-300 mg</i> .....	14	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	16
		<i>lamotrigine</i> .....	31		
		<i>lansoprazole</i> .....	51		
		LANTUS .....	43		
		LANTUS SOLOSTAR .....	43		
		<i>lapatinib ditosylate</i> .....	21		
		<i>larin 1.5/30</i> .....	45		
		<i>larin 1/20</i> .....	45		

<i>levofloxacin in d5w iv soln</i>	<i>loestrin fe 1.5/30</i> .....46	<b>M</b>
750 mg/150ml.....16	<i>loestrin fe 1/20</i> .....46	<i>magnesium sulfate</i> .....56
<i>levonest</i> .....45	LOKELMA.....44	MAGNESIUM SULFATE 56
<i>levonorgestrel &amp; ethinyl</i>	LONSURF TAB 15-6.14 .18	<i>magnesium sulfate in</i>
<i>estradiol (91-day) tab</i>	LONSURF TAB 20-8.19 .18	<i>dextrose 5% iv soln 1</i>
0.15-0.03 mg.....45	<i>loperamide hcl</i> .....50	<i>gm/100ml</i> .....56
<i>levonorgestrel &amp; ethinyl</i>	<i>lopinavir-ritonavir soln 400-</i>	<i>malathion</i> .....64
<i>estradiol tab 0.1 mg-20</i>	<i>100 mg/5ml (80-20</i>	<i>maraviroc</i> .....13
<i>mcg</i> .....45	<i>mg/ml)</i> .....14	<i>marlissa</i> .....46
<i>levonorgestrel &amp; ethinyl</i>	<i>lopinavir-ritonavir tab 100-</i>	MARPLAN.....33
<i>estradiol tab 0.15 mg-30</i>	25 mg.....14	MATULANE.....19
<i>mcg</i> .....45	<i>lopinavir-ritonavir tab 200-</i>	<i>matzim la</i> .....27
<i>levonorgestrel-eth estra tab</i>	50 mg.....14	MAVYRET PAK 50-20MG
0.05-30/0.075-40/0.125-	<i>lorazepam</i> .....29	.....15
30mg-mcg.....45	<i>lorazepam intensol</i> .....29	MAVYRET TAB 100-40MG
<i>levora 0.15/30-28</i> .....46	LORBRENA.....21	.....15
<i>levo-t</i> .....49	<i>loryna</i> .....46	<i>meclizine hcl</i> .....49
<i>levothyroxine sodium</i> .....49	<i>losartan potassium</i> .....25	<i>medroxyprogesterone</i>
<i>levoxyl</i> .....49	<i>losartan potassium &amp;</i>	<i>acetate</i> .....49
LEXIVA.....13	<i>hydrochlorothiazide tab</i>	<i>medroxyprogesterone</i>
<i>lidocaine</i> .....64	100-12.5 mg.....24	<i>acetate (contraceptive)</i> 46
<i>lidocaine hcl</i> .....64	<i>losartan potassium &amp;</i>	<i>mefloquine hcl</i> .....13
<i>lidocaine hcl (local anesth.)</i>	<i>hydrochlorothiazide tab</i>	<i>megestrol acetate</i> .....18, 49
.....11	100-25 mg.....24	<i>megestrol acetate</i>
<i>lidocaine hcl (mouth-throat)</i>	<i>losartan potassium &amp;</i>	<i>(appetite)</i> .....49
.....65	<i>hydrochlorothiazide tab</i>	MEKINIST.....21
<i>lidocaine-prilocaine cream</i>	50-12.5 mg.....24	MEKTOVI.....21
2.5-2.5%.....64	LOTEMAX.....58	<i>meloxicam</i> .....9
<i>lillow</i> .....46	<i>lovastatin</i> .....26	<i>memantine hcl</i> .....32
<i>linezolid</i> .....12	<i>low-ogestrel</i> .....46	MENACTRA INJ.....55
<i>linezolid in sodium chloride</i>	<i>loxapine succinate</i> .....36	MENQUADFI INJ.....55
<i>iv soln 600 mg/300ml-</i>	LUMAKRAS.....21	MENVEO INJ.....55
0.9%.....12	LUMIGAN.....58	MENVEO SOL.....55
LINZESS.....50	LUMIZYME.....48	<i>mercaptopurine</i> .....18
<i>liothyronine sodium</i> .....49	LUPRON DEPOT (1-	<i>meropenem</i> .....12
<i>lisinopril</i> .....23	MONTH).....18	<i>mesalamine</i> .....50
<i>lisinopril &amp;</i>	LUPRON DEPOT (3-	<i>mesalamine w/ cleanser</i> .50
<i>hydrochlorothiazide tab</i>	MONTH).....18	MESNEX.....23
10-12.5 mg.....23	LUPRON DEPOT-PED (1-	<i>metadate er</i> .....38
<i>lisinopril &amp;</i>	MONTH).....48	<i>metformin hcl</i> .....41, 42
<i>hydrochlorothiazide tab</i>	LUPRON DEPOT-PED (3-	<i>methadone hcl</i> .....9
20-12.5 mg.....23	MONTH).....48	<i>methadone hydrochloride i9</i>
<i>lisinopril &amp;</i>	<i>lutura</i> .....46	<i>methazolamide</i> .....28
<i>hydrochlorothiazide tab</i>	<i>lyleq</i> .....46	<i>methenamine hippurate</i> ..12
20-25 mg.....23	<i>lyllana</i> .....47	<i>methimazole</i> .....49
<i>lithium carbonate</i> .....39	LYNPARZA.....21	<i>methotrexate sodium</i> 18, 54
LIVALO.....26	LYSODREN.....18	<i>methylphenidate hcl</i> .....38
<i>loestrin 1.5/30-21</i> .....46	<i>lyza</i> .....46	<i>methylprednisolone</i> .....47
<i>loestrin 1/20-21</i> .....46		

