



CareFirst BlueCross BlueShield Group Advantage (PPO)

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024058, Version Number 10

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Group Advantage (PPO) Member Service at 1-888-970-0917 (TTY users should call 711), 24 hours a day/7 day a week from October 1 through March 31 and 24 hours a day, 7 days a week., Monday through Friday from April 1 through September 30 or visit [carefirst.com/learn/groupma](https://www.carefirst.com/learn/groupma) .

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Y0154_H7379_MA01746_C

SUM MA01746-IN (04/24)

April 1, 2024

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareFirst BlueCross BlueShield Group Advantage (PPO) When it refers to “plan” or “our plan,” it means CareFirst BlueCross BlueShield Medicare Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the CareFirst BlueCross BlueShield Group Advantage (PPO) Formulary?

A formulary is a list of covered drugs selected by CareFirst BlueCross BlueShield Group Advantage (PPO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareFirst BlueCross BlueShield Group Advantage (PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareFirst BlueCross BlueShield Group Advantage (PPO) 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 the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareFirst BlueCross BlueShield Group Advantage (PPO) ’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different

- cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 CareFirst BlueCross BlueShield Group Advantage (PPO) ’s Formulary?”

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

The enclosed formulary is current as of 04/01/2024. To get updated information about the drugs covered by CareFirst BlueCross BlueShield Group Advantage (PPO) please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 261. 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?

CareFirst BlueCross BlueShield Group Advantage (PPO) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareFirst BlueCross BlueShield Group Advantage (PPO) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Group Advantage (PPO) before you fill your prescriptions. If you don't get approval, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) limits the amount of the drug that CareFirst BlueCross BlueShield Group Advantage (PPO) will cover. For example, CareFirst BlueCross BlueShield Group Advantage (PPO) provides 30 tablets per 30 days per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Group Advantage (PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Group Advantage (PPO) 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 8. 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 CareFirst BlueCross BlueShield Group Advantage (PPO) 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 CareFirst BlueCross BlueShield Group Advantage (PPO)'s formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that CareFirst BlueCross BlueShield Group Advantage (PPO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Group Advantage (PPO). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Group Advantage (PPO).

- You can ask CareFirst BlueCross BlueShield Group Advantage (PPO) 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 CareFirst BlueCross BlueShield Group Advantage (PPO)'s Formulary?

You can ask CareFirst BlueCross BlueShield Group Advantage (PPO) 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CareFirst BlueCross BlueShield Group Advantage (PPO) 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 do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 31-day supply) for the applicable drug(s).

For more information

For more detailed information about CareFirst BlueCross BlueShield Group Advantage (PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Group Advantage (PPO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CareFirst BlueCross BlueShield Group Advantage (PPO)'s Formulary

The formulary below provides coverage information about the drugs covered by CareFirst BlueCross BlueShield Group Advantage (PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 261.

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

The information in the Requirements/Limits column tells you if CareFirst BlueCross BlueShield Group Advantage (PPO) has any special requirements for coverage of your drug.

The second column, "Drug Tier," will indicate what copay tiers the covered prescription medications are listed in. Copay amounts and coinsurance percentages for each tier vary. Consult your plan's Evidence of Coverage for your applicable copays and coinsurance amounts.

- Tier 1 - Preferred Generic: is the lowest tier and includes preferred generic drugs and may include some brand drugs.
- Tier 2 – Generic: includes generic drugs and may include some brand drugs.
- Tier 3 – Preferred Brand: includes preferred brand drugs and non-preferred generic drugs.
- Tier 4 – Non-Preferred Drug: includes non-preferred brand and generic drugs.
- Tier 5 – Specialty: is the highest tier and includes high-cost brand and generic drugs.

The information in the Requirements/Limits column tells you if CareFirst BlueCross BlueShield Group Advantage (PPO) has any special requirements for coverage of your drug. Below is a description of the acronyms we list in the Requirements/Limits column.

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

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

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

NM – Not available at Mail-order pharmacies: This drug is not available through mail order pharmacy.

LA- Limited Access: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call CVS Member Services at 1-888-970-0917, 24 hours a day/7 day a week, Monday through Friday. TTY users should call toll-free TTY 711 or visit carefirst.com/learn/groupma.

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

GC - Gap Coverage: We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

CareFirst BlueCross BlueShield Group Advantage (PPO)

Drug Name	Drug Tier	Requirements/Limits
<u>ANALGESICS</u>		
<u>GOUT</u>		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
ALLOPURINOL TABS 200mg	4	GC
<i>allopurinol sodium</i> SOLR 500mg	5	GC
ALOPRIM SOLR 500mg	5	GC
<i>colchicine</i> TABS .6mg	2	GC, QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	GC
COLCRYS TABS .6mg	4	GC, QL (120 tabs / 30 days)
<i>febuxostat</i> TABS 40mg, 80mg	2	GC, PA
KRYSTEXXA SOLN 8mg/ml	5	GC, NM, LA, PA
MITIGARE CAPS .6mg	3	GC, QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	GC
ULORIC TABS 40mg, 80mg	4	GC, PA
<u>MISCELLANEOUS</u>		
<i>acetaminophen</i> SOLN 10mg/ml	2	GC
<i>clonidine hcl (analgesia)</i> SOLN 100mcg/ml	2	GC, B/D
DURACLON SOLN 100mcg/ml	4	GC, B/D
<u>NSAIDS</u>		
ARTHROTEC 50 TAB	4	GC
ARTHROTEC 75 TAB	4	GC
CELEBREX CAPS 50mg, 100mg, 200mg	4	GC, QL (60 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
CELEBREX CAPS 400mg	4	GC, QL (30 caps / 30 days)
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	GC, QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	GC, QL (30 caps / 30 days)
DAYPRO TABS 600mg	4	GC
<i>diclofenac potassium</i> CAPS 25mg	5	GC, QL (120 caps / 30 days), PA
<i>diclofenac potassium</i> TABS 25mg	5	GC, QL (120 tabs / 30 days), PA
<i>diclofenac potassium</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	GC
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	GC
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	GC
<i>diflunisal</i> TABS 500mg	2	GC
DUEXIS TAB 800-26.6	5	GC, PA
<i>ec-naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	GC
FELDENE CAPS 10mg, 20mg	4	GC
<i>fenoprofen calcium</i> CAPS 400mg	2	GC, QL (240 caps / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium</i> TABS 600mg	2	GC, QL (150 tabs / 30 days), PA
<i>flurbiprofen</i> TABS 100mg	2	GC
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	GC
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	GC, PA
<i>ketoprofen</i> CAPS 25mg	5	GC, QL (120 caps / 30 days), PA
<i>ketoprofen</i> CAPS 50mg	5	GC, QL (180 caps / 30 days), PA
<i>ketoprofen</i> CP24 200mg	2	GC, QL (30 caps / 30 days), PA
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	5	GC, QL (5 bottles / 30 days), NM, LA, PA
<i>ketorolac tromethamine</i> TABS 10mg	2	GC, QL (20 tabs / 30 days), PA; PA if 70 years and older
<i>lofena</i> TABS 25mg	5	GC, QL (120 tabs / 30 days), PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	2	GC
<i>mefenamic acid</i> CAPS 250mg	2	GC
<i>meloxicam</i> CAPS 5mg, 10mg	2	GC, QL (30 caps / 30 days), PA
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
NALFON CAPS 400mg	4	GC, QL (240 caps / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
NALFON TABS 600mg	4	GC, QL (150 tabs / 30 days), PA
NAPRELAN TB24 375mg	5	GC, QL (120 tabs / 30 days), PA
NAPRELAN TB24 500mg	5	GC, QL (90 tabs / 30 days), PA
NAPRELAN TB24 750mg	5	GC, QL (60 tabs / 30 days), PA
<i>naproxen</i> SUSP 125mg/5ml	2	GC, QL (1800 mL / 30 days), PA
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	GC
<i>naproxen sodium</i> TB24 375mg	2	GC, QL (120 tabs / 30 days), PA
<i>naproxen sodium</i> TB24 500mg	2	GC, QL (90 tabs / 30 days), PA
<i>naproxen sodium</i> TB24 750mg	2	GC, QL (60 tabs / 30 days), PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	5	GC, PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	5	GC, PA
<i>oxaprozin</i> TABS 600mg	2	GC
<i>piroxicam</i> CAPS 10mg, 20mg	2	GC
RELAFEN DS TABS 1000mg	5	GC, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SPRIX SOLN 15.75mg/spray	5	GC, QL (5 bottles / 30 days), NM, LA, PA
<i>sulindac</i> TABS 150mg, 200mg	2	GC
<i>tolmetin sodium</i> TABS 600mg	2	GC
VIMOVO TAB 375-20MG	5	GC, PA
VIMOVO TAB 500-20MG	5	GC, PA
ZIPSOR CAPS 25mg	5	GC, QL (120 caps / 30 days), PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	4	GC, QL (60 buccal films / 30 days), PA
BELBUCA FILM 750mcg, 900mcg	5	GC, QL (60 buccal films / 30 days), PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	GC, QL (4 patches / 28 days), PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr	4	GC, QL (4 patches / 28 days), PA
BUTRANS PTWK 20mcg/hr	5	GC, QL (4 patches / 28 days), PA
CONZIP CP24 100mg, 200mg, 300mg	4	GC, QL (30 caps / 30 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	GC, QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	2	GC, QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	GC, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	GC, QL (30 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	2	GC, QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	GC, QL (30 tabs / 30 days), PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg	5	GC, QL (120 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	GC, QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	GC, QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	4	GC
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	GC, QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	2	GC, QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	GC, QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	GC, QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	4	GC, QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg, 100mg, 200mg	5	GC, QL (90 tabs / 30 days), PA
NUCYNTA ER TB12 50mg	4	GC, QL (60 tabs / 30 days), PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg	5	GC, QL (60 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	GC, QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg	2	GC, QL (60 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl</i> TB12 30mg, 40mg	5	GC, QL (60 tabs / 30 days), PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg	2	GC, QL (30 caps / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	2	GC, QL (30 tabs / 30 days), PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	4	GC, QL (60 caps / 30 days), PA
XTAMPZA ER C12A 36mg	5	GC, QL (60 caps / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	GC, QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	GC, QL (300 caps / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	GC
<i>butorphanol tartrate SOLN 10mg/ml</i>	2	GC, QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	4	GC, QL (180 tabs / 30 days)
<i>codeine sulfate</i> TABS 30mg	2	GC, QL (180 tabs / 30 days)
DILAUDID LIQD 1mg/ml	4	GC, QL (600 mL / 30 days)
DILAUDID SOLN 1mg/ml, 2mg/ml	4	GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS 2mg, 4mg	4	GC, QL (180 tabs / 30 days)
DILAUDID TABS 8mg	5	GC, QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	GC, QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	GC, QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	2	GC, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	GC, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	GC, QL (120 tabs / 30 days), PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	GC, QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	GC, QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	GC, QL (180 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	2	GC, QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml</i>	4	GC, B/D
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	2	GC, QL (180 tabs / 30 days)
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	4	GC, B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	GC, B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	GC, B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	GC, QL (900 mL / 30 days)
<i>morphine sulfate SOLN 20mg/ml</i>	2	GC, QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	2	GC, QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	GC, B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	4	GC
NALOCET TAB 2.5-300	5	GC, QL (360 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TABS 50mg, 75mg	4	GC, QL (180 tabs / 30 days)
NUCYNTA TABS 100mg	5	GC, QL (180 tabs / 30 days)
OXAYDO TABS 5mg	4	GC, QL (180 tabs / 30 days)
OXAYDO TABS 7.5mg	5	GC, QL (360 tabs / 30 days)
OXY-ACETAMIN TAB 7.5-300	5	GC, QL (240 tabs / 30 days), PA
OXYCOD-APAP TAB 2.5-300	5	GC, QL (360 tabs / 30 days), PA
OXYCOD/ACETA SOL 10/300MG	5	GC, QL (900 mL / 30 days), PA
OXYCOD/APAP TAB 5-300MG	5	GC, QL (360 tabs / 30 days), PA
OXYCOD/APAP TAB 10-300MG	5	GC, QL (180 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS 5mg	2	GC, QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	GC, QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	2	GC, QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	GC, QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>oxymorphone hcl TABS 5mg, 10mg</i>	2	GC, QL (180 tabs / 30 days)
PERCOCET TAB 2.5-325	5	GC, QL (360 tabs / 30 days)
PERCOCET TAB 5-325MG	5	GC, QL (360 tabs / 30 days)
PERCOCET TAB 7.5-325	5	GC, QL (240 tabs / 30 days)
PERCOCET TAB 10-325MG	5	GC, QL (180 tabs / 30 days)
PROLATE SOL 10/300MG	5	GC, QL (900 mL / 30 days), PA
PROLATE TAB 5-300MG	5	GC, QL (360 tabs / 30 days), PA
PROLATE TAB 7.5-300	5	GC, QL (240 tabs / 30 days), PA
PROLATE TAB 10-300MG	5	GC, QL (180 tabs / 30 days), PA
ROXICODONE TABS 15mg	4	GC, QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	5	GC, QL (180 tabs / 30 days)
ROXYBOND TABA 5mg, 15mg, 30mg	5	GC, QL (180 tabs / 30 days)
SEGLENTIS TAB 56-44MG	4	GC, QL (120 tabs / 30 days), PA
<i>tramadol hcl SOLN 5mg/ml</i>	2	GC, QL (2400 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 25mg, 100mg	2	GC, QL (120 tabs / 30 days), PA
<i>tramadol hcl</i> TABS 50mg	2	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	2	GC, QL (240 tabs / 30 days)
<i>trezix</i>	2	GC, QL (300 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	2	GC, B/D
XYLOCAINE SOLN .5%, 1%, 2%	4	GC, B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	4	GC, B/D

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

AEMCOLO TBEC 194mg	4	GC, QL (12 tabs / 30 days)
<i>albendazole</i> TABS 200mg	5	GC, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	GC
ARIKAYCE SUSP 590mg/8.4ml	5	GC, NM, LA, PA
<i>atovaquone</i> SUSP 750mg/5ml	2	GC
AZACTAM SOLR 1gm, 2gm	4	GC
<i>aztreonam</i> SOLR 1gm, 2gm	2	GC
BACTRIM DS TAB 800-160	4	GC
BACTRIM TAB 400-80MG	4	GC
BETHKIS NEBU 300mg/4ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE TABS 600mg	4	GC
CAYSTON SOLR 75mg	5	GC, NM, LA, PA
CLEOCIN CAPS 75mg, 150mg, 300mg	4	GC
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	4	GC
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	4	GC
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	GC
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	GC
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	GC
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	GC
CLINDMYC/NAC INJ 300/50ML	4	GC
CLINDMYC/NAC INJ 600/50ML	4	GC
CLINDMYC/NAC INJ 900/50ML	4	GC
<i>colistimethate sodium</i> SOLR 150mg	2	GC
COLY-MYCIN M SOLR 150mg	4	GC
CUBICIN RF SOLR 500mg	5	GC
DALVANCE SOLR 500mg	5	GC
<i>dapsone</i> TABS 25mg, 100mg	2	GC
DAPTOMY/NAACL INJ 350/50ML	4	GC

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMY/NACL INJ 500/50ML	4	GC
<i>daptomycin</i> SOLR 350mg, 500mg	5	GC
DAPTOMYCIN SOLR 350mg, 500mg	5	GC
EMVERM CHEW 100mg	5	GC, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	GC
FIRVANQ SOLR 25mg/ml, 50mg/ml	4	GC, QL (1800 mL / 180 days)
FLAGYL CAPS 375mg	4	GC
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	GC
<i>gentamicin in saline inj 2 mg/ml</i>	2	GC
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	GC
HIPREX TABS 1gm	4	GC
HUMATIN CAPS 250mg	5	GC
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	GC
IMPAVIDO CAPS 50mg	5	GC, PA
INVANZ SOLR 1gm	4	GC
<i>ivermectin</i> TABS 3mg	2	GC, QL (12 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	5	GC

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Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK NEBU 300mg/5ml	5	GC, NM, LA, PA
<i>linezolid</i> SOLN 600mg/300ml	2	GC
<i>linezolid</i> SUSR 100mg/5ml	5	GC, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	GC, QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	GC
MACROBID CAPS 100mg	4	GC
MACRODANTIN CAPS 25mg, 50mg, 100mg	4	GC
MEPRON SUSP 750mg/5ml	5	GC
MEROP/NACL INJ 1GM/50ML	4	GC
MEROP/NACL INJ 500/50ML	4	GC
<i>meropenem</i> SOLR 1gm, 500mg	2	GC
<i>methenamine hippurate</i> TABS 1gm	2	GC
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml	2	GC
METRONIDAZOLE SOLN 500mg/100ml	4	GC
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
NEBUPENT SOLR 300mg	4	GC, B/D
<i>neomycin sulfate</i> TABS 500mg	2	GC
<i>nitazoxanide</i> TABS 500mg	5	GC, QL (6 tabs / 30 days)
<i>nitrofurantoin</i> SUSP 25mg/5ml	5	GC, PA
NITROFURANTOIN SUSP 50mg/5ml	5	GC, PA
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	3	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	GC
ORBACTIV SOLR 400mg	5	GC
PENTAM 300 SOLR 300mg	4	GC
<i>pentamidine isethionate inh</i> SOLR 300mg	2	GC, B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	GC
<i>polymyxin b sulfate</i> SOLR 500000unit	2	GC
<i>praziquantel</i> TABS 600mg	2	GC
PRIMAXIN IV INJ 500MG	4	GC
<i>pyrimethamine</i> TABS 25mg	5	GC, PA
RECARBRIO INJ 1.25GM	5	GC
SIVEXTRO SOLR 200mg; TABS 200mg	5	GC
SOLOSEC PACK 2gm	4	GC
<i>streptomycin sulfate</i> SOLR 1gm	5	GC
STROMECTOL TABS 3mg	4	GC, QL (12 tabs / 90 days), PA
<i>sulfadiazine</i> TABS 500mg	5	GC
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	GC
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	GC
<i>tinidazole</i> TABS 250mg, 500mg	2	GC
TOBI NEBU 300mg/5ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER CAPS 28mg	5	GC, NM, LA, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	5	GC, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	GC
<i>tobramycin sulfate</i> SOLR 1.2gm	5	GC, PA
<i>trimethoprim</i> TABS 100mg	2	GC
VABOMERE INJ 2GM(1-1)	5	GC
VANCOCIN CAPS 125mg	5	GC, QL (80 caps / 180 days)
VANCOCIN CAPS 250mg	5	GC, QL (160 caps / 180 days)
VANCOMYCIN SOLN 2000mg/400ml	4	GC
<i>vancomycin hcl</i> CAPS 125mg	2	GC, QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	GC, QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	GC
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml	2	GC, QL (1800 mL / 180 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	4	GC
VANCOMYCIN INJ 1 GM	4	GC
VANCOMYCIN INJ 500MG	4	GC
VANCOMYCIN INJ 750MG	4	GC
VIBATIV SOLR 750mg	5	GC

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Drug Name	Drug Tier	Requirements/Limits
XENLETA SOLN 150mg/15ml; TABS 600mg	5	GC, NM
XIFAXAN TABS 200mg	4	GC, QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	5	GC
ZYVOX SOLN 200mg/100ml	5	GC
ZYVOX SOLN 600mg/300ml	4	GC
ZYVOX SUSR 100mg/5ml	5	GC, QL (1800 mL / 30 days)
ZYVOX TABS 600mg	5	GC, QL (60 tabs / 30 days)
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	GC, B/D
AMBISOME SUSR 50mg	5	GC, B/D
<i>amphotericin b</i> SOLR 50mg	2	GC, B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	GC, B/D
ANCOBON CAPS 250mg, 500mg	5	GC, PA
CANCIDAS SOLR 50mg, 70mg	5	GC
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	GC
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	5	GC
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	5	GC, PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	4	GC
DIFLUCAN TABS 200mg	5	GC
ERAXIS SOLR 50mg	4	GC
ERAXIS SOLR 100mg	5	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	GC
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	GC
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	GC
<i>flucytosine</i> CAPS 250mg, 500mg	5	GC, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	GC
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	GC
<i>itraconazole</i> CAPS 100mg	2	GC, PA
<i>itraconazole</i> SOLN 10mg/ml	5	GC
<i>ketoconazole</i> TABS 200mg	2	GC, PA
MICAFUNGIN SOLR 50mg, 100mg	5	GC
<i>micafungin sodium</i> SOLR 50mg, 100mg	5	GC
MYCAMINE SOLR 50mg, 100mg	5	GC
NOXAFIL PACK 300mg	5	GC, QL (32 packets / 30 days), PA
NOXAFIL SOLN 300mg/16.7ml	5	GC
NOXAFIL SUSP 40mg/ml	5	GC, QL (630 mL / 30 days), PA
NOXAFIL TBEC 100mg	5	GC, QL (93 tabs / 30 days), PA
<i>nystatin</i> TABS 500000unit	2	GC
<i>posaconazole</i> SOLN 300mg/16.7ml	5	GC
<i>posaconazole</i> SUSP 40mg/ml	5	GC, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	GC, QL (93 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
REZZAYO SOLR 200mg	5	GC
SPORANOX CAPS 100mg	4	GC, PA
SPORANOX SOLN 10mg/ml	5	GC
<i>terbinafine hcl</i> TABS 250mg	1	GC, QL (90 tabs / year)
TOLSURA CAPS 65mg	5	GC, PA
VFEND SUSR 40mg/ml	5	GC, PA
VFEND TABS 50mg	4	GC, QL (480 tabs / 30 days), PA
VFEND TABS 200mg	4	GC, QL (120 tabs / 30 days), PA
VFEND IV SOLR 200mg	4	GC, PA
VIVJOA CPPK 150mg	4	GC, QL (18 caps / 84 days), PA
<i>voriconazole</i> SOLR 200mg	2	GC, PA
VORICONAZOLE SOLR 200mg	4	GC, PA
<i>voriconazole</i> SUSR 40mg/ml	5	GC, PA
<i>voriconazole</i> TABS 50mg	2	GC, QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	GC, QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	GC
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	GC
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	GC
COARTEM TAB 20-120MG	4	GC
KRINTAFEL TABS 150mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
MALARONE TAB 62.5-25	4	GC
MALARONE TAB 250-100	4	GC
<i>mefloquine hcl</i> TABS 250mg	2	GC
<i>primaquine phosphate</i> TABS 26.3mg	2	GC
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	GC
QUALAQUIN CAPS 324mg	4	GC, PA
<i>quinine sulfate</i> CAPS 324mg	2	GC, PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	GC, NM
APTIVUS CAPS 250mg	5	GC, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	GC, NM
<i>darunavir</i> TABS 600mg	5	GC, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	GC, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	GC, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	GC, NM
<i>emtricitabine</i> CAPS 200mg	2	GC, NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	4	GC, NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	4	GC, NM
<i>etravirine</i> TABS 100mg, 200mg	5	GC, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	GC, NM
FUZEON SOLR 90mg	5	GC, NM, LA

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABS 25mg	4	GC, NM
INTELENCE TABS 100mg, 200mg	5	GC, NM
ISENTRESS CHEW 25mg	4	GC, NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	GC, NM
ISENTRESS HD TABS 600mg	5	GC, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	GC, NM
LEXIVA SUSP 50mg/ml	4	GC, NM
LEXIVA TABS 700mg	5	GC, NM
<i>maraviroc</i> TABS 150mg, 300mg	5	GC, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	GC, NM
NORVIR PACK 100mg; TABS 100mg	4	GC, NM
PIFELTRO TABS 100mg	5	GC, NM
PREZISTA SUSP 100mg/ml	5	GC, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	GC, QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	GC, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	GC, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	GC, QL (30 tabs / 30 days), NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	4	GC, NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	5	GC, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i> TABS 100mg	2	GC, NM
RUKOBIA TB12 600mg	5	GC, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	GC, NM
SELZENTRY TABS 25mg	4	GC, NM
SUNLENCA TBPK 300mg	5	GC, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	GC, NM
TIVICAY TABS 10mg	3	GC, NM
TIVICAY TABS 25mg, 50mg	5	GC, NM
TIVICAY PD TBSO 5mg	5	GC, NM
TROGARZO SOLN 200mg/1.33ml	5	GC, NM, LA
TYBOST TABS 150mg	3	GC, NM
VIRACEPT TABS 250mg, 625mg	5	GC, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	5	GC, NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	4	GC, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	GC, NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	GC, NM
BIKTARVY TAB 30-120-15 MG	5	GC, NM
BIKTARVY TAB 50-200-25 MG	5	GC, NM
CIMDUO TAB 300-300	5	GC, NM
COMBIVIR TAB 150-300	5	GC, NM
COMPLERA TAB	5	GC, NM

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	5	GC, NM
DESCOVY TAB 120-15MG	5	GC, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	GC, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	GC, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	GC, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	GC, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	GC, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	GC, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	GC, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	GC, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	GC, QL (30 tabs / 30 days), NM
EPZICOM TAB 600-300	5	GC, NM
EVOTAZ TAB 300-150	5	GC, NM
GENVOYA TAB	5	GC, NM
JULUCA TAB 50-25MG	5	GC, NM
KALETRA SOL	4	GC, NM
KALETRA TAB 100-25MG	4	GC, NM
KALETRA TAB 200-50MG	5	GC, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	GC, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	GC, NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	GC, NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	GC, NM
ODEFSEY TAB	5	GC, NM
PREZCOBIX TAB 800-150	5	GC, NM
STRIBILD TAB	5	GC, NM
SYMFI LO TAB	5	GC, NM
SYMFI TAB	5	GC, NM
SYMTUZA TAB	5	GC, NM
TRIUMEQ PD TAB	5	GC, NM
TRIUMEQ TAB	5	GC, NM
TRIZIVIR TAB	5	GC, NM
TRUVADA TAB 100-150	5	GC, QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	GC, QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	GC, QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	GC, QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	GC
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	GC
<i>isoniazid SYRP 50mg/5ml</i>	2	GC
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
MYAMBUTOL TABS 400mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN CAPS 150mg	5	GC
PRETOMANID TABS 200mg	4	GC
PRIFTIN TABS 150mg	4	GC
<i>pyrazinamide</i> TABS 500mg	2	GC
<i>rifabutin</i> CAPS 150mg	2	GC
RIFADIN SOLR 600mg	5	GC
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	GC
SIRTURO TABS 20mg, 100mg	5	GC, NM, LA, PA
TRECTOR TABS 250mg	4	GC
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	GC
<i>acyclovir</i> SUSP 200mg/5ml	2	GC
<i>acyclovir sodium</i> SOLN 50mg/ml	2	GC, B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	GC, NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	5	GC, NM
<i>cidofovir</i> SOLN 75mg/ml	2	GC
<i>entecavir</i> TABS .5mg, 1mg	2	GC, NM
EPCLUSA PAK 150-37.5	5	GC, NM, PA
EPCLUSA PAK 200-50MG	5	GC, NM, PA
EPCLUSA TAB 200-50MG	5	GC, NM, PA
EPCLUSA TAB 400-100	5	GC, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	GC
<i>foscarnet sodium</i> SOLN 6000mg/250ml	5	GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
GANCICLOVIR SOLN 500mg/10ml	4	GC, B/D
<i>ganciclovir sodium</i> SOLR 500mg	2	GC, B/D
HARVONI PAK 33.75-150MG	5	GC, NM, PA
HARVONI PAK 45-200MG	5	GC, NM, PA
HARVONI TAB 45-200MG	5	GC, NM, PA
HARVONI TAB 90-400MG	5	GC, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	GC, NM
LIVTENCITY TABS 200mg	5	GC, QL (112 tabs / 28 days), NM, LA, PA
MAVYRET PAK 50-20MG	5	GC, NM, PA
MAVYRET TAB 100-40MG	5	GC, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	GC, QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	GC, QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	GC, QL (1080 mL / year)
PAXLOVID TAB 150-100	3	GC, QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	3	GC, QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	GC, NM, PA
PREVMIS SOLN 240mg/12ml, 480mg/24ml	5	GC
PREVMIS TABS 240mg, 480mg	5	GC, QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	5	GC