<i>methylprednisolone acetate</i> .....47	MORPHINE SULFATE ... 10	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>oint 0.1%.....57</i>
<i>methylprednisolone sod</i> <i>succ.....47</i>	MORPHINE SULFATE/SODIUM C . 10	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>susp 0.1%.....57</i>
<i>metoclopramide hcl.....49</i>	MOVANTIK.....50	<i>neomycin-polymyxin-hc</i> <i>ophth susp .....57</i>
<i>metolazone.....28</i>	<i>moxifloxacin hcl.....16</i>	<i>neomycin-polymyxin-hc otic</i> <i>soln 1%.....59</i>
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>100-25 mg.....27</i>	<i>moxifloxacin hcl (ophth) ..57</i>	<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000</i> <i>unit/ml-1%.....59</i>
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>100-50 mg.....27</i>	MULTAQ.....26	NERLYNX.....21
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>50-25 mg.....27</i>	<i>mupirocin.....62</i>	NEUPRO .....34
<i>metoprolol succinate.....27</i>	MVASI .....21	<i>nevirapine.....13</i>
<i>metoprolol tartrate.....27</i>	<i>mycophenolate mofetil....55</i>	NEXAVAR .....21
<i>metronidazole.....12</i>	<i>mycophenolate sodium...55</i>	<i>niacin (antihyperlipidemic)</i> .....26
<i>metronidazole (topical)....64</i>	<i>myrisan.....62</i>	<i>nicardipine hcl .....27</i>
<i>metronidazole vaginal.....52</i>	MYRBETRIQ .....51	NICOTROL INHALER....40
<i>metyrosine.....29</i>	<b>N</b>	NICOTROL NS.....40
MG SO4/D5W INJ 10MG/ML .....56	<i>nabumetone .....9</i>	<i>nifedipine .....27</i>
<i>micafungin sodium.....13</i>	<i>nadolol.....27</i>	<i>nikki.....46</i>
<i>microgestin 1.5/30.....46</i>	<i>nafcillin sodium.....17</i>	<i>nilutamide.....19</i>
<i>microgestin 1/20.....46</i>	NAGLAZYME .....48	<i>nimodipine .....27</i>
<i>microgestin fe 1.5/30.....46</i>	<i>nalbuphine hcl.....11</i>	NINLARO.....21
<i>microgestin fe 1/20.....46</i>	<i>naloxone hcl.....40</i>	<i>nisoldipine.....28</i>
<i>midodrine hcl.....29</i>	<i>naltrexone hcl.....40</i>	<i>nitazoxanide.....12</i>
<i>miglustat.....48</i>	NAMZARIC CAP 14-10MG .....32	<i>nitisinone .....48</i>
<i>mili.....46</i>	NAMZARIC CAP 21-10MG .....32	NITRO-BID .....29
<i>mimvey.....47</i>	NAMZARIC CAP 28-10MG .....32	<i>nitrofurantoin macrocrystal</i> .....12
<i>minocycline hcl.....17</i>	NAMZARIC CAP 7-10MG .....32	<i>nitrofurantoin monohyd</i> <i>macro.....12</i>
<i>minoxidil.....29</i>	NAMZARIC CAP PACK..32	<i>nitroglycerin.....29</i>
<i>mirtazapine.....33</i>	<i>naproxen.....9</i>	<i>nizatidine .....50</i>
<i>misoprostol.....50</i>	<i>naproxen sodium.....9</i>	<i>nora-be.....46</i>
MITIGARE .....9	<i>naratriptan hcl.....38</i>	<i>norethindrone</i> <i>(contraceptive).....46</i>
M-M-R II INJ .....55	NATACYN .....57	<i>norethindrone ace &amp; ethinyl</i> <i>estradiol tab 1 mg-20</i> <i>mcg.....46</i>
M-NATAL PLUS TAB.....57	<i>nateglinide.....42</i>	<i>norethindrone ace &amp; ethinyl</i> <i>estradiol tab 1.5 mg-30</i> <i>mcg.....46</i>
<i>modafinil.....39</i>	NATPARA.....44	<i>norethindrone ace &amp; ethinyl</i> <i>estradiol-fe tab 1 mg-20</i> <i>mcg.....46</i>
<i>moexipril hcl.....23</i>	NAYZILAM .....31	
<i>molindone hcl.....36</i>	<i>nebivolol hcl.....27</i>	
<i>mometasone furoate.....64</i>	<i>necon 0.5/35-28.....46</i>	
<i>mometasone furoate</i> <i>(nasal).....61</i>	<i>nefazodone hcl.....33</i>	
MONJUVI .....21	<i>neomycin sulfate.....12</i>	
<i>mono-lynyah.....46</i>	<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i> .....57	
<i>montelukast sodium.....60</i>	<i>neomycin-polymy-gramicid</i> <i>op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml.....58</i>	
<i>morphine sulfate.....10</i>		