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEPB 5mg/blister	3	GC, QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	GC, NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	GC
SITAVIG TABS 50mg	5	GC, QL (2 tabs / 30 days), PA
TAMIFLU CAPS 30mg	4	GC, QL (168 caps / year)
TAMIFLU CAPS 45mg, 75mg	4	GC, QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	4	GC, QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	GC
VALCYTE SOLR 50mg/ml; TABS 450mg	5	GC
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	GC
<i>valganciclovir hcl</i> TABS 450mg	2	GC
VALTREX TABS 1gm, 500mg	4	GC
VEMLIDY TABS 25mg	5	GC, NM
VOSEVI TAB	5	GC, NM, PA
XOFLUZA TBPK 40mg, 80mg	4	GC, QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	5	GC
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	GC
CEFACLOR ER TB12 500mg	4	GC
<i>cefadroxil</i> CAPS 500mg	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	GC
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	GC
FETROJA SOLR 1gm	5	GC
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	GC
TEFLARO SOLR 400mg, 600mg	5	GC
ZERBAXA INJ 1.5GM	5	GC
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	GC
DIFICID SUSR 40mg/ml; TABS 200mg	5	GC
<i>e.e.s. 400</i> TABS 400mg	2	GC
E.E.S. GRANULES SUSR 200mg/5ml	4	GC
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	GC
ERYPED 200 SUSR 200mg/5ml	4	GC
ERYPED 400 SUSR 400mg/5ml	5	GC
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	GC
<i>erythrocin stearate</i> TABS 250mg	2	GC
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	2	GC
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	5	GC
<i>erythromycin lactobionate</i> SOLR 500mg	2	GC
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	4	GC
ZITHROMAX TRI-PAK TABS 500mg	4	GC
ZITHROMAX Z-PAK TABS 250mg	4	GC
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	5	GC
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	4	GC
<i>ciprofloxacin</i> SUSR 5gm/100ml	2	GC
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	GC
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	GC
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	2	GC
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	GC
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	GC
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	GC
<i>moxifloxacin hcl</i> TABS 400mg	2	GC
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	GC
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>amoxicillin & k clavulanate chew tab 200- 28.5 mg</i>	2	GC
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	2	GC
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	GC
<i>ampicillin</i> CAPS 500mg	1	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for inj 3 (2- 1) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	GC
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	GC
AUGMENTIN SUS 125/5ML	4	GC
AUGMENTIN SUS ES-600	4	GC
AUGMENTIN TAB 500MG	4	GC
BICILLIN C-R INJ 900/300	4	GC
BICILLIN C-R INJ 1200000	4	GC
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	GC
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	GC
NAFCILLIN INJ 1GM/50ML	5	GC
NAFCILLIN INJ 2GM/100	5	GC
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	GC
<i>nafcillin sodium SOLR 10gm</i>	5	GC
OXACILLIN INJ 1GM	4	GC
OXACILLIN INJ 2GM	4	GC
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	GC
PEN GK/DEXTR INJ 20000/ML	4	GC
PEN GK/DEXTR INJ 40000/ML	4	GC
PEN GK/DEXTR INJ 60000/ML	4	GC
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i> SOLR 5000000unit	2	GC
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	GC
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	GC
UNASYN INJ 1.5GM	4	GC
UNASYN INJ 3GM	4	GC
UNASYN INJ 15GM	4	GC
ZOSYN SOL 2-0.25GM	4	GC
ZOSYN SOL 3-0.375G	4	GC
ZOSYN SOL 4-0.50GM	4	GC
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	2	GC
DORYX MPC TBEC 60mg	4	GC, PA
<i>doxy 100</i> SOLR 100mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	2	GC
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	2	GC, PA
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	GC
<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 100mg, 150mg, 200mg	2	GC, PA
<i>doxycycline hyclate</i> TBEC 80mg	5	GC, PA
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	2	GC
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	2	GC, PA
MINOLIRA TB24 105mg, 135mg	4	GC, PA
NUZYRA SOLR 100mg; TABS 150mg	5	GC, NM, LA
SEYSARA TABS 60mg, 100mg, 150mg	5	GC, PA
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	4	GC, PA
<i>targadox</i> TABS 50mg	2	GC, PA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	GC, PA
<i>tigecycline</i> SOLR 50mg	5	GC
TIGECYCLINE SOLR 50mg	5	GC
TYGACIL SOLR 50mg	5	GC
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	4	GC
XERAVAL SOLR 50mg, 100mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> SOLR 25mg, 100mg	5	GC, B/D, NM
BENDEKA SOLN 100mg/4ml	5	GC, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	GC, B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	GC, B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	GC, B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	GC, B/D
<i>cyclophosphamide</i> SOLR 2gm	5	GC, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	GC, B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	GC, B/D
GLEOSTINE CAPS 10mg, 40mg	4	GC, NM
GLEOSTINE CAPS 100mg	5	GC, NM
IFEX SOLR 3gm	4	GC, B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	2	GC, B/D
IFOSFAMIDE SOLR 3gm	4	GC, B/D
LEUKERAN TABS 2mg	5	GC
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	GC, B/D
<i>oxaliplatin</i> SOLR 100mg	5	GC, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	GC, B/D
TREANDA SOLR 25mg, 100mg	5	GC, B/D, NM, LA
ZEPZELCA SOLR 4mg	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	2	GC, B/D
DOXIL INJ 2mg/ml	5	GC, B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	GC, B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	GC, B/D
ELLEENCE SOLN 50mg/25ml, 200mg/100ml	4	GC, B/D
<i>mitomycin</i> SOLR 5mg	2	GC, B/D
<i>mitomycin</i> SOLR 20mg, 40mg	5	GC, B/D
<i>valrubicin</i> SOLN 40mg/ml	5	GC, B/D, NM
VALSTAR SOLN 40mg/ml	5	GC, B/D, NM, LA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	GC, B/D
<i>azacitidine</i> SUSR 100mg	5	GC, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	2	GC, B/D
<i>decitabine</i> SOLR 50mg	5	GC, B/D, NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	2	GC, B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	GC, B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	5	GC, NM, PA
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	GC, B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	4	GC, B/D
INQOVI TAB 35-100MG	5	GC, QL (5 tabs / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 15-6.14	5	GC, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	GC, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	GC
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	GC, B/D
ONUREG TABS 200mg, 300mg	5	GC, QL (14 tabs / 28 days), NM, LA, PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	5	GC, B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	GC, B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	5	GC, NM, PA
PURIXAN SUSP 2000mg/100ml	5	GC, NM, LA
TABLOID TABS 40mg	4	GC
VIDAZA SUSR 100mg	5	GC, B/D, NM, LA
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	5	GC, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	GC, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	GC, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	GC, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	GC
ARIMIDEX TABS 1mg	5	GC
AROMASIN TABS 25mg	5	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i> TABS 50mg	2	GC
CASODEX TABS 50mg	5	GC
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	GC, NM, PA
EMCYT CAPS 140mg	5	GC
ERLEADA TABS 60mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	GC
<i>exemestane</i> TABS 25mg	2	GC
FARESTON TABS 60mg	5	GC
FASLODEX SOSY 250mg/5ml	5	GC, B/D
FEMARA TABS 2.5mg	4	GC
FIRMAGON SOLR 80mg	4	GC, NM, PA
FIRMAGON SOLR 120mg/vial	5	GC, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	GC, B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	5	GC, B/D
<i>letrozole</i> TABS 2.5mg	1	GC
LEUPROLIDE ACETATE INJ 22.5mg	4	GC, NM, PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	GC, NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	GC, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	GC, NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	GC, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) KIT 45mg	5	GC, NM, PA
LYSODREN TABS 500mg	5	GC, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	GC
NILANDRON TABS 150mg	5	GC
<i>nilutamide</i> TABS 150mg	5	GC
NUBEQA TABS 300mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	GC, NM, LA, PA
ORSERDU TABS 86mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	GC
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> TABS 60mg	2	GC
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	GC, NM, PA
XTANDI CAPS 40mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
YONSA TABS 125mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
ZOLADEX IMPL 3.6mg, 10.8mg	4	GC, NM, PA
ZYTIGA TABS 250mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS 500mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	GC, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	GC, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	GC, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	GC, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	5	GC, NM, LA, PA
BESREMI SOSY 500mcg/ml	5	GC, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	GC, QL (300 caps / 30 days), NM, PA
<i>dacarbazine</i> SOLR 100mg	2	GC, B/D
HYDREA CAPS 500mg	4	GC
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	GC, B/D
IWILFIN TABS 192mg	5	GC, QL (240 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	GC, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	GC, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	GC, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	GC, NM, LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	2	GC, B/D, NM
NIPENT SOLR 10mg	5	GC, B/D
ONCASPAR SOLN 750unit/ml	5	GC, NM, PA
ONIVYDE INJ 43mg/10ml	5	GC, B/D, NM, LA
RYLAZE SOLN 10mg/0.5ml	5	GC, NM, LA, PA
TARGRETIN CAPS 75mg	5	GC, QL (300 caps / 30 days), NM, PA
TOPOTECAN HCL SOLN 4mg/4ml	4	GC, B/D
<i>topotecan hcl</i> SOLN 4mg/4ml; SOLR 4mg	5	GC, B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	GC
WELIREG TABS 40mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	GC, B/D, NM, LA
<i>docetaxel</i> CONC 20mg/ml	2	GC, B/D
DOCETAXEL CONC 20mg/ml	4	GC, B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	GC, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS SOLR 100mg	4	GC, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	GC, B/D
HALAVEN SOLN 1mg/2ml	5	GC, B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	5	GC, B/D, NM
JEVTANA SOLN 60mg/1.5ml	5	GC, NM, LA, PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	GC, B/D
PACLITAXEL INJ 100MG	5	GC, B/D, NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	GC, B/D, NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	2	GC, B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC, B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	GC, B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	5	GC, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	GC, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	GC, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	GC, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	GC, QL (240 caps / 30 days), NM, LA, PA
ALIQOPA SOLR 60mg	5	GC, NM, LA, PA
ALUNBRIG TABS 30mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	GC, QL (30 tabs / 30 days), NM, LA, PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	5	GC, NM, PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	5	GC, B/D, NM, LA
AUGTYRO CAPS 40mg	5	GC, QL (240 caps / 30 days), NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	GC, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	GC, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	GC, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	GC, QL (28 tabs / 28 days), NM, LA, PA
BAVENCIO SOLN 200mg/10ml	5	GC, NM, LA, PA
BELEODAQ SOLR 500mg	5	GC, NM, LA, PA
BESPONSA SOLR .9mg	5	GC, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	GC, NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	GC, NM, PA
BOSULIF CAPS 50mg	5	GC, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	GC, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	GC, QL (180 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400mg, 500mg	5	GC, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	5	GC, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	GC, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	GC, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	GC, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	GC, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	GC, QL (63 tabs / 28 days), NM, LA, PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	GC, NM, LA, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX SOL FASPRO	5	GC, NM, LA, PA
DAURISMO TABS 25mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
EMPLICITI SOLR 300mg, 400mg	5	GC, NM, LA, PA
ENHERTU SOLR 100mg	5	GC, NM, LA, PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	GC, NM, LA, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	GC, B/D, NM
ERIVEDGE CAPS 150mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	GC, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	GC, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	GC, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	GC, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	GC, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	GC, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	GC, QL (84 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 5mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
FYARRO SUSR 100mg	5	GC, NM, LA, PA
GAVRETO CAPS 100mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
GAZYVA SOLN 1000mg/40ml	5	GC, NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	GC, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
GLEEVEC TABS 100mg	5	GC, QL (90 tabs / 30 days), NM, PA
GLEEVEC TABS 400mg	5	GC, QL (60 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	GC, NM, LA, PA
HERCEPTIN SOLR 150mg	5	GC, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	GC, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	GC, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	GC, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	GC, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	GC, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	GC, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	5	GC, NM, LA, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	GC, NM, LA, PA
INLYTA TABS 1mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
IRESSA TABS 250mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
JEMPERLI SOLN 500mg/10ml	5	GC, NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	GC, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	GC, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	GC, NM, LA, PA
KIMMTRAK SOLN 100mcg/0.5ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPK 200mg	5	GC, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	GC, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	GC, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	GC, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	5	GC, NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	GC, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	GC, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	GC, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	GC, QL (90 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LIBTAYO SOLN 350mg/7ml	5	GC, NM, LA, PA
LOQTORZI SOLN 240mg/6ml	5	GC, NM, LA, PA
LORBRENA TABS 25mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	GC, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	5	GC, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	GC, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	GC, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	GC, QL (140 tabs / 28 days), NM, LA, PA
MARGENZA SOLN 250mg/10ml	5	GC, NM, LA, PA
MEKINIST SOLR .05mg/ml	5	GC, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	GC, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
MYLOTARG SOLR 4.5mg	5	GC, NM, LA, PA
NERLYNX TABS 40mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	GC, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	5	GC, NM, LA, PA
OGIVRI INJ 420MG	5	GC, NM, LA, PA
OGSIVEO TABS 50mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	GC, NM, LA, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	5	GC, NM, LA, PA
OPDUALAG SOL	5	GC, NM, LA, PA
PADCEV SOLR 20mg, 30mg	5	GC, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	GC, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	GC, QL (28 tabs / 28 days), NM, LA, PA
PERJETA SOLN 420mg/14ml	5	GC, NM, LA, PA
PHESGO SOL	5	GC, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	GC, QL (28 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	5	GC, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	GC, QL (56 tabs / 28 days), NM, PA
POLIVY SOLR 30mg, 140mg	5	GC, NM, LA, PA
PORTRAZZA SOLN 800mg/50ml	5	GC, NM, LA, PA
POTELIGEO SOLN 20mg/5ml	5	GC, NM, LA, PA
QINLOCK TABS 50mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	GC, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	GC, NM, LA, PA
RITUXAN INJ HYCELA	5	GC, NM, LA, PA
ROZLYTREK CAPS 100mg	5	GC, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	GC, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	GC, NM, PA
RYBREVANT SOLN 350mg/7ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	5	GC, QL (224 caps / 28 days), NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	5	GC, NM, LA, PA
SCEMBLIX TABS 20mg	5	GC, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	GC, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	GC, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	GC, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	GC, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	GC, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	GC, QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
TABRECTA TABS 150mg, 200mg	5	GC, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	GC, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	GC, QL (90 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 50mg	5	GC, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	GC, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	GC, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	GC, NM, LA, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	5	GC, NM, LA, PA
<i>temsirolimus</i> SOLN 25mg/ml	5	GC, B/D, NM
TEPMETKO TABS 225mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
TIVDAK SOLR 40mg	5	GC, NM, LA, PA
TORISEL SOLN 25mg/ml	5	GC, B/D, NM
TRAZIMERA SOLR 150mg, 420mg	5	GC, NM, PA
TRODELVY SOLR 180mg	5	GC, NM, LA, PA
TRUQAP TABS 160mg, 200mg	5	GC, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	GC, NM, PA
TUKYSA TABS 50mg, 150mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
TYKERB TABS 250mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	GC, QL (56 tabs / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	GC, B/D, NM, LA
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	5	GC, NM, PA
VELCADE SOLR 3.5mg	5	GC, NM, PA
VENCLEXTA TABS 10mg	4	GC, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	GC, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	GC, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	GC, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	GC, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	GC, QL (240 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP 150mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	GC, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	GC, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	GC, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	GC, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	GC, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	GC, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	GC, QL (8 tabs / 28 days), NM, LA, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	GC, NM, LA, PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	GC, NM, LA, PA
ZEJULA CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	GC, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	GC, NM, LA, PA
ZOLINZA CAPS 100mg	5	GC, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150mg	5	GC, QL (84 tabs / 28 days), NM, LA, PA
ZYNLONTA SOLR 10mg	5	GC, NM, LA, PA
ZYNYZ SOLN 500mg/20ml	5	GC, NM, LA, PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	5	GC, B/D
ELITEK SOLR 1.5mg, 7.5mg	5	GC, B/D
KHAPZORY SOLR 175mg	5	GC, B/D, NM, LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	GC, B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	GC
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	2	GC, B/D, NM
MESNEX TABS 400mg	5	GC

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
LOTREL CAP 5-10MG	4	GC, QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 5-20MG	4	GC, QL (30 caps / 30 days)
LOTREL CAP 10-20MG	4	GC, QL (30 caps / 30 days)
LOTREL CAP 10-40MG	4	GC, QL (30 caps / 30 days)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	GC
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	GC
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	GC
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	GC
VASERETIC TAB 10-25MG	4	GC
ZESTORETIC TAB 10-12.5	4	GC
ZESTORETIC TAB 20-12.5	4	GC
ZESTORETIC TAB 20-25MG	4	GC
ACE INHIBITORS		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	4	GC
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	GC
<i>enalapril maleate</i> SOLN 1mg/ml	2	GC
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	GC
EPANED SOLN 1mg/ml	5	GC
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	GC
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TABS 10mg, 20mg, 40mg	4	GC
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
QBRELIS SOLN 1mg/ml	5	GC
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC
VASOTEC TABS 2.5mg, 5mg, 10mg	4	GC
VASOTEC TABS 20mg	5	GC
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	4	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	4	GC
CAROSPIR SUSP 25mg/5ml	4	GC
<i>eplerenone</i> TABS 25mg, 50mg	2	GC
INSPRA TABS 25mg, 50mg	4	GC
KERENDIA TABS 10mg, 20mg	3	GC, QL (30 tabs / 30 days)
<i>spironolactone</i> SUSP 25mg/5ml	2	GC
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	4	GC
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	GC
MINIPRESS CAPS 1mg, 2mg, 5mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	GC
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5	4	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TAB 32-12.5	4	GC, QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	4	GC, QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	4	GC, QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	4	GC, QL (30 tabs / 30 days)
AZOR TAB 5-20MG	4	GC, QL (30 tabs / 30 days)
AZOR TAB 5-40MG	4	GC, QL (30 tabs / 30 days)
AZOR TAB 10-20MG	4	GC, QL (30 tabs / 30 days)
AZOR TAB 10-40MG	4	GC, QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	4	GC, QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	4	GC, QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	4	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	GC, QL (30 tabs / 30 days)
DIOVAN HCT TAB 80/12.5	4	GC, QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	4	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT TAB 160-25MG	4	GC, QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	4	GC, QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	4	GC, QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	GC, QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	GC, QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	GC, QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	GC, QL (60 tabs / 30 days)
EXFORGE HCT TAB 5-160-12.5MG	4	GC, QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	4	GC, QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	4	GC, QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	4	GC, QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	4	GC, QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	4	GC, QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	4	GC, QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	4	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-320MG	4	GC, QL (30 tabs / 30 days)
HYZAAR TAB 50-12.5	4	GC
HYZAAR TAB 100-12.5	4	GC
HYZAAR TAB 100-25	4	GC
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
MICARDIS HCT TAB 40/12.5	4	GC, QL (30 tabs / 30 days)
MICARDIS HCT TAB 80-25MG	4	GC, QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	4	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC, QL (30 tabs / 30 days)
TRIBENZOR20- TAB 5-12.5MG	4	GC, QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	4	GC, QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	4	GC, QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	4	GC, QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	4	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg	4	GC, QL (60 tabs / 30 days)
ATACAND TABS 32mg	4	GC, QL (30 tabs / 30 days)
AVAPRO TABS 75mg, 150mg, 300mg	4	GC, QL (30 tabs / 30 days)
BENICAR TABS 5mg	4	GC, QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	4	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	GC, QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg, 100mg	4	GC
DIOVAN TABS 40mg, 80mg, 160mg	4	GC, QL (60 tabs / 30 days)
DIOVAN TABS 320mg	4	GC, QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	GC, QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	GC
MICARDIS TABS 20mg, 40mg, 80mg	4	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 5mg	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>valsartan</i> SOLN 4mg/ml	5	GC, QL (2400 mL / 30 days), PA
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	GC, QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	GC, QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	GC
<i>amiodarone hcl</i> TABS 200mg	1	GC
BETAPACE TABS 80mg, 120mg, 160mg	5	GC
BETAPACE AF TABS 80mg	4	GC
BETAPACE AF TABS 120mg, 160mg	5	GC
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	GC
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	GC, NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	GC
MULTAQ TABS 400mg	4	GC
NORPACE CAPS 100mg, 150mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CP12 100mg, 150mg	4	GC
<i>pacerone</i> TABS 100mg, 400mg	2	GC
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	GC
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	GC
RYTHMOL SR CP12 225mg, 325mg, 425mg	4	GC
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	GC
SOTYLIZE SOLN 5mg/ml	4	GC
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	GC, NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	GC
<i>fenofibrate</i> CAPS 50mg	2	GC, QL (60 caps / 30 days), PA
<i>fenofibrate</i> CAPS 150mg	2	GC, QL (30 caps / 30 days), PA
<i>fenofibrate</i> TABS 40mg	2	GC, QL (60 tabs / 30 days), PA
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	GC
<i>fenofibrate</i> TABS 120mg	2	GC, QL (30 tabs / 30 days), PA
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i> CAPS 130mg	2	GC, QL (30 caps / 30 days), PA
FENOGLIDE TABS 40mg	4	GC, QL (60 tabs / 30 days), PA
FENOGLIDE TABS 120mg	5	GC, QL (30 tabs / 30 days), PA
<i>gemfibrozil</i> TABS 600mg	1	GC
LIPOFEN CAPS 50mg	4	GC, QL (60 caps / 30 days), PA
LIPOFEN CAPS 150mg	4	GC, QL (30 caps / 30 days), PA
LOPID TABS 600mg	4	GC
TRICOR TABS 48mg, 145mg	4	GC
TRILIPIX CPDR 45mg, 135mg	4	GC
<i>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</i>		
ALTOPREV TB24 20mg, 40mg, 60mg	5	GC, QL (30 tabs / 30 days), ST
ATORVALIQ SUSP 20mg/5ml	4	GC, QL (600 mL / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	4	GC, QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	GC, QL (30 caps / 30 days), ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	4	GC, QL (300 mL / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	GC, QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	GC, QL (30 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
LESCOL XL TB24 80mg	4	GC, QL (30 tabs / 30 days), ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	4	GC, QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	GC, QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	GC, QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ZOCOR TABS 10mg, 20mg, 40mg	4	GC, QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	GC, QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	GC
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	4	GC
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	GC

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Drug Name	Drug Tier	Requirements/Limits
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	5	GC, NM, LA, PA
<i>ezetimibe</i> TABS 10mg	2	GC
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	GC, QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	GC, NM, LA, PA
LOVAZA CAP 1GM	4	GC, PA
NEXLETOL TABS 180mg	3	GC, QL (30 tabs / 30 days), PA
NEXLIZET TAB 180/10MG	3	GC, QL (30 tabs / 30 days), PA
<i>niacin (antihyperlipidemic)</i> TABS 500mg	2	GC, PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	GC, QL (60 tabs / 30 days)
<i>niacor</i> TABS 500mg	2	GC, PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	GC, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	GC
QUESTRAN PACK 4gm; POWD 4gm/dose	4	GC
QUESTRAN LIGHT POWD 4gm/dose	4	GC
REPATHA SOSY 140mg/ml	3	GC, NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	GC, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ 140mg/ml	3	GC, NM, PA
VASCEPA CAPS .5gm, 1gm	3	GC
VYTORIN TAB 10-10MG	4	GC, QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	4	GC, QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	4	GC, QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	4	GC, QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	4	GC
ZETIA TABS 10mg	4	GC
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	GC
TENORETIC TAB 50	4	GC
TENORETIC TAB 100	4	GC

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Drug Name	Drug Tier	Requirements/Limits
ZIAC TAB 2.5/6.25	4	GC
ZIAC TAB 5-6.25MG	4	GC
ZIAC TAB 10/6.25	4	GC
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	GC
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>betaxolol hcl</i> TABS 10mg, 20mg	2	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	GC
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	GC, QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	GC, QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg	2	GC, QL (30 caps / 30 days)
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	4	GC
COREG CR CP24 10mg, 20mg, 40mg, 80mg	4	GC, QL (30 caps / 30 days)
CORGARD TABS 20mg, 40mg	4	GC
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	5	GC
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	4	GC
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	2	GC
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	4	GC

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Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TABS 50mg, 100mg	4	GC
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	GC
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	GC
<i>metoprolol tartrate</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	GC
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2	GC, QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	2	GC
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
TENORMIN TABS 25mg, 50mg, 100mg	4	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	GC
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	4	GC
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
CARDIZEM TABS 30mg, 60mg, 120mg	4	GC
CARDIZEM CD CP24 120mg	4	GC
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	5	GC
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	GC
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC
<i>isradipine</i> CAPS 2.5mg, 5mg	2	GC
KATERZIA SUSP 1mg/ml	4	GC
<i>levamlodipine maleate</i> TABS 2.5mg, 5mg	2	GC, QL (30 tabs / 30 days), PA
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	GC
NICARDIPINE SOL 20/200ML	4	GC
NICARDIPINE SOL 40/200ML	4	GC
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	GC
<i>nimodipine</i> CAPS 30mg	2	GC
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	GC
NORLIQVA SOLN 1mg/ml	4	GC

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Drug Name	Drug Tier	Requirements/Limits
NORVASC TABS 2.5mg, 5mg, 10mg	4	GC
NYMALIZE SOLN 6mg/ml	5	GC
PROCARDIA XL TB24 30mg, 60mg, 90mg	4	GC
SULAR TB24 8.5mg, 17mg, 34mg	4	GC
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	GC
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC
VERELAN CP24 120mg, 180mg, 240mg, 360mg	4	GC
VERELAN PM CP24 100mg, 200mg, 300mg	4	GC
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	GC
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	GC
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>dichlorphenamide</i> TABS 50mg	5	GC, NM, PA
DIURIL SUSP 250mg/5ml	4	GC

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Drug Name	Drug Tier	Requirements/Limits
DYRENIUM CAPS 50mg, 100mg	4	GC
EDECIN TABS 25mg	5	GC
<i>ethacrynic acid</i> TABS 25mg	2	GC
FUROSCIX CTKT 80mg/10ml	5	GC
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
KEVEYIS TABS 50mg	5	GC, NM, LA, PA
LASIX TABS 20mg, 40mg, 80mg	4	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	GC
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	GC
SOANZ TABS 20mg, 40mg, 60mg	4	GC
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	2	GC
THALITONE TABS 15mg	4	GC
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene</i> CAPS 50mg, 100mg	2	GC
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	GC
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	1	GC
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	4	GC, PA
BIDIL TAB	4	GC
CADUET TAB 5-10MG	4	GC
CADUET TAB 5-20MG	4	GC

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Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 5-40MG	4	GC
CADUET TAB 5-80MG	4	GC
CADUET TAB 10-10MG	4	GC
CADUET TAB 10-20MG	4	GC
CADUET TAB 10-40MG	4	GC
CADUET TAB 10-80MG	4	GC
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	GC
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml	3	GC, QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	3	GC, QL (60 tabs / 30 days)
DEMSER CAPS 250mg	5	GC, PA
DIBENZYLINE CAPS 10mg	5	GC, PA
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	2	GC
<i>digoxin</i> TABS 125mcg, 250mcg	2	GC, QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	GC, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	GC
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	GC, PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	GC
INPEFA TABS 200mg	4	GC, QL (60 tabs / 30 days)
INPEFA TABS 400mg	4	GC, QL (30 tabs / 30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	GC
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	4	GC
LANOXIN TABS 125mcg, 250mcg	4	GC, QL (30 tabs / 30 days)
LANOXIN PEDIATRIC SOLN .1mg/ml	4	GC
LODOCO TABS .5mg	4	GC, QL (30 tabs / 30 days), PA
<i>metirosine</i> CAPS 250mg	5	GC, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	GC
<i>minoxidil</i> TABS 2.5mg, 10mg	2	GC
NORTHERA CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	5	GC, PA
<i>ranolazine</i> TB12 500mg, 1000mg	2	GC
TEKTURNA TABS 150mg, 300mg	4	GC
VERQUVO TABS 2.5mg, 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
VYNDAMAX CAPS 61mg	5	GC, QL (30 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL CAPS 20mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
<i>NITRATES</i>		
ISORDIL TITRADOSE TABS 5mg	4	GC
ISORDIL TITRADOSE TABS 40mg	5	GC, PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	GC
<i>isosorbide dinitrate</i> TABS 40mg	2	GC, PA
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	GC
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	4	GC
NITRO-DUR PT24 .3mg/hr, .8mg/hr	5	GC
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	GC
NITROLINGUAL SOLN .4mg/spray	4	GC
NITROSTAT SUBL .3mg, .4mg, .6mg	4	GC
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA TABS 20mg	5	GC, QL (60 tabs / 30 days), NM, PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
<i>alyq</i> TABS 20mg	5	GC, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	5	GC, B/D, NM, LA
FLOLAN SOLR .5mg, 1.5mg	5	GC, B/D, NM, LA
LETAIRIS TABS 5mg, 10mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
LIQREV SUSP 10mg/ml	5	GC, QL (244 mL / 30 days), NM, PA
OPSUMIT TABS 10mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	GC, NM, LA, PA
ORENITRAM TBCR .125mg	4	GC, NM, LA, PA
ORENITRAM TAB MONTH 1	5	GC, NM, LA, PA
ORENITRAM TAB MONTH 2	5	GC, NM, LA, PA
ORENITRAM TAB MONTH 3	5	GC, NM, LA, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	GC, NM, LA, PA
REVATIO SOLN 10mg/12.5ml	5	GC, NM, PA
REVATIO SUSR 10mg/ml	5	GC, QL (784 mL / 30 days), NM, PA
REVATIO TABS 20mg	5	GC, QL (360 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	5	GC, NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	5	GC, QL (784 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	GC, QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	GC, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
TADLIQ SUSP 20mg/5ml	5	GC, QL (300 mL / 30 days), NM, PA
TRACLEER TABS 62.5mg, 125mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
TRACLEER TBSO 32mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	GC, NM, LA, PA
TYVASO SOLN .6mg/ml	5	GC, NM, LA, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	5	GC, QL (112 cartridges / 28 days), NM, LA, PA
TYVASO DPI POW 16-32-48	5	GC, QL (252 cartridges / 28 days), NM, LA, PA
TYVASO DPI POW 32-48MCG	5	GC, QL (224 cartridges / 28 days), NM, LA, PA
UPTRAVI SOLR 1800mcg	5	GC, NM, LA, PA
UPTRAVI TABS 200mcg	5	GC, QL (140 tabs / 28 days), NM, LA, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI PACK TAB 200/800	5	GC, QL (1 pack / 28 days), NM, LA, PA
VELETRI SOLR .5mg, 1.5mg	5	GC, B/D, NM, LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	GC, NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBP .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>alprazolam</i> TB24 2mg, 3mg	2	GC, QL (90 tabs / 30 days), PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i> TB24 .5mg, 1mg	2	GC, QL (150 tabs / 30 days), PA; PA if 65 years and older
<i>alprazolam</i> TBDP .25mg	2	GC, QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	4	GC, QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	4	GC
ATIVAN TABS .5mg, 1mg, 2mg	5	GC, QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	GC
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	2	GC, QL (120 caps / 30 days), PA; PA if 65 years and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	2	GC, QL (60 caps / 30 days)
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	GC
<i>lorazepam</i> CONC 2mg/ml	2	GC, QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	GC, QL (150 mL / 30 days)
LOREEV XR CS24 1mg, 1.5mg, 2mg	4	GC, QL (150 caps / 30 days), PA; PA if 65 years and older
LOREEV XR CS24 3mg	4	GC, QL (90 caps / 30 days), PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	2	GC, QL (120 caps / 30 days), PA; PA if 65 years and older
XANAX TABS .25mg, .5mg, 1mg, 2mg	4	GC, QL (150 tabs / 30 days)
XANAX XR TB24 2mg, 3mg	4	GC, QL (90 tabs / 30 days), PA; PA if 65 years and older
XANAX XR TB24 .5mg, 1mg	4	GC, QL (150 tabs / 30 days), PA; PA if 65 years and older

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	4	GC, QL (4 patches / 28 days), PA
ARICEPT TABS 5mg	4	GC, QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	4	GC
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC
<i>donepezil hydrochloride</i> TABS 23mg	2	GC
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	GC, QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	GC, QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	GC, QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	GC, QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	GC, PA; PA applies if 29 years and younger

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	GC, PA; PA applies if 29 years and younger
NAMENDA TAB 5-10MG	4	GC, PA; PA applies if 29 years and younger
NAMENDA XR CP24 14mg, 21mg, 28mg	4	GC, PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	GC
NAMZARIC CAP 14-10MG	4	GC
NAMZARIC CAP 21-10MG	4	GC
NAMZARIC CAP 28-10MG	4	GC
NAMZARIC CAP PACK	4	GC
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	GC, QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	2	GC, QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	GC
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	3	GC
ANAFRANIL CAPS 25mg, 50mg, 75mg	5	GC, PA
APLENZIN TB24 174mg	5	GC, QL (60 tabs / 30 days), PA
APLENZIN TB24 348mg, 522mg	5	GC, QL (30 tabs / 30 days), PA
AUVELITY TAB 45-105MG	4	GC, QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	2	GC
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	2	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB24 300mg	2	GC, QL (30 tabs / 30 days)
<i>bupropion hcl</i> TB24 450mg	2	GC, QL (30 tabs / 30 days), PA
CELEXA TABS 10mg, 20mg, 40mg	4	GC
CITALOPRAM HYDROBROMIDE CAPS 30mg	4	GC, QL (30 caps / 30 days), PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	GC
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	GC, PA
CYMBALTA CPEP 20mg, 30mg, 60mg	4	GC, QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	GC
DESVENLAFAXINE ER TB24 50mg, 100mg	4	GC, QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	GC, QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	GC
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	GC, QL (60 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	4	GC
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	GC, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	GC
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC

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FETZIMA CP24 20mg, 40mg	4	GC, QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	GC, QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	GC, QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	GC
<i>fluoxetine hcl</i> CPDR 90mg	2	GC, QL (4 caps / 28 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	GC
<i>fluoxetine hcl</i> TABS 10mg, 60mg	2	GC, QL (30 tabs / 30 days), PA
<i>fluoxetine hcl</i> TABS 20mg	2	GC, QL (120 tabs / 30 days), PA
<i>fluoxetine hcl (pmdd)</i> TABS 10mg	2	GC, QL (30 tabs / 30 days), PA; (generic of SARAFEM)
<i>fluoxetine hcl (pmdd)</i> TABS 20mg	2	GC, QL (120 tabs / 30 days), PA; (generic of SARAFEM)
FLUOXETINE HYDROCHLORIDE TABS 60mg	4	GC, QL (30 tabs / 30 days), PA
FORFIVO XL TB24 450mg	4	GC, QL (30 tabs / 30 days), PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	4	GC
LEXAPRO TABS 5mg, 10mg, 20mg	4	GC
MARPLAN TABS 10mg	4	GC, QL (180 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	GC
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
NARDIL TABS 15mg	4	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	GC
NORPRAMIN TABS 10mg, 25mg	4	GC
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	GC
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	5	GC
PARNATE TABS 10mg	5	GC
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	GC, QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	GC, QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	GC, QL (900 mL / 30 days), PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg	4	GC
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	4	GC, QL (60 tabs / 30 days)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	GC, PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	GC, PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	GC, PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	GC, PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	GC, PA; PA if 70 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	GC
PRISTIQ TB24 25mg, 50mg, 100mg	4	GC, QL (30 tabs / 30 days), PA
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	GC
PROZAC CAPS 10mg, 20mg	4	GC
PROZAC CAPS 40mg	5	GC
REMERON TABS 15mg, 30mg	4	GC
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	4	GC
<i>sertraline hcl</i> CONC 20mg/ml	2	GC
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	4	GC, QL (30 caps / 30 days), PA
SPRAVATO SOL 56MG DOS	5	GC, NM, LA, PA
SPRAVATO SOL 84MG DOS	5	GC, NM, LA, PA
<i>tranlycypromine sulfate</i> TABS 10mg	2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trazodone hcl</i> TABS 300mg	2	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	GC, QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	GC, QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER TB24 112.5mg	4	GC, QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	2	GC
<i>venlafaxine hcl</i> TB24 225mg	2	GC, QL (30 tabs / 30 days), PA
VIIBRYD TABS 10mg, 20mg, 40mg	4	GC, QL (30 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	GC, QL (30 tabs / 30 days)
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	4	GC, QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 150mg	5	GC, QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 300mg	5	GC, QL (30 tabs / 30 days), PA
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	4	GC
ZURZUVAE CAPS 20mg, 25mg	5	GC, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	5	GC, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	GC
APOKYN SOCT 30mg/3ml	5	GC, QL (20 cartridges / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	5	GC, QL (20 cartridges / 30 days), NM, PA
AZILECT TABS .5mg, 1mg	5	GC, QL (30 tabs / 30 days)
<i>benztropine mesylate</i> SOLN 1mg/ml	2	GC
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	GC, PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	GC
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	GC
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	GC
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	GC
<i>carbidopa</i> TABS 25mg	2	GC
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	GC
COMTAN TABS 200mg	4	GC
DHIVY TAB 25-100MG	4	GC
DUOPA SUS 4.63-20	5	GC, B/D, NM, LA
<i>entacapone</i> TABS 200mg	2	GC
GOCOVRI CP24 68.5mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
GOCOVRI CP24 137mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
INBRIJA CAPS 42mg	5	GC, QL (300 caps / 30 days), NM, LA, PA
LODOSYN TABS 25mg	5	GC
MIRAPEX ER TB24 3mg	4	GC
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	GC
NOURIANZ TABS 20mg, 40mg	5	GC, QL (30 tabs / 30 days), NM, LA
ONGENTYS CAPS 25mg, 50mg	4	GC, QL (30 caps / 30 days), PA
OSMOLEX ER TB24 129mg, 193mg	4	GC, QL (30 tabs / 30 days), NM, LA, PA
PARLODEL CAPS 5mg; TABS 2.5mg	4	GC
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	GC
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	GC, QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	GC
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	GC
RYTARY CAP 95MG	4	GC, ST
RYTARY CAP 145MG	4	GC, ST
RYTARY CAP 195MG	4	GC, ST
RYTARY CAP 245MG	4	GC, ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	GC
SINEMET TAB 10-100MG	4	GC
SINEMET TAB 25-100MG	4	GC
STALEVO 50 TAB	4	GC
STALEVO 75 TAB	4	GC
STALEVO 100 TAB	4	GC
STALEVO 125 TAB	4	GC
STALEVO 150 TAB	4	GC
STALEVO 200 TAB	4	GC
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	GC, PA; PA if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	GC, PA; PA if 70 years and older
XADAGO TABS 50mg, 100mg	5	GC

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP 1.25mg	5	GC
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	GC, QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	GC, QL (1 syringe / 56 days), PA
ABILIFY MAINTENA PRSY 300mg, 400mg	5	GC, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	GC, QL (1 injection / 28 days)
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	GC, QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	GC, QL (30 tabs / 30 days), PA
<i>aripiprazole</i> SOLN 1mg/ml	2	GC, QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	GC, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	GC, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	GC
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	GC, QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	GC, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 25mg, 50mg	2	GC
<i>clozapine</i> TABS 100mg	2	GC, QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	GC, QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	GC, PA
<i>clozapine</i> TBDP 100mg	2	GC, QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	GC, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	GC, QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg, 50mg	4	GC
CLOZARIL TABS 100mg	5	GC, QL (270 tabs / 30 days)
CLOZARIL TABS 200mg	5	GC, QL (120 tabs / 30 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	GC, QL (60 tabs / 30 days), PA
FANAPT PAK	4	GC, QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	GC
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	GC
GEODON CAPS 20mg, 40mg, 60mg, 80mg	5	GC, QL (60 caps / 30 days)
GEODON SOLR 20mg	4	GC, QL (6 injections / 3 days)
HALDOL DECANOATE 100 SOLN 100mg/ml	4	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	GC
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	GC
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	GC
INVEGA TB24 3mg, 9mg	4	GC, QL (30 tabs / 30 days)
INVEGA TB24 6mg	4	GC, QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	GC, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	GC, QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	GC, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	GC, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	5	GC, QL (30 tabs / 30 days)
LATUDA TABS 80mg	5	GC, QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	GC
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	GC, QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	GC, QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	GC, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 10-10MG	5	GC, QL (30 tabs / 30 days), PA
LYBALVI TAB 15-10MG	5	GC, QL (30 tabs / 30 days), PA
LYBALVI TAB 20-10MG	5	GC, QL (30 tabs / 30 days), PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	GC
NUPLAZID CAPS 34mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	GC, QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	GC, QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	GC, QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	GC
PERSERIS PRSY 90mg, 120mg	5	GC, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	GC
<i>quetiapine fumarate</i> TABS 25mg	2	GC, QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	GC, QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	GC, QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	GC, QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	GC, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	GC, QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	4	GC, QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	4	GC
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	GC, QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	GC, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	GC, QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	GC, QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	GC, QL (2 injections / 28 days)
SAPHRIS SUBL 2.5mg, 5mg, 10mg	5	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	GC, QL (30 patches / 30 days)
SEROQUEL TABS 25mg	4	GC, QL (180 tabs / 30 days)
SEROQUEL TABS 50mg, 100mg, 200mg	4	GC, QL (90 tabs / 30 days)
SEROQUEL TABS 300mg	4	GC, QL (60 tabs / 30 days)
SEROQUEL TABS 400mg	5	GC, QL (60 tabs / 30 days)
SEROQUEL XR TB24 50mg, 300mg, 400mg	4	GC, QL (60 tabs / 30 days), PA
SEROQUEL XR TB24 150mg, 200mg	4	GC, QL (30 tabs / 30 days), PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	GC
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	GC
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	5	GC, QL (1 syringe / 30 days), PA
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	5	GC, QL (1 syringe / 60 days), PA
VERSACLOZ SUSP 50mg/ml	5	GC, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	GC, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	GC, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	GC, QL (2 packs / year)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	GC, QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	GC, QL (6 injections / 3 days)
ZYPREXA SOLR 10mg	4	GC, QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg, 10mg	4	GC, QL (60 tabs / 30 days)
ZYPREXA TABS 7.5mg	4	GC, QL (30 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	5	GC, QL (30 tabs / 30 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	GC, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	GC, QL (1 vial / 28 days), NM, PA
ZYPREXA ZYDIS TBDP 5mg	4	GC, QL (30 tabs / 30 days)
ZYPREXA ZYDIS TBDP 10mg	4	GC, QL (60 tabs / 30 days)
ZYPREXA ZYDIS TBDP 15mg, 20mg	5	GC, QL (30 tabs / 30 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	GC, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	GC, QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	5	GC, QL (2400 mL / 30 days), PA
BANZEL TABS 200mg	5	GC, QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	5	GC, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN 10mg/ml	5	GC, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	GC, PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	GC, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	GC
CARBATROL CP12 100mg, 200mg, 300mg	4	GC
CELONTIN CAPS 300mg	4	GC
<i>clobazam</i> SUSP 2.5mg/ml	2	GC, QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	GC, QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	GC, QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	GC, QL (180 tabs / 30 days), PA; PA if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	4	GC
DEPAKOTE ER TB24 250mg, 500mg	4	GC
DEPAKOTE SPRINKLES CSDR 125mg	4	GC
DIACOMIT CAPS 250mg	5	GC, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	GC, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	GC, QL (360 packets / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	5	GC, QL (180 packets / 30 days), NM, LA, PA
DIASTAT ACUDIAL GEL 10mg	4	GC
<i>diazepam</i> SOLN 5mg/5ml	2	GC, QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	GC, QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	GC
<i>diazepam inj</i> SOLN 5mg/ml	2	GC
<i>diazepam intensol</i> CONC 5mg/ml	2	GC, QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	4	GC
DILANTIN INFATABS CHEW 50mg	4	GC
DILANTIN-125 SUSP 125mg/5ml	4	GC
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	GC
EPIDIOLEX SOLN 100mg/ml	5	GC, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	GC
EPRONTIA SOLN 25mg/ml	4	GC, QL (480 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	GC
<i>felbamate</i> SUSP 600mg/5ml	5	GC
<i>felbamate</i> TABS 400mg, 600mg	2	GC
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	5	GC
FINTEPLA SOLN 2.2mg/ml	5	GC, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	GC, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	GC, QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	GC, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	GC, QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	GC, QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	GC, QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	GC, QL (120 tabs / 30 days)
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	5	GC
KEPPRA TABS 250mg	4	GC
KEPPRA XR TB24 500mg, 750mg	5	GC
KLONOPIN TABS 2mg	4	GC, QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	4	GC, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> SOLN 200mg/20ml	2	GC
<i>lacosamide</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	GC, QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	GC, QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	5	GC
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	5	GC
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	5	GC
LAMICTAL ODT KIT BLUE	4	GC
LAMICTAL ODT KIT GREEN	4	GC
LAMICTAL ODT KIT ORANGE	4	GC
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	4	GC
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	4	GC
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	4	GC
LAMICTAL XR TB24 25mg	4	GC
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	5	GC
LAMICTAL XR KIT	4	GC
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	GC
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	GC
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	GC
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	GC
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	GC
LEVETIRACETA INJ 5MG/ML	4	GC
LEVETIRACETA INJ 10MG/ML	4	GC
LEVETIRACETA INJ 15MG/ML	4	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	GC
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	GC
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	GC
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	GC
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	4	GC, QL (120 caps / 30 days), PA
LYRICA CAPS 200mg	4	GC, QL (90 caps / 30 days), PA
LYRICA CAPS 225mg, 300mg	4	GC, QL (60 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN 20mg/ml	4	GC, QL (900 mL / 30 days), PA
<i>methsuximide</i> CAPS 300mg	2	GC
MOTPOLY XR CP24 100mg, 150mg, 200mg	5	GC, QL (60 caps / 30 days), PA
MYSOLINE TABS 50mg, 250mg	5	GC
NAYZILAM SOLN 5mg/0.1ml	4	GC
NEURONTIN CAPS 100mg, 300mg, 400mg	4	GC, QL (180 caps / 30 days)
NEURONTIN SOLN 250mg/5ml	4	GC, QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	5	GC, QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	5	GC, QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	5	GC, QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	5	GC, QL (60 tabs / 30 days), PA
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	GC
OXTELLAR XR TB24 150mg, 300mg	4	GC
OXTELLAR XR TB24 600mg	5	GC
<i>phenobarbital</i> ELIX 20mg/5ml	4	GC, QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	GC, QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	GC, PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytek</i> CAPS 200mg, 300mg	2	GC
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	GC
<i>phenytoin sodium</i> SOLN 50mg/ml	2	GC
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	GC
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	GC, QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	GC, QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	GC, QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	GC, QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	GC
QUDEXY XR CS24 25mg	4	GC, QL (480 caps / 30 days), PA
QUDEXY XR CS24 50mg	4	GC, QL (240 caps / 30 days), PA
QUDEXY XR CS24 100mg	4	GC, QL (120 caps / 30 days), PA
QUDEXY XR CS24 150mg, 200mg	5	GC, QL (60 caps / 30 days), PA
<i>roweepra</i> TABS 500mg	2	GC
<i>rufinamide</i> SUSP 40mg/ml	5	GC, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	GC, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	GC, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK 500mg	5	GC, QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS 500mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TB3D 250mg	4	GC, QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	GC, QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	GC, QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	GC, QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>subvenite starter kit/blu</i> KIT 25mg	2	GC
<i>subvenite starter kit/gre</i>	2	GC
<i>subvenite starter kit/ora</i>	2	GC
SYMPAZAN FILM 5mg, 10mg, 20mg	5	GC, QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	4	GC
TEGRETOL-XR TB12 100mg, 200mg, 400mg	4	GC
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	GC
TOPAMAX TABS 25mg	4	GC
TOPAMAX TABS 50mg, 100mg, 200mg	5	GC
TOPAMAX SPRINKLE CPSP 15mg	4	GC
TOPAMAX SPRINKLE CPSP 25mg	5	GC

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> CP24 25mg; CS24 25mg	2	GC, QL (480 caps / 30 days), PA
<i>topiramate</i> CP24 50mg; CS24 50mg	2	GC, QL (240 caps / 30 days), PA
<i>topiramate</i> CP24 100mg	5	GC, QL (120 caps / 30 days), PA
<i>topiramate</i> CP24 200mg; CS24 150mg, 200mg	5	GC, QL (60 caps / 30 days), PA
<i>topiramate</i> CPSP 15mg, 25mg	2	GC
<i>topiramate</i> CS24 100mg	2	GC, QL (120 caps / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	5	GC
TRILEPTAL TABS 150mg	4	GC
TROKENDI XR CP24 25mg	4	GC, QL (480 caps / 30 days), PA
TROKENDI XR CP24 50mg	4	GC, QL (240 caps / 30 days), PA
TROKENDI XR CP24 100mg	5	GC, QL (120 caps / 30 days), PA
TROKENDI XR CP24 200mg	5	GC, QL (60 caps / 30 days), PA
VALIUM TABS 2mg, 5mg, 10mg	4	GC, QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	GC
<i>valproic acid</i> CAPS 250mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	GC
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	GC
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	GC
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	GC
<i>vigabatrin</i> PACK 500mg	5	GC, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	GC, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	GC, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	GC, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	GC
VIMPAT TABS 50mg	4	GC, QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	GC, QL (60 tabs / 30 days)
XCOPRI TABS 50mg, 100mg	5	GC, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	GC, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	GC, QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	GC, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	GC, QL (56 tabs / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200MG (MAINTENANCE)	5	GC, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	GC, QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	4	GC
ZONEGRAN CAPS 25mg, 100mg	5	GC
ZONISADE SUSP 100mg/5ml	5	GC, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
ZTALMY SUSP 50mg/ml	5	GC, QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADDERALL TAB 5MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL TAB 10MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	4	GC, QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	4	GC, QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	4	GC, QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	4	GC, QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CAP 15MG	4	GC, QL (30 caps / 30 days), PA
ADDERALL XR CAP 20MG	4	GC, QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	4	GC, QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	4	GC, QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	4	GC, QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	4	GC, QL (30 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	GC, QL (30 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	GC, QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	GC, QL (60 tabs / 30 days), PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg	4	GC, QL (60 caps / 30 days), PA
APTENSIO XR CP24 40mg, 50mg, 60mg	4	GC, QL (30 caps / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	GC, QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	GC, QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	GC, QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	4	GC, QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	4	GC, QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	4	GC, QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	4	GC, QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA TBCR 54mg	4	GC, QL (30 tabs / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	4	GC, QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	4	GC, QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	5	GC, QL (150 caps / 30 days), PA
DEXEDRINE CP24 15mg	5	GC, QL (120 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	2	GC, QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	2	GC, QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	GC, QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	2	GC, QL (60 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	2	GC, QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 15mg	2	GC, QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	GC, QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 15mg	2	GC, QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 20mg	2	GC, QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 30mg	2	GC, QL (60 tabs / 30 days), PA
DYANAVEL XR CHER 5mg	4	GC, QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DYANAVEL XR CHER 10mg, 15mg, 20mg	4	GC, QL (30 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	4	GC, QL (240 mL / 30 days), PA
FOCALIN TABS 2.5mg, 5mg	4	GC, QL (120 tabs / 30 days), PA
FOCALIN TABS 10mg	4	GC, QL (60 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	4	GC, QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	4	GC, QL (30 caps / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	GC, QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	GC, QL (60 tabs / 30 days), PA; PA if 70 years and older
INTUNIV TB24 1mg, 2mg, 4mg	4	GC, QL (30 tabs / 30 days), PA; PA if 70 years and older
INTUNIV TB24 3mg	4	GC, QL (60 tabs / 30 days), PA; PA if 70 years and older
JORNAY PM CP24 20mg, 40mg	4	GC, QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	4	GC, QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	2	GC, QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	2	GC, QL (30 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	2	GC, QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	2	GC, QL (30 tabs / 30 days), PA
METHYLIN SOLN 5mg/5ml	4	GC, QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	4	GC, QL (900 mL / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	2	GC, QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	2	GC, QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> CP24 10mg, 15mg, 20mg, 30mg; CPR 10mg, 20mg, 30mg	2	GC, QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CP24 40mg, 50mg, 60mg; CPR 40mg, 50mg, 60mg	2	GC, QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	GC, QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	GC, QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	GC, QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	2	GC, QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg	2	GC, QL (30 tabs / 30 days), PA
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	4	GC, QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	4	GC, QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	4	GC, QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 37.5MG	4	GC, QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	4	GC, QL (30 caps / 30 days), PA
QELBREE CP24 100mg	4	GC, QL (120 caps / 30 days), PA
QELBREE CP24 150mg	4	GC, QL (60 caps / 30 days), PA
QELBREE CP24 200mg	4	GC, QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	4	GC, QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	4	GC, QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	4	GC, QL (360 mL / 30 days), PA
RELEXXII TBCR 18mg, 27mg, 36mg	4	GC, QL (60 tabs / 30 days), PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg	4	GC, QL (30 tabs / 30 days), PA
RITALIN TABS 5mg, 10mg	4	GC, QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	4	GC, QL (90 tabs / 30 days), PA
RITALIN LA CP24 10mg, 20mg, 30mg	4	GC, QL (60 caps / 30 days), PA
RITALIN LA CP24 40mg	4	GC, QL (30 caps / 30 days), PA
STRATTERA CAPS 10mg, 18mg, 25mg	4	GC, QL (120 caps / 30 days)
STRATTERA CAPS 40mg	4	GC, QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAPS 60mg, 80mg, 100mg	4	GC, QL (30 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	GC, QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	GC, QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	GC, QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	GC, QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	4	GC, QL (30 patches / 30 days), PA
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	GC, QL (180 tabs / 30 days), PA
<i>zenzedi</i> TABS 15mg	2	GC, QL (120 tabs / 30 days), PA
<i>zenzedi</i> TABS 20mg	2	GC, QL (90 tabs / 30 days), PA
<i>zenzedi</i> TABS 30mg	2	GC, QL (60 tabs / 30 days), PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
AMBIEN CR TBCR 6.25mg, 12.5mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO TABS 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	GC, QL (30 tabs / 30 days)
EDLUAR SUBL 5mg, 10mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>estazolam</i> TABS 1mg, 2mg	2	GC, QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HALCION TABS .25mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	5	GC, QL (30 caps / 30 days), NM, LA, PA
HETLIOZ LQ SUSP 4mg/ml	5	GC, QL (158 ml / 30 days), NM, LA, PA
LUNESTA TABS 1mg, 2mg, 3mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
QUVIVIQ TABS 25mg, 50mg	4	GC, QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	2	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	5	GC, QL (30 caps / 30 days), PA; PA if 65 years and older
RESTORIL CAPS 15mg	5	GC, QL (60 caps / 30 days), PA; PA if 65 years and older
ROZEREM TABS 8mg	4	GC, QL (30 tabs / 30 days)
SILENOR TABS 3mg, 6mg	4	GC, QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	GC, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg	2	GC, QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	2	GC, QL (60 caps / 30 days), PA; PA if 65 years and older
<i>triazolam</i> TABS .25mg	3	GC, QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>triazolam</i> TABS .125mg	3	GC, QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 5mg	3	GC, QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 10mg	3	GC, QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	4	GC, QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	4	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	3	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	GC, QL (1 pen / 30 days), NM, PA
AJOVY SOAJ 225mg/1.5ml	4	GC, QL (3 pens / 90 days), NM, PA
AJOVY SOSY 225mg/1.5ml	4	GC, QL (3 syringes / 90 days), NM, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	2	GC, QL (12 tabs / 30 days)
CAMBIA PACK 50mg	5	GC, QL (9 packets / 30 days), PA
<i>diclofenac potassium (migraine)</i> PACK 50mg	2	GC, QL (9 packets / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	GC
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	GC, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	2	GC, QL (12 tabs / 30 days)
EMGALITY SOAJ 120mg/ml	3	GC, QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	GC, QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	GC, QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	GC, QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	5	GC, QL (18 tabs / 30 days)
<i>frovatriptan succinate</i> TABS 2.5mg	2	GC, QL (18 tabs / 30 days)
IMITREX SOLN 5mg/act	4	GC, QL (24 units / 30 days)
IMITREX SOLN 20mg/act	4	GC, QL (12 units / 30 days)
IMITREX TABS 25mg, 50mg, 100mg	4	GC, QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	5	GC, QL (18 injections / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	5	GC, QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	5	GC, QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	5	GC, QL (12 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MAXALT TABS 10mg	4	GC, QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	4	GC, QL (18 tabs / 30 days)
<i>migergot</i>	5	GC, QL (20 suppositories / 28 days), PA
MIGRANAL SOLN 4mg/ml	5	GC, QL (8 mL / 30 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	GC, QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	GC, QL (16 tabs / 30 days), PA
ONZETRA XSAIL EXHP 11mg/nosepc	5	GC, QL (16 nosepieces / 30 days), ST
QULIPTA TABS 10mg, 30mg, 60mg	3	GC, QL (30 tabs / 30 days), PA
RELPAX TABS 20mg	4	GC, QL (12 tabs / 30 days)
RELPAX TABS 40mg	5	GC, QL (12 tabs / 30 days)
REYVOW TABS 50mg	4	GC, QL (4 tabs / 30 days), PA
REYVOW TABS 100mg	4	GC, QL (8 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	GC, QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	GC, QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	GC, QL (12 units / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	GC, QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	GC, QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	GC, QL (12 tabs / 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	2	GC, QL (9 tabs / 30 days), PA
TOSYMRA SOLN 10mg/act	4	GC, QL (18 units / 30 days), ST
TREXIMET TAB 85-500MG	5	GC, QL (9 tabs / 30 days), PA
UBRELVY TABS 50mg, 100mg	3	GC, QL (16 tabs / 30 days), PA
VYEPTI SOLN 100mg/ml	5	GC, QL (3 vials / 90 days), NM, LA, PA
ZAVZPRET SOLN 10mg/act	5	GC, QL (6 nasal units / 21 days), PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	5	GC, QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	2	GC, QL (12 units / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	GC, QL (12 tabs / 30 days), ST
ZOMIG SOLN 2.5mg, 5mg	4	GC, QL (12 units / 30 days)
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	5	GC, QL (1 syringe / 90 days), NM, LA, PA
AUSTEDO TABS 6mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9mg, 12mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	GC, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	GC, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	GC, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	GC, QL (2 packs / year), NM, PA
DAYBUE SOLN 200mg/ml	5	GC, QL (3600 mL / 30 days), NM, LA, PA
ENSPRYNG SOSY 120mg/ml	5	GC, NM, LA, PA
EQUETRO CP12 100mg, 200mg, 300mg	4	GC
EVRYSDI SOLR .75mg/ml	5	GC, NM, LA, PA
EXSERVAN FILM 50mg	5	GC, QL (60 films / 30 days), NM, LA, PA
FIRDAPSE TABS 10mg	5	GC, NM, LA, PA
<i>gabapentin (once-daily)</i> TABS 300mg	2	GC, QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	2	GC, QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	4	GC, QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	4	GC, QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	GC, QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	4	GC, QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOLN 8meq/5ml	4	GC
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	GC
LITHOBID TBCR 300mg	5	GC
LYRICA CR TB24 82.5mg, 165mg	4	GC, QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	4	GC, QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	5	GC
MESTINON TIMESPAN TBCR 180mg	5	GC
NUDEXTA CAP 20-10MG	4	GC, QL (60 caps / 30 days), PA
<i>paroxetine mesylate (vasomotor)</i> CAPS 7.5mg	4	GC, QL (30 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	2	GC, QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	2	GC, QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	5	GC
<i>pyridostigmine bromide</i> TABS 30mg, 60mg; TBCR 180mg	2	GC
RADICAVA SOLN 30mg/100ml	5	GC, NM, LA, PA
RADICAVA ORS SUSP 105mg/5ml	5	GC, QL (70 mL / 28 days), NM, LA, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	5	GC, QL (70 mL / 28 days), NM, LA, PA
RELYVRIO PAK 3-1GM	5	GC, QL (56 packets / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
RILUTEK TABS 50mg	5	GC
<i>riluzole</i> TABS 50mg	2	GC
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	GC, QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	GC, QL (2 packs / year), PA
SKYCLARYS CAPS 50mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
TEGLUTIK SUSP 50mg/10ml	5	GC, QL (600 mL / 30 days), NM, LA, PA
TEGSEDI SOSY 284mg/1.5ml	5	GC, QL (4 syringes / 28 days), NM, LA, PA
<i>tetrabenazine</i> TABS 12.5mg	5	GC, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	GC, QL (120 tabs / 30 days), NM, PA
UPLIZNA SOLN 100mg/10ml	5	GC, NM, LA, PA
XENAZINE TABS 12.5mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
XENAZINE TABS 25mg	5	GC, QL (120 tabs / 30 days), NM, LA, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
AMPYRA TB12 10mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
AUBAGIO TABS 7mg, 14mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
AVONEX PSKT 30mcg/0.5ml	5	GC, QL (4 syringes / 28 days), NM, PA
AVONEX PEN AJKT 30mcg/0.5ml	5	GC, QL (4 injections / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BAFIERTAM CPDR 95mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	GC, QL (14 syringes / 28 days), NM, PA
BRIUMVI SOLN 150mg/6ml	5	GC, NM, LA, PA
COPAXONE SOSY 20mg/ml	5	GC, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	GC, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	GC, QL (60 tabs / 30 days), NM, PA
<i>dimethyl fumarate</i> CPDR 120mg	5	GC, QL (14 caps / 7 days), NM, PA
<i>dimethyl fumarate</i> CPDR 240mg	5	GC, QL (60 caps / 30 days), NM, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	GC, QL (2 packs / year), NM, PA
EXTAVIA KIT .3mg	5	GC, QL (15 syringes / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	GC, QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	5	GC, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	GC, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	GC, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	GC, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	GC, QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA SOAJ 20mg/0.4ml	5	GC, QL (16 pens / year), NM, LA, PA
LEMTRADA SOLN 12mg/1.2ml	5	GC, NM, LA, PA
MAVENCLAD (4 TABS) TBPK 10mg	5	GC, QL (16 tabs per lifetime), NM, LA, PA
MAVENCLAD (5 TABS) TBPK 10mg	5	GC, QL (20 tabs per lifetime), NM, LA, PA
MAVENCLAD (6 TABS) TBPK 10mg	5	GC, QL (24 tabs per lifetime), NM, LA, PA
MAVENCLAD (7 TABS) TBPK 10mg	5	GC, QL (28 tabs per lifetime), NM, LA, PA
MAVENCLAD (8 TABS) TBPK 10mg	5	GC, QL (32 tabs per lifetime), NM, LA, PA
MAVENCLAD (9 TABS) TBPK 10mg	5	GC, QL (36 tabs per lifetime), NM, LA, PA
MAVENCLAD (10 TABS) TBPK 10mg	5	GC, QL (40 tabs per lifetime), NM, LA, PA
MAYZENT TABS 1mg, 2mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
MAYZENT TABS .25mg	5	GC, QL (112 tabs / 28 days), NM, LA, PA
MAYZENT STARTER PACK (7) TBPK .25mg	4	GC, QL (2 packs / year), NM, LA, PA
MAYZENT STARTER PACK (12) TBPK .25mg	5	GC, QL (2 packs / year), NM, LA, PA
OCREVUS SOLN 300mg/10ml	5	GC, NM, LA, PA
PLEGRIDY SOPN 125mcg/0.5ml	5	GC, QL (2 pens / 28 days), NM, LA, PA
PLEGRIDY SOSY 125mcg/0.5ml	5	GC, QL (2 syringes / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ STARTER	5	GC, QL (2 packs / year), NM, LA, PA
PLEGRIDY PEN INJ STARTER	5	GC, QL (2 packs / year), NM, LA, PA
PONVORY TABS 20mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
PONVORY TAB STARTER	5	GC, QL (2 packs / year), NM, LA, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	GC, QL (12 syringes / 28 days), NM, PA
REBIF REBIDO INJ TITRATN	5	GC, QL (12 injections / 28 days), NM, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	GC, QL (12 injections / 28 days), NM, PA
REBIF TITRTN INJ PACK	5	GC, QL (12 syringes / 28 days), NM, PA
TASCENSO ODT TBDP .25mg, .5mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
TECFIDERA CPDR 120mg	5	GC, QL (14 caps / 7 days), NM, LA, PA
TECFIDERA CPDR 240mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
TECFIDERA CAP STARTER	5	GC, QL (2 packs / year), NM, LA, PA
<i>teriflunomide</i> TABS 7mg, 14mg	5	GC, QL (30 tabs / 30 days), NM, PA
TYSABRI CONC 300mg/15ml	5	GC, NM, LA, PA
VUMERITY CPDR 231mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
ZEPOSIA CAPS .92mg	5	GC, QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7DAY CAP STR PACK	5	GC, QL (2 packs / year), NM, LA, PA
ZEPOSIA CAP STR KIT	5	GC, QL (2 packs / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	2	GC, PA
<i>baclofen</i> SUSP 25mg/5ml	5	GC, PA
<i>baclofen</i> TABS 5mg	2	GC, QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	GC
BOTOX SOLR 100unit, 200unit	5	GC, PA
<i>carisoprodol</i> TABS 250mg	4	GC, QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>carisoprodol</i> TABS 350mg	3	GC, QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg	3	GC, QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
DANTRIUM CAPS 25mg	4	GC
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	GC
DYSPORT SOLR 300unit	4	GC, NM, PA
DYSPORT SOLR 500unit	5	GC, NM, PA
FLEQSUVY SUSP 25mg/5ml	5	GC, PA

Drug Name	Drug Tier	Requirements/Limits
LYVISPAH PACK 5mg, 10mg	4	GC, PA
LYVISPAH PACK 20mg	5	GC, PA
<i>metaxalone</i> TABS 400mg	4	GC, QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>metaxalone</i> TABS 800mg	4	GC, QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 500mg	3	GC, QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	GC, QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	4	GC, NM, PA
MYOBLOC SOLN 10000unit/2ml	5	GC, NM, PA
SOMA TABS 250mg	4	GC, QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
SOMA TABS 350mg	5	GC, QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
XEOMIN SOLR 50unit	4	GC, NM, LA, PA
XEOMIN SOLR 100unit, 200unit	5	GC, NM, LA, PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	4	GC
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	2	GC, QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	GC, QL (30 tabs / 30 days), PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	5	GC, QL (30 packets / 30 days), NM, LA, PA
<i>modafinil</i> TABS 100mg	2	GC, QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	GC, QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	4	GC, QL (60 tabs / 30 days), PA
NUVIGIL TABS 150mg, 200mg, 250mg	5	GC, QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	5	GC, QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	5	GC, QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	GC, QL (540 mL / 30 days), NM, LA, PA
SUNOSI TABS 75mg, 150mg	4	GC, QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	GC, QL (540 mL / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XYWAV SOL 0.5GM/ML	5	GC, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	GC
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	5	GC, NM, LA
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	GC, QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	GC, QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	GC, QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	2	GC
KLOXXADO LIQD 8mg/0.1ml	3	GC
LUCEMYRA TABS .18mg	5	GC, QL (228 tabs / 14 days), PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
<i>naltrexone hcl</i> TABS 50mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
NARCAN LIQD 4mg/0.1ml	4	GC
NICOTROL INHALER INHA 10mg	4	GC
NICOTROL NS SOLN 10mg/ml	4	GC
OPVEE SOLN 2.7mg/0.1ml	4	GC
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	GC, NM, LA
SUBOXONE MIS 2-0.5MG	4	GC, QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	GC, QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	GC, QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	GC, QL (60 films / 30 days)
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	GC, QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	GC, QL (2 packs / year), PA
VIVITROL SUSR 380mg	5	GC, NM
ZIMHI SOSY 5mg/0.5ml	4	GC
ZUBSOLV SUB 0.7-0.18	4	GC, QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	4	GC, QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	4	GC, QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	4	GC, QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	4	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 11.4-2.9	4	GC, QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC
ANDROGENS

ANDROGEL PUMP GEL 1.62%	4	GC, QL (150 gm / 30 days), PA
AVEED SOLN 750mg/3ml	4	GC, NM, LA, PA
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	GC, PA
JATENZO CAPS 158mg, 198mg	4	GC, QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	5	GC, QL (60 caps / 30 days), PA
<i>methyltestosterone</i> CAPS 10mg	5	GC, QL (600 caps / 30 days), PA
NATESTO GEL 5.5mg/act	4	GC, QL (21.96 gm / 30 days), PA
TESTIM GEL 1%	4	GC, QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	GC, QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm	2	GC, QL (150 gm / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	GC, QL (120 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	2	GC, QL (180 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	GC, PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	GC, PA
TLANDO CAPS 112.5mg	4	GC, QL (120 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL 50mg/5gm	4	GC, QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 1%	4	GC, QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	GC, PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	GC
ACTOPLUS MET TAB 15-850MG	4	GC, QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	4	GC, QL (30 tabs / 30 days)
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	4	GC, QL (30 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	4	GC, QL (60 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	4	GC, QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	4	GC, QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	4	GC, QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	4	GC, QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	4	GC, QL (30 tabs / 30 days), ST
BYDUREON BCISE AUIJ 2mg/0.85ml	3	GC, QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	GC, QL (1 pen / 30 days), PA
DUETACT TAB 30-2MG	4	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DUETACT TAB 30-4MG	4	GC, QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 2.5mg	1	GC, QL (480 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLUCOTROL XL TB24 2.5mg, 5mg	4	GC, QL (90 tabs / 30 days)
GLUCOTROL XL TB24 10mg	4	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUMETZA TB24 500mg	5	GC, QL (120 tabs / 30 days), PA
GLUMETZA TB24 1000mg	5	GC, QL (60 tabs / 30 days), PA
GLYXAMBI TAB 10-5 MG	3	GC, QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	GC, QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	GC, QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	4	GC, QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	GC, QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	GC, QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	GC, QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	GC, QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	GC, QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	GC, QL (60 tabs / 30 days)
INVOKANA TABS 100mg	4	GC, QL (60 tabs / 30 days)
INVOKANA TABS 300mg	4	GC, QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	GC, QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	GC, QL (30 tabs / 30 days)
KAZANO 12.5- TAB 500MG	4	GC, QL (60 tabs / 30 days), ST
KAZANO 12.5- TAB 1000MG	4	GC, QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 2.5-1000	4	GC, QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-500MG	4	GC, QL (30 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-1000MG	4	GC, QL (30 tabs / 30 days), ST
<i>metformin hcl</i> SOLN 500mg/5ml	2	GC, QL (765 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 625mg	5	GC, QL (120 tabs / 30 days), PA
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 500mg	2	GC, QL (120 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 500mg	2	GC, QL (120 tabs / 30 days), PA; (generic of GLUMETZA)
<i>metformin hcl</i> TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 1000mg	2	GC, QL (60 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	2	GC, QL (60 tabs / 30 days), PA; (generic of GLUMETZA)
<i>miglitol</i> TABS 25mg, 50mg, 100mg	2	GC
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	GC, QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
NESINA TABS 6.25mg, 12.5mg, 25mg	4	GC, QL (30 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
ONGLYZA TABS 2.5mg, 5mg	4	GC, QL (30 tabs / 30 days), ST
OSENI TAB 12.5-30	4	GC, QL (30 tabs / 30 days), ST
OSENI TAB 25-15MG	4	GC, QL (30 tabs / 30 days), ST
OSENI TAB 25-30MG	4	GC, QL (30 tabs / 30 days), ST
OSENI TAB 25-45MG	4	GC, QL (30 tabs / 30 days), ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	GC, QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	GC, QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	GC, QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	GC, QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	GC, QL (90 tabs / 30 days)
QTERN TAB 5-5MG	4	GC, QL (30 tabs / 30 days)
QTERN TAB 10-5MG	4	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	GC, QL (30 tabs / 30 days), PA
<i>saxagliptin hcl</i> TABS 2.5mg, 5mg	2	GC, QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	GC, QL (60 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	2	GC, QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	2	GC, QL (30 tabs / 30 days)
SEGLUROMET TAB 2.5-500	4	GC, QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	4	GC, QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	4	GC, QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	4	GC, QL (60 tabs / 30 days)
STEGLATRO TABS 5mg	4	GC, QL (90 tabs / 30 days)
STEGLATRO TABS 15mg	4	GC, QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	4	GC, QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	4	GC, QL (30 tabs / 30 days)
SYMLINPEN 60 SOPN 1500mcg/1.5ml	5	GC, PA

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SOPN 2700mcg/2.7ml	5	GC, PA
SYNJARDY TAB 5-500MG	3	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	GC, QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	GC, QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA SOPN 18mg/3ml	3	GC, QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	GC, QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	3	GC
ADMELOG SOLOSTAR SOPN 100unit/ml	3	GC
AFREZZA POWD 4unit, 8unit	4	GC
AFREZZA POWD 12unit	5	GC
AFREZZA POW 4-8 UNIT	5	GC
AFREZZA POW 4-8-12	5	GC
AFREZZA POW 8-12UNIT	5	GC
APIDRA SOLN 100unit/ml	4	GC
APIDRA SOLOSTAR SOPN 100unit/ml	4	GC
BASAGLAR KWIKPEN SOPN 100unit/ml	3	GC
BASAGLAR TEMPO PEN SOPN 100unit/ml	4	GC
BD ALCOHOL SWABS	3	GC
FIASP SOLN 100unit/ml	3	GC
FIASP FLEXTOUCH SOPN 100unit/ml	3	GC