<i>norethindrone acetate</i> .....49	NUZYRA.....17	<i>omeprazole</i> .....51
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....47	<i>nyamyc</i> .....62	OMNARIS.....61
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....47	<i>nylia 1/35</i> .....46	OMNIPOD 5 G6 KIT
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....46	<i>nylia 7/7/7</i> .....46	INTRO.....44
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....46	NYMALIZE .....28	OMNIPOD 5 G6 MIS PODS.....44
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....46	<i>nymyo</i> .....46	OMNIPOD DASH KIT
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....46	<i>nystatin</i> .....13	INTRO.....44
NORITATE .....64	<i>nystatin (mouth-throat)</i> ...65	OMNIPOD DASH MIS
<i>norlyroc</i> .....46	<i>nystatin (topical)</i> .....63	PODS.....44
NORPACE CR .....26	<i>nystop</i> .....63	OMNIPOD MIS CLASSIC.....44
<i>nortrel 0.5/35 (28)</i> .....46	<b>O</b>	OMNIPOD PDM KIT
<i>nortrel 1/35 (21)</i> .....46	<i>ocella</i> .....46	CLASSIC .....44
<i>nortrel 1/35 (28)</i> .....46	OCTAGAM .....54	<i>ondansetron</i> .....49
<i>nortrel 7/7/7</i> .....46	<i>octreotide acetate</i> .....48	<i>ondansetron hcl</i> .....49
<i>nortriptyline hcl</i> .....33	ODEFSEY TAB .....14	ONE TOUCH KIT VERIO
NORVIR.....13	ODOMZO .....21	FL.....42
NOVOLIN INJ 70/30 .....43	OFEV .....60	ONETOUCH KIT ULT MINI.....42
NOVOLIN INJ 70/30 FP..43	<i>ofloxacin (ophth)</i> .....58	ONETOUCH KIT ULTRA 2.....42
NOVOLIN N.....43	<i>ofloxacin (otic)</i> .....59	ONETOUCH KIT VERIO 42
NOVOLIN N FLEXPEN...43	OGIVRI .....21	ONETOUCH KIT VERIO FL.....42
NOVOLIN R.....43	OGIVRI INJ 420MG .....21	ONETOUCH KIT VERIO IQ.....42
NOVOLIN R FLEXPEN...43	<i>olanzapine</i> .....36	ONETOUCH KIT VERIO RE.....42
NOVOLOG .....43	<i>olmesartan medoxomil</i> ...25	ONETOUCH TES ULTRA.....42
NOVOLOG FLEXPEN ...43	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....24	ONETOUCH TES VERIO.....42
NOVOLOG MIX INJ 70/30.....43	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....24	ONTRUZANT .....21
NOVOLOG MIX INJ FLEXPEN .....44	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....24	ONUREG.....18
NOVOLOG PENFILL .....44	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .....24	OPSUMIT .....29
NOXAFIL .....13	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .....25	ORGOVYX .....19
NUBEQA .....19	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....25	ORKAMBI GRA 100-125 60
NUDEXTA CAP 20-10MG.....39	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....24	ORKAMBI GRA 150-188 60
NULOJIX .....55	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....25	ORKAMBI GRA 75-94MG.....60
NUPLAZID.....36	<i>olopatadine hcl</i> .....58	ORKAMBI TAB 100-125.60
NURTEC.....38	<i>olopatadine hcl (nasal)</i> ...59	ORKAMBI TAB 200-125.60
NUTRILIPID .....57		<i>oseltamivir phosphate</i> .....15
		OTEZLA.....54
		OTEZLA TAB 10/20/30...54
		<i>oxacillin sodium</i> .....17
		<i>oxaliplatin</i> .....18
		<i>oxandrolone</i> .....40