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SOCT 100unit/ml	3	GC
FIASP PUMPCART SOCT 100unit/ml	3	GC, B/D
GAUZE PADS 2X2	3	GC
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	GC
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	GC
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	GC
HUMALOG MIX INJ 50/50KWP	4	GC
HUMALOG MIX INJ 75/25KWP	4	GC
HUMALOG MIX SUS 75/25	4	GC
HUMALOG TEMPO PEN SOPN 100unit/ml	4	GC
HUMULIN INJ 70/30	4	GC
HUMULIN INJ 70/30KWP	4	GC
HUMULIN N SUSP 100unit/ml	4	GC
HUMULIN N KWIKPEN SUPN 100unit/ml	4	GC
HUMULIN R SOLN 100unit/ml	4	GC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	GC, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	GC
INS ASP PROT INJ FLEXPEN	4	GC
INSULIN ASPA INJ 70/30	4	GC
INSULIN ASPART SOLN 100unit/ml	4	GC
INSULIN ASPART FLEXPEN SOPN 100unit/ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PENFILL SOCT 100unit/ml	4	GC
INSULIN DEGLUDEC SOLN 100unit/ml	4	GC
INSULIN DEGLUDEC FLEXTOUC SOPN 100unit/ml, 200unit/ml	4	GC
INSULIN GLARGINE SOLN 100unit/ml	4	GC
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	4	GC
INSULIN GLARGINE SOLOSTAR SOPN 100unit/ml, 300unit/ml	4	GC
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	4	GC
INSULIN LISP INJ PROTAMIN	4	GC
INSULIN LISPRO SOLN 100unit/ml	4	GC
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	4	GC
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	4	GC
INSULIN PEN NEEDLES: BD/NOVO	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGES: BD	3	GC
LANTUS SOLN 100unit/ml	3	GC
LANTUS SOLOSTAR SOPN 100unit/ml	3	GC
LEVEMIR SOLN 100unit/ml	3	GC
LEVEMIR FLEXPEN SOPN 100unit/ml	3	GC
LYUMJEV SOLN 100unit/ml	4	GC
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV TEMPO PEN SOPN 100unit/ml	4	GC
NOVOLIN70/30 INJ RELION	4	GC
NOVOLIN INJ 70/30	3	GC
NOVOLIN INJ 70/30 FP	3	GC
NOVOLIN INJ 70/30 FP RELION	4	GC
NOVOLIN N SUSP 100unit/ml	3	GC
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	GC
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	4	GC
NOVOLIN N RELION SUSP 100unit/ml	4	GC
NOVOLIN R SOLN 100unit/ml	3	GC
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	GC
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	4	GC
NOVOLIN R RELION SOLN 100unit/ml	4	GC
NOVOLOG SOLN 100unit/ml	3	GC
NOVOLOG FLEXPEN SOPN 100unit/ml	3	GC
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	4	GC
NOVOLOG MIX INJ 70/30	3	GC
NOVOLOG MIX INJ FLEX REL	4	GC
NOVOLOG MIX INJ FLEXPEN	3	GC
NOVOLOG PENFILL SOCT 100unit/ml	3	GC
NOVOLOG RELI INJ 70/30	4	GC
NOVOLOG RELION SOLN 100unit/ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 KIT INTRO	4	GC, QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	GC, QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	GC, QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	GC, QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	GC, QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	GC, QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	GC, QL (15 pods / 30 days), PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	4	GC
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	4	GC
SOLIQUA INJ 100/33	3	GC, QL (5 pens / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	GC
TOUJEO SOLOSTAR SOPN 300unit/ml	3	GC
TRESIBA SOLN 100unit/ml	3	GC
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	GC
V-GO 20 KIT	4	GC, QL (30 devices / 30 days), PA
V-GO 30 KIT	4	GC, QL (30 devices / 30 days), PA
V-GO 40 KIT	4	GC, QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	GC, QL (5 pens / 30 days)
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	4	GC
<i>alendronate sodium</i> SOLN 70mg/75ml	2	GC
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
ATELVIA TBEC 35mg	4	GC
BINOSTO TBEF 70mg	4	GC, ST
<i>calcitonin (salmon) inj</i> SOLN 200unit/ml	5	GC, B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	GC, B/D
EVENITY SOSY 105mg/1.17ml	5	GC, NM, PA
FORTEO SOPN 600mcg/2.4ml	5	GC, NM, PA
FOSAMAX TABS 70mg	4	GC
FOSAMAX + D TAB 70-2800	4	GC, ST
FOSAMAX + D TAB 70-5600	4	GC, ST

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	GC, B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	GC, B/D
MIACALCIN SOLN 200unit/ml	5	GC, B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	GC, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	GC, B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	GC, B/D
PROLIA SOSY 60mg/ml	4	GC, QL (1 syringe / 180 days), NM
RECLAST SOLN 5mg/100ml	4	GC, B/D, NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	GC
TERIPARATIDE SOPN 620mcg/2.48ml	5	GC, NM, PA
<i>teriparatide (recombinant)</i> SOPN 600mcg/2.4ml	5	GC, NM, PA
TYMLOS SOPN 3120mcg/1.56ml	5	GC, NM, PA
XGEVA SOLN 120mg/1.7ml	5	GC, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	GC, B/D, NM
ZOLEDRONIC ACID SOLN 4mg/100ml	4	GC, B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	GC
CUVRIOR TABS 300mg	5	GC, NM, LA, PA
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	GC, NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	GC, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone</i> TABS 500mg, 1000mg	5	GC, NM, LA, PA
<i>deferoxamine mesylate</i> SOLR 2gm, 500mg	2	GC, NM, PA
DEPEN TITRATABS TABS 250mg	5	GC, NM
DESFERAL SOLR 500mg	4	GC, NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	5	GC, NM, LA, PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	5	GC, NM, LA, PA
FERRIPROX TWICE-A-DAY TABS 1000mg	5	GC, NM, LA, PA
JADENU TABS 90mg, 180mg, 360mg	5	GC, NM, LA, PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	GC, NM, LA, PA
LOKELMA PACK 5gm, 10gm	3	GC
<i>penicillamine</i> TABS 250mg	5	GC, NM
<i>sodium polystyrene sulfonate powder</i>	2	GC
<i>sps</i> SUSP 15gm/60ml	2	GC
SYPRINE CAPS 250mg	5	GC, NM, PA
<i>trientine hcl</i> CAPS 250mg, 500mg	5	GC, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	GC
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethyst</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
ANNOVERA MIS	4	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra eq</i>	2	GC
<i>aurovela 1/20</i>	2	GC
<i>aurovela 24 fe</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>azurette</i>	2	GC
BALCOLTRA TAB 0.1-20	4	GC
<i>balziva</i>	2	GC
BEYAZ TAB	4	GC
<i>blisovi 24 fe</i>	2	GC
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i> TABS .35mg	2	GC
<i>camrese</i>	2	GC
<i>camrese lo</i>	2	GC
<i>chateal eq</i>	2	GC
<i>cryselle-28</i>	2	GC
<i>cyred eq</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	GC
<i>deblitane TABS .35mg</i>	2	GC
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	4	GC
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	GC
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	GC
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>dolishale</i>	2	GC
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	GC
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	GC
<i>elinest</i>	2	GC
<i>eluryng</i>	2	GC
<i>enilloring</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin TABS .35mg</i>	2	GC
<i>estarylla</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	GC
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	GC
<i>falmina</i>	2	GC
<i>finzala</i>	2	GC
<i>gemmily</i>	2	GC
<i>hailey 1.5/30</i>	2	GC
<i>hailey 24 fe</i>	2	GC
<i>haloette</i>	2	GC
<i>heather TABS .35mg</i>	2	GC
<i>iclevia</i>	2	GC
<i>incassia TABS .35mg</i>	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jasmiel</i>	2	GC
<i>jolessa</i>	2	GC
<i>joyeaux</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>layolis fe</i>	2	GC
<i>leena</i>	2	GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	GC
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	GC
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	GC
<i>levora 0.15/30-28</i>	2	GC
LO LOESTRIN TAB 1-10-10	4	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>loryna</i>	2	GC
LOSEASONIQUE TAB	4	GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	GC
<i>lyleq TABS .35mg</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	GC
<i>merzee</i>	2	GC
<i>mibelas 24 fe</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin 24 fe</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC
MIRCETTE TAB 28 DAY	4	GC
<i>mono-linyah</i>	2	GC
NATAZIA TAB	4	GC
<i>necon 0.5/35-28</i>	2	GC
NEXTSTELLIS TAB 3-14.2MG	4	GC, PA
<i>nikki</i>	2	GC
<i>nora-be</i> TABS .35mg	2	GC
<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	2	GC
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	2	GC
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	2	GC
<i>norethindrone (contraceptive) TABS</i> <i>.35mg</i>	2	GC
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	2	GC
<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i>	2	GC
<i>norethindrone ace-ethinyl estradiol-fe cap</i> <i>1 mg-20 mcg (24)</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc TABS .35mg</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	GC
<i>nortrel 1/35 (21)</i>	2	GC
<i>nortrel 1/35 (28)</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
NUVARING MIS	4	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	2	GC
<i>ocella</i>	2	GC
PHEXXI GEL	4	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>portia-28</i>	2	GC
QUARTETTE TAB	4	GC
<i>reclipsen</i>	2	GC
<i>rivelsa</i>	2	GC
SAFYRAL TAB	4	GC
SEASONIQUE TAB	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	2	GC
<i>sharobel</i> TABS .35mg	2	GC
<i>simliya</i>	2	GC
<i>simpesse</i>	2	GC
SLYND TABS 4mg	4	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	2	GC
<i>tarina 24 fe</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
<i>taysofy</i>	2	GC
TAYTULLA CAP 1MG/20MC	4	GC
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	GC
<i>turqoz</i>	2	GC
TYBLUME CHW 0.1-0.02	4	GC
<i>tydemy</i>	2	GC
<i>velivet</i>	2	GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	GC
<i>vyfemla</i>	2	GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	GC
<i>xulane</i>	2	GC
YASMIN 28 TAB 3-0.03MG	4	GC
YAZ TAB 3-0.02MG	4	GC
<i>zafemy</i>	2	GC
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	GC
ORILISSA TABS 150mg, 200mg	5	GC, PA
SYNAREL SOLN 2mg/ml	5	GC, PA
ESTROGENS		
ACTIVELLA TAB 1-0.5MG	4	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amabelz tab 0.5-0.1mg</i>	3	GC
BIJUVA CAP 0.5-100	4	GC
BIJUVA CAP 1-100MG	4	GC
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	GC
CLIMARA PRO DIS WEEKLY	4	GC
COMBIPATCH DIS	4	GC
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	4	GC
DEPO-ESTRADIOL OIL 5mg/ml	4	GC
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	GC
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	GC
ELESTRIN GEL .06%	4	GC
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	4	GC
<i>estradiol</i> GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	GC
<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	3	GC
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	GC
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	3	GC

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	GC
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	GC
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	GC
ESTRING RING 7.5mcg/24hr	4	GC
ESTROGEL GEL .06%	4	GC
EVAMIST SOLN 1.53mg/spray	4	GC
FEMRING RING .05mg/24hr, .1mg/24hr	4	GC
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	GC
<i>fyavolv tab 1mg-5mcg</i>	3	GC
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	4	GC, PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	4	GC, PA
<i>jinteli</i>	3	GC
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	GC
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	4	GC
MENOSTAR PTWK 14mcg/24hr	4	GC
<i>mimvey</i>	3	GC
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	GC
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	GC

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	3	GC
PREFEST TAB	4	GC
PREMARIN CREA .625mg/gm; SOLR 25mg	4	GC
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	GC
PREMPHASE TAB	3	GC
PREMPRO TAB	3	GC
PREMPRO TAB 0.3-1.5	3	GC
PREMPRO TAB 0.45-1.5	3	GC
PREMPRO TAB 0.625-5	3	GC
VAGIFEM TABS 10mcg	4	GC
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	GC
<i>yuvafem</i> TABS 10mcg	2	GC
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	GC, NM, LA, PA
ALKINDI SPRINKLE CPSP .5mg	4	GC, NM, LA, PA
<i>betamethasone sod phosphate & acetate</i> <i>inj susp 6 (3-3) mg/ml</i>	2	GC
CELESTONE INJ SOLUSPAN	4	GC
CORTEF TABS 5mg, 10mg, 20mg	4	GC
CORTISONE ACETATE TABS 25mg	4	GC
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	4	GC, B/D
DEXABLISS TBPk 1.5mg	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	GC, B/D
<i>dexamethasone</i> TBPK 1.5mg	2	GC
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	GC, B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	GC
<i>fludrocortisone acetate</i> TABS .1mg	2	GC
HEMADY TABS 20mg	4	GC, PA
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	GC
KENALOG-10 SUSP 10mg/ml	4	GC, B/D
KENALOG-40 SUSP 40mg/ml	4	GC, B/D
KENALOG-80 SUSP 80mg/ml	4	GC, B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	4	GC, B/D
MEDROL DOSEPAK TBPK 4mg	4	GC
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	GC, B/D
<i>methylprednisolone</i> TBPK 4mg	2	GC
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	GC, B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	2	GC, B/D
<i>millipred</i> TABS 5mg	2	GC, B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	4	GC, B/D
PEDIAPRED SOLN 6.7mg/5ml	4	GC, B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	2	GC, B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	2	GC, B/D
<i>prednisone</i> SOLN 5mg/5ml	2	GC, B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	GC, B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	GC
PREDNISONE INTENSOL CONC 5mg/ml	4	GC, B/D
RAYOS TBEC 1mg, 2mg, 5mg	5	GC, B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	GC
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	4	GC, B/D
<i>taperdex 6-day</i> TBPK 1.5mg	2	GC
<i>taperdex 7-day</i> TBPK 1.5mg	2	GC
<i>taperdex 12-day</i> TBPK 1.5mg	2	GC
<i>triamcinolone acetonide</i> SUSP 40mg/ml	2	GC, B/D
ZILRETTA SRER 32mg	4	GC, B/D, NM, LA
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	4	GC
<i>diazoxide</i> SUSP 50mg/ml	5	GC
GLUCAGEN HYPOKIT SOLR 1mg	4	GC
<i>glucagon (rdna)</i> KIT 1mg	2	GC
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	GC
GVOKE KIT SOLN 1mg/0.2ml	3	GC
GVOKE PFS SOSY 1mg/0.2ml	3	GC

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Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM SUSP 50mg/ml	5	GC
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	4	GC
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	5	GC, QL (1.5 mL / 1 day), NM, LA, PA
ALDURAZYME SOLN 2.9mg/5ml	5	GC, NM, LA, PA
<i>betaine powder for oral solution</i>	5	GC, NM, LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	5	GC, NM, LA, PA
<i>cabergoline</i> TABS .5mg	2	GC
CARBAGLU TBSO 200mg	5	GC, NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	5	GC, NM, LA, PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	4	GC, B/D
CERDELGA CAPS 84mg	5	GC, NM, LA, PA
CEREZYME SOLR 400unit	5	GC, NM, LA, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	4	GC, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	GC, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	GC, B/D, QL (120 tabs / 30 days), NM
CORTROPHIN GEL 80unit/ml	5	GC, QL (1.5 mL / 1 day), NM, LA, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	GC, NM, LA, PA
CYSTADANE POW	5	GC, NM, LA
CYSTAGON CAPS 50mg, 150mg	4	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN 4mcg/ml; TABS .2mg	5	GC
DDAVP TABS .1mg	4	GC
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	GC
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	GC
<i>desmopressin acetate spray</i> SOLN .01%	2	GC
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	GC
DOJOLVI LIQD 100%	5	GC, NM, LA, PA
EGRIFTA SV SOLR 2mg	5	GC, NM, LA, PA
ELAPRASE SOLN 6mg/3ml	5	GC, NM, LA, PA
ELELYSO SOLR 200unit	5	GC, NM, LA, PA
ELFABRIO SOLN 20mg/10ml	5	GC, NM, LA, PA
EVISTA TABS 60mg	4	GC
FABRAZYME SOLR 5mg, 35mg	5	GC, NM, LA, PA
FENSOLVI KIT 45mg	5	GC, NM, LA, PA
GALAFOLD CAPS 123mg	5	GC, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	GC, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	GC, NM, PA
HUMATROPE CART 6mg, 12mg, 24mg	5	GC, NM, PA
INCRELEX SOLN 40mg/4ml	5	GC, NM, LA, PA
ISTURISA TABS 1mg, 5mg	5	GC, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TABS 15mg, 30mg; TBPk 15mg	5	GC, NM, LA, PA
JYNARQUE PAK 30-15MG	5	GC, NM, LA, PA
JYNARQUE PAK 45-15MG	5	GC, NM, LA, PA
JYNARQUE PAK 60-30MG	5	GC, NM, LA, PA
JYNARQUE PAK 90-30MG	5	GC, NM, LA, PA
KANUMA SOLN 20mg/10ml	5	GC, NM, LA, PA
KORLYM TABS 300mg	5	GC, NM, LA, PA
KUVAN PACK 100mg, 500mg; TABS 100mg	5	GC, NM, LA, PA
LAMZEDE SOLR 10mg	5	GC, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	GC, B/D
LUMIZYME SOLR 50mg	5	GC, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	GC, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	GC, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	GC, NM, PA
<i>methergine</i> TABS .2mg	5	GC, PA
<i>methylergonovine maleate</i> TABS .2mg	5	GC, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	GC, NM, PA
<i>miglustat</i> CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, PA
MYALEPT SOLR 11.3mg	5	GC, NM, LA, PA
MYCAPSSA CPDR 20mg	5	GC, QL (112 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE TAB	5	GC, PA
NAGLAZYME SOLN 1mg/ml	5	GC, NM, LA, PA
NEXVIAZYME SOLR 100mg	5	GC, NM, LA, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	GC, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	GC, NM, PA
NITYR TABS 2mg, 5mg, 10mg	5	GC, NM, LA, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	GC, NM, PA
NOVAREL SOLR 5000unit, 10000unit	4	GC, NM, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	5	GC, NM, LA, PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	5	GC, NM, LA, PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	5	GC, NM, LA, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	GC, NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	GC, NM, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	5	GC, NM, LA, PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	5	GC, NM, LA, PA
OPFOLDA CAPS 65mg	4	GC, QL (8 caps / 28 days), NM, LA, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	GC, NM, LA, PA
ORIAHNN CAP	5	GC, PA

Drug Name	Drug Tier	Requirements/Limits
OSPHENA TABS 60mg	4	GC, PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	GC, NM, LA, PA
PHEBURANE PLLT 483mg/gm	5	GC, NM, LA, PA
POMBILITI SOLR 105mg	5	GC, NM, LA, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	4	GC, NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	5	GC, NM, LA, PA
<i>raloxifene hcl</i> TABS 60mg	2	GC
RAVICTI LIQD 1.1gm/ml	5	GC, NM, LA, PA
RECORLEV TABS 150mg	5	GC, NM, LA, PA
REVCOVI SOLN 2.4mg/1.5ml	5	GC, NM, LA, PA
SAMSCA TABS 15mg, 30mg	5	GC, NM, LA, PA
SANDOSTATIN SOLN 50mcg/ml	4	GC, NM, PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	5	GC, NM, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	GC, NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	GC, NM, PA
SENSIPAR TABS 30mg	4	GC, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TABS 60mg	5	GC, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TABS 90mg	5	GC, B/D, QL (120 tabs / 30 days), NM
SEROSTIM SOLR 4mg, 5mg, 6mg	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	GC, NM, LA, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	GC, NM, LA, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	GC, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	GC, NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	GC, NM, LA, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	GC, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	GC, NM, LA, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	GC, NM, LA, PA
TEPEZZA SOLR 500mg	5	GC, NM, LA, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	GC, NM, PA
VEOZAH TABS 45mg	4	GC, PA
VIJOICE TBPK 50mg, 125mg	5	GC, QL (28 tabs / 28 days), NM, LA, PA
VIJOICE TAB 250MG	5	GC, QL (56 tabs / 28 days), NM, LA, PA
VIMIZIM SOLN 5mg/5ml	5	GC, NM, LA, PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	5	GC, NM, LA, PA
VPRIV SOLR 400unit	5	GC, NM, LA, PA
XENPOZYME SOLR 4mg, 20mg	5	GC, NM, LA, PA
XPHOZAH TABS 20mg, 30mg	5	GC, QL (60 tabs / 30 days), LA, PA

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Drug Name	Drug Tier	Requirements/Limits
yargesa CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, PA
ZAVESCA CAPS 100mg	5	GC, QL (90 caps / 30 days), NM, LA, PA
ZOMACTON SOLR 5mg	4	GC, NM, PA
ZOMACTON SOLR 10mg	5	GC, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	5	GC, PA
calcium acetate (phosphate binder) CAPS 667mg	2	GC, QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	2	GC, QL (360 tabs / 30 days)
FOSRENOL CHEW 500mg, 1000mg	5	GC, QL (90 tabs / 30 days), PA
FOSRENOL CHEW 750mg	5	GC, QL (180 tabs / 30 days), PA
FOSRENOL PACK 750mg	5	GC, QL (180 packs / 30 days), PA
FOSRENOL PACK 1000mg	5	GC, QL (90 packs / 30 days), PA
lanthanum carbonate CHEW 500mg, 1000mg	2	GC, QL (90 tabs / 30 days), PA
lanthanum carbonate CHEW 750mg	2	GC, QL (180 tabs / 30 days), PA
RENVELA PACK 2.4gm	5	GC, QL (180 packets / 30 days)
RENVELA PACK .8gm	5	GC, QL (540 packets / 30 days)
RENVELA TABS 800mg	5	GC, QL (540 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> PACK 2.4gm	2	GC, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	2	GC, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	GC, QL (540 tabs / 30 days)
<i>sevelamer hcl</i> TABS 400mg, 800mg	2	GC, QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	GC, QL (180 tabs / 30 days)
PROGESTINS		
AYGESTIN TABS 5mg	4	GC
CRINONE GEL 4%, 8%	4	GC, PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	GC
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	GC, PA
<i>norethindrone acetate</i> TABS 5mg	2	GC
<i>progesterone</i> CAPS 100mg, 200mg	2	GC
PROMETRIUM CAPS 100mg, 200mg	4	GC
PROVERA TABS 2.5mg, 5mg, 10mg	4	GC
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	4	GC
ERMEZA SOLN 150mcg/5ml	4	GC
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC, ST
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	GC
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	GC
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	GC
THYQUIDITY SOLN 100mcg/5ml	4	GC
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	GC, ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	GC, B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	GC, B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	GC, B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	GC, B/D
RAYALDEE CPCR 30mcg	5	GC
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	4	GC, B/D
ZEMPLAR CAPS 1mcg, 2mcg	4	GC, B/D

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAP 300-0.5	4	GC, B/D
AKYNZEO INJ 235-0.25	4	GC, NM, LA
AKYNZEO INJ 235-0.25MG/20ML	4	GC, NM, LA
ANTIVERT CHEW 25mg	4	GC, QL (120 tabs / 30 days), PA
ANTIVERT TABS 50mg	4	GC, QL (60 tabs / 30 days), PA
APONVIE EMUL 32mg/4.4ml	4	GC
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	GC, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	GC, B/D
BONJESTA TAB 20-20MG	4	GC
CINVANTI EMUL 130mg/18ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>compro</i> SUPP 25mg	2	GC
DICLEGIS TAB 10-10MG	4	GC
<i>doxylamine-pyridoxine tab delayed release</i> 10-10 mg	4	GC
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	GC, B/D, QL (60 caps / 30 days)
EMEND CAPS 80mg	4	GC, B/D
EMEND SOLR 150mg	4	GC
EMEND SUSR 125mg/5ml	5	GC, B/D
EMEND TRIPAC PAK 80 & 125	4	GC, B/D
<i>fosaprepitant dimeglumine</i> SOLR 150mg	2	GC
GIMOTI SOLN 15mg/act	5	GC, PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	GC
<i>granisetron hcl</i> TABS 1mg	2	GC, B/D
MARINOL CAPS 2.5mg	4	GC, B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>meclizine hcl</i> TABS 50mg	2	GC, QL (60 tabs / 30 days), PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	2	GC
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	2	GC, B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	GC
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	GC, B/D

Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	2	GC
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	4	GC
PHENERGAN SOLN 25mg/ml, 50mg/ml	4	GC, PA; PA if 70 years and older
<i>prochlorperazine</i> SUPP 25mg	2	GC
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	GC
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	GC, PA; PA if 70 years and older
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	4	GC, PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	GC, PA; PA if 70 years and older
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	4	GC, PA; PA if 70 years and older
REGLAN TABS 5mg, 10mg	4	GC
SANCUSO PTCH 3.1mg/24hr	5	GC, QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	4	GC, QL (10 patches / 30 days), PA; PA if 70 years and older
SUSTOL PRSY 10mg/0.4ml	4	GC
SYNDROS SOLN 5mg/ml	5	GC, B/D, QL (120 mL / 30 days)
TRANSDERM-SCOP PT72 1mg/3days	4	GC, QL (10 patches / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl</i> CAPS 300mg	2	GC
VARUBI TBPK 90mg	4	GC, B/D, NM
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	4	GC
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	4	GC
BENTYL SOLN 10mg/ml	4	GC
CUVPOSA SOLN 1mg/5ml	4	GC
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	GC
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	4	GC
GLYCATE TABS 1.5mg	5	GC, QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	2	GC
GLYCOPYRROLATE TABS 1.5mg	5	GC, QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> TABS 1mg	2	GC, QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	GC, QL (120 tabs / 30 days)
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	2	GC
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	4	GC, PA; PA if 70 years and older
ROBINUL TABS 1mg	4	GC, QL (90 tabs / 30 days), PA
ROBINUL FORTE TABS 2mg	5	GC, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	2	GC
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	GC
<i>famotidine</i> SUSR 40mg/5ml	2	GC, QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	GC
<i>nizatidine</i> CAPS 150mg, 300mg	2	GC
PEPCID TABS 20mg	4	GC, QL (120 tabs / 30 days)
PEPCID TABS 40mg	4	GC, QL (60 tabs / 30 days)
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	4	GC, QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	4	GC
AZULFIDINE EN-TABS TBEC 500mg	4	GC
<i>balsalazide disodium</i> CAPS 750mg	2	GC
<i>budesonide</i> CPEP 3mg	2	GC, QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	GC, QL (30 tabs / 30 days), PA
<i>budesonide (intrarectal)</i> FOAM 2mg	2	GC
CANASA SUPP 1000mg	5	GC

Drug Name	Drug Tier	Requirements/Limits
COLAZAL CAPS 750mg	5	GC
CORTENEMA ENEM 100mg/60ml	4	GC
DELZICOL CPDR 400mg	4	GC, QL (180 caps / 30 days)
DIPENTUM CAPS 250mg	5	GC
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	GC
LIALDA TBEC 1.2gm	4	GC, QL (120 tabs / 30 days)
<i>mesalamine</i> CP24 .375gm	2	GC, QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	2	GC, QL (240 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	GC, QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	GC
<i>mesalamine</i> TBEC 1.2gm	2	GC, QL (120 tabs / 30 days)
<i>mesalamine</i> TBEC 800mg	2	GC, QL (180 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	GC
PENTASA CPCR 250mg	4	GC, QL (480 caps / 30 days)
PENTASA CPCR 500mg	5	GC, QL (240 caps / 30 days)
ROWASA KIT 4gm	5	GC
SFROWASA ENEM 4gm/60ml	5	GC
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	GC
UCERIS FOAM 2mg/act	4	GC

Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 9mg	5	GC, QL (30 tabs / 30 days), PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	4	GC
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	4	GC
<i>constulose</i> SOLN 10gm/15ml	2	GC
<i>enulose</i> SOLN 10gm/15ml	2	GC
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>generlac</i> SOLN 10gm/15ml	2	GC
GOLYTELY SOL	4	GC
KRISTALOSE PACK 10gm	4	GC, QL (30 packets / 30 days), PA
KRISTALOSE PACK 20gm	4	GC, QL (60 packets / 30 days), PA
LACTULOSE PACK 10gm	5	GC, QL (30 packets / 30 days), PA
<i>lactulose</i> SOLN 10gm/15ml	2	GC
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	GC
MOVIPREP SOL	4	GC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC
<i>peg-3350/electrolytes/asc</i>	2	GC
PLENVU SOL	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	GC
SUFLAVE SOL	4	GC
SUPREP BOWEL SOL PREP KIT	4	GC
SUTAB TAB	4	GC
MISCELLANEOUS		
<i>alose tron hcl TABS .5mg, 1mg</i>	5	GC, QL (60 tabs / 30 days), PA
AMITIZA CAPS 8mcg, 24mcg	4	GC, QL (60 caps / 30 days)
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	GC
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	GC
BYLVAY CAPS 400mcg, 1200mcg	5	GC, NM, LA, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	GC, NM, LA, PA
CARAFATE SUSP 1gm/10ml	4	GC, QL (1200 mL / 30 days), PA
CARAFATE TABS 1gm	4	GC
CHOLBAM CAPS 50mg, 250mg	5	GC, NM, LA, PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	GC
CYTOTEC TABS 100mcg, 200mcg	4	GC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	GC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	GC
GASTROCROM CONC 100mg/5ml	5	GC
GATTEX KIT 5mg	5	GC, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
HELIDAC MIS THERAPY	5	GC
IBSRELA TABS 50mg	5	GC, QL (60 tabs / 30 days), PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	GC, QL (30 caps / 30 days)
LIVMARLI SOLN 9.5mg/ml	5	GC, NM, LA, PA
LOMOTIL TAB 2.5MG	4	GC
<i>loperamide hcl</i> CAPS 2mg	2	GC
LOTRONEX TABS .5mg, 1mg	5	GC, QL (60 tabs / 30 days), PA
<i>lubiprostone</i> CAPS 8mcg, 24mcg	2	GC, QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	GC
MOTEGRITY TABS 1mg, 2mg	4	GC
MOVANTIK TABS 12.5mg, 25mg	3	GC, QL (30 tabs / 30 days)
OICALIVA TABS 5mg, 10mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
PYLERA CAP	5	GC
REBYOTA SUSP 150ml	5	GC, NM, LA, PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	GC, QL (28 syringes / 28 days), PA
RELISTOR TABS 150mg	5	GC, QL (90 tabs / 30 days), PA
RELTONE CAPS 200mg, 400mg	5	GC, PA
SUCRAID SOLN 8500unit/ml	5	GC, NM, LA, PA
<i>sucralfate</i> SUSP 1gm/10ml	2	GC, QL (1200 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate</i> TABS 1gm	2	GC
SYMPROIC TABS .2mg	4	GC, QL (30 tabs / 30 days)
TALICIA CAP	4	GC
TRULANCE TABS 3mg	4	GC, QL (30 tabs / 30 days)
URSO 250 TABS 250mg	4	GC
URSO FORTE TABS 500mg	4	GC
URSODIOL CAPS 200mg, 400mg	5	GC, PA
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	GC
VIBERZI TABS 75mg, 100mg	5	GC, PA
VOWST CAP	5	GC, NM, LA, PA
XERMELO TABS 250mg	5	GC, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	GC, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	GC
CREON CAP 6000UNIT	3	GC
CREON CAP 12000UNT	3	GC
CREON CAP 24000UNT	3	GC
CREON CAP 36000UNT	3	GC
PANCREAZE CAP 2600UNIT	4	GC
PANCREAZE CAP 4200UNIT	4	GC
PANCREAZE CAP 10500UNT	4	GC
PANCREAZE CAP 16800UNT	4	GC

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 21000UNT	4	GC
PANCREAZE CAP 37000	4	GC
PERTZYE CAP 4000UNIT	4	GC
PERTZYE CAP 8000UNIT	4	GC
PERTZYE CAP 16000U	4	GC
PERTZYE CAP 24000U	4	GC
VIOKACE TAB 10440	4	GC
VIOKACE TAB 20880	5	GC
ZENPEP CAP 3000UNIT	4	GC
ZENPEP CAP 5000UNIT	4	GC
ZENPEP CAP 10000UNT	4	GC
ZENPEP CAP 15000UNT	4	GC
ZENPEP CAP 20000UNT	4	GC
ZENPEP CAP 25000UNT	4	GC
ZENPEP CAP 40000UNT	4	GC
ZENPEP CAP 60000UNT	4	GC

PROTON PUMP INHIBITORS

ACIPHEX TBEC 20mg	4	GC, QL (30 tabs / 30 days)
DEXILANT CPDR 30mg, 60mg	4	GC, QL (30 caps / 30 days)
<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	GC, QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	GC, QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg	2	GC, QL (30 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium</i> SOLR 40mg	2	GC
KONVOMEF SUS 2-84/ML	4	GC, QL (600 mL / 30 days), PA
<i>lansoprazole</i> CPDR 15mg, 30mg	2	GC, QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	GC, QL (60 tabs / 30 days), ST
NEXIUM CPDR 20mg, 40mg	4	GC, QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	4	GC
NEXIUM PACK 10mg, 20mg, 40mg	4	GC, QL (30 packets / 30 days)
NEXIUM I.V. SOLR 40mg	4	GC
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	5	GC, QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	5	GC, QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	5	GC, QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> PACK 40mg	2	GC, QL (30 packets / 30 days), ST
<i>pantoprazole sodium</i> SOLR 40mg	2	GC
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC
PREVACID CPDR 30mg	4	GC, QL (60 caps / 30 days)
PREVACID SOLUTAB TBDD 15mg, 30mg	4	GC, QL (60 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC PACK 2.5mg, 10mg	4	GC, PA
PROTONIX PACK 40mg	4	GC, QL (30 packets / 30 days), ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	4	GC
<i>rabeprazole sodium</i> TBEC 20mg	2	GC, QL (30 tabs / 30 days)
VOQUEZNA TABS 10mg	4	GC, QL (30 tabs / 30 days)
VOQUEZNA TABS 20mg	4	GC, QL (60 tabs / 30 days)
ZEGERID CAP 20-1100	5	GC, QL (30 caps / 30 days), PA
ZEGERID CAP 40-1100	5	GC, QL (30 caps / 30 days), PA
ZEGERID POW 20-1680	5	GC, QL (30 packets / 30 days), PA
ZEGERID POW 40-1680	5	GC, QL (30 packets / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	GC, QL (30 tabs / 30 days)
AVODART CAPS .5mg	4	GC, QL (30 caps / 30 days)
CARDURA XL TB24 4mg, 8mg	4	GC, QL (30 tabs / 30 days), ST
<i>dutasteride</i> CAPS .5mg	2	GC, QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	GC, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ENTADFI CAP 5-5MG	4	GC, QL (30 caps / 30 days), PA
<i>finasteride</i> TABS 5mg	1	GC, QL (30 tabs / 30 days)
FLOMAX CAPS .4mg	4	GC, QL (60 caps / 30 days)
PROSCAR TABS 5mg	4	GC, QL (30 tabs / 30 days)
RAPAFLO CAPS 4mg, 8mg	4	GC, QL (30 caps / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	2	GC, QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	GC, QL (60 caps / 30 days)
UROXATRAL TB24 10mg	4	GC, QL (30 tabs / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	GC
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	GC
ELMIRON CAPS 100mg	5	GC, QL (90 caps / 30 days)
FILSPARI TABS 200mg, 400mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
INTRAROSA INST 6.5mg	4	GC, PA
LITHOSTAT TABS 250mg	4	GC
<i>neomycin-polymyxin b gu irrigation soln</i>	2	GC
OXLUMO SOLN 94.5mg/0.5ml	5	GC, NM, LA, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
RIMSO-50 SOLN 50%	4	GC
TARPEYO CPDR 4mg	5	GC, QL (120 caps / 30 days), NM, LA, PA
THIOLA TABS 100mg	5	GC, NM, LA
THIOLA EC TBEC 100mg, 300mg	5	GC, NM, LA
<i>tiopronin</i> TABS 100mg	5	GC, NM
UROCIT-K 5 TBCR 540mg	4	GC
UROCIT-K 10 TBCR 1080mg	4	GC
UROCIT-K 15 TBCR 15meq	4	GC