<i>oxaprozin</i> .....9	PEN GK/DEXTR INJ	<i>piperacillin sod-tazobactam</i>
<i>oxcarbazepine</i> .....31	40000/ML.....17	<i>sod for inj 4.5 gm (4-0.5</i>
<i>oxybutynin chloride</i> .....51	PEN GK/DEXTR INJ	<i>gm)</i> .....17
<i>oxycodone hcl</i> .....11	60000/ML.....17	<i>piperacillin sod-tazobactam</i>
<i>oxycodone w/</i>	<i>penicillamine</i> .....45	<i>sod for inj 40.5 gm (36-</i>
<i>acetaminophen tab 10-</i>	<i>penicillin g potassium</i> .....17	<i>4.5 gm)</i> .....17
<i>325 mg</i> .....11	PENICILLIN G PROCAINE	PIQRAY 200MG DAILY
<i>oxycodone w/</i>	.....17	DOSE.....21
<i>acetaminophen tab 2.5-</i>	<i>penicillin g sodium</i> .....17	PIQRAY 250MG TAB
<i>325 mg</i> .....11	<i>penicillin v potassium</i> .....17	DOSE.....21
<i>oxycodone w/</i>	PENTACEL INJ.....55	PIQRAY 300MG DAILY
<i>acetaminophen tab 5-325</i>	<i>pentamidine isethionate inh</i>	DOSE.....21
<i>mg</i> .....11	.....12	<i>pirfenidone</i> .....60
<i>oxycodone w/</i>	<i>pentamidine isethionate inj</i>	<i>pirmella 1/35</i> .....46
<i>acetaminophen tab 7.5-</i>	.....12	<i>piroxicam</i> .....9
<i>325 mg</i> .....11	<i>pentoxifylline</i> .....53	PLASMA-LYTE INJ -148 56
OZEMPIC (0.25 OR	<i>perindopril erbumine</i> .....23	PLASMA-LYTE INJ -A ....56
0.5MG/DOSE) .....42	<i>periogard</i> .....65	<i>plenamine</i> .....57
OZEMPIC (1MG/DOSE) .42	<i>permethrin</i> .....64	PLENVU SOL.....50
OZEMPIC (2MG/DOSE)	<i>perphenazine</i> .....36	<i>podofilox</i> .....64
SOPN 8MG/3ML.....42	PERSERIS .....36	<i>polymyxin b-trimethoprim</i>
<b>P</b>	<i>pfizerpen</i> .....17	<i>ophth soln 10000 unit/ml-</i>
<i>pacerone</i> .....26	<i>phenelzine sulfate</i> .....33	<i>0.1%</i> .....58
<i>paclitaxel</i> .....19	<i>phenobarbital</i> .....31	POMALYST.....19
<i>paclitaxel protein-bound</i>	<i>phenobarbital sodium</i> .....31	<i>portia-28</i> .....46
<i>particles for iv susp 100</i>	PHENYTEK .....31	<i>posaconazole</i> .....13
<i>mg</i> .....19	<i>phenytoin</i> .....31	POT CHL/NACL 20MEQ/L
<i>paliperidone</i> .....36	<i>phenytoin sodium</i> .....31	IN NACL 0.45% INJ.....56
<i>pamidronate disodium</i> .....44	<i>phenytoin sodium extended</i>	POT CHL/NACL 20MEQ/L
PAMIDRONATE	.....31	IN NACL 0.9% INJ.....56
DISODIUM.....44	PHESGO SOL.....21	POT CHL/NACL 40MEQ/L
PANRETIN .....64	<i>philith</i> .....46	IN NACL 0.9% INJ.....56
<i>pantoprazole sodium</i> .....51	PIFELTRO .....13	<i>potassium chloride</i> ....56, 57
PANZYGA .....54	<i>pilocarpine hcl</i> .....58	POTASSIUM CHLORIDE
<i>paraplatin</i> .....18	<i>pilocarpine hcl (oral)</i> .....65	.....56
<i>paricalcitol</i> .....49	<i>pimozide</i> .....36	<i>potassium chloride 20</i>
<i>paromomycin sulfate</i> .....12	<i>pimtree</i> .....46	<i>meq/l (0.15%) in</i>
<i>paroxetine hcl</i> .....33	<i>pindolol</i> .....27	<i>dextrose 5% inj</i> .....56
PASER .....15	<i>pioglitazone hcl</i> .....42	<i>potassium chloride</i>
PEDIARIX INJ 0.5ML.....55	<i>piperacillin sod-tazobactam</i>	<i>microencapsulated</i>
PEDVAX HIB.....55	<i>na for inj 3.375 gm (3-</i>	<i>crystals er</i> .....57
<i>peg 3350-kcl-na bicarb-</i>	<i>0.375 gm)</i> .....17	<i>potassium citrate</i>
<i>nacl-na sulfate for soln</i>	<i>piperacillin sod-tazobactam</i>	<i>(alkalinizer)</i> .....51
<i>236 gm</i> .....50	<i>sod for inj 13.5 gm (12-</i>	PRADAXA .....52
<i>peg 3350-kcl-sod bicarb-</i>	<i>1.5 gm)</i> .....17	PRALUENT .....26
<i>nacl for soln 420 gm</i> ....50	<i>piperacillin sod-tazobactam</i>	<i>pramipexole</i>
PEGASYS .....15	<i>sod for inj 2.25 gm (2-</i>	<i>dihydrochloride</i> .....34
PEMAZYRE.....21	<i>0.25 gm)</i> .....17	<i>prasugrel hcl</i> .....53
<i>pemetrexed disodium</i> .....18		<i>pravastatin sodium</i> .....26

<i>praziquantel</i> .....	12	PROLASTIN-C .....	61	REMICADE .....	54
<i>prazosin hcl</i> .....	24	PROLENSA .....	58	RENFLXIS .....	54
PREC NEO SYS KIT		PROLIA .....	44	<i>repaglinide</i> .....	42
FREESTYL .....	42	PROMACTA .....	53	RESTASIS.....	58
PRECISION MIS XTRA ..	42	<i>promethazine hcl</i> .....	49	RESTASIS MULTIDOSE	58
PRECISION TES XTRA .	42	<i>propafenone hcl</i> .....	26	RETEVMO.....	21
<i>prednisolone</i> .....	47	<i>proparacaine hcl</i> .....	58	REVLIMID.....	19
<i>prednisolone acetate</i>		<i>propranolol hcl</i> .....	27	REXULTI .....	36
( <i>ophth</i> ).....	58	<i>propylthiouracil</i> .....	49	REYATAZ.....	14
PREDNISOLONE SODIUM		PROQUAD INJ.....	55	REZUROCK .....	55
PHOSP .....	58	PROSOL INJ 20%.....	57	RHOPRESSA.....	58
<i>prednisolone sodium</i>		<i>protriptyline hcl</i> .....	33	<i>ribavirin (hepatitis c)</i> .....	15
<i>phosphate</i> .....	47	PULMICORT FLEXHALER		<i>rifabutin</i> .....	15
<i>prednisone</i> .....	47	.....	61	<i>rifampin</i> .....	15
PREDNISON INTENSOL		PULMOZYME.....	61	<i>riluzole</i> .....	39
.....	47	PURIXAN.....	18	<i>rimantadine hydrochloride</i>	
<i>pregabalin</i> .....	31	<i>pyrazinamide</i> .....	15	.....	15
PREHEVBRIO.....	55	<i>pyridostigmine bromide</i> ...39		RINVOQ .....	54
PREMASOL SOL 10%....	57	<b>Q</b>		<i>risedronate sodium</i> .....	44
PRENATAL TAB 27-1MG		QINLOCK .....	21	RISPERDAL CONSTA...36	
.....	57	QUADRACEL INJ .....	55	<i>risperidone</i> .....	36
PRENATAL TAB PLUS...57		QUADRACEL INJ 0.5ML	55	<i>ritonavir</i> .....	14
PRENATAL VIT TAB LOW		<i>quetiapine fumarate</i> .....	36	<i>rivastigmine</i> .....	32
IRON .....	57	<i>quinapril hcl</i> .....	23	<i>rivastigmine tartrate</i> .....	32
<i>prevalite</i> .....	26	<i>quinapril-</i>		<i>rizatriptan benzoate</i> .....	38
PREVYMIS .....	15	<i>hydrochlorothiazide tab</i>		<i>roflumilast</i> .....	61
PREZCOBIX TAB 800-150		10- 12.5 mg.....	23	<i>ropinirole hydrochloride</i> ...34	
.....	14	<i>quinapril-</i>		<i>rosadan</i> .....	64
PREZISTA .....	13, 14	<i>hydrochlorothiazide tab</i>		<i>rosuvastatin calcium</i> .....	26
PRIFTIN.....	15	20- 12.5 mg.....	23	ROTARIX SUS .....	55
<i>primaquine phosphate</i> ....13		<i>quinapril-</i>		ROTATEQ SOL.....	55
PRIMAQUINE		<i>hydrochlorothiazide tab</i>		<i>roweepira</i> .....	31
PHOSPHATE .....	13	20-25 mg.....	23	ROZLYTREK.....	21
<i>primidone</i> .....	31	<i>quinidine sulfate</i> .....	26	RUBRACA .....	21
PRIORIX INJ .....	55	<i>quinine sulfate</i> .....	13	<i>rufinamide</i> .....	31
PRIVIGEN .....	54	<b>R</b>		RUKOBIA .....	14
<i>probenecid</i> .....	9	RABAVERT INJ .....	55	RYBELSUS .....	42
PROCALAMINE INJ 3% .57		<i>rabeprazole sodium</i> .....	51	RYDAPT .....	21
<i>prochlorperazine</i> .....	49	<i>raloxifene hcl</i> .....	48	<b>S</b>	
<i>prochlorperazine edisylate</i>		<i>ramipril</i> .....	23	<i>sajazir</i> .....	53
.....	49	<i>ranolazine</i> .....	29	SANDIMMUNE .....	55
<i>prochlorperazine maleate</i>		<i>rasagiline mesylate</i> .....	34	SANTYL.....	64
.....	49	RAYALDEE .....	49	<i>sapropterin dihydrochloride</i>	
PROCRIT .....	52	<i>reclipsen</i> .....	46	.....	48
<i>procto-med hc</i> .....	64	RECOMBIVAX HB .....	55	SAVELLA.....	39
<i>procto-pak</i> .....	64	RECTIV .....	64	SAVELLA MIS TITR PAK	
<i>proctosol hc</i> .....	64	REGANEX .....	64	.....	39
<i>proctozone-hc</i> .....	64	RELENZA DISKHALER ..15		SCEMBLIX .....	21
PROGRAF .....	55	RELISTOR .....	50	<i>scopolamine</i> .....	50