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	GC, QL (30 tabs / 30 days), ST
DETROL TABS 1mg, 2mg	4	GC, QL (60 tabs / 30 days)
DETROL LA CP24 2mg, 4mg	4	GC, QL (30 caps / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	GC, QL (30 tabs / 30 days)
GELNIQUE GEL 10%	4	GC, QL (30 gm / 30 days), ST
GEMTESA TABS 75mg	4	GC, QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	GC, QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	GC, QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	GC, QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 2.5mg	2	GC, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TABS 5mg	2	GC, QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	GC, QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	4	GC, QL (8 patches / 28 days), ST
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	GC, QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	GC, QL (60 tabs / 30 days)
TOVIAZ TB24 4mg, 8mg	4	GC, QL (30 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	2	GC, QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)
VESICARE TABS 5mg, 10mg	4	GC, QL (30 tabs / 30 days)
VESICARE LS SUSP 5mg/5ml	4	GC, QL (300 mL / 30 days)
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	4	GC
<i>clindamycin phosphate vaginal</i> CREA 2%	2	GC
CLINDESSE CREA 2%	4	GC
GYNAZOLE-1 CREA 2%	4	GC
<i>metronidazole vaginal</i> GEL .75%	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole</i> 3 SUPP 200mg	2	GC
NUVESSA GEL 1.3%	4	GC
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	GC
VANDAZOLE GEL .75%	4	GC
XACIATO GEL 2%	4	GC

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA SOLN 2.5mg/0.5ml	4	GC
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	GC
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	GC, QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	GC, QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	GC, QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	GC, QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	GC, QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	GC
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	GC
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	GC
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	4	GC

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	GC
HEP SOD/D5W INJ 20000UNT	4	GC
HEP SOD/D5W INJ 25000UNT	4	GC
HEP SOD/NACL INJ 12500UNT	3	GC
HEP SOD/NACL INJ 25000UNT	3	GC
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	GC, B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	GC, B/D
HEPARIN/NACL INJ 25000UNT	3	GC
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
LOVENOX SOLN 300mg/3ml	4	GC
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	GC
PRADAXA CAPS 75mg, 150mg	4	GC, QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	GC, QL (120 caps / 30 days)
PRADAXA PACK 20mg, 150mg	5	GC, QL (60 packets / 30 days), PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg	5	GC, QL (120 packets / 30 days), PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSR 1mg/ml	3	GC, QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	GC, QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	GC, QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	GC, QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	GC, NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	GC, NM, PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	GC, NM, PA
EPOGEN SOLN 20000unit/ml	5	GC, NM, PA
FULPHILA SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA
FYLNETRA SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	GC, NM, PA
LEUKINE SOLR 250mcg	5	GC, NM, PA
MOZOBIL SOLN 24mg/1.2ml	5	GC, NM, LA, PA
NEULASTA SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	GC, NM, PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	GC, NM, PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	5	GC, NM, PA
NYVEPRIA SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	5	GC, NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	GC, NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	GC, NM, PA
RELEUKO SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	GC, NM, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	4	GC, NM, PA
RETACRIT SOLN 40000unit/ml	5	GC, NM, PA
ROLVEDON SOSY 13.2mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, LA, PA
UDENYCA SOAJ 6mg/0.6ml	5	GC, QL (2 pens / 28 days), NM, PA
UDENYCA SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	GC, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	GC, QL (2 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	5	GC, NM, PA
ADZYNMA KIT 500unit, 1500unit	5	GC, NM, LA, PA
AGRYLIN CAPS .5mg	4	GC
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	5	GC
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	GC
BERINERT KIT 500unit	5	GC, QL (24 boxes / 30 days), NM, LA, PA
CABLIVI KIT 11mg	5	GC, NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	GC
CINRYZE SOLR 500unit	5	GC, QL (20 vials / 30 days), NM, LA, PA
DOPTELET TABS 20mg	5	GC, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	GC
EMPAVELI SOLN 1080mg/20ml	5	GC, NM, LA, PA
ENDARI PACK 5gm	5	GC, NM, LA, PA
ENJAYMO SOLN 1100mg/22ml	5	GC, NM, LA, PA
FIRAZYR SOSY 30mg/3ml	5	GC, QL (9 syringes / 30 days), NM, PA
GIVLAARI SOLN 189mg/ml	5	GC, NM, LA, PA
HAEGARDA SOLR 2000unit	5	GC, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	GC, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	GC, QL (9 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KALBITOR SOLN 10mg/ml	5	GC, QL (18 mL / 30 days), NM, LA, PA
MULPLETA TABS 3mg	5	GC, NM, PA
ORLADEYO CAPS 110mg, 150mg	5	GC, QL (28 caps / 28 days), NM, LA, PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	5	GC, NM, LA, PA
<i>pentoxifylline</i> TBCR 400mg	1	GC
PROMACTA PACK 12.5mg	5	GC, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	GC, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
PYRUKYND TABS 5mg, 20mg, 50mg	5	GC, QL (56 tabs / 28 days), NM, LA, PA
PYRUKYND TAB 20MGX5MG	5	GC, QL (14 tabs / 14 days), NM, LA, PA
PYRUKYND TAB 50MGX20M	5	GC, QL (14 tabs / 14 days), NM, LA, PA
PYRUKYND TAPER PACK TBPK 5mg	5	GC, QL (7 tabs / 7 days), NM, LA, PA
REBLOZYL SOLR 25mg, 75mg	5	GC, NM, LA, PA
RUCONEST SOLR 2100unit	5	GC, QL (12 vials / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	GC, QL (9 syringes / 30 days), NM, LA, PA
SIKLOS TABS 100mg	4	GC

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Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 1000mg	5	GC
SOLIRIS SOLN 300mg/30ml	5	GC, NM, LA, PA
TAKHZYRO SOLN 300mg/2ml	5	GC, QL (2 vials / 28 days), NM, LA, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	5	GC, QL (2 syringes / 28 days), NM, LA, PA
TAVALISSE TABS 100mg, 150mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
TAVNEOS CAPS 10mg	5	GC, NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	GC
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	5	GC, NM, LA, PA

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	GC
BRILINTA TABS 60mg, 90mg	3	GC
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>clopidogrel bisulfate</i> TABS 300mg	2	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	GC, PA; PA if 70 years and older
EFFIENT TABS 5mg, 10mg	4	GC
PLAVIX TABS 75mg	4	GC
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	GC
ZONTIVITY TABS 2.08mg	4	GC

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	GC, NM, LA, PA
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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOSY 162mg/0.9ml	5	GC, QL (4 syringes / 28 days), NM, PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	5	GC, QL (4 pens / 28 days), NM, LA, PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	GC, QL (56 pens / 365 days), NM, PA
ADBRY SOSY 150mg/ml	5	GC, QL (56 syringes / 365 days), NM, LA, PA
AMJEVITA SOAJ 40mg/0.4ml, 40mg/0.8ml	5	GC, QL (56 auto-injectors / 365 days), NM, PA
AMJEVITA SOAJ 80mg/0.8ml	5	GC, QL (28 auto-injectors / 365 days), NM, PA
AMJEVITA SOSY 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	5	GC, QL (26 syringes / 365 days), NM, PA
AMJEVITA SOSY 40mg/0.4ml, 40mg/0.8ml	5	GC, QL (56 syringes / 365 days), NM, PA
AVSOLA SOLR 100mg	5	GC, NM, LA, PA
BIMZELX SOAJ 160mg/ml	5	GC, QL (2 auto-injectors / 28 days), NM, PA
BIMZELX SOSY 160mg/ml	5	GC, QL (2 syringes / 28 days), NM, PA
CIBINQO TABS 50mg, 100mg, 200mg	5	GC, QL (30 tabs / 30 days), NM, PA
CIMZIA KIT 200mg; PSKT 200mg/ml	5	GC, QL (2 kits / 28 days), NM, PA
CIMZIA STARTER KIT PSKT 200mg/ml	5	GC, QL (2 kits / year), NM, PA
COSENTYX SOLN 125mg/5ml	5	GC, QL (3 vials / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 75mg/0.5ml	5	GC, QL (16 syringes / 365 days), NM, LA, PA
COSENTYX SOSY 150mg/ml	5	GC, QL (32 syringes / 365 days), NM, LA, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	GC, QL (32 pens / 365 days), NM, LA, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	GC, QL (16 pens / 365 days), NM, LA, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	GC, NM, PA
ENBREL SOLN 25mg/0.5ml	5	GC, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	GC, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	GC, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	GC, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	GC, QL (8 pens / 28 days), NM, PA
ENTYVIO SOLR 300mg	5	GC, NM, LA, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	GC, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	GC, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	GC, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	GC, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	GC, QL (6 pens / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml	5	GC, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	GC, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	GC, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	GC, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	GC, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	GC, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	GC, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	GC, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	GC, QL (2 packs / year), NM, PA
ILUMYA SOSY 100mg/ml	5	GC, QL (6 syringes / 365 days), NM, LA, PA
INFLECTRA SOLR 100mg	5	GC, NM, LA, PA
INFLIXIMAB SOLR 100mg	5	GC, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	GC, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	GC, QL (2 syringes / 28 days), NM, PA
KINERET SOSY 100mg/0.67ml	5	GC, QL (28 syringes / 28 days), NM, PA
LITFULO CAPS 50mg	5	GC, QL (28 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
OLUMIANT TABS 1mg, 2mg, 4mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
OMVOH SOAJ 100mg/ml	5	GC, QL (2 auto-injectors / 28 days), NM, LA, PA
OMVOH SOLN 300mg/15ml	5	GC, NM, LA, PA
ORENCIA SOLR 250mg	5	GC, NM, PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	GC, QL (4 syringes / 28 days), NM, PA
ORENCIA CLICKJECT SOAJ 125mg/ml	5	GC, QL (4 autoinjectors / 28 days), NM, PA
OTEZLA TABS 30mg	5	GC, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	GC, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	GC, NM, LA, PA
RENFLEXIS SOLR 100mg	5	GC, NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	GC, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	GC, QL (168 tabs / year), NM, PA
SILIQ SOSY 210mg/1.5ml	5	GC, QL (3 syringes / 28 days), NM, PA
SIMPONI SOAJ 50mg/0.5ml	5	GC, QL (6 autoinjectors / 28 days), NM, PA
SIMPONI SOAJ 100mg/ml	5	GC, QL (3 autoinjectors / 28 days), NM, PA
SIMPONI SOSY 50mg/0.5ml	5	GC, QL (6 syringes / 28 days), NM, PA
SIMPONI SOSY 100mg/ml	5	GC, QL (3 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA SOLN 50mg/4ml	5	GC, NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	GC, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	GC, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	GC, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	GC, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
SPEVIGO SOLN 450mg/7.5ml	5	GC, QL (30 mL / 14 days), NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	GC, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	GC, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	GC, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	GC, QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	5	GC, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	GC, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	GC, QL (30 tabs / 30 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	GC, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	GC, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 11mg, 22mg	5	GC, QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ARAVA TABS 10mg, 20mg	5	GC, QL (30 tabs / 30 days)
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	2	GC
<i>leflunomide</i> TABS 10mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	GC
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	4	GC, NM, PA
PLAQUENIL TABS 200mg	4	GC
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	GC, NM, PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	GC, B/D
XATMEP SOLN 2.5mg/ml	4	GC, B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	5	GC, NM, LA, PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	5	GC, NM, LA, PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	5	GC, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	GC, NM, PA
GAMASTAN INJ	4	GC, B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	GC, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	GC, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	GC, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	GC, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	GC, NM, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	5	GC, NM, LA, PA
HYQVIA INJ 2.5-200	5	GC, NM, LA, PA
HYQVIA INJ 5-400	5	GC, NM, LA, PA
HYQVIA INJ 10-800	5	GC, NM, LA, PA
HYQVIA INJ 20-1600	5	GC, NM, LA, PA
HYQVIA INJ 30-2400	5	GC, NM, LA, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	GC, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	GC, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	GC, NM, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	GC, NM, LA, PA
ARCALYST SOLR 220mg	5	GC, NM, LA, PA
GRASTEK SUBL 2800bau	4	GC, PA
ILARIS SOLN 150mg/ml	5	GC, NM, LA, PA
JOENJA TABS 70mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
ODACTRA SUB	4	GC, PA
ORALAIR SUB 300 IR	4	GC, NM, LA, PA
PALFORZIA CAP ESCALAT	5	GC, NM, LA, PA
PALFORZIA CAP LEVEL 3	5	GC, NM, LA, PA
PALFORZIA CAP LEVEL 7	5	GC, NM, LA, PA
PALFORZIA CAP LEVEL 8	5	GC, NM, LA, PA
PALFORZIA CAP LEVEL 10	5	GC, NM, LA, PA
PALFORZIA LEVEL 1 CSPK 1mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 2 CSPK 1mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 4 CSPK 20mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 5 CSPK 20mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 6 CSPK 20mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 9 CSPK 100mg	5	GC, NM, LA, PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	5	GC, NM, LA, PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	5	GC, NM, LA, PA
RAGWITEK SUBL 12amba1-u	4	GC, PA
RYSTIGGO SOLN 280mg/2ml	5	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VYVGART SOLN 400mg/20ml	5	GC, NM, LA, PA
VYVGART INJ HYTRULO	5	GC, NM, LA, PA
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	5	GC, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	GC, B/D, NM
ATGAM INJ 50mg/ml	5	GC, B/D
<i>azasan</i> TABS 75mg, 100mg	2	GC, B/D
<i>azathioprine</i> TABS 50mg, 75mg, 100mg	2	GC, B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	GC, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	GC, NM, LA, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	5	GC, B/D, NM
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	GC, B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
ENVARUSUS XR TB24 4mg	5	GC, B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg	4	GC, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	GC, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
IMURAN TABS 50mg	4	GC, B/D
LUPKYNIS CAPS 7.9mg	5	GC, NM, LA, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	GC, B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	GC, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	GC, B/D, NM
MYFORTIC TBEC 180mg	4	GC, B/D, NM
MYFORTIC TBEC 360mg	5	GC, B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	GC, B/D, NM
NULOJIX SOLR 250mg	5	GC, B/D, NM
PROGRAF CAPS 5mg	5	GC, B/D, NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	4	GC, B/D, NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	5	GC, B/D, NM
RAPAMUNE TABS .5mg	4	GC, B/D, NM
REZUROCK TABS 200mg	5	GC, NM, LA, PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	4	GC, B/D, NM
SANDIMMUNE CAPS 100mg	5	GC, B/D, NM
SAPHNELO SOLN 300mg/2ml	5	GC, NM, LA, PA
<i>sirolimus</i> SOLN 1mg/ml	5	GC, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	GC, B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	GC, B/D, NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	5	GC, B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	GC
ACTHIB INJ	1	GC

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	1	GC
AREXVY SUSR 120mcg/0.5ml	1	GC
BCG VACCINE SOLR 50mg	1	GC
BEXSERO INJ	1	GC
BOOSTRIX INJ	1	GC
DAPTACEL INJ	1	GC
DENGVAXIA SUS	1	GC
DIP/TET PED INJ 25-5LFU	1	GC, B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	GC, B/D
GARDASIL 9 INJ	1	GC
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	GC
HEPLISAV-B SOSY 20mcg/0.5ml	1	GC, B/D
HIBERIX SOLR 10mcg	1	GC
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	GC, B/D
INFANRIX INJ	1	GC
IPOL INJ INACTIVE	1	GC
IXIARO INJ	1	GC
JYNNEOS SUSP .5ml	1	GC, B/D
KINRIX INJ	1	GC
M-M-R II INJ	1	GC
MENACTRA INJ	1	GC
MENQUADFI INJ	1	GC
MENVEO INJ	1	GC

Drug Name	Drug Tier	Requirements/Limits
MENVEO SOL	1	GC
PEDIARIX INJ 0.5ML	1	GC
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	GC
PENBRAYA INJ	1	GC
PENTACEL INJ	1	GC
PREHEVBRIO SUSP 10mcg/ml	1	GC, B/D
PRIORIX INJ	1	GC
PROQUAD INJ	1	GC
QUADRACEL INJ	1	GC
QUADRACEL INJ 0.5ML	1	GC
RABAVERT INJ	1	GC, B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	GC, B/D
ROTARIX SUS	1	GC
ROTATEQ SOL	1	GC
SHINGRIX SUSR 50mcg/0.5ml	1	GC, QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	GC, B/D
TENIVAC INJ 5-2LF	1	GC, B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	GC
TRUMENBA INJ	1	GC
TWINRIX INJ	1	GC
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	GC

Drug Name	Drug Tier	Requirements/Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	GC
VARIVAX INJ 1350pfu/0.5ml	1	GC
YF-VAX INJ	1	GC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	GC
KCL/D5W/LACT INJ 20MEQ/L	4	GC
KCL/D5W/NACL INJ 0.3/0.9%	4	GC
<i>lactated ringer's solution</i>	2	GC
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	GC
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	GC
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	GC
MG SO4/D5W INJ 10MG/ML	3	GC
<i>multiple electrolytes ph 5.5</i>	2	GC
<i>multiple electrolytes ph 7.4</i>	2	GC
PLASMA-LYTE INJ -148	4	GC
PLASMA-LYTE INJ -A	4	GC
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	GC
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	GC

Drug Name	Drug Tier	Requirements/Limits
POT CHL 40MEQ/L IN NAACL 0.9% INJ	4	GC
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	GC
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	GC
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	GC
TPN ELECTROL INJ	4	GC, B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	2	GC
<i>klor-con 8</i> TBCR 8meq	1	GC
<i>klor-con 10</i> TBCR 10meq	1	GC
<i>klor-con m10</i> TBCR 10meq	1	GC
<i>klor-con m15</i> TBCR 15meq	2	GC
<i>klor-con m20</i> TBCR 20meq	1	GC
M-NATAL PLUS TAB	3	GC
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	GC
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	GC
PRENATAL TAB 27-1MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB PLUS	3	GC
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	4	GC, B/D
CLINIMIX E INJ 4.25/D5W	4	GC, B/D
CLINIMIX E INJ 4.25/D10	4	GC, B/D
CLINIMIX E INJ 5%/D15W	4	GC, B/D
CLINIMIX E INJ 5%/D20W	4	GC, B/D
CLINIMIX E INJ 8/10	4	GC, B/D
CLINIMIX E INJ 8/14	4	GC, B/D
CLINIMIX INJ 4.25/D5W	4	GC, B/D
CLINIMIX INJ 4.25/D10	4	GC, B/D
CLINIMIX INJ 5%/D15W	4	GC, B/D
CLINIMIX INJ 5%/D20W	4	GC, B/D
CLINIMIX INJ 6/5	4	GC, B/D
CLINIMIX INJ 8/10	4	GC, B/D
CLINIMIX INJ 8/14	4	GC, B/D
<i>clinisol sf 15%</i>	2	GC, B/D
CLINOLIPID EMU 20%	4	GC, B/D
<i>dextrose SOLN 5%, 10%</i>	2	GC
<i>dextrose SOLN 50%, 70%</i>	2	GC, B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	GC, B/D
NUTRILIPID EMUL 20gm/100ml	4	GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>plenamine</i>	2	GC, B/D
PREMASOL SOL 10%	5	GC, B/D
PROSOL INJ 20%	4	GC, B/D
SMOFLIPID EMU	4	GC, B/D
TRAVASOL INJ 10%	4	GC, B/D
TROPHAMINE INJ 10%	4	GC, B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	GC
MAXITROL OIN 0.1% OP	4	GC
MAXITROL SUS 0.1% OP	4	GC
<i>neo-polycin hc ophth oint 1%</i>	2	GC
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	GC
<i>neomycin-polymyxin-hc ophth susp</i>	2	GC
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
TOBRADEX OIN 0.3-0.1%	3	GC
TOBRADEX ST SUS 0.3-0.05	3	GC
TOBRADEX SUS 0.3-0.1%	4	GC
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	GC
ZYLET SUS 0.5-0.3%	3	GC

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE SOLN 1%	4	GC
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	2	GC
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	GC
CILOXAN OINT .3%	3	GC
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	GC
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	GC
<i>gatifloxacin (ophth)</i> SOLN .5%	2	GC
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	GC
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	2	GC
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	2	GC
NATACYN SUSP 5%	4	GC
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
OCUFLOX SOLN .3%	4	GC
<i>ofloxacin (ophth)</i> SOLN .3%	2	GC
<i>polycin ophth oint</i>	1	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	2	GC
<i>tobramycin (ophth)</i> SOLN .3%	1	GC

Drug Name	Drug Tier	Requirements/Limits
TOBREX OINT .3%	4	GC
<i>trifluridine</i> SOLN 1%	2	GC
VIGAMOX SOLN .5%	4	GC
XDEMVI SOLN .25%	5	GC, NM, LA, PA
ZIRGAN GEL .15%	4	GC
ZYMAXID SOLN .5%	4	GC
<i>ANTI-INFLAMMATORIES</i>		
ACULAR SOLN .5%	4	GC
ACULAR LS SOLN .4%	4	GC
ACUVAIL SOLN .45%	4	GC
ALREX SUSP .2%	3	GC
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%, .09%	2	GC
BROMSITE SOLN .075%	4	GC
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	GC
DEXYCU SUSP 9%	4	GC, LA
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	GC
<i>difluprednate</i> EMUL .05%	2	GC
DUREZOL EMUL .05%	4	GC
EYSUVIS SUSP .25%	4	GC
FLAREX SUSP .1%	4	GC
<i>fluorometholone (ophth)</i> SUSP .1%	2	GC
<i>flurbiprofen sodium</i> SOLN .03%	2	GC
FML FORTE SUSP .25%	4	GC

Drug Name	Drug Tier	Requirements/Limits
FML LIQUIFILM SUSP .1%	4	GC
ILEVRO SUSP .3%	4	GC
INVELTYS SUSP 1%	4	GC
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	GC
LOTEMAX GEL .5%; SUSP .5%	4	GC
LOTEMAX OINT .5%	3	GC
LOTEMAX SM GEL .38%	3	GC
<i>loteprednol etabonate</i> GEL .5%; SUSP .5%	2	GC
MAXIDEX SUSP .1%	4	GC
NEVANAC SUSP .1%	4	GC
PRED FORTE SUSP 1%	4	GC
PRED MILD SUSP .12%	4	GC
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	GC
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	GC
PROLENSA SOLN .07%	3	GC
XIPERE SUSP 40mg/ml	4	GC, NM, LA, PA
YUTIQ IMPL .18mg	5	GC, NM, LA
ANTIALLERGICS		
ALOMIDE SOLN .1%	4	GC
<i>azelastine hcl (ophth)</i> SOLN .05%	2	GC
<i>bepotastine besilate</i> SOLN 1.5%	2	GC
BEPREVE SOLN 1.5%	4	GC
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl (ophth)</i> SOLN .05%	2	GC
ZERVIAE SOLN .24%	4	GC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	GC
ALPHAGAN P SOLN .15%	4	GC
AZOPT SUSP 1%	4	GC
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	GC
BETIMOL SOLN .25%, .5%	4	GC
BETOPTIC-S SUSP .25%	4	GC
<i>bimatoprost</i> SOLN .03%	2	GC
<i>brimonidine tartrate</i> SOLN .1%, .15%	2	GC
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brinzolamide</i> SUSP 1%	2	GC
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	GC
COSOPT PF SOL 2%-0.5%	4	GC
COSOPT SOL 2-0.5%OP	4	GC
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	GC
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	GC
ISTALOL SOLN .5%	4	GC
IYUZEH SOLN .005%	4	GC, ST
<i>latanoprost</i> SOLN .005%	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl</i> SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	GC
PHOSPHOLINE IODIDE SOLR .125%	5	GC, NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	GC
RHOPRESSA SOLN .02%	3	GC
ROCKLATAN DRO	3	GC
SIMBRINZA SUS 1-0.2%	4	GC
<i>tafluprost</i> SOLN .015mg/ml	2	GC
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	GC
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	GC
<i>timolol maleate (ophth) pf</i> SOLN .25%, .5%	2	GC
TIMOPTIC SOLN .25%, .5%	4	GC
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	GC
TIMOPTIC-XE SOLG .25%, .5%	4	GC
TRAVATAN Z SOLN .004%	4	GC
<i>travoprost</i> SOLN .004%	2	GC
VYZULTA SOLN .024%	4	GC
XALATAN SOLN .005%	4	GC
XELPROS EMUL .005%	4	GC, ST
ZIOPTAN SOLN .015mg/ml	4	GC, ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	GC

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	GC
BEOVU SOSY 6mg/0.05ml	5	GC, NM, LA, PA
BYOOVIZ SOLN .5mg/0.05ml	5	GC, NM, LA, PA
CEQUA SOLN .09%	4	GC, QL (60 single use vials / 30 days), PA
CIMERLI SOLN .3mg/0.05ml	4	GC, NM, LA, PA
CIMERLI SOLN .5mg/0.05ml	5	GC, NM, LA, PA
CYSTADROPS SOLN .37%	5	GC, NM, LA, PA
CYSTARAN SOLN .44%	5	GC, NM, LA, PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	5	GC, NM, LA, PA
EYLEA HD SOLN 8mg/0.07ml	5	GC, NM, LA, PA
IZERVAY SOLN 2mg/0.1ml	5	GC, NM, LA, PA
LACRISERT INST 5mg	4	GC
LUCENTIS SOSY .3mg/0.05ml	5	GC, NM, LA, PA
MIEBO SOLN 1.338gm/ml	4	GC, PA
OXERVATE SOLN .002%	5	GC, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	2	GC
RESTASIS EMUL .05%	3	GC
RESTASIS MULTIDOSE EMUL .05%	3	GC
SUSVIMO SOLN 10mg/0.1ml	5	GC, NM, LA, PA
SYFOVRE SOLN 15mg/0.1ml	5	GC, NM, LA, PA
TYRVAYA SOLN .03mg/act	4	GC
VABYSMO SOLN 6mg/0.05ml	5	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VERKAZIA EMUL .1%	5	GC, QL (120 single use vials / 30 days), PA
XIIDRA SOLN 5%	3	GC

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	GC
CETRAXAL SOLN .2%	4	GC
CIPRO HC SUS OTIC	4	GC
CIPRODEX SUS 0.3-0.1%	4	GC
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	2	GC
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	GC
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	2	GC
CORTISPORIN SUS -TC OTIC	4	GC
DERMOTIC OIL .01%	4	GC
<i>flac</i> OIL .01%	2	GC
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	GC
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	GC
<i>ofloxacin (otic)</i> SOLN .3%	2	GC
OTOVEL DRO	4	GC

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	GC, QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	GC, QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	GC, QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	GC, QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	GC, QL (2 inhalers / 30 days)
DUAKLIR AER 400/12	4	GC, QL (1 inhaler / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	GC, B/D
STIOLTO AER 2.5-2.5	4	GC, QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	GC, QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	GC, QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	GC, QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	GC, QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	GC, B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	GC
SPIRIVA HANDIHALER CAPS 18mcg	4	GC, QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	GC, QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate</i> CAPS 18mcg	2	GC, QL (30 caps / 30 days)
TUDORZA PRESSAIR AEPB 400mcg/act	4	GC, QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	4	GC, QL (2 inhalers / 30 days)
YUPELRI SOLN 175mcg/3ml	5	GC, PA

ANTIHISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act	2	GC, QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	4	GC
DYMISTA SPR 137-50	4	GC, QL (1 bottle / 30 days)
<i>promethazine vc</i>	3	GC, PA; PA if 70 years and older
RYALTRIS SPR 665-25	4	GC, QL (29 gm / 30 days)

ANTIHISTAMINES

<i>azelastine hcl</i> SOLN .1%	2	GC
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg	3	GC, PA; PA if 70 years and older
CARBINOXAMINE MALEATE TABS 6mg	4	GC, PA; PA if 70 years and older
<i>cetirizine hcl</i> SOLN 1mg/ml	1	GC, QL (300 mL / 30 days)
CLARINEX TABS 5mg	4	GC, QL (30 tabs / 30 days)
<i>clemastine fumarate</i> SYRP .67mg/5ml	5	GC, QL (1800 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate</i> TABS 2.68mg	3	GC, PA; PA if 70 years and older
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	GC, PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg	2	GC, QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	GC
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	GC, PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	GC, PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	3	GC, PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	GC, QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	GC, QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	GC
QUZYTIR SOLN 10mg/ml	4	GC
<i>ryclora</i> SOLN 2mg/5ml	2	GC, PA; PA if 70 years and older
RYVENT TABS 6mg	4	GC, PA; PA if 70 years and older
VISTARIL CAPS 25mg, 50mg	4	GC, PA; PA if 70 years and older
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, 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	2	GC, QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	GC, B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	GC
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	GC, B/D
BROVANA NEBU 15mcg/2ml	5	GC, B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	GC, B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	GC, B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	GC, QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	5	GC, B/D
PROAIR DIGIHALER AEPB 108mcg/act	4	GC, QL (2 inhalers / 30 days), PA
PROAIR RESPICLICK AEPB 108mcg/act	4	GC, QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	GC, QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	4	GC, QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	2	GC
VENTOLIN HFA AERS 108mcg/act	3	GC, QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	GC, QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	4	GC, QL (2 inhalers / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	GC
<i>montelukast sodium</i> TABS 10mg	1	GC
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	4	GC
<i>zafirlukast</i> TABS 10mg, 20mg	2	GC
<i>zileuton</i> TB12 600mg	5	GC, QL (120 tabs / 30 days), PA
ZYFLO TABS 600mg	5	GC, QL (120 tabs / 30 days), PA
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	GC, B/D
ARALAST NP SOLR 500mg, 1000mg	5	GC, NM, LA, PA
BRONCHITOL CAPS 40mg	5	GC, QL (560 caps / 28 days), NM, LA, PA
CINQAIR SOLN 100mg/10ml	5	GC, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	GC, B/D
DALIRESP TABS 250mcg	4	GC, QL (56 tabs / year)
DALIRESP TABS 500mcg	4	GC, QL (30 tabs / 30 days)
<i>elixophyllin</i> ELIX 80mg/15ml	5	GC
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	GC; (generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	GC; (generic of AdrenaClick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	4	GC
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	4	GC

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS 267mg	5	GC, QL (270 caps / 30 days), NM, LA, PA
ESBRIET TABS 267mg	5	GC, QL (270 tabs / 30 days), NM, LA, PA
ESBRIET TABS 801mg	5	GC, QL (90 tabs / 30 days), NM, LA, PA
FASENRA SOSY 30mg/ml	5	GC, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	GC, NM, LA, PA
GLASSIA SOLN 1000mg/50ml	5	GC, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	GC, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	GC, QL (60 tabs / 30 days), NM, LA, PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	5	GC, NM, LA, PA
OFEV CAPS 100mg, 150mg	5	GC, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	GC, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	GC, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	GC, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	GC, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	GC, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	GC, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	GC, QL (270 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 534mg, 801mg	5	GC, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	GC, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	GC, NM, PA
<i>roflumilast</i> TABS 250mcg	2	GC, QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	GC, QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	GC, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	GC, QL (56 tabs / 28 days), NM, LA, PA
TEZSPIRE SOAJ 210mg/1.91ml	5	GC, QL (1 pen / 28 days), NM, LA, PA
TEZSPIRE SOSY 210mg/1.91ml	5	GC, QL (1 syringe / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	GC
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	GC
TRIKAFTA PAK 59.5MG	5	GC, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	GC, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	GC, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	GC, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	GC, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	GC, NM, LA, PA

NASAL STEROIDS

BECONASE AQ SUSP 42mcg/spray	4	GC, QL (2 inhalers / 30 days), ST
<i>flunisolide (nasal)</i> SOLN .025%	2	GC, QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC, QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	GC, QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	GC, QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	4	GC, QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	4	GC, QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	GC, QL (32 mL / 30 days), PA
ZETONNA AERS 37mcg/act	4	GC, QL (1 inhaler / 30 days), ST