SECUADO.....	36	SPRITAM.....	31, 32	SYMTUZA TAB .....	14
<i>selegiline hcl</i> .....	34	SPRYCEL.....	21	SYNAREL.....	47
<i>selenium sulfide</i> .....	63	<i>sps</i> .....	45	SYNERCID INJ 500MG ..	12
SELZENTRY .....	14	<i>sronyx</i> .....	46	SYNJARDY TAB 12.5-	
SEREVENT DISKUS .....	60	<i>ssd</i> .....	62	1000MG .....	42
<i>sertraline hcl</i> .....	33	<i>stavudine</i> .....	14	SYNJARDY TAB 12.5-500	
<i>setlakin</i> .....	46	STIVARGA .....	21	.....	42
<i>sevelamer carbonate</i> .....	48	<i>streptomycin sulfate</i> .....	12	SYNJARDY TAB 5-	
<i>sharobel</i> .....	46	STRIBILD TAB .....	14	1000MG .....	42
SHINGRIX .....	55	<i>subvenite</i> .....	32	SYNJARDY TAB 5-500MG	
SIGNIFOR .....	48	<i>sucralfate</i> .....	51	.....	42
<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 10-	
<i>hypertension)</i> .....	29	( <i>acne</i> ).....	62	1000 .....	42
<i>silodosin</i> .....	51	<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 12.5-	
<i>silver sulfadiazine</i> .....	62	( <i>ophth</i> ).....	58	1000MG .....	42
SIMBRINZA SUS 1-0.2%.....	58	<i>sulfacetamide sodium-</i>		SYNJARDY XR TAB 25-	
<i>simliya</i> .....	46	<i>prednisolone ophth soln</i>		1000 .....	42
<i>simvastatin</i> .....	26	10-0.23(0.25)%.....	57	SYNJARDY XR TAB 5-	
<i>sirolimus</i> .....	55	<i>sulfadiazine</i> .....	12	1000MG .....	42
SIRTURO .....	15	<i>sulfamethoxazole-</i>		SYNRIBO .....	19
SIVEXTRO .....	12	<i>trimethoprim iv soln 400-</i>		SYNTHROID .....	49
SKYRIZI.....	54	80 mg/5ml.....	12	<b>T</b>	
SKYRIZI PEN .....	54	<i>sulfamethoxazole-</i>		TABLOID .....	18
<i>sod sulfate-pot sulf-mg sulf</i>		<i>trimethoprim susp 200-40</i>		TABRECTA .....	22
<i>oral sol 17.5-3.13-1.6</i>		mg/5ml .....	12	<i>tacrolimus</i> .....	55
<i>gm/177ml</i> .....	50	<i>sulfamethoxazole-</i>		<i>tacrolimus (topical)</i> .....	64
<i>sodium chloride</i> .....	56	<i>trimethoprim tab 400-80</i>		TAFINLAR .....	22
<i>sodium chloride (gu</i>		mg .....	12	TAGRISO .....	22
<i>irrigant)</i> .....	64	<i>sulfamethoxazole-</i>		TALTZ.....	54
<i>sodium fluoride chew; tab;</i>		<i>trimethoprim tab 800-160</i>		TALZENNA.....	22
1.1 (0.5 f) mg/ml soln...	57	mg .....	12	<i>tamoxifen citrate</i> .....	19
<i>sodium phenylbutyrate</i> ....	48	SULFAMYLON .....	62	<i>tamsulosin hcl</i> .....	51
<i>sodium polystyrene</i>		<i>sulfasalazine</i> .....	50	<i>tarina fe 1/20 eq</i> .....	46
<i>sulfonate powder</i> .....	45	<i>sulindac</i> .....	9	TASIGNA.....	22
<i>solifenacin succinate</i> .....	51	<i>sumatriptan</i> .....	38	<i>tazarotene</i> .....	63
SOLQUA INJ 100/33.....	44	<i>sumatriptan succinate</i> .....	38	<i>tazicef</i> .....	16
SOLTAMOX .....	19	<i>sunitinib malate</i> .....	21	TAZORAC .....	63
SOLU-CORTEF .....	47	SUPREP BOWEL SOL		<i>taztia xt</i> .....	28
SOMATULINE DEPOT ...	48	PREP KIT .....	50	TAZVERIK.....	22
SOMAVERT .....	48	<i>syeda</i> .....	46	TDVAX INJ 2-2 LF .....	55
<i>sorafenib tosylate</i> .....	21	SYMBICORT AER 160-4.5		TECENTRIQ.....	22
<i>sorine</i> .....	26	.....	62	TEFLARO .....	16
<i>sotalol hcl</i> .....	26	SYMBICORT AER 80-4.5		<i>telmisartan</i> .....	25
<i>sotalol hcl (afib/af)</i> .....	26	.....	62	<i>telmisartan-amlodipine tab</i>	
<i>spironolactone</i> .....	23	SYMDEKO TAB 100-15061		40-10 mg.....	25
<i>spironolactone &amp;</i>		SYMDEKO TAB 50-75MG		<i>telmisartan-amlodipine tab</i>	
<i>hydrochlorothiazide tab</i>		.....	61	40-5 mg.....	25
25-25 mg.....	28	SYMJEPI .....	61	<i>telmisartan-amlodipine tab</i>	
<i>sprintec 28</i> .....	46	SYMPAZAN .....	32	80-10 mg.....	25