STEROID INHALANTS

ALVESCO AERS 80mcg/act	4	GC, QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	GC, QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	GC, QL (30 inhalations / 30 days)
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	4	GC, QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	4	GC, QL (8 inhalers / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	4	GC, QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	4	GC, QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	4	GC, QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	4	GC, QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	GC, B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	GC, QL (3 inhalers / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	GC, QL (4 inhalers / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	GC, QL (2 inhalers / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act	3	GC, QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act	3	GC, QL (240 inhalations / 30 days)
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act	3	GC, QL (2 inhalers / 30 days)
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	4	GC, B/D
PULMICORT FLEXHALER AEPB 90mcg/act	4	GC, QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	GC, QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	4	GC, QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	4	GC, QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 250/50	4	GC, QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 500/50	4	GC, QL (60 inhalations / 30 days), PA
ADVAIR HFA AER 45/21	3	GC, QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	GC, QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	GC, QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	4	GC, QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	GC, QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	GC, QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	GC, QL (60 blisters / 30 days)
<i>breynd</i>	4	GC, QL (3 inhalers / 30 days), PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	4	GC, QL (3 inhalers / 30 days), PA
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	4	GC, QL (3 inhalers / 30 days), PA
DULERA AER 50-5MCG	4	GC, QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	GC, QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	4	GC, QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	4	GC, QL (3 inhalers / 30 days), PA
SYMBICORT AER 160-4.5	4	GC, QL (3 inhalers / 30 days), PA
<i>wixela inhub</i>	2	GC, QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	5	GC, PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	GC, PA
ACANYA GEL 1.2-2.5%	4	GC, QL (50 gm / 30 days)
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
ACZONE GEL 5%, 7.5%	4	GC, QL (90 gm / 30 days)
<i>adapalene</i> CREA .1%; GEL .3%	2	GC, QL (45 gm / 30 days), PA
<i>adapalene</i> PADS .1%	5	GC, QL (28 swabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADAPALENE SOLN .1%	4	GC, QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	GC
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	GC
AKLIEF CREA .005%	4	GC, QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	4	GC, QL (45 gm / 30 days), PA
<i>amnestem CAPS 10mg, 20mg, 40mg</i>	2	GC, PA
AMZEEQ FOAM 4%	4	GC, QL (30 gm / 30 days), PA
ARAZLO LOTN .045%	4	GC, QL (45 gm / 30 days), PA
ATRALIN GEL .05%	4	GC, QL (45 gm / 30 days), PA
AZELEX CREA 20%	4	GC, QL (50 gm / 30 days)
BENZAMYCIN GEL 5-3%	4	GC, QL (46.6 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	GC, QL (46.6 gm / 30 days)
CABTREO GEL	5	GC, QL (50 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	2	GC, PA
CLEOCIN-T LOTN 1%	4	GC, QL (60 mL / 30 days)
<i>clindacin FOAM 1%</i>	2	GC
<i>clindacin etz pledgets SWAB 1%</i>	2	GC, QL (69 pledgets / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindacin-p</i> SWAB 1%	2	GC, QL (69 pledgets / 30 days)
CLINDAGEL GEL 1%	5	GC, QL (75 mL / 30 days), PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	GC, QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> FOAM 1%	2	GC
<i>clindamycin phosphate (topical)</i> GEL 1%	2	GC, QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	GC, QL (60 mL / 30 days)
<i>clindamycin phosphate (topical)</i> SWAB 1%	2	GC, QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	GC, QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	GC, QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	2	GC, QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	GC, QL (60 gm / 30 days)
<i>dapsone (topical)</i> GEL 5%, 7.5%	2	GC, QL (90 gm / 30 days)
DIFFERIN CREA .1%; GEL .3%	4	GC, QL (45 gm / 30 days), PA
DIFFERIN LOTN .1%	4	GC, QL (118 mL / 30 days), PA
EPIDUO FORTE GEL 0.3-2.5%	4	GC
EPIDUO GEL 0.1-2.5%	4	GC
EPSOLAY CREA 5%	4	GC, QL (30 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ery</i> PADS 2%	2	GC, QL (60 pledgets / 30 days)
ERYGEL GEL 2%	4	GC, QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	GC, QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	GC, QL (60 mL / 30 days)
FABIOR FOAM .1%	4	GC, QL (100 gm / 30 days), PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>isotretinoin</i> CAPS 25mg, 35mg	5	GC, PA
KLARON LOTN 10%	4	GC, QL (118 mL / 30 days)
<i>neuac gel</i> 1.2-5%	2	GC, QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	4	GC, QL (50 gm / 30 days)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	4	GC, QL (45 gm / 30 days), PA
RETIN-A MICRO GEL .04%, .1%	4	GC, QL (50 gm / 30 days), PA
RETIN-A MICRO GEL .06%	5	GC, QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	4	GC, QL (50 gm / 30 days), PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	GC, QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	4	GC, QL (100 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	GC, QL (45 gm / 30 days), PA
<i>tretinoin microsphere</i> GEL .04%, .08%, .1%	2	GC, QL (50 gm / 30 days), PA
TWYNEO CRE 0.1-3%	4	GC, QL (30 gm / 30 days), PA
VELTIN GEL	4	GC, QL (60 gm / 30 days)
WINLEVI CREA 1%	4	GC, QL (60 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
ZIANA GEL	4	GC, QL (60 gm / 30 days)
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	4	GC, QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	GC, QL (30 gm / 30 days)
<i>mafenide acetate</i> PACK 5%	2	GC, QL (5 packets / 30 days)
<i>mupirocin</i> OINT 2%	1	GC, QL (220 gm / 30 days)
<i>mupirocin calcium (topical)</i> CREA 2%	2	GC, QL (30 gm / 30 days), PA
SILVADENE CREA 1%	4	GC
<i>silver sulfadiazine</i> CREA 1%	2	GC
<i>ssd</i> CREA 1%	2	GC
SULFAMYLON CREA 85mg/gm	4	GC, QL (453.6 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	2	GC, QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	2	GC, QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	2	GC, QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	GC, QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	GC, QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	GC, QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	GC, QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	2	GC, QL (85 gm / 30 days)
ERTACZO CREA 2%	5	GC, QL (60 gm / 30 days), ST
EXELDERM CREA 1%	4	GC, QL (60 gm / 30 days), PA
EXELDERM SOLN 1%	4	GC, QL (30 mL / 30 days), PA
JUBLIA SOLN 10%	5	GC, QL (8 mL / 30 days)
<i>ketconazole (topical)</i> CREA 2%	2	GC, QL (60 gm / 30 days)
<i>ketconazole (topical)</i> FOAM 2%	2	GC, QL (100 gm / 30 days), PA
<i>ketodan</i> FOAM 2%	2	GC, QL (100 gm / 30 days), PA
<i>klayesta</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LOPROX SHAMPOO SHAM 1%	4	GC, QL (120 mL / 30 days)
<i>luliconazole</i> CREA 1%	2	GC, QL (60 gm / 30 days), ST
LUZU CREA 1%	4	GC, QL (60 gm / 30 days), ST
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	GC, QL (50 gm / 30 days), PA
<i>naftifine hcl</i> CREA 1%	2	GC, QL (90 gm / 30 days)
<i>naftifine hcl</i> CREA 2%; GEL 2%	2	GC, QL (60 gm / 30 days)
NAFTIN GEL 1%	4	GC, QL (90 gm / 30 days)
NAFTIN GEL 2%	4	GC, QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	GC, QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>oxiconazole nitrate</i> CREA 1%	2	GC, QL (90 gm / 30 days), PA
OXISTAT CREA 1%	4	GC, QL (90 gm / 30 days), PA
OXISTAT LOTN 1%	4	GC, QL (60 mL / 30 days), PA
VUSION OIN	4	GC, QL (50 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	GC, PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	GC, QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	2	GC, QL (800 gm / 28 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	GC
SORILUX FOAM .005%	5	GC, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	GC, QL (60 gm / 30 days), PA
<i>tazarotene</i> GEL .05%, .1%	2	GC, QL (100 gm / 30 days), PA
TAZORAC CREA .05%, .1%	4	GC, QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	4	GC, QL (100 gm / 30 days), PA
VECTICAL OINT 3mcg/gm	5	GC, QL (800 gm / 28 days), PA
VTAMA CREA 1%	5	GC, QL (60 gm / 30 days), PA
ZORYVE CREA .3%	4	GC, QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	GC

Drug Name	Drug Tier	Requirements/Limits
ZORYVE FOAM .3%	4	GC, QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	GC
ALA-SCALP LOTN 2%	4	GC, QL (60 mL / 30 days)
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>amcinonide</i> OINT .1%	2	GC, QL (60 gm / 30 days), PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	2	GC, QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	GC, QL (120 mL / 30 days)
BRYHALI LOTN .01%	4	GC, QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	GC, QL (400 gm / 28 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	5	GC, QL (400 gm / 28 days), PA
CAPEX SHAM .01%	4	GC
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> FOAM .05%	2	GC, QL (100 gm / 30 days)
<i>clobetasol propionate</i> LIQD .05%	2	GC, QL (125 mL / 30 days)
<i>clobetasol propionate</i> LOTN .05%; SHAM .05%	2	GC, QL (118 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	GC, QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	GC, QL (60 gm / 30 days)
<i>clobetasol propionate emulsion</i> FOAM .05%	2	GC, QL (100 gm / 30 days)
CLOBEX LIQD .05%	4	GC, QL (125 mL / 30 days)
CLOBEX LOTN .05%; SHAM .05%	4	GC, QL (118 mL / 30 days)
<i>clocortolone pivalate</i> CREA .1%	2	GC, QL (90 gm / 30 days), PA
<i>clodan</i> SHAM .05%	2	GC, QL (118 mL / 30 days)
CLODERM CREA .1%	4	GC, QL (90 gm / 30 days), PA
CORDRAN CREA .05%	5	GC, QL (120 gm / 30 days), PA
CORDRAN LOTN .05%	5	GC, QL (120 mL / 30 days), PA
CORDRAN TAPE 4mcg/sqcm	4	GC, QL (1 roll / 30 days), PA
DERMA-SMOOTH/FS BODY OIL .01%	4	GC, QL (118.28 mL / 30 days)
DERMA-SMOOTH/FS SCALP OIL .01%	4	GC, QL (118.28 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide</i> CREA .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>desonide</i> GEL .05%	2	GC, QL (60 gm / 30 days), PA
<i>desonide</i> LOTN .05%	2	GC, QL (118 mL / 30 days)
DESOWEN CREA .05%	4	GC, QL (60 gm / 30 days), PA
<i>desoximetasone</i> CREA .05%; OINT .05%	2	GC, QL (100 gm / 30 days), PA
<i>desoximetasone</i> CREA .25%; OINT .25%	2	GC, QL (100 gm / 30 days)
<i>desoximetasone</i> GEL .05%	2	GC, QL (60 gm / 30 days), PA
<i>desoximetasone</i> LIQD .25%	2	GC, QL (100 mL / 30 days)
<i>diflorasone diacetate</i> CREA .05%	5	GC, QL (60 gm / 30 days), PA
<i>diflorasone diacetate</i> OINT .05%	2	GC, QL (60 gm / 30 days), PA
DIPROLENE OINT .05%	4	GC, QL (120 gm / 30 days)
DUOBRII LOT	5	GC, QL (200 gm / 28 days), PA
ENSTILAR AER	4	GC, QL (120 gm / 30 days), PA
EPIFOAM AER 1%	4	GC
<i>fluocinolone acetonide</i> CREA .01%	2	GC, QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	GC, QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> OIL .01%	2	GC, QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	GC, QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .1%	5	GC, QL (120 gm / 30 days), PA
<i>fluocinonide</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	GC, QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>flurandrenolide</i> CREA .05%	2	GC, QL (120 gm / 30 days), PA
<i>flurandrenolide</i> LOTN .05%	2	GC, QL (120 mL / 30 days), PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	GC
<i>fluticasone propionate</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>halcinonide</i> CREA .1%	2	GC, QL (240 gm / 30 days), PA
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	GC, QL (50 gm / 30 days)
<i>halobetasol propionate</i> FOAM .05%	2	GC, QL (200 gms / 28 days), PA
HALOG CREA .1%; OINT .1%	4	GC, QL (240 gm / 30 days), PA
HALOG SOLN .1%	4	GC, QL (120 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	GC
<i>hydrocortisone (topical)</i> OINT 1%	2	GC, QL (30 gm / 30 days)
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	2	GC, QL (45 gm / 30 days)
<i>hydrocortisone butyrate</i> LOTN .1%	2	GC, QL (118 mL / 30 days), PA
<i>hydrocortisone butyrate</i> SOLN .1%	2	GC, QL (60 mL / 30 days)
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	2	GC, QL (60 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	2	GC, QL (60 gm / 30 days)
KENALOG AERS .147mg/gm	4	GC, QL (100 gm / 30 days), PA
LEXETTE FOAM .05%	4	GC, QL (200 gm / 28 days), PA
LOCOID LOTN .1%	4	GC, QL (118 mL / 30 days), PA
LOCOID LIPOCREAM CREA .1%	4	GC, QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	GC
PANDEL CREA .1%	5	GC, QL (80 gm / 30 days)
SYNALAR CREA .025%; OINT .025%	4	GC, QL (120 gm / 30 days)
TACLONEX OIN	5	GC, QL (400 gm / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUS	5	GC, QL (400 gm / 28 days), PA
TEXACORT SOLN 2.5%	4	GC
TOPICORT CREA .05%; OINT .05%	4	GC, QL (100 gm / 30 days), PA
TOPICORT CREA .25%	4	GC, QL (100 gm / 30 days)
TOPICORT GEL .05%	4	GC, QL (60 gm / 30 days), PA
TOPICORT LIQD .25%	4	GC, QL (100 mL / 30 days), PA
<i>tovet</i> FOAM .05%	2	GC, QL (100 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm	2	GC, QL (100 gm / 30 days), PA
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	GC
<i>triamcinolone acetonide (topical)</i> OINT .05%	2	GC, QL (430 gm / 30 days), PA
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	GC
<i>triderm</i> CREA .1%, .5%	2	GC, QL (454 gm / 30 days)
ULTRAVATE LOTN .05%	5	GC, QL (120 mL / 30 days), PA
VANOS CREA .1%	5	GC, QL (120 gm / 30 days), PA
VERDESO FOAM .05%	5	GC, QL (100 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	GC, QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	GC, QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	GC, QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	GC, B/D, QL (30 gm / 30 days)
<i>lidocan iii</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
LIDODERM PTCH 5%	4	GC, QL (3 patches / 1 day), PA
PLIAGLIS CRE 7-7%	4	GC, QL (30 gm / 30 days), PA
QUTENZA KIT 8% 1-PCH	5	GC, QL (4 patches / 90 days), NM, LA, PA
QUTENZA KIT 8% 2-PCH	5	GC, QL (4 patches / 90 days), NM, LA, PA
QUTENZA KIT 8% 4-PCH	5	GC, QL (4 patches / 90 days), NM, LA, PA
ZTLIDO PTCH 1.8%	4	GC, QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> CREA 5%	2	GC, QL (5 gm / 30 days), PA
<i>acyclovir topical</i> OINT 5%	2	GC, QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	4	GC

Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid</i> GEL 15%	2	GC, QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	GC, QL (60 gm / 30 days), NM, PA
<i>brimonidine tartrate (topical)</i> GEL .33%	2	GC, QL (30 gm / 30 days)
CARAC CREA .5%	5	GC, QL (30 gm / 30 days)
CONDYLOX GEL .5%	4	GC, QL (7 gm / 28 days)
CORTIFOAM FOAM 10%	4	GC
DENAVIR CREA 1%	4	GC, QL (5 gm / 30 days)
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	2	GC, QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	GC, QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	GC, QL (300 mL / 28 days), PA
<i>diclofenac sodium (topical)</i> SOLN 2%	5	GC, QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	2	GC, QL (45 gm / 30 days), PA
<i>doxycycline (rosacea)</i> CPDR 40mg	2	GC
EFUDEX CREA 5%	4	GC, QL (40 gm / 30 days)
ELIDEL CREA 1%	4	GC, QL (100 gm / 30 days), PA
EUCRISA OINT 2%	4	GC, QL (120 gm / 30 days), PA
FINACEA FOAM 15%; GEL 15%	4	GC, QL (50 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> CREA 5%	2	GC, QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> CREA .5%	5	GC, QL (30 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	GC, QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	GC
HYFTOR GEL .2%	5	GC, QL (20 gm / 25 days), NM, LA, PA
<i>imiquimod</i> CREA 3.75%	5	GC, QL (28 packets / 28 days)
<i>imiquimod</i> CREA 5%	2	GC, QL (24 packets / 30 days)
<i>imiquimod pump</i> CREA 3.75%	5	GC, QL (7.5 gm / 28 days)
<i>ivermectin (rosacea)</i> CREA 1%	2	GC, QL (45 gm / 30 days)
KLISYRI OINT 1%	5	GC, QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	GC
METROCREAM CREA .75%	4	GC, QL (45 gm / 30 days)
METROGEL GEL 1%	4	GC, QL (60 gm / 30 days)
METROLOTION LOTN .75%	4	GC, QL (59 mL / 30 days)
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	GC, QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL 1%	2	GC, QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical)</i> LOTN .75%	2	GC, QL (59 mL / 30 days)
MIRVASO GEL .33%	4	GC, QL (30 gm / 30 days)
NORITATE CREA 1%	5	GC, QL (60 gm / 30 days)
OPZELURA CREA 1.5%	5	GC, QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	4	GC
PANRETIN GEL .1%	5	GC, QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	2	GC, QL (5 gm / 30 days)
PENNSAID SOLN 2%	5	GC, QL (224 gm / 28 days), PA
<i>pimecrolimus</i> CREA 1%	2	GC, QL (100 gm / 30 days), PA
<i>podofilox</i> GEL .5%	2	GC, QL (7 gm / 28 days)
<i>podofilox</i> SOLN .5%	2	GC, QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	GC
PROCTOFOAM AER HC 1%	4	GC
<i>proctosol hc</i> CREA 2.5%	2	GC
<i>proctozone-hc</i> CREA 2.5%	2	GC
PRUDOXIN CREA 5%	4	GC, QL (45 gm / 30 days), PA
QBREXZA PADS 2.4%	4	GC, QL (30 cloths / 30 days), PA
RECTIV OINT .4%	4	GC, QL (30 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RHOFADE CREA 1%	4	GC, QL (30 gm / 30 days)
SOOLANTRA CREA 1%	4	GC, QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	GC, QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	GC, QL (60 gm / 30 days), NM, PA
TOLAK CREA 4%	4	GC, QL (40 gm / 30 days)
VALCHLOR GEL .016%	5	GC, QL (60 gm / 30 days), NM, LA, PA
XERESE CRE 5-1%	5	GC, QL (5 gm / 30 days)
YCANTH SOLN .7%	4	GC, LA, PA
ZILXI FOAM 1.5%	4	GC, QL (30 gm / 30 days), PA
ZONALON CREA 5%	4	GC, QL (45 gm / 30 days), PA
ZOVIRAX CREA 5%	4	GC, QL (5 gm / 30 days), PA
ZOVIRAX OINT 5%	4	GC, QL (30 gm / 30 days)
ZYCLARA CREA 3.75%	5	GC, QL (28 packets / 28 days)
ZYCLARA PUMP CREA 2.5%, 3.75%	5	GC, QL (7.5 gm / 28 days)
<i>DERMATOLOGY, SCABICIDES AND PEDICULIDES</i>		
<i>crotan</i> LOTN 10%	2	GC, QL (454 gm / 30 days)
<i>malathion</i> LOTN .5%	2	GC, QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NATROBA SUSP .9%	4	GC
OVIDE LOTN .5%	4	GC, QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	GC, QL (60 gm / 30 days)
<i>spinosad</i> SUSP .9%	2	GC
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	GC, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	GC, QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	GC
<i>water for irrigation, sterile irrigation soln</i>	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	2	GC
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	2	GC, QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	4	GC
<i>kourzeq</i> PSTE .1%	2	GC
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	GC
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	GC
<i>perio gard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	GC
SALAGEN TABS 5mg, 7.5mg	4	GC
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	GC

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 260

Index

A	
<i>abacavir sulfate</i>	28
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	30
ABELCET	25
ABILIFY	102
ABILIFY ASIMTUFII	102
ABILIFY MAINTENA	102
ABILIFY MYCITE MAINTENANC.....	102
ABILIFY MYCITE STARTER KI.....	102
<i>abiraterone acetate</i>	45
ABRAXANE INJ 100MG.....	49
ABRYSVO	216
ABSORICA	241
ABSORICA LD	241
<i>acamprosate calcium</i>	142
ACANYA GEL 1.2-2.5%	241
<i>acarbose</i>	145
<i>accutane</i>	241
<i>acebutolol hcl</i>	80
<i>acetaminophen</i>	8
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	14
<i>acetaminophen w/ codeine tab 300-15 mg</i>	14
<i>acetaminophen w/ codeine tab 300-30 mg</i>	14
<i>acetaminophen w/ codeine tab 300-60 mg</i>	14
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	14
<i>acetazolamide</i>	83
<i>acetic acid</i>	197
<i>acetic acid (otic)</i>	230
<i>acetylcysteine</i>	235
ACIPHEX	194
<i>acitretin</i>	248
ACTEMRA	206, 207
ACTEMRA ACTPEN	207
ACTHAR	175
ACTHIB INJ.....	216
ACTIMMUNE.....	214
ACTIVELLA TAB 1-0.5MG	169
ACTONEL.....	158
ACTOPLUS MET TAB 15-850MG.....	145
ACTOS	145
ACULAR	225
ACULAR LS	225
ACUVAIL	225
<i>acyclovir</i>	33
<i>acyclovir sodium</i>	33
<i>acyclovir topical</i>	255
ACZONE	241
ADACEL INJ	217
ADAKVEO	204
ADALIMUMAB-AACF (2 PEN).....	207
<i>adapalene</i>	241
ADAPALENE	242
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	242
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	242
ADBRY	207
ADCIRCA.....	88
ADDERALL TAB 10MG.....	119
ADDERALL TAB 12.5MG.....	119
ADDERALL TAB 15MG.....	119
ADDERALL TAB 20MG.....	119
ADDERALL TAB 30MG.....	119
ADDERALL TAB 5MG	119
ADDERALL TAB 7.5MG.....	119
ADDERALL XR CAP 10MG	119
ADDERALL XR CAP 15MG.....	120
ADDERALL XR CAP 20MG	120
ADDERALL XR CAP 25MG.....	120
ADDERALL XR CAP 30MG.....	120
ADDERALL XR CAP 5MG.....	119
<i>adefovir dipivoxil</i>	33
ADEMPAS	88
ADLARITY.....	92
ADMELOG.....	153
ADMELOG SOLOSTAR.....	153
ADRENALIN	85
ADVAIR DISKU AER 100/50	240
ADVAIR DISKU AER 250/50	240
ADVAIR DISKU AER 500/50	240
ADVAIR HFA AER 115/21	240
ADVAIR HFA AER 230/21.....	240
ADVAIR HFA AER 45/21.....	240
ADZENYS XR-ODT	120

ADZYNMA.....	204	ALOPRIM.....	8
AEMCOLO.....	19	<i>alosetron hcl</i>	191
AFINITOR.....	50	ALPHAGAN P.....	227
AFINITOR DISPERZ.....	50	<i>alprazolam</i>	90, 91
<i>afirmelle</i>	160	ALPRAZOLAM INTENSOL.....	91
AFREZZA.....	153	ALREX.....	225
AFREZZA POW 4-8 UNIT.....	153	ALTABAX.....	245
AFREZZA POW 4-8-12.....	153	ALTACE.....	66
AFREZZA POW 8-12UNIT.....	153	<i>altavera</i>	160
AGRYLIN.....	204	ALTOPREV.....	76
AIMOVIG.....	129	ALTRENO.....	242
AIRSUPRA AER 90-80MCG.....	240	ALUNBRIG.....	50, 51
AJOVY.....	129	ALUNBRIG PAK.....	51
AKEEGA TAB 100/500.....	45	ALVESCO.....	238
AKEEGA TAB 50/500MG.....	45	<i>alyacen 1/35</i>	160
AKLIEF.....	242	<i>alyacen 7/7/7</i>	160
AKYNZEO CAP 300-0.5.....	184	ALYMSYS.....	51
AKYNZEO INJ 235-0.25.....	184	<i>alyq</i>	88
AKYNZEO INJ 235-0.25MG/20ML....	184	<i>amabelz tab 0.5-0.1mg</i>	170
<i>ala-cort</i>	249	<i>amantadine hcl</i>	98
ALA-SCALP.....	249	AMBIEN.....	126
<i>albendazole</i>	19	AMBIEN CR.....	126
<i>albuterol sulfate</i>	233, 234	AMBISOME.....	25
<i>alclometasone dipropionate</i>	249	<i>ambrisentan</i>	88
ALDACTONE.....	67	<i>amcinonide</i>	249
ALDURAZYME.....	175	<i>amethia</i>	160
ALECENSA.....	50	<i>amethyst</i>	160
<i>alendronate sodium</i>	158	<i>amikacin sulfate</i>	19
<i>alfuzosin hcl</i>	196	<i>amiloride & hydrochlorothiazide tab 5-</i>	
ALIMTA.....	44	<i>50 mg</i>	83
ALIQOPA.....	50	<i>amiloride hcl</i>	83
<i>aliskiren fumarate</i>	85	<i>aminocaproic acid</i>	204
ALKINDI SPRINKLE.....	172	<i>amiodarone hcl</i>	74
<i>allopurinol</i>	8	AMITIZA.....	191
ALLOPURINOL.....	8	<i>amitriptyline hcl</i>	93
<i>allopurinol sodium</i>	8	AMJEVITA.....	207
<i>almotriptan malate</i>	129	<i>amlodipine besylate</i>	81
<i>alogliptin benzoate</i>	145	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-metformin hcl tab 12.5-1000</i>		<i>calcium tab 10-10 mg</i>	85
<i>mg</i>	145	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-metformin hcl tab 12.5-500</i>		<i>calcium tab 10-20 mg</i>	85
<i>mg</i>	145	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>		<i>calcium tab 10-40 mg</i>	85
.....	145	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	145	<i>calcium tab 10-80 mg</i>	85
<i>alogliptin-pioglitazone tab 25-30 mg</i>	145	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	145	<i>calcium tab 2.5-10 mg</i>	85
ALOMIDE.....	226		

<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	85	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	68
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	85	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	68
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	85	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	68
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	85	<i>amnestem</i>	242
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	85	<i>amoxapine</i>	93
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	85	<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	191
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	64	<i>amoxicillin</i>	39
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	64	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	39
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	64	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	39
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	64	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	39
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	64	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	39
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	64	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	39
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	68	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	39
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	68	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	39
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	68	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	39
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	68	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	68	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	120
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	120
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	120
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	120
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	68	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	120
		<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	120
		<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	120

<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	120	APLENZIN.....	93
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	120	APOKYN	98
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	120	<i>apomorphine hydrochloride</i>	99
<i>amphetamine-dextroamphetamine tab 10 mg</i>	121	APONVIE	184
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	121	<i>aprepitant</i>	184
<i>amphetamine-dextroamphetamine tab 15 mg</i>	121	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	184
<i>amphetamine-dextroamphetamine tab 20 mg</i>	121	<i>apri</i>	161
<i>amphetamine-dextroamphetamine tab 30 mg</i>	121	APRISO.....	188
<i>amphetamine-dextroamphetamine tab 5 mg</i>	121	APTENSIO XR.....	121
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	121	APTIOM.....	108
<i>amphotericin b</i>	25	APTIVUS	28
<i>amphotericin b liposome</i>	25	ARALAST NP	235
<i>ampicillin</i>	39	<i>aranelle</i>	161
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	39	ARANESP ALBUMIN FREE.....	202
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	39	ARAVA	212
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	39	ARAZLO	242
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	40	ARCALYST	214
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	40	AREXVY.....	217
<i>ampicillin sodium</i>	40	<i>arformoterol tartrate</i>	234
AMPYRA	135	ARICEPT.....	92
AMVUTTRA	132	ARIKAYCE.....	19
AMZEEQ.....	242	ARIMIDEX	45
ANAFRANIL.....	93	<i>aripiprazole</i>	102
<i>anagrelide hcl</i>	204	ARISTADA	102
<i>anastrozole</i>	45	ARISTADA INITIO.....	102
ANCOBON.....	25	ARIXTRA	200
ANDROGEL PUMP.....	144	<i>armodafinil</i>	141
ANNOVERA MIS.....	161	ARNUITY ELLIPTA	238
ANORO ELLIPT AER 62.5-25	231	AROMASIN	45
ANTIVERT.....	184	ARTHROTEC 50 TAB.....	8
ANUSOL-HC	255	ARTHROTEC 75 TAB.....	8
APIDRA	153	ARZERRA	51
APIDRA SOLOSTAR	153	<i>asenapine maleate</i>	102
		<i>ashlyna</i>	161
		ASMANEX HFA	238
		ASMANEX TWISTHALER 120 ME.....	239
		ASMANEX TWISTHALER 14 MET.....	238
		ASMANEX TWISTHALER 30 MET.....	239
		ASMANEX TWISTHALER 60 MET.....	239
		ASPARLAS	48
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	206
		ASPRUZYO SPRINKLE.....	85
		ASTAGRAF XL	215
		ATACAND	73
		ATACAND HCT TAB 16-12.5	68
		ATACAND HCT TAB 32-12.5	69

ATACAND HCT TAB 32-25MG.....	69	AVYCAZ INJ 2-0.5GM	35
<i>atazanavir sulfate</i>	28	AYGESTIN	182
ATELVIA.....	158	<i>ayuna</i>	161
<i>atenolol</i>	80	AYVAKIT	51
<i>atenolol & chlorthalidone tab 100-25</i>		<i>azacitidine</i>	44
<i>mg</i>	79	AZACTAM	19
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>azasan</i>	215
.....	79	AZASITE	224
ATGAM.....	215	<i>azathioprine</i>	215
ATIVAN	91	<i>azelaic acid</i>	256
<i>atomoxetine hcl</i>	121	<i>azelastine hcl</i>	232
ATORVALIQ	76	<i>azelastine hcl (ophth)</i>	226
<i>atorvastatin calcium</i>	76	<i>azelastine hcl-fluticasone prop nasal</i>	
<i>atovaquone</i>	19	<i>spray 137-50 mcg/act</i>	232
<i>atovaquone-proguanil hcl tab 250-100</i>		AZELEX.....	242
<i>mg</i>	27	AZILECT	99
<i>atovaquone-proguanil hcl tab 62.5-25</i>		<i>azithromycin</i>	37
<i>mg</i>	27	AZOPT	227
ATRALIN.....	242	AZOR TAB 10-20MG.....	69
<i>atropine sulfate</i>	187	AZOR TAB 10-40MG.....	69
ATROPINE SULFATE	187, 228	AZOR TAB 5-20MG	69
<i>atropine sulfate (ophthalmic)</i>	229	AZOR TAB 5-40MG	69
ATROVENT HFA	231	AZSTARYS CAP 26.1-5.2.....	121
AUBAGIO.....	135	AZSTARYS CAP 39.2-7.8.....	121
<i>aubra eq</i>	161	AZSTARYS CAP 52.3-10.....	121
AUGMENTIN SUS 125/5ML.....	40	<i>aztreonam</i>	19
AUGMENTIN SUS ES-600	40	AZULFIDINE	188
AUGMENTIN TAB 500MG.....	40	AZULFIDINE EN-TABS	188
AUGTYRO	51	<i>azurette</i>	161
<i>aurovela 1/20</i>	161	B	
<i>aurovela 24 fe</i>	161	<i>bacitracin (ophthalmic)</i>	224
<i>aurovela fe 1.5/30</i>	161	<i>bacitracin-polymyxin b ophth oint</i> ...	224
<i>aurovela fe 1/20</i>	161	<i>bacitracin-polymyxin-neomycin-hc</i>	
AURYXIA	181	<i>ophth oint 1%</i>	223
AUSTEDO	132, 133	<i>baclofen</i>	139
AUSTEDO XR	133	BACTRIM DS TAB 800-160.....	19
AUSTEDO XR TAB TITR KIT	133	BACTRIM TAB 400-80MG	19
AUVELITY TAB 45-105MG	93	BAFIERTAM.....	136
AVALIDE TAB 150-12.5	69	BALCOLTRA TAB 0.1-20.....	161
AVALIDE TAB 300-12.5	69	<i>balsalazide disodium</i>	188
AVAPRO	73	BALVERSA	51
AVASTIN	51	<i>balziva</i>	161
AVEED	144	BANZEL.....	108
<i>aviane</i>	161	BAQSIMI ONE PACK	174
AVODART	196	BARACLUDGE.....	33
AVONEX	135	BASAGLAR KWIKPEN.....	153
AVONEX PEN.....	135	BASAGLAR TEMPO PEN.....	153
AVSOLA	207	BAVENCIO	51

BAXDELA.....	38	<i>bethanechol chloride</i>	197
BCG VACCINE	217	BETHKIS	19
BD ALCOHOL SWABS	153	BETIMOL	227
BECONASE AQ	238	BETOPTIC-S.....	227
BELBUCA	12	BEVESPI AER 9-4.8MCG	231
BELEODAQ	51	<i>bexarotene</i>	48
BELSOMRA	126	<i>bexarotene (topical)</i>	256
<i>benazepril & hydrochlorothiazide tab</i>		BEXSERO INJ	217
10-12.5 mg.....	65	BEYAZ TAB	161
<i>benazepril & hydrochlorothiazide tab</i>		<i>bicalutamide</i>	46
20-12.5 mg.....	65	BICILLIN C-R INJ 1200000.....	40
<i>benazepril & hydrochlorothiazide tab</i>		BICILLIN C-R INJ 900/300	40
20-25 mg	65	BICILLIN L-A.....	40
<i>benazepril & hydrochlorothiazide tab 5-</i>		BIDIL TAB	85
6.25mg	65	BIJUVA CAP 0.5-100	170
<i>benazepril hcl</i>	66	BIJUVA CAP 1-100MG	170
<i>bendamustine hcl</i>	43	BIKTARVY TAB 30-120-15 MG	30
BENDEKA	43	BIKTARVY TAB 50-200-25 MG	30
BENICAR	73	BILTRICIDE	20
BENICAR HCT TAB 20-12.5	69	<i>bimatoprost</i>	227
BENICAR HCT TAB 40-12.5	69	BIMZELX	207
BENICAR HCT TAB 40-25MG.....	69	BINOSTO.....	158
BENLYSTA	215	<i>bismuth subcit-metronidazole-</i>	
BENTYL	187	<i>tetracycline cap 140-125-125 mg.</i>	191
BENZAMYCIN GEL 5-3%	242	<i>bisoprolol & hydrochlorothiazide tab 10-</i>	
<i>benzoyl peroxide-erythromycin gel 5-</i>		6.25 mg	79
3%	242	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>benztropine mesylate</i>	99	2.5-6.25 mg.....	79
BEOVU	229	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>bepotastine besilate</i>	226	6.25 mg	79
BEPREVE	226	<i>bisoprolol fumarate</i>	80
BERINERT.....	204	BIVIGAM	212
BESIVANCE.....	224	<i>bleomycin sulfate</i>	44
BESPONSA.....	51	<i>blisovi 24 fe</i>	161
BESREMI	48	<i>blisovi fe 1.5/30</i>	161
<i>betaine powder for oral solution</i>	175	BONJESTA TAB 20-20MG	184
<i>betamethasone dipropionate (topical)</i>		BOOSTRIX INJ	217
.....	249	<i>bortezomib</i>	51
<i>betamethasone dipropionate</i>		BORTEZOMIB.....	51
<i>augmented</i>	249	<i>bosentan</i>	88
<i>betamethasone sod phosphate &</i>		BOSULIF	51, 52
<i>acetate inj susp 6 (3-3) mg/ml</i>	172	BOTOX.....	139
<i>betamethasone valerate</i>	249	BRAFTOVI	52
BETAPACE	74	BREO ELLIPTA INH 100-25.....	240
BETAPACE AF	74	BREO ELLIPTA INH 200-25.....	240
BETASERON	136	BREO ELLIPTA INH 50-25MCG	240
<i>betaxolol hcl</i>	80	<i>brey-na</i>	240
<i>betaxolol hcl (ophth)</i>	227	BREZTRI AERO AER SPHERE	231

BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	231	BYLVAY (PELLETS).....	191
<i>briellyn</i>	161	BYOOVIZ.....	229
BRILINTA	206	BYSTOLIC.....	80
<i>brimonidine tartrate</i>	227	C	
<i>brimonidine tartrate (topical)</i>	256	<i>cabergoline</i>	175
<i>brinzolamide</i>	227	CABLIVI	204
BRIUMVI	136	CABOMETYX	52
BRIVIACT	109	CABTREO GEL	242
BRIXADI.....	142	CADUET TAB 10-10MG	86
<i>bromfenac sodium (ophth)</i>	225	CADUET TAB 10-20MG	86
<i>bromocriptine mesylate</i>	99	CADUET TAB 10-40MG	86
BROMSITE	225	CADUET TAB 10-80MG	86
BRONCHITOL	235	CADUET TAB 5-10MG	85
BROVANA	234	CADUET TAB 5-20MG	85
BRUKINSA	52	CADUET TAB 5-40MG	86
BRYHALI.....	249	CADUET TAB 5-80MG	86
<i>budesonide</i>	188	<i>calcipotriene</i>	248
<i>budesonide (inhalation)</i>	239	<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i> ..	249
<i>budesonide (intrarectal)</i>	188	<i>calcipotriene-betamethasone</i> <i>dipropionate susp 0.005-0.064%</i> .	249
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	240	<i>calcitonin (salmon) inj</i>	158
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	240	<i>calcitonin (salmon) spray</i>	158
<i>bumetanide</i>	83	<i>calcitrene</i>	248
BUPHENYL	175	<i>calcitriol</i>	184
<i>buprenorphine</i>	12	<i>calcitriol (oral)</i>	184
<i>buprenorphine hcl</i>	142	<i>calcitriol (topical)</i>	248
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	142	<i>calcium acetate (phosphate binder)</i> . 181	
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	142	CALQUENCE.....	52
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	142	CAMBIA.....	129
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	142	<i>camila</i>	161
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	142	<i>camrese</i>	161
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	142	<i>camrese lo</i>	161
<i>bupropion hcl</i>	93, 94	CAMZYOS.....	86
<i>bupropion hcl (smoking deterrent)</i> ..	142	CANASA	188
<i>bupirone hcl</i>	91	CANCIDAS.....	25
<i>butorphanol tartrate</i>	14	<i>candesartan cilexetil</i>	73
BUTRANS	12	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	69
BYDUREON BCISE.....	145	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	69
BYETTA	145	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> ..	69
BYLVAY	191	CAPEX	249
		CAPLYTA	102
		CAPRELSA	52

<i>captopril</i>	66	<i>carglumic acid</i>	175
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	65	<i>carisoprodol</i>	139
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	65	CARNITOR.....	175
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	65	CAROSPIR.....	67
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	65	<i>carteolol hcl (ophth)</i>	227
CARAC.....	256	<i>cartia xt</i>	82
CARAFATE.....	191	<i>carvedilol</i>	80
<i>carb/levo orally disintegrating tab 10-100mg</i>	99	<i>carvedilol phosphate</i>	80
<i>carb/levo orally disintegrating tab 25-100mg</i>	99	CASODEX.....	46
<i>carb/levo orally disintegrating tab 25-250mg</i>	99	<i>caspofungin acetate</i>	25
CARBAGLU.....	175	CASPOFUNGIN ACETATE.....	25
<i>carbamazepine</i>	109	CAYSTON.....	20
CARBATROL.....	109	<i>cefaclor</i>	35
<i>carbidopa</i>	99	CEFACTOR ER.....	35
<i>carbidopa & levodopa tab 10-100 mg</i>	99	<i>cefadroxil</i>	35, 36
<i>carbidopa & levodopa tab 25-100 mg</i>	99	CEFAZOLIN.....	36
<i>carbidopa & levodopa tab 25-250 mg</i>	99	CEFAZOLIN INJ 1GM/50ML.....	36
<i>carbidopa & levodopa tab er 25-100 mg</i>	99	<i>cefazolin sodium</i>	36
<i>carbidopa & levodopa tab er 50-200 mg</i>	99	CEFAZOLIN SOLN 2GM/100ML-4%....	36
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	99	<i>cefdinir</i>	36
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	99	CEFEPIME.....	36
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	99	<i>cefepime hcl</i>	36
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	99	CEFEPIME/DEX INJ 1GM.....	36
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	100	CEFEPIME/DEX INJ 2GM.....	36
<i>carbinoxamine maleate</i>	232	<i>cefixime</i>	36
CARBINOXAMINE MALEATE.....	232	<i>cefotetan disodium</i>	36
<i>carboplatin</i>	43	CEFOXITIN INJ 1GM.....	36
CARDIZEM.....	81	CEFOXITIN INJ 2GM.....	36
CARDIZEM CD.....	81	<i>cefoxitin sodium</i>	36
CARDIZEM LA.....	81	<i>cefpodoxime proxetil</i>	36
CARDURA.....	67	<i>cefprozil</i>	36
CARDURA XL.....	196	<i>ceftazidime</i>	36
		<i>ceftriaxone sodium</i>	36
		<i>cefuroxime axetil</i>	36
		<i>cefuroxime sodium</i>	37
		CELEBREX.....	8, 9
		<i>celecoxib</i>	9
		CELESTONE INJ SOLUSPAN.....	172
		CELEXA.....	94
		CELLCEPT.....	215
		CELONTIN.....	109
		<i>cephalexin</i>	37
		CEQUA.....	229
		CERDELGA.....	175
		CEREZYME.....	175
		<i>cetirizine hcl</i>	232
		CETRAXAL.....	230
		<i>cevimeline hcl</i>	260

<i>chateal eq</i>	161	<i>clemastine fumarate</i>	232, 233
CHEMET	159	CLENPIQ SOL 10 MG-3.5 GM-12	
<i>chlordiazepoxide hcl</i>	91	GM/160ML	190
<i>chlorhexidine gluconate (mouth-throat)</i>		CLENPIQ SOL 10 MG-3.5 GM-12	
.....	260	GM/175ML	190
<i>chloroquine phosphate</i>	27	CLEOCIN	20, 199
<i>chlorpromazine hcl</i>	102	CLEOCIN PEDIATRIC GRANULE.....	20
<i>chlorthalidone</i>	83	CLEOCIN PHOSPHATE	20
CHOLBAM	191	CLEOCIN-T	242
<i>cholestyramine</i>	77	CLIMARA	170
<i>cholestyramine light</i>	77	CLIMARA PRO DIS WEEKLY	170
<i>choline fenofibrate</i>	75	<i>clindacin</i>	242
CHORIONIC GONADOTROPIN	175	<i>clindacin etz pledgets</i>	242
CIBINQO	207	<i>clindacin-p</i>	243
<i>ciclopirox</i>	246	CLINDAGEL.....	243
<i>ciclopirox olamine</i>	246	<i>clindamycin hcl</i>	20
<i>cidofovir</i>	33	<i>clindamycin palmitate hydrochloride</i> ..	20
<i>cilostazol</i>	204	<i>clindamycin phosphate</i>	20
CILOXAN	224	<i>clindamycin phosphate (topical)</i>	243
CIMDUO TAB 300-300	30	<i>clindamycin phosphate in d5w iv soln</i>	
CIMERLI.....	229	300 mg/50ml	20
<i>cimetidine</i>	188	<i>clindamycin phosphate in d5w iv soln</i>	
CIMZIA	207	600 mg/50ml	20
CIMZIA STARTER KIT	207	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cinacalcet hcl</i>	175	900 mg/50ml	20
CINQAIR	235	<i>clindamycin phosphate vaginal</i>	199
CINRYZE	204	<i>clindamycin phosphate-benzoyl</i>	
CINVANTI.....	184	<i>peroxide gel 1.2-2.5%</i>	243
CIPRO	38	<i>clindamycin phosphate-benzoyl</i>	
CIPRO HC SUS OTIC	230	<i>peroxide gel 1.2-3.75%</i>	243
CIPRODEX SUS 0.3-0.1%	230	<i>clindamycin phosphate-benzoyl</i>	
<i>ciprofloxacin</i>	38	<i>peroxide gel 1-5%</i>	243
<i>ciprofloxacin 200 mg/100ml in d5w</i> ...38		<i>clindamycin phosphate-tretinoin gel</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i> ...38		1.2-0.025%	243
<i>ciprofloxacin hcl</i>	38	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>ciprofloxacin hcl (ophth)</i>	224	(refrig) gel 1.2 (1)-5%	243
<i>ciprofloxacin hcl (otic)</i>	230	CLINDESSE.....	199
<i>ciprofloxacin-dexamethasone otic susp</i>		CLINDMYC/NAC INJ 300/50ML.....	20
0.3-0.1%.....	230	CLINDMYC/NAC INJ 600/50ML.....	20
<i>ciprofloxacin-fluocinolone aceton (pf)</i>		CLINDMYC/NAC INJ 900/50ML.....	20
<i>otic soln 0.3-0.025%</i>	230	CLINIMIX E INJ 2.75/D5W	222
<i>cisplatin</i>	43	CLINIMIX E INJ 4.25/D10	222
<i>citalopram hydrobromide</i>	94	CLINIMIX E INJ 4.25/D5W	222
CITALOPRAM HYDROBROMIDE	94	CLINIMIX E INJ 5%/D15W	222
<i>claravis</i>	242	CLINIMIX E INJ 5%/D20W	222
CLARINEX.....	232	CLINIMIX E INJ 8/10	222
CLARINEX-D TAB 2.5-120	232	CLINIMIX E INJ 8/14.....	222
<i>clarithromycin</i>	37	CLINIMIX INJ 4.25/D10	222

CLINIMIX INJ 4.25/D5W	222	COMETRIQ KIT 100MG	52
CLINIMIX INJ 5%/D15W	222	COMETRIQ KIT 140MG	52
CLINIMIX INJ 5%/D20W	222	COMPLERA TAB	30
CLINIMIX INJ 6/5	222	<i>compro</i>	185
CLINIMIX INJ 8/10	222	COMTAN	100
CLINIMIX INJ 8/14	222	CONCERTA	121, 122
<i>clinisol sf 15%</i>	222	CONDYLOX	256
CLINOLIPID EMU 20%	222	<i>constulose</i>	190
<i>clobazam</i>	109	CONZIP	12
<i>clobetasol propionate</i>	249, 250	COPAXONE	136
<i>clobetasol propionate e</i>	250	COPIKTRA	52
<i>clobetasol propionate emulsion</i>	250	CORDRAN	250
CLOBEX	250	COREG	80
<i>clocortolone pivalate</i>	250	COREG CR	80
<i>clodan</i>	250	CORGARD	80
CLODERM	250	CORLANOR	86
<i>clomipramine hcl</i>	94	CORTEF	172
<i>clonazepam</i>	109	CORTENEMA	189
<i>clonidine</i>	86	CORTIFOAM	256
<i>clonidine hcl</i>	86	CORTISONE ACETATE	172
<i>clonidine hcl (analgesia)</i>	8	CORTISPORIN SUS -TC OTIC	230
<i>clopidogrel bisulfate</i>	206	CORTROPHIN	175
<i>clorazepate dipotassium</i>	109	COSENTYX	207, 208
<i>clotrimazole</i>	260	COSENTYX SENSOREADY PEN	208
<i>clotrimazole (topical)</i>	246	COSENTYX UNOREADY	208
<i>clotrimazole w/ betamethasone cream</i>		COSOPT PF SOL 2%-0.5%	227
<i>1-0.05%</i>	246	COSOPT SOL 2-0.5%OP	227
<i>clozapine</i>	103	COTELLIC	52
CLOZARIL	103	COTEMPLA XR-ODT	122
COARTEM TAB 20-120MG	27	COZAAR	73
<i>codeine sulfate</i>	14	CREON CAP 12000UNT	193
CODEINE SULFATE	14	CREON CAP 24000UNT	193
COLAZAL	189	CREON CAP 3000UNIT	193
<i>colchicine</i>	8	CREON CAP 36000UNT	193
<i>colchicine w/ probenecid tab 0.5-500</i>		CREON CAP 6000UNIT	193
<i>mg</i>	8	CRESEMBA	25
COLCRYS	8	CRESTOR	76
<i>colesevelam hcl</i>	77	CRINONE	182
COLESTID	77	<i>cromolyn sodium</i>	235
<i>colestipol hcl</i>	77	<i>cromolyn sodium (mastocytosis)</i>	191
<i>colistimethate sodium</i>	20	<i>cromolyn sodium (ophth)</i>	226
COLUMVI	52	<i>crotan</i>	259
COLY-MYCIN M	20	<i>cryselle-28</i>	161
COMBIGAN SOL 0.2/0.5%	227	CRYSVITA	175
COMBIPATCH DIS	170	CUBICIN RF	20
COMBIVENT AER 20-100	231	CUTAQUIG	212
COMBIVIR TAB 150-300	30	CUVITRU	212
COMETRIQ (60MG DOSE)	52	CUVPOSA	187

CUVRIOR.....	159	<i>daysee</i>	162
<i>cyclobenzaprine hcl</i>	139	DAYTRANA	122
<i>cyclophosphamide</i>	43	DAYVIGO.....	127
CYCLOPHOSPHAMIDE.....	43	DDAVP	176
CYCLOPHOSPHAMIDE MONOHYDR	43	<i>deblitane</i>	162
<i>cycloserine</i>	32	<i>decitabine</i>	44
<i>cyclosporine</i>	215	<i>deferasirox</i>	159
<i>cyclosporine modified (for</i>		<i>deferiprone</i>	160
<i>microemulsion)</i>	215	<i>deferoxamine mesylate</i>	160
CYMBALTA.....	94	DELESTROGEN	170
<i>cyproheptadine hcl</i>	233	DELSTRIGO TAB	31
CYRAMZA	52	DELZICOL.....	189
<i>cyred eq</i>	161	<i>demeclocycline hcl</i>	41
CYSTADANE POW	175	DEMSEER	86
CYSTADROPS	229	DENAVIR.....	256
CYSTAGON	175	DENGXAXIA SUS	217
CYSTARAN.....	229	DEPAKOTE.....	109
<i>cytarabine</i>	44	DEPAKOTE ER	109
CYTOMEL.....	182	DEPAKOTE SPRINKLES	109
CYTOTEC	191	DEPEN TITRATABS.....	160
D		DEPO-ESTRADIOL.....	170
D10W/NAACL INJ 0.2%	219	DEPO-MEDROL.....	172
D2.5W/NAACL INJ 0.45%	219	DEPO-PROVERA CONTRACEPTIV	162
D5W/LYTES INJ #48	219	DEPO-SUBQ PROVERA 104	162
<i>dabigatran etexilate mesylate</i>	200	<i>depo-testosterone</i>	144
<i>dacarbazine</i>	48	DERMA-SMOOTH/FS BODY.....	250
<i>dalfampridine</i>	136	DERMA-SMOOTH/FS SCALP.....	250
DALIRESP	235	DERMOTIC.....	230
DALVANCE.....	20	DESCOVY TAB 120-15MG	31
<i>danazol</i>	169	DESCOVY TAB 200/25MG	31
DANTRIUM.....	139	DESFERAL	160
<i>dantrolene sodium</i>	139	<i>desipramine hcl</i>	94
<i>dapsone</i>	20	<i>desloratadine</i>	233
<i>dapsone (topical)</i>	243	<i>desmopressin acetate</i>	176
DAPTACEL INJ.....	217	<i>desmopressin acetate spray</i>	176
DAPTOMY/NAACL INJ 350/50ML	20	<i>desmopressin acetate spray refrigerated</i>	176
DAPTOMY/NAACL INJ 500/50ML	21	176
<i>daptomycin</i>	21	<i>desogest-eth estrad & eth estrad tab</i>	
DAPTOMYCIN	21	<i>0.15-0.02/0.01 mg(21/5)</i>	162
<i>darifenacin hydrobromide</i>	198	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>darunavir</i>	28	<i>mg-30 mcg</i>	162
DARZALEX.....	52	<i>desonide</i>	251
DARZALEX SOL FASPRO	53	DESOWEN	251
<i>dasetta 1/35</i>	162	<i>desoximetasone</i>	251
<i>dasetta 7/7/7</i>	162	DESVENLAFAXINE ER.....	94
DAURISMO	53	<i>desvenlafaxine succinate</i>	94
DAYBUE	133	DETROL	198
DAYPRO	9	DETROL LA	198

DEXABLISS.....	172	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexamethasone</i>	173	<i>release 50-0.2 mg</i>	9
DEXAMETHASONE INTENSOL	173	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexamethasone sodium phosphate</i> ..	173	<i>release 75-0.2 mg</i>	9
<i>dexamethasone sodium phosphate</i>		<i>dicloxacillin sodium</i>	40
<i>(ophth)</i>	225	<i>dicyclomine hcl</i>	187
DEXEDRINE	122	DIFFERIN	243
DEXILANT.....	194	DIFICID	37
<i>dexlansoprazole</i>	194	<i>diflorasone diacetate</i>	251
<i>dexmethylphenidate hcl</i>	122	DIFLUCAN	25
<i>dexrazoxane hcl</i>	64	<i>diflunisal</i>	9
<i>dextroamphetamine sulfate</i>	122	<i>difluprednate</i>	225
<i>dextrose</i>	222	<i>digoxin</i>	86
<i>dextrose 10% w/ sodium chloride</i>		<i>dihydroergotamine mesylate</i>	130
<i>0.45%</i>	219	DILANTIN	110
<i>dextrose 2.5% w/ sodium chloride</i>		DILANTIN INFATABS	110
<i>0.45%</i>	219	DILANTIN-125	110
<i>dextrose 5% in lactated ringers</i>	219	DILAUDID	14, 15
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>diltiazem hcl</i>	82
.....	219	<i>diltiazem hcl coated beads</i>	82
<i>dextrose 5% w/ sodium chloride</i>		<i>diltiazem hcl extended release beads</i>	82
<i>0.225%</i>	219	<i>dilt-xr</i>	82
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>dimethyl fumarate</i>	136
.....	219	<i>dimethyl fumarate capsule dr starter</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>pack 120 mg & 240 mg</i>	136
.....	219	DIOVAN	73
<i>dextrose 5% w/ sodium chloride 0.9%</i>		DIOVAN HCT TAB 160-12.5.....	69
.....	219	DIOVAN HCT TAB 160-25MG	70
DEXYCU	225	DIOVAN HCT TAB 320-12.5.....	70
DHIVY TAB 25-100MG	100	DIOVAN HCT TAB 320-25MG	70
DIACOMIT	109, 110	DIOVAN HCT TAB 80/12.5	69
DIASTAT ACUDIAL	110	DIP/TET PED INJ 25-5LFU	217
<i>diazepam</i>	110	DIPENTUM.....	189
<i>diazepam (anticonvulsant)</i>	110	<i>diphenhydramine hcl</i>	233
<i>diazepam inj</i>	110	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diazepam intensol</i>	110	<i>mg/5ml</i>	191
<i>diazoxide</i>	174	<i>diphenoxylate w/ atropine tab 2.5-</i>	
DIBENZYLINE.....	86	<i>0.025 mg</i>	191
<i>dichlorphenamide</i>	83	DIPROLENE.....	251
DICLEGIS TAB 10-10MG	185	<i>dipyridamole</i>	206
<i>diclofenac potassium</i>	9	<i>disopyramide phosphate</i>	74
<i>diclofenac potassium (migraine)</i>	129	<i>disulfiram</i>	142
<i>diclofenac sodium</i>	9	DIURIL.....	83
<i>diclofenac sodium (actinic keratoses)</i>		<i>divalproex sodium</i>	110
.....	256	DIVIGEL	170
<i>diclofenac sodium (ophth)</i>	225	<i>docetaxel</i>	49
<i>diclofenac sodium (topical)</i>	256	DOCETAXEL	49
		<i>dofetilide</i>	74

DOJOLVI	176	DURACLON	8
<i>dolishale</i>	162	DUREZOL	225
<i>donepezil hydrochloride</i>	92	<i>dutasteride</i>	196
DOPTELET	204	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
DORYX MPC	41	<i>mg</i>	196
<i>dorzolamide hcl</i>	227	DYANAVEL XR	122, 123
<i>dorzolamide hcl-timolol maleate ophth</i>		DYMISTA SPR 137-50.....	232
<i>soln 2-0.5%</i>	227	DYRENIUM.....	84
<i>dorzolamide hcl-timolol maleate pf</i>		DYSPORT	139
<i>ophth soln 2-0.5%</i>	227	E	
<i>dotti</i>	170	<i>e.e.s. 400</i>	37
DOVATO TAB 50-300MG	31	E.E.S. GRANULES	37
<i>doxazosin mesylate</i>	67	<i>ec-naproxen</i>	9
<i>doxepin hcl</i>	94	<i>econazole nitrate</i>	246
<i>doxepin hcl (antipruritic)</i>	256	EDARBI.....	73
<i>doxepin hcl (sleep)</i>	127	EDARBYCLOR TAB 40-12.5.....	70
<i>doxercalciferol</i>	184	EDARBYCLOR TAB 40-25MG	70
DOXIL.....	44	EDECIN	84
<i>doxorubicin hcl</i>	44	EDLUAR	127
<i>doxorubicin hcl liposomal</i>	44	EDURANT	28
<i>doxy 100</i>	41	<i>efavirenz</i>	28
<i>doxycycline (monohydrate)</i>	42	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>doxycycline (rosacea)</i>	256	<i>600-200-300 mg</i>	31
<i>doxycycline hyclate</i>	42	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>doxylamine-pyridoxine tab delayed</i>		<i>400-300-300 mg</i>	31
<i>release 10-10 mg</i>	185	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>dronabinol</i>	185	<i>600-300-300 mg</i>	31
<i>drospirenone-ethinyl estradiol tab 3-</i>		EFFEXOR XR	94
<i>0.02 mg</i>	162	EFFIENT	206
<i>drospirenone-ethinyl estradiol tab 3-</i>		EFUDEX.....	256
<i>0.03 mg</i>	162	EGRIFTA SV	176
<i>drospirenone-ethinyl estrad-</i>		ELAPRASE	176
<i>levomefolate tab 3-0.02-0.451 mg</i>	162	ELELYSO	176
<i>drospirenone-ethinyl estrad-</i>		ELESTRIN	170
<i>levomefolate tab 3-0.03-0.451 mg</i>	162	<i>eletriptan hydrobromide</i>	130
DROXIA.....	204	ELFABRIO.....	176
<i>droxidopa</i>	86	ELIDEL.....	256
DUAKLIR AER 400/12.....	231	ELIGARD	46
DUETACT TAB 30-2MG	145	<i>elinest</i>	162
DUETACT TAB 30-4MG	146	ELIQUIS	200
DUEXIS TAB 800-26.6.....	9	ELIQUIS STARTER PACK	200
DULERA AER 100-5MCG.....	240	ELITEK.....	64
DULERA AER 200-5MCG.....	241	<i>elixophyllin</i>	235
DULERA AER 50-5MCG	240	ELLENCE	44
<i>duloxetine hcl</i>	94	ELMIRON.....	197
DUOBRII LOT	251	<i>eluryng</i>	162
DUOPA SUS 4.63-20	100	EMCYT	46
DUPIXENT	208	EMEND.....	185

EMEND TRIPAC PAK 80 & 125.....	185	EPCLUSA PAK 150-37.5.....	33
EMGALITY.....	130	EPCLUSA PAK 200-50MG	33
EMPAVELI.....	204	EPCLUSA TAB 200-50MG	33
EMPLICITI	53	EPCLUSA TAB 400-100	33
EMSAM.....	94	EPIDIOLEX	110
<i>emtricitabine</i>	28	EPIDUO FORTE GEL 0.3-2.5%	243
<i>emtricitabine-tenofovir disoproxil</i>		EPIDUO GEL 0.1-2.5%	243
<i>fumarate tab 100-150 mg</i>	31	EPIFOAM AER 1%.....	251
<i>emtricitabine-tenofovir disoproxil</i>		<i>epinastine hcl (ophth)</i>	227
<i>fumarate tab 133-200 mg</i>	31	<i>epinephrine (anaphylaxis)</i>	86, 235
<i>emtricitabine-tenofovir disoproxil</i>		EPIPEN 2-PAK	235
<i>fumarate tab 167-250 mg</i>	31	EPIPEN-JR 2-PAK.....	235
<i>emtricitabine-tenofovir disoproxil</i>		<i>epitol</i>	110
<i>fumarate tab 200-300 mg</i>	31	EPIVIR	28
EMTRIVA	28	EPKINLY	53
EMVERM.....	21	<i>eplerenone</i>	67
<i>enalapril maleate</i>	66	EPOGEN	202
<i>enalapril maleate & hydrochlorothiazide</i>		<i>epoprostenol sodium</i>	89
<i>tab 10-25 mg</i>	65	EPRONTIA	110
<i>enalapril maleate & hydrochlorothiazide</i>		EPSOLAY.....	243
<i>tab 5-12.5 mg</i>	65	EPZICOM TAB 600-300.....	31
ENBREL.....	208	EQUETRO	133
ENBREL MINI	208	ERAXIS	25
ENBREL SURECLICK	208	ERBITUX	53
ENDARI.....	204	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>endocet tab 10-325mg</i>	15	130
<i>endocet tab 2.5-325mg</i>	15	ERIVEDGE	53
<i>endocet tab 5-325mg</i>	15	ERLEADA.....	46
<i>endocet tab 7.5-325mg</i>	15	<i>erlotinib hcl</i>	53
ENGERIX-B.....	217	ERMEZA	182
ENHERTU	53	<i>errin</i>	162
<i>enilloring</i>	162	ERTACZO	246
ENJAYMO.....	204	<i>ertapenem sodium</i>	21
<i>enoxaparin sodium</i>	200	<i>ery</i>	244
<i>enpresse-28</i>	162	ERYGEL.....	244
<i>enskyce</i>	162	ERYPED 200.....	37
ENSPRYNG.....	133	ERYPED 400.....	37
ENSTILAR AER	251	<i>ery-tab</i>	37
<i>entacapone</i>	100	ERYTHROCIN LACTOBIONATE.....	37
ENTADFI CAP 5-5MG	197	<i>erythrocin stearate</i>	37
<i>entecavir</i>	33	<i>erythromycin (acne aid)</i>	244
ENTRESTO TAB 24-26MG	70	<i>erythromycin (ophth)</i>	224
ENTRESTO TAB 49-51MG	70	<i>erythromycin base</i>	37
ENTRESTO TAB 97-103MG	70	<i>erythromycin ethylsuccinate</i>	38
ENTYVIO	208	<i>erythromycin lactobionate</i>	38
<i>enulose</i>	190	ESBRIET.....	236
ENVARUSUS XR.....	215	<i>escitalopram oxalate</i>	94
EPANED	66	<i>esomeprazole magnesium</i>	194

<i>esomeprazole sodium</i>	195	EXFORGE TAB 10-320MG.....	71
<i>estarylla</i>	162	EXFORGE TAB 5-160MG	70
<i>estazolam</i>	127	EXFORGE TAB 5-320MG	70
ESTRACE	170	EXJADE.....	160
<i>estradiol</i>	170	EXKIVITY	53
<i>estradiol & norethindrone acetate tab</i>		EXSERVAN.....	133
<i>0.5-0.1 mg</i>	170	EXTAVIA	136
<i>estradiol & norethindrone acetate tab 1-</i>		EYLEA.....	229
<i>0.5 mg</i>	171	EYLEA HD.....	229
<i>estradiol vaginal</i>	171	EYSUVIS	225
<i>estradiol valerate</i>	171	EZALLOR SPRINKLE	76
ESTRING	171	<i>ezetimibe</i>	78
ESTROGEL.....	171	<i>ezetimibe-simvastatin tab 10-10 mg</i> .	78
<i>eszopiclone</i>	127	<i>ezetimibe-simvastatin tab 10-20 mg</i> .	78
<i>ethacrynic acid</i>	84	<i>ezetimibe-simvastatin tab 10-40 mg</i> .	78
<i>ethambutol hcl</i>	32	<i>ezetimibe-simvastatin tab 10-80 mg</i> .	78
<i>ethosuximide</i>	111	F	
<i>ethynodiol diacetate & ethinyl estradiol</i>		FABIOR.....	244
<i>tab 1 mg-35 mcg</i>	163	FABRAZYME.....	176
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>falmina</i>	163
<i>tab 1 mg-50 mcg</i>	163	<i>famciclovir</i>	33
etodolac	9	<i>famotidine</i>	188
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>0.120-0.015 mg/24hr</i>	163	<i>mg/50ml</i>	188
ETOPOPHOS.....	50	FANAPT.....	103
<i>etoposide</i>	50	FANAPT PAK	103
<i>etravirine</i>	28	FARESTON.....	46
EUCRISA	256	FARXIGA	146
EULEXIN.....	46	FASENRA.....	236
<i>euthyrox</i>	182	FASENRA PEN	236
EVAMIST	171	FASLODEX.....	46
EVENITY.....	158	<i>febuxostat</i>	8
<i>everolimus</i>	53	<i>felbamate</i>	111
<i>everolimus (immunosuppressant)</i> ...	215	FELBATOL.....	111
EVISTA	176	FELDENE	9
EVKEEZA	78	<i>felodipine</i>	82
EVOTAZ TAB 300-150	31	FEMARA	46
EVOXAC	260	FEMRING.....	171
EVRYSDI	133	<i>fenofibrate</i>	75
EXELDERM.....	246	<i>fenofibrate micronized</i>	75, 76
EXELON.....	92	FENOGLIDE	76
<i>exemestane</i>	46	<i>fenoprofen calcium</i>	9, 10
EXFORGE HCT TAB 10-160-12.5MG...	70	FENSOLVI.....	176
EXFORGE HCT TAB 10-160-25MG	70	<i>fentanyl</i>	12
EXFORGE HCT TAB 10-320-25MG	70	<i>fentanyl citrate</i>	15
EXFORGE HCT TAB 5-160-12.5MG	70	FENTORA.....	15
EXFORGE HCT TAB 5-160-25MG	70	FERRIPROX.....	160
EXFORGE TAB 10-160MG.....	70	FERRIPROX TWICE-A-DAY	160

<i>fesoterodine fumarate</i>	198	<i>fluphenazine decanoate</i>	103
FETROJA	37	<i>fluphenazine hcl</i>	103
FETZIMA	95	<i>flurandrenolide</i>	252
FETZIMA CAP TITRATIO	95	<i>flurbiprofen</i>	10
FIASP	153	<i>flurbiprofen sodium</i>	225
FIASP FLEXTOUCH	153	<i>fluticasone propionate</i>	252
FIASP PENFILL	154	<i>fluticasone propionate (inhalation)</i> ..	239
FIASP PUMPCART	154	<i>fluticasone propionate (nasal)</i>	238
FILSPARI	197	<i>fluticasone propionate hfa</i>	239
FINACEA	256	<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	241
<i>finasteride</i>	197	<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	241
<i> fingolimod hcl</i>	136	<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	241
FINTEPLA	111	<i>fluvastatin sodium</i>	76
<i>finzala</i>	163	<i>fluvoxamine maleate</i>	91
FIRAZYR	204	FML FORTE	225
FIRDAPSE	133	FML LIQUIFILM	226
FIRMAGON	46	FOCALIN	123
FIRVANQ	21	FOCALIN XR	123
<i>flac</i>	230	FOLOTYN	44
FLAGYL	21	<i>fondaparinux sodium</i>	200
FLAREX	225	FORFIVO XL	95
FLEBOGAMMA DIF	212	<i>formoterol fumarate</i>	234
<i>flecainide acetate</i>	74	FORTEO	158
FLEQSUVY	139	FOSAMAX	158
FLOLAN	89	FOSAMAX + D TAB 70-2800	158
FLOLIPID	76	FOSAMAX + D TAB 70-5600	158
FLOMAX	197	<i>fosamprenavir calcium</i>	28
FLOVENT DISKUS	239	<i>fosaprepitant dimeglumine</i>	185
FLOVENT HFA	239	<i>foscarnet sodium</i>	33
<i>fluconazole</i>	26	<i>fosinopril sodium</i>	66
<i>fluconazole in nacl 0.9% inj 200</i> mg/100ml	26	<i>fosinopril sodium & hydrochlorothiazide</i> tab 10-12.5 mg	65
<i>fluconazole in nacl 0.9% inj 400</i> mg/200ml	26	<i>fosinopril sodium & hydrochlorothiazide</i> tab 20-12.5 mg	65
<i>flucytosine</i>	26	FOSRENOL	181
<i>fludarabine phosphate</i>	44	FOTIVDA	53
<i>fludrocortisone acetate</i>	173	FRAGMIN	200, 201
<i>flunisolide (nasal)</i>	238	FROVA	130
<i>fluocinolone acetonide</i>	251, 252	<i>frovatriptan succinate</i>	130
<i>fluocinolone acetonide (otic)</i>	230	FRUZAQLA	53, 54
<i>fluocinonide</i>	252	FULPHILA	202
<i>fluocinonide emulsified base</i>	252	<i>fulvestrant</i>	46
<i>fluorometholone (ophth)</i>	225	FUROSCIX	84
<i>fluorouracil</i>	44	<i>furosemide</i>	84
<i>fluorouracil (topical)</i>	257	<i>furosemide inj</i>	84
<i>fluoxetine hcl</i>	95		
<i>fluoxetine hcl (padded)</i>	95		
FLUOXETINE HYDROCHLORIDE	95		

FUZEON	28	GEODON	103
FYARRO.....	54	GILENYA	136
<i>fyavolv tab 0.5mg-2.5mcg</i>	171	GILOTRIF	54
<i>fyavolv tab 1mg-5mcg</i>	171	GIMOTI.....	185
FYCOMPA	111	GIVLAARI	204
FYLNETHA.....	202	GLASSIA	236
G		<i>glatiramer acetate</i>	136
<i>gabapentin</i>	111	<i>glatopa</i>	136
<i>gabapentin (once-daily)</i>	133	GLEEVEC.....	54
GALAFOLD	176	GLEOSTINE.....	43
<i>galantamine hydrobromide</i>	92	<i>glimepiride</i>	146
GAMASTAN INJ.....	212	<i>glipizide</i>	146
GAMMAGARD LIQUID	213	<i>glipizide xl</i>	146
GAMMAGARD S/D IGA LESS TH	213	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	146
GAMMAKED	213	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	146
GAMMAPLEX	213	<i>glipizide-metformin hcl tab 5-500 mg</i>	146
GAMUNEX-C.....	213	GLUCAGEN HYPOKIT	174
GANCICLOVIR	34	<i>glucagon (rdna)</i>	174
<i>ganciclovir sodium</i>	34	GLUCOTROL XL	146
GARDASIL 9 INJ	217	GLUMETZA	147
GASTROCROM.....	191	GLYCATE	187
<i>gatifloxacin (ophth)</i>	224	<i>glycopyrrolate</i>	187
GATTEX.....	191	GLYCOPYRROLATE	187
GAUZE PADS 2X2	154	<i>glycopyrrolate (oral)</i>	187
<i>gavilyte-c</i>	190	<i>glydo</i>	255
<i>gavilyte-g</i>	190	GLYXAMBI TAB 10-5 MG	147
GAVRETO	54	GLYXAMBI TAB 25-5 MG	147
GAZYVA	54	GOCOVRI	100
<i>gefitinib</i>	54	GOLYTELY SOL.....	190
GELNIQUE	198	GRALISE	133
<i>gemcitabine hcl</i>	44	<i>granisetron hcl</i>	185
GEMCITABINE HYDROCHLORIDE.....	44	GRANIX.....	202
<i>gemfibrozil</i>	76	GRASTEK	214
<i>gemmily</i>	163	<i>griseofulvin microsize</i>	26
GEMTESA	198	<i>griseofulvin ultramicrosize</i>	26
<i>generlac</i>	190	<i>guanfacine hcl</i>	86
<i>gengraf</i>	215	<i>guanfacine hcl (adhd)</i>	123
GENOTROPIN	176	GVOKE HYPOPEN 2-PACK.....	174
GENOTROPIN MINIQUICK	176	GVOKE KIT	174
<i>gentamicin in saline inj 0.8 mg/ml</i>	21	GVOKE PFS.....	174
<i>gentamicin in saline inj 1 mg/ml</i>	21	GYNAZOLE-1.....	199
<i>gentamicin in saline inj 1.2 mg/ml</i>	21	H	
<i>gentamicin in saline inj 1.6 mg/ml</i>	21	HAEGARDA	204
<i>gentamicin in saline inj 2 mg/ml</i>	21	<i>hailey 1.5/30</i>	163
<i>gentamicin sulfate</i>	21	<i>hailey 24 fe</i>	163
<i>gentamicin sulfate (ophth)</i>	224		
<i>gentamicin sulfate (topical)</i>	245		
GENVOYA TAB.....	31		