<i>telmisartan-amlodipine tab</i>	<i>tobramycin (ophth)</i> .....	TRICARE TAB PRENATAL
80-5 mg.....	58	.....
25	<i>tobramycin sulfate</i> .....	57
<i>telmisartan-</i>	12	<i>trientine hcl</i> .....
<i>hydrochlorothiazide tab</i>	<i>tobramycin-dexamethasone</i>	45
40-12.5 mg.....	<i>ophth susp 0.3-0.1% ...</i>	<i>tri-estarylla</i> .....
25	57	<i>trifluoperazine hcl</i> .....
<i>telmisartan-</i>	<i>tolterodine tartrate</i> .....	36
<i>hydrochlorothiazide tab</i>	<i>topiramate</i> .....	<i>trifluridine</i> .....
80-12.5 mg.....	32	58
25	<i>toposar</i> .....	<i>trihexyphenidyl hcl</i> .....
<i>telmisartan-</i>	19	34
<i>hydrochlorothiazide tab</i>	<i>toremifene citrate</i> .....	TRIJARDY XR TAB ER
80-25 mg.....	19	24HR 10-5-1000MG ...
25	<i>torsemide</i> .....	43
<i>temazepam</i> .....	28	TRIJARDY XR TAB ER
38	TOUJEO MAX SOLOSTAR	24HR 12.5-2.5-1000MG
TENIVAC INJ 5-2LF .....	.....	43
55	TOUJEO SOLOSTAR.....	43
<i>tenofovir disoproxil</i>	TPN ELECTROL INJ .....	TRIJARDY XR TAB ER
<i>fumarate</i> .....	56	24HR 25-5-1000MG ...
14	TRADJENTA .....	43
TEPMETKO.....	42	TRIJARDY XR TAB ER
22	<i>tramadol hcl</i> .....	24HR 5-2.5-1000MG ...
<i>terazosin hcl</i> .....	11	43
24	<i>tramadol-acetaminophen</i>	TRIKAFTA TAB 100-50-
<i>terbinafine hcl</i> .....	<i>tab 37.5-325 mg</i> .....	75MG & 150MG.....
13	11	61
<i>terbutaline sulfate</i> .....	<i>trandolapril</i> .....	TRIKAFTA TAB 50-25-
60	23	37.5MG & 75MG.....
<i>terconazole vaginal</i> .....	<i>tranexamic acid</i> .....	61
52	53	<i>tri-legest fe</i> .....
TERIPARATIDE .....	<i>tranylcypromine sulfate</i> ...33	46
44	TRAVASOL INJ 10% .....	<i>tri-linyah</i> .....
<i>testosterone</i> .....	57	46
40	<i>travoprost</i> .....	<i>tri-lo-estarylla</i> .....
<i>testosterone cypionate</i> ....40	58	46
<i>testosterone enanthate</i> ...40	TRAZIMERA.....	<i>tri-lo-marzia</i> .....
<i>tetrabenazine</i> .....	22	46
39	<i>trazodone hcl</i> .....	46
<i>tetracycline hcl</i> .....	33	<i>tri-lo-mili</i> .....
17	TRECTOR.....	46
THALOMID .....	15	<i>tri-lo-sprintec</i> .....
19	TRELEGY AER ELLIPTA	46
THEO-24 .....	100-62.5-25 MCG .....	12
61	59	TRIMETHOPRIM .....
<i>theophylline</i> .....	TRELEGY AER ELLIPTA	12
61	200-62.5-25 MCG .....	<i>tri-mili</i> .....
<i>thioridazine hcl</i> .....	59	46
36	<i>treprostinil</i> .....	<i>trimipramine maleate</i> .....
<i>thiothixene</i> .....	29	33
36	TRESIBA .....	TRINTELLIX .....
<i>tiadylt er</i> .....	44	34
28	TRESIBA FLEXTOUCH..	<i>tri-nymyo</i> .....
<i>tiagabine hcl</i> .....	44	46
32	<i>tretinoin</i> .....	<i>tri-sprintec</i> .....
TIBSOVO.....	62	46
22	<i>tretinoin (chemotherapy)</i> .19	TRIUMEQ PD TAB.....
TICOVAC.....	19	14
55	TREXALL.....	14
<i>tigecycline</i> .....	54	TRIUMEQ TAB.....
18	<i>triamcinolone acetonide</i>	<i>trivora-28</i> .....
TIGECYCLINE .....	<i>(mouth)</i> .....	46
18	65	<i>tri-vylibra</i> .....
<i>tilia fe</i> .....	<i>triamcinolone acetonide</i>	46
46	<i>(topical)</i> .....	46
<i>timolol maleate</i> .....	64	TRIZIVIR TAB .....
27	<i>triamterene &amp;</i>	14
<i>timolol maleate (ophth)</i> ...58	<i>hydrochlorothiazide cap</i>	TROGARZO .....
58	<i>37.5-25 mg</i> .....	14
<i>tinidazole</i> .....	28	TROPHAMINE INJ 10% .57
12	<i>triamterene &amp;</i>	<i>tropium chloride</i> .....
TIVICAY.....	<i>hydrochlorothiazide tab</i>	51
14	<i>37.5-25 mg</i> .....	43
TIVICAY PD .....	28	TRULICITY .....
14	<i>triamterene &amp;</i>	43
<i>tizanidine hcl</i> .....	<i>hydrochlorothiazide tab</i>	TRUMENBA INJ.....
39	<i>37.5-25 mg</i> .....	56
TOBRADEX OIN 0.3-0.1%	28	TRUSELTIQ 100 MG
.....	<i>triamterene &amp;</i>	DAILY DOSE .....
57	<i>hydrochlorothiazide tab</i>	22
TOBRADEX ST SUS 0.3-	<i>75-50 mg</i> .....	22
0.05 .....	28	TRUSELTIQ 125 MG
57	<i>tobramycin</i> .....	DAILY DOSE .....
12	12	22