HALAVEN.....	50	HUMIRA PEN KIT PS/UV.....	209
<i>halcinonide</i>	252	HUMIRA PEN-CD/UC/HS START	209
HALCION	127	HUMIRA PEN-PEDIATRIC UC S.....	209
HALDOL DECANOATE 100	103	HUMIRA PEN-PS/UV STARTER	209
<i>halobetasol propionate</i>	252	HUMULIN INJ 70/30	154
<i>haloette</i>	163	HUMULIN INJ 70/30KWP.....	154
HALOG.....	252	HUMULIN N	154
<i>haloperidol</i>	104	HUMULIN N KWIKPEN	154
<i>haloperidol decanoate</i>	104	HUMULIN R.....	154
<i>haloperidol lactate</i>	104	HUMULIN R U-500 (CONCENTR.....	154
HARVONI PAK 33.75-150MG	34	HUMULIN R U-500 KWIKPEN	154
HARVONI PAK 45-200MG.....	34	<i>hydralazine hcl</i>	87
HARVONI TAB 45-200MG.....	34	HYDREA	48
HARVONI TAB 90-400MG.....	34	<i>hydrochlorothiazide</i>	84
HAVRIX.....	217	<i>hydrocodone bitartrate</i>	12
<i>heather</i>	163	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	15
HELIDAC MIS THERAPY	192	<i>hydrocodone-acetaminophen tab 10-</i> <i>300 mg</i>	15
HEMADY.....	173	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	16
HEP SOD/D5W INJ 20000UNT	201	<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	15
HEP SOD/D5W INJ 25000UNT	201	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	15
HEP SOD/NAACL INJ 12500UNT.....	201	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>300 mg</i>	15
HEP SOD/NAACL INJ 25000UNT.....	201	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	15
HEPARIN SODIUM.....	201	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	16
<i>heparin sodium (porcine)</i>	201	<i>hydrocodone-ibuprofen tab 5-200 mg</i> <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	16
HEPARIN/NAACL INJ 25000UNT	201	<i>hydrocortisone</i>	173
HEPLISAV-B.....	217	<i>hydrocortisone (intrarectal)</i>	189
HERCEP HYLEC SOL 60-10000	54	<i>hydrocortisone (rectal)</i>	257
HERCEPTIN.....	54	<i>hydrocortisone (topical)</i>	253
HERZUMA.....	54	<i>hydrocortisone butyrate</i>	253
HETLIOZ	127	<i>hydrocortisone butyrate hydrophilic lipo</i> <i>base</i>	253
HETLIOZ LQ.....	127	<i>hydrocortisone valerate</i>	253
HIBERIX.....	217	<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	230
HIPREX	21	<i>hydromorphone hcl</i>	13, 16
HIZENTRA	213	HYDROMORPHONE HYDROCHLORI....	16
HORIZANT	133	<i>hydroxychloroquine sulfate</i>	212
HUMALOG.....	154		
HUMALOG JUNIOR KWIKPEN	154		
HUMALOG KWIKPEN.....	154		
HUMALOG MIX INJ 50/50KWP	154		
HUMALOG MIX INJ 75/25KWP	154		
HUMALOG MIX SUS 75/25	154		
HUMALOG TEMPO PEN.....	154		
HUMATIN.....	21		
HUMATROPE	176		
HUMIRA	208		
HUMIRA PEDIA INJ CROHNS.....	208		
HUMIRA PEDIATRIC CROHNS D	208		
HUMIRA PEN	208, 209		

<i>hydroxyprogesterone caproate</i> (<i>antineoplastic</i>)	46	IMITREX.....	130
<i>hydroxyurea</i>	48	IMITREX STATDOSE REFILL	130
<i>hydroxyzine hcl</i>	233	IMITREX STATDOSE SYSTEM.....	130
<i>hydroxyzine pamoate</i>	233	IMJUDO.....	55
HYFTOR.....	257	IMOVAX RABIES (H.D.C.V.).....	217
HYQVIA INJ 10-800.....	213	IMPAVIDO	21
HYQVIA INJ 2.5-200.....	213	IMURAN	215
HYQVIA INJ 20-1600.....	213	IMVEXXY MAINTENANCE PACK	171
HYQVIA INJ 30-2400.....	213	IMVEXXY STARTER PACK	171
HYQVIA INJ 5-400	213	INBRIJA	100
HYSINGLA ER.....	13	<i>incassia</i>	163
HYZAAR TAB 100-12.5	71	INCRELEX.....	176
HYZAAR TAB 100-25	71	INCRUSE ELLIPTA.....	231
HYZAAR TAB 50-12.5	71	<i>indapamide</i>	84
I		INDERAL LA.....	80
<i>ibandronate sodium</i>	159	INFANRIX INJ	217
IBRANCE	54	INFLECTRA	209
IBSRELA.....	192	INFLIXIMAB	209
<i>ibu</i>	10	INLYTA.....	55
<i>ibuprofen</i>	10	INPEFA.....	87
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	10	INQOVI TAB 35-100MG	44
<i>icatibant acetate</i>	204	INREBIC.....	55
<i>iclevia</i>	163	INS ASP PROT INJ FLEXPEN	154
ICLUSIG.....	54	INSPIRA.....	67
IDACIO (2 PEN).....	209	INSULIN ASPA INJ 70/30	154
IDACIO (2 SYRINGE).....	209	INSULIN ASPART.....	154
IDACIO CROHN INJ DISEASE.....	209	INSULIN ASPART FLEXPEN.....	154
IDACIO PLAQU INJ PSORIASIS	209	INSULIN ASPART PENFILL.....	155
IDHIFA.....	54	INSULIN DEGLUDEC.....	155
IFEX	43	INSULIN DEGLUDEC FLEXTOUC	155
<i>ifosfamide</i>	43	INSULIN GLARGINE	155
IFOSFAMIDE	43	INSULIN GLARGINE MAX SOLO.....	155
ILARIS	214	INSULIN GLARGINE SOLOSTAR	155
ILEVRO	226	INSULIN GLARGINE-YFGN.....	155
ILUMYA	209	INSULIN LISP INJ PROTAMIN	155
<i>imatinib mesylate</i>	54	INSULIN LISPRO.....	155
IMBRUVICA.....	55	INSULIN LISPRO JUNIOR KWI	155
IMFINZI	55	INSULIN LISPRO KWIKPEN	155
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	21	INSULIN PEN NEEDLES: BD/NOVO..	155
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	21	INSULIN SAFETY NEEDLES.....	155
<i>imipramine hcl</i>	95	INSULIN SYRINGES: BD	155
<i>imipramine pamoate</i>	95	INTELENCE	29
<i>imiquiremod</i>	257	INTRALIPID	222
<i>imiquiremod pump</i>	257	INTRAROSA	197
		<i>introvale</i>	163
		INTUNIV.....	123
		INVANZ.....	21
		INVEGA.....	104

INVEGA HAFYERA	104	IZERVAY	229
INVEGA SUSTENNA.....	104	J	
INVEGA TRINZA	104	JADENU.....	160
INVELTYS	226	JADENU SPRINKLE.....	160
INVOKAMET TAB 150-1000	147	JAKAFI.....	55
INVOKAMET TAB 150-500.....	147	<i>jantoven</i>	201
INVOKAMET TAB 50-1000.....	147	JANUMET TAB 50-1000.....	147
INVOKAMET TAB 50-500MG	147	JANUMET TAB 50-500MG.....	147
INVOKAMET XR TAB 150-1000	147	JANUMET XR TAB 100-1000	148
INVOKAMET XR TAB 150-500	147	JANUMET XR TAB 50-1000.....	148
INVOKAMET XR TAB 50-1000	147	JANUMET XR TAB 50-500MG	148
INVOKAMET XR TAB 50-500MG	147	JANUVIA	148
INVOKANA.....	147	JARDIANCE.....	148
IPOL INJ INACTIVE	217	<i>jasmiel</i>	163
<i>ipratropium bromide</i>	231	JATENZO	144
<i>ipratropium bromide (nasal)</i>	231	<i>javygtor</i>	176
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	231	JAYPIRCA	55
<i>irbesartan</i>	73	JEMPERLI	55
<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	71	JENTADUETO TAB 2.5-1000	148
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	71	JENTADUETO TAB 2.5-500.....	148
IRESSA	55	JENTADUETO TAB 2.5-850.....	148
<i>irinotecan hcl</i>	48	JENTADUETO TAB XR 2.5-1000MG ..	148
ISENTRESS.....	29	JENTADUETO TAB XR 5-1000MG....	148
ISENTRESS HD.....	29	JEVTANA	50
<i>isibloom</i>	163	<i>jinteli</i>	171
ISOLYTE-P INJ /D5W.....	219	JOENJA	214
ISOLYTE-S INJ	219	<i>jolessa</i>	163
ISOLYTE-S INJ PH 7.4	219	JORNAY PM.....	123
<i>isoniazid</i>	32	<i>joyeaux</i>	163
ISORDIL TITRADOSE.....	88	JUBLIA.....	246
<i>isosorbide dinitrate</i>	88	<i>juleber</i>	163
<i>isosorbide dinitrate-hydralazine hcl tab</i> <i>20-37.5 mg</i>	87	JULUCA TAB 50-25MG	31
<i>isosorbide mononitrate</i>	88	<i>junel 1.5/30</i>	163
<i>isotretinoin</i>	244	<i>junel 1/20</i>	163
<i>isradipine</i>	82	<i>junel fe 1.5/30</i>	163
ISTALOL.....	227	<i>junel fe 1/20</i>	163
ISTURISA	176	<i>junel fe 24</i>	164
<i>itraconazole</i>	26	JUXTAPID	78
<i>ivermectin</i>	21	JYNARQUE.....	177
<i>ivermectin (rosacea)</i>	257	JYNARQUE PAK 30-15MG.....	177
IWILFIN	48	JYNARQUE PAK 45-15MG.....	177
IXEMPRA KIT	50	JYNARQUE PAK 60-30MG.....	177
IXIARO INJ	217	JYNARQUE PAK 90-30MG.....	177
IYUZEH	227	JYNNEOS.....	217
		K	
		KADCYLA.....	55
		<i>kaitlib fe</i>	164
		KALBITOR	205

KALETRA SOL.....	31	<i>ketoprofen</i>	10
KALETRA TAB 100-25MG	31	<i>ketorolac tromethamine</i>	10
KALETRA TAB 200-50MG	31	KETOROLAC TROMETHAMINE	10
KALYDECO.....	236	<i>ketorolac tromethamine (ophth)</i>	226
KANJINTI.....	55	KEVEYIS.....	84
KANUMA.....	177	KEVZARA.....	209
KAPSPARGO SPRINKLE	80	KEYTRUDA.....	55
<i>kariva</i>	164	KHAPZORY	64
KATERZIA.....	82	KIMMTRAK	55
KAZANO 12.5- TAB 1000MG.....	148	KIMYRSA.....	21
KAZANO 12.5- TAB 500MG	148	KINERET	209
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	219	KINRIX INJ	217
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i> <i>inj</i>	220	KISQALI 200 DOSE	56
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	219	KISQALI 200 PAK FEMARA	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	219	KISQALI 400 DOSE	56
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	219	KISQALI 400 PAK FEMARA	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	219	KISQALI 600 DOSE	56
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	220	KISQALI 600 PAK FEMARA	49
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	220	KITABIS PAK.....	22
<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	220	KLARON	244
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	220	<i>klayesta</i>	246
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	220	KLISYRI	257
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	220	KLONOPIN	111
KCL/D5W/LACT INJ 20MEQ/L	220	<i>klor-con</i>	221
KCL/D5W/NACL INJ 0.3/0.9%	220	<i>klor-con 10</i>	221
<i>kelnor 1/35</i>	164	<i>klor-con 8</i>	221
<i>kelnor 1/50</i>	164	<i>klor-con m10</i>	221
KENALOG	253	<i>klor-con m15</i>	221
KENALOG-10.....	173	<i>klor-con m20</i>	221
KENALOG-40.....	173	KLOXXADO	142
KENALOG-80.....	173	KOMBIGLYZ XR TAB 2.5-1000	148
KEPPRA	111	KOMBIGLYZ XR TAB 5-1000MG	148
KEPPRA XR	111	KOMBIGLYZ XR TAB 5-500MG	148
KERENDIA	67	KONVOMEK SUS 2-84/ML	195
KESIMPTA	137	KORLYM	177
<i>ketoconazole</i>	26	KOSELUGO	56
<i>ketoconazole (topical)</i>	246, 248	<i>kourzeq</i>	260
<i>ketodan</i>	246	KRAZATI	56
		KRINTAFEL	27
		KRISTALOSE.....	190
		KRYSTEXXA	8
		<i>kurvelo</i>	164
		KUVAN.....	177
		KYPROLIS.....	56
		L	
		<i>labetalol hcl</i>	80
		LABETALOL HYDROCHLORIDE	80
		<i>lacosamide</i>	112

<i>lacosamide oral</i>	112	<i>larin fe 1/20</i>	164
LACRISERT	229	LASIX	84
<i>lactated ringer's solution</i>	220	<i>latanoprost</i>	227
<i>lactic acid (ammonium lactate)</i>	257	LATUDA	104
<i>lactulose</i>	190	<i>layolis fe</i>	164
LACTULOSE	190	<i>leena</i>	164
<i>lactulose (encephalopathy)</i>	190	<i>leflunomide</i>	212
LAMICTAL.....	112	LEMTRADA.....	137
LAMICTAL CHEWABLE DISPERS	112	<i>lenalidomide</i>	48
LAMICTAL ODT.....	112	LENVIMA 10 MG DAILY DOSE	56
LAMICTAL ODT KIT BLUE	112	LENVIMA 12MG DAILY DOSE	56
LAMICTAL ODT KIT GREEN.....	112	LENVIMA 20 MG DAILY DOSE	56
LAMICTAL ODT KIT ORANGE	112	LENVIMA 4 MG DAILY DOSE.....	56
LAMICTAL STARTER KIT (35 X 25MG TABS)	112	LENVIMA 8 MG DAILY DOSE.....	56
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB).....	112	LENVIMA CAP 14 MG.....	56
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	112	LENVIMA CAP 18 MG.....	56
LAMICTAL XR	112	LENVIMA CAP 24 MG.....	56
LAMICTAL XR KIT	112	LESCOL XL	77
<i>lamivudine</i>	29	<i>lessina</i>	164
<i>lamivudine (hbv)</i>	34	LETAIRIS.....	89
<i>lamivudine-zidovudine tab 150-300 mg</i>	31	<i>letrozole</i>	46
<i>lamotrigine</i>	112, 113	<i>leucovorin calcium</i>	64
<i>lamotrigine tab 25 mg (42) & 100 mg</i> (7) starter kit	113	LEUKERAN.....	43
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	113	LEUKINE	202
<i>lamotrigine tab disint 21 x 25 mg & 7 x</i> <i>50 mg titration kit</i>	113	<i>leuprolide acetate</i>	46
<i>lamotrigine tab disint 25 (14) & 50 mg</i> (14) & 100 mg (7) kit.....	113	LEUPROLIDE ACETATE.....	46
<i>lamotrigine tab disint 42 x 50mg & 14 x</i> <i>100mg titration kit</i>	113	<i>levalbuterol hcl</i>	234
LAMZEDE	177	<i>levalbuterol tartrate</i>	234
LANOXIN	87	<i>levamlodipine maleate</i>	82
LANOXIN PEDIATRIC.....	87	LEVEMIR	155
<i>lansoprazole</i>	195	LEVEMIR FLEXPEN	155
<i>lanthanum carbonate</i>	181	LEVETIRACETA INJ 10MG/ML	113
LANTUS.....	155	LEVETIRACETA INJ 15MG/ML	113
LANTUS SOLOSTAR.....	155	LEVETIRACETA INJ 5MG/ML	113
<i>lapatinib ditosylate</i>	56	<i>levetiracetam</i>	113
<i>larin 1.5/30</i>	164	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	113
<i>larin 1/20</i>	164	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	113
<i>larin 24 fe</i>	164	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	113
<i>larin fe 1.5/30</i>	164	<i>levobunolol hcl</i>	228
		<i>levocarnitine (metabolic modifiers)</i> .	177
		<i>levocetirizine dihydrochloride</i>	233
		<i>levofloxacin</i>	38
		<i>levofloxacin (ophth)</i>	224
		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	38

<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	38	<i>lisinopril</i>	66
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	38	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	65
<i>levoleucovorin calcium</i>	64	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	65
<i>levonest</i>	164	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	65
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	164	LITFULO	209
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	164	LITHIUM.....	134
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	164	<i>lithium carbonate</i>	134
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	164	LITHOBID	134
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	165	LITHOSTAT	197
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	165	LIVALO	77
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	164	LIVMARLI	192
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	164	LIVTENCITY	34
<i>levora 0.15/30-28</i>	165	LO LOESTRIN TAB 1-10-10	165
<i>levorphanol tartrate</i>	13	LOCOID.....	253
<i>levo-t</i>	183	LOCOID LIPOCREAM	253
<i>levothyroxine sodium</i>	183	LODOCO.....	87
<i>levoxyl</i>	183	LODOSYN	100
LEXAPRO	95	<i>loestrin 1.5/30-21</i>	165
LEXETTE.....	253	<i>loestrin 1/20-21</i>	165
LEXIVA.....	29	<i>loestrin fe 1.5/30</i>	165
LIALDA.....	189	<i>loestrin fe 1/20</i>	165
LIBTAYO.....	57	<i>lofena</i>	10
<i>lidocaine</i>	255	LOKELMA.....	160
<i>lidocaine hcl</i>	255	LOMOTIL TAB 2.5MG.....	192
<i>lidocaine hcl (local anesth.)</i>	19	LONSURF TAB 15-6.14	45
<i>lidocaine hcl (mouth-throat)</i>	260	LONSURF TAB 20-8.19	45
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	255	<i>loperamide hcl</i>	192
<i>lidocan iii</i>	255	LOPID	76
LIDODERM.....	255	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	32
<i>linezolid</i>	22	<i>lopinavir-ritonavir tab 100-25 mg</i>	32
LINEZOLID INJ 2MG/ML.....	22	<i>lopinavir-ritonavir tab 200-50 mg</i>	32
LINZESS.....	192	LOPRESSOR.....	81
<i>liothyronine sodium</i>	183	LOPROX SHAMPOO	247
LIPITOR	77	LOQTORZI	57
LIPOFEN.....	76	<i>lorazepam</i>	91
LIQREV	89	<i>lorazepam intensol</i>	91
<i>lisdexamfetamine dimesylate</i> ..	123, 124	LORBRENA.....	57
		LOREEV XR	91
		<i>loryna</i>	165
		<i>losartan potassium</i>	74
		<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	71

<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	71	LYRICA	113, 114
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	71	LYRICA CR.....	134
LOSEASONIQUE TAB	165	LYSODREN	47
LOTEMAX	226	LYTGOBI (12 MG DAILY DOSE)	57
LOTEMAX SM	226	LYTGOBI (16 MG DAILY DOSE)	57
LOTENSIN	67	LYTGOBI (20 MG DAILY DOSE)	57
<i>loteprednol etabonate</i>	226	LYUMJEV	155
LOTREL CAP 10-20MG	66	LYUMJEV KWIKPEN	155
LOTREL CAP 10-40MG	66	LYUMJEV TEMPO PEN	156
LOTREL CAP 5-10MG	65	LYVISPAH.....	140
LOTREL CAP 5-20MG	66	<i>lyza</i>	165
LOTRONEX.....	192	M	
<i>lovastatin</i>	77	MACROBID	22
LOVAZA CAP 1GM	78	MACRODANTIN	22
LOVENOX	201	<i>mafenide acetate</i>	245
<i>low-ogestrel</i>	165	<i>magnesium sulfate</i>	220
<i>loxapine succinate</i>	104	MAGNESIUM SULFATE	220
<i>lubiprostone</i>	192	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	220
LUCEMYRA.....	142	MALARONE TAB 250-100	28
LUCENTIS.....	229	MALARONE TAB 62.5-25.....	28
<i>luliconazole</i>	247	<i>malathion</i>	259
LUMAKRAS	57	<i>maraviroc</i>	29
LUMIGAN.....	228	MARGENZA.....	57
LUMIZYME	177	MARINOL.....	185
LUMRYZ	141	<i>marlissa</i>	165
LUNESTA	127	MARPLAN	95
LUNSUMIO.....	57	MATULANE	49
LUPKYNIS.....	215	<i>matzim la</i>	82
LUPRON DEPOT (1-MONTH)	46	MAVENCLAD (10 TABS).....	137
LUPRON DEPOT (3-MONTH)	46	MAVENCLAD (4 TABS).....	137
LUPRON DEPOT (4-MONTH)	46	MAVENCLAD (5 TABS).....	137
LUPRON DEPOT (6-MONTH)	47	MAVENCLAD (6 TABS).....	137
LUPRON DEPOT-PED (1-MONTH.....	177	MAVENCLAD (7 TABS).....	137
LUPRON DEPOT-PED (3-MONTH.....	177	MAVENCLAD (8 TABS).....	137
LUPRON DEPOT-PED (6-MONTH.....	177	MAVENCLAD (9 TABS).....	137
<i>lurasidone hcl</i>	104	MAVYRET PAK 50-20MG	34
<i>lutera</i>	165	MAVYRET TAB 100-40MG.....	34
LUZU	247	MAXALT	131
LYBALVI TAB 10-10MG	105	MAXALT-MLT.....	131
LYBALVI TAB 15-10MG	105	MAXIDEX.....	226
LYBALVI TAB 20-10MG	105	MAXITROL OIN 0.1% OP.....	223
LYBALVI TAB 5-10MG.....	104	MAXITROL SUS 0.1% OP	223
<i>lyleq</i>	165	MAYZENT	137
<i>lyllana</i>	171	MAYZENT STARTER PACK (12)	137
LYNPARZA	57	MAYZENT STARTER PACK (7)	137
		<i>meclizine hcl</i>	185
		<i>meclofenamate sodium</i>	10

MEDROL.....	173	<i>methylphenidate</i>	124
MEDROL DOSEPAK.....	173	<i>methylphenidate hcl</i>	124
<i>medroxyprogesterone acetate</i>	182	METHYLPHENIDATE HYDROCHLO	124
<i>medroxyprogesterone acetate</i> (<i>contraceptive</i>).....	165	<i>methylprednisolone</i>	173
<i>mefenamic acid</i>	10	<i>methylprednisolone acetate</i>	173
<i>mefloquine hcl</i>	28	<i>methylprednisolone sod succ</i>	173
<i>megestrol acetate</i>	47, 182	<i>methyltestosterone</i>	144
<i>megestrol acetate (appetite)</i>	182	<i>metoclopramide hcl</i>	185
MEKINIST.....	57	<i>metolazone</i>	84
MEKTOVI.....	57	<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg.....	79
<i>meloxicam</i>	10	<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg.....	79
<i>memantine hcl</i>	92	<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	79
<i>memantine hcl tab 28 x 5 mg & 21 x 10</i> <i>mg titration pack</i>	93	<i>metoprolol succinate</i>	81
MENACTRA INJ.....	217	<i>metoprolol tartrate</i>	81
MENEST	171	METROCREAM	257
MENOSTAR	171	METROGEL	257
MENQUADFI INJ	217	METROLOTION	257
MENVEO INJ	217	<i>metronidazole</i>	22
MENVEO SOL	218	METRONIDAZOLE	22
MEPRON.....	22	<i>metronidazole (topical)</i>	257, 258
<i>mercaptopurine</i>	45	<i>metronidazole vaginal</i>	199
MEROP/NAACL INJ 1GM/50ML	22	<i>metyrosine</i>	87
MEROP/NAACL INJ 500/50ML	22	MG SO4/D5W INJ 10MG/ML	220
<i>meropenem</i>	22	MIACALCIN.....	159
<i>merzee</i>	165	<i>mibelas 24 fe</i>	165
<i>mesalamine</i>	189	MICAFUNGIN	26
<i>mesalamine w/ cleanser</i>	189	<i>micafungin sodium</i>	26
MESNEX.....	64	MICARDIS	74
MESTINON.....	134	MICARDIS HCT TAB 40/12.5	71
MESTINON TIMESPAN	134	MICARDIS HCT TAB 80/12.5	71
<i>metaxalone</i>	140	MICARDIS HCT TAB 80-25MG.....	71
<i>metformin hcl</i>	148, 149	<i>miconazole 3</i>	200
<i>methadone hcl</i>	13	<i>miconazole-zinc oxide-white petrolatum</i> <i>oint 0.25-15-81.35%</i>	247
METHADONE HCL INJ	13	<i>microgestin 1.5/30</i>	165
<i>methadone hydrochloride i</i>	13	<i>microgestin 1/20</i>	165
<i>methazolamide</i>	84	<i>microgestin 24 fe</i>	165
<i>methenamine hippurate</i>	22	<i>microgestin fe 1.5/30</i>	165
<i>methergine</i>	177	<i>microgestin fe 1/20</i>	166
<i>methimazole</i>	183	<i>midodrine hcl</i>	87
<i>methocarbamol</i>	140	MIEBO	229
<i>methotrexate sodium</i>	45, 212	<i>mifepristone (hyperglycemia)</i>	177
<i>methoxsalen rapid</i>	248	<i>migergot</i>	131
<i>methscopolamine bromide</i>	187	<i>miglitol</i>	149
<i>methsuximide</i>	114	<i>miglustat</i>	177
<i>methylergonovine maleate</i>	177		
METHYLIN	124		

MIGRANAL.....	131	<i>mupirocin calcium (topical)</i>	245
<i>mili</i>	166	MVASI	57
<i>millipred</i>	173	MYALEPT	177
<i>mimvey</i>	171	MYAMBUTOL	32
MINIPRESS	67	MYCAMINE.....	26
MINIVELLE.....	171	MYCAPSSA	177
<i>minocycline hcl</i>	42	MYCOBUTIN.....	33
MINOLIRA.....	42	<i>mycophenolate mofetil</i>	215, 216
<i>minoxidil</i>	87	<i>mycophenolate sodium</i>	216
MIRAPEX ER.....	100	MYDAYIS CAP 12.5MG.....	124
MIRCETTE TAB 28 DAY	166	MYDAYIS CAP 25MG.....	124
<i>mirtazapine</i>	96	MYDAYIS CAP 37.5MG.....	125
MIRVASO.....	258	MYDAYIS CAP 50MG.....	125
<i>misoprostol</i>	192	MYFEMBREE TAB	178
MITIGARE.....	8	MYFORTIC	216
<i>mitomycin</i>	44	MYLOTARG	58
<i>mitoxantrone hcl</i>	49	MYOBLOC.....	140
M-M-R II INJ	217	MYRBETRIQ	198
M-NATAL PLUS TAB.....	221	MYSOLINE	114
<i>modafinil</i>	141	N	
<i>moexipril hcl</i>	67	<i>nabumetone</i>	10
<i>molindone hcl</i>	105	<i>nadolol</i>	81
<i>mometasone furoate</i>	253	NAFCILLIN INJ 1GM/50ML.....	40
<i>mometasone furoate (nasal)</i>	238	NAFCILLIN INJ 2GM/100.....	40
MONJUVI	57	<i>nafcillin sodium</i>	40
<i>mono-lynyah</i>	166	<i>naftifine hcl</i>	247
<i>montelukast sodium</i>	235	NAFTIN	247
<i>morphine sulfate</i>	13, 16	NAGLAZYME	178
MORPHINE SULFATE	16	<i>nalbuphine hcl</i>	16
<i>morphine sulfate beads</i>	13	NALFON	10, 11
MORPHINE SULFATE/SODIUM C.....	16	NALOCET TAB 2.5-300	16
MOTEGRITY	192	<i>naloxone hcl</i>	142
MOTPOLY XR.....	114	<i>naltrexone hcl</i>	142
MOUNJARO.....	149	NAMENDA TAB 5-10MG	93
MOVANTIK.....	192	NAMENDA XR.....	93
MOVIPREP SOL.....	190	NAMZARIC CAP 14-10MG.....	93
<i>moxifloxacin hcl</i>	38	NAMZARIC CAP 21-10MG.....	93
<i>moxifloxacin hcl (ophth)</i>	224	NAMZARIC CAP 28-10MG.....	93
<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	38	NAMZARIC CAP 7-10MG	93
MOXIFLOXACIN HYDROCHLORID	39	NAMZARIC CAP PACK.....	93
MOZOBIL.....	202	NAPRELAN.....	11
MS CONTIN	13	<i>naproxen</i>	11
MULPLETA	205	<i>naproxen sodium</i>	11
MULTAQ	74	<i>naproxen-esomeprazole magnesium tab</i> <i>dr 375-20 mg</i>	11
<i>multiple electrolytes ph 5.5</i>	220	<i>naproxen-esomeprazole magnesium tab</i> <i>dr 500-20 mg</i>	11
<i>multiple electrolytes ph 7.4</i>	220	<i>naratriptan hcl</i>	131
<i>mupirocin</i>	245		

NARCAN	143	NEXLIZET TAB 180/10MG	78
NARDIL	96	NEXTSTELLIS TAB 3-14.2MG	166
NATACYN.....	224	NEXVIAZYME	178
NATAZIA TAB.....	166	NGENLA	178
<i>nateglinide</i>	149	<i>niacin (antihyperlipidemic)</i>	78
NATESTO.....	144	<i>niacor</i>	78
NATPARA.....	159	<i>nicardipine hcl</i>	82
NATROBA	260	NICARDIPINE SOL 20/200ML.....	82
NAYZILAM	114	NICARDIPINE SOL 40/200ML.....	82
<i>nebivolol hcl</i>	81	NICOTROL INHALER.....	143
NEBUPENT	22	NICOTROL NS	143
<i>necon 0.5/35-28</i>	166	<i>nifedipine</i>	82
<i>nefazodone hcl</i>	96	<i>nikki</i>	166
<i>neomycin sulfate</i>	22	NILANDRON.....	47
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	224	<i>nilutamide</i>	47
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	224	<i>nimodipine</i>	82
<i>neomycin-polymyxin b gu irrigation soln</i>	197	NINLARO.....	58
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	223	NIPENT	49
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	223	<i>nisoldipine</i>	82
<i>neomycin-polymyxin-hc ophth susp</i>	223	<i>nitazoxanide</i>	22
<i>neomycin-polymyxin-hc otic soln 1%</i>	230	<i>nitisinone</i>	178
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	230	NITRO-BID	88
<i>neo-polycin 5(3.5)mg-400unt-10000unt</i> <i>op oin</i>	224	NITRO-DUR	88
<i>neo-polycin hc ophth oint 1%</i>	223	<i>nitrofurantoin</i>	22
NEORAL	216	NITROFURANTOIN	22
NERLYNX.....	58	<i>nitrofurantoin macrocrystal</i>	22
NESINA.....	149	<i>nitrofurantoin monohyd macro</i>	23
<i>neuac gel 1.2-5%</i>	244	<i>nitroglycerin</i>	88
NEULASTA	202	NITROLINGUAL	88
NEULASTA ONPRO KIT	202	NITROSTAT	88
NEUPOGEN	203	NITYR	178
NEUPRO	100	NIVESTYM	203
NEURONTIN	114	<i>nizatidine</i>	188
NEVANAC	226	<i>nora-be</i>	166
<i>nevirapine</i>	29	NORDITROPIN FLEXPRO	178
NEXAVAR	58	<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	166
NEXIUM.....	195	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	166
NEXIUM I.V.....	195	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	166
NEXLETOL	78	<i>norethindrone (contraceptive)</i>	166
		<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	166
		<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	166
		<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	166

<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	166	NOVOLOG MIX INJ 70/30.....	156
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	166	NOVOLOG MIX INJ FLEX REL	156
<i>norethindrone acetate</i>	182	NOVOLOG MIX INJ FLEXPEN.....	156
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	171	NOVOLOG PENFILL	156
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	172	NOVOLOG RELI INJ 70/30.....	156
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	166	NOVOLOG RELION	156
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	167	NOXAFIL	26
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	167	NPLATE	203
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	167	NUBEQA	47
NORITATE	258	NUCALA	236
NORLIQVA	82	NUCYNTA	17
<i>norlyroc</i>	167	NUCYNTA ER.....	13
NORPACE	74	NUDEXTA CAP 20-10MG	134
NORPACE CR.....	75	NULOJIX.....	216
NORPRAMIN.....	96	NUPLAZID	105
NORTHERA	87	NURTEC	131
<i>nortrel 0.5/35 (28)</i>	167	NUTRILIPID	222
<i>nortrel 1/35 (21)</i>	167	NUTROPIN AQ NUSPIN 10.....	178
<i>nortrel 1/35 (28)</i>	167	NUTROPIN AQ NUSPIN 20.....	178
<i>nortrel 7/7/7</i>	167	NUTROPIN AQ NUSPIN 5	178
<i>nortriptyline hcl</i>	96	NUVARING MIS	167
NORVASC	83	NUVESSA	200
NORVIR.....	29	NUVIGIL.....	141
NOURIANZ.....	100	NUZYRA	42
NOVAREL.....	178	<i>nyamyc</i>	247
NOVOLIN INJ 70/30	156	<i>nylia 1/35</i>	167
NOVOLIN INJ 70/30 FP	156	<i>nylia 7/7/7</i>	167
NOVOLIN INJ 70/30 FP RELION	156	NYMALIZE	83
NOVOLIN N.....	156	<i>nymyo</i>	167
NOVOLIN N FLEXPEN.....	156	<i>nystatin</i>	26
NOVOLIN N FLEXPEN RELION	156	<i>nystatin (mouth-throat)</i>	260
NOVOLIN N RELION	156	<i>nystatin (topical)</i>	247
NOVOLIN R.....	156	<i>nystop