TRUSELTIQ 50 MG DAILY	VASCEPA.....	water for irrigation, sterile
DOSE.....	velivet.....	irrigation soln.....
TRUSELTIQ 75 MG DAILY	VELPHORO.....	WELIREG.....
DOSE.....	VELTASSA.....	wera.....
TRUXIMA.....	VEMLIDY.....	<b>X</b>
TUKYSA.....	VENCLEXTA.....	XALKORI.....
TURALIO.....	VENCLEXTA TAB START	XARELTO.....
TWINRIX INJ.....	PK.....	XARELTO STAR TAB
TYBOST.....	venlafaxine hcl.....	15/20MG.....
TYPHIM VI.....	VENTAVIS.....	XATMEP.....
TYRVAYA.....	VENTOLIN HFA.....	XCOPRI.....
<b>U</b>	VENTOLIN HFA	XCOPRI PAK 100-150....
unithroid.....	(INSTITUTIONAL PACK)	XCOPRI PAK 12.5-25....
ursodiol.....	.....	XCOPRI PAK 150-200MG
<b>V</b>	verapamil hcl.....	(MAINTENANCE).....
valacyclovir hcl.....	VERQUVO.....	XCOPRI PAK 150-200MG
VALCHLOR.....	VERSACLOZ.....	(TITRATION).....
valganciclovir hcl.....	VERZENIO.....	XCOPRI PAK 50-100MG
valproate sodium.....	vestura.....	XELJANZ.....
valproic acid.....	V-GO 20 KIT.....	XELJANZ XR.....
valsartan.....	V-GO 30 KIT.....	XERMELLO.....
valsartan-	V-GO 40 KIT.....	XGEVA.....
hydrochlorothiazide tab	VICTOZA.....	XHANCE.....
160-12.5 mg.....	vienva.....	XIFAXAN.....
valsartan-	vigabatrin.....	XIGDUO XR TAB 10-1000
hydrochlorothiazide tab	vigadrone.....	.....
160-25 mg.....	VIIBRYD KIT STARTER	.....
valsartan-	vilazodone hcl.....	XIGDUO XR TAB 10-
hydrochlorothiazide tab	VIMPAT.....	500MG.....
320-12.5 mg.....	vincristine sulfate.....	XIGDUO XR TAB 2.5-1000
valsartan-	vinorelbine tartrate.....	.....
hydrochlorothiazide tab	viorele.....	XIGDUO XR TAB 5-
320-25 mg.....	VIRACEPT.....	1000MG.....
valsartan-	VIREAD.....	XIGDUO XR TAB 5-500MG
hydrochlorothiazide tab	VITRAKVI.....	.....
80-12.5 mg.....	VIVITROL.....	XIIDRA.....
VALTOCO.....	VIZIMPRO.....	XOLAIR.....
vancomycin hcl.....	VONJO.....	XOSPATA.....
VANCOMYCIN INJ 1 GM12	voriconazole.....	XPOVIO 100 MG ONCE
VANCOMYCIN INJ 500MG	VOSEVI TAB.....	WEEKLY.....
.....	VOTRIENT.....	XPOVIO 40 MG ONCE
VANCOMYCIN INJ 750MG	VRAYLAR.....	WEEKLY.....
.....	VRAYLAR CAP 1.5-3MG	XPOVIO 40 MG TWICE
VAQTA.....	vyfemla.....	WEEKLY.....
varenicline tartrate.....	vylibra.....	XPOVIO 60 MG ONCE
varenicline tartrate tab 11 x	VYVANSE.....	WEEKLY.....
0.5 mg & 42 x 1 mg start	VYZULTA.....	XPOVIO 60 MG TWICE
pack.....	<b>W</b>	WEEKLY.....
VARIVAX.....	warfarin sodium.....	XPOVIO 80 MG ONCE
		WEEKLY.....

XPOVIO 80 MG TWICE WEEKLY .....	ZENPEP CAP 10000UNT .....	ZIRABEV .....
22	51	22
XTANDI .....	ZENPEP CAP 15000UNT .....	ZIRGAN .....
19	51	58
<i>xulane</i> .....	ZENPEP CAP 20000UNT .....	<i>zoledronic acid</i> .....
46	51	44
XULTOPHY INJ 100/3.6 .....	ZENPEP CAP 25000UNT .....	ZOLINZA .....
44	51	22
XYREM .....	ZENPEP CAP 3000UNIT .....	<i>zolmitriptan</i> .....
39	51	38
<b>Y</b>	ZENPEP CAP 40000UNT .....	<i>zolpidem tartrate</i> .....
YF-VAX INJ .....	51	38
56	ZENPEP CAP 5000UNIT .....	ZONISADE .....
<i>yuvaferm</i> .....	51	32
47	ZERVIATE .....	<i>zonisamide</i> .....
<b>Z</b>	58	32
<i>zafemy</i> .....	<i>zidovudine</i> .....	<i>zovia 1/35</i> .....
46	14	46
<i>zafirlukast</i> .....	ZIEXTENZO .....	ZTALMY .....
60	52	32
ZARXIO .....	<i>ziprasidone hcl</i> .....	<i>zumandimine</i> .....
52	37	46
ZEJULA .....	<i>ziprasidone mesylate</i> .....	ZYCLARA PUMP .....
22	37	64
ZELBORAF .....		ZYDELIG .....
22		22
ZEMAIRA .....		ZYKADIA .....
61		22
<i>zenatane</i> .....		ZYLET SUS 0.5-0.3% .....
62		57
		ZYPITAMAG .....
		26
		ZYPREXA RELPREVV ...
		37

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If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: **711**) from April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at **617-246-8506**; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: **711**).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

## PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-800-200-4255]. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-800-200-4255]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-200-4255。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-200-4255。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-200-4255]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-200-4255]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-200-4255] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-200-4255]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-800-200-4255]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-800-200-4255]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-800-200-4255]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-800-200-4255] पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-800-200-4255]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-800-200-4255]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-800-200-4255]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-800-200-4255]. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-800-200-4255]にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield depends upon contract renewal.

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## RESOURCES

### Medicare Plan Sales:

1-800-678-2265 (TTY: 711)

April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET,  
Monday through Friday

October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET,  
seven days a week

[bluecrossma.com/medicare](https://bluecrossma.com/medicare)

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: **711**).

This formulary was updated on 2/01/2023. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit [bluecrossma.com/medicare](https://bluecrossma.com/medicare).

The formulary may change at any time. You will receive notice when necessary.

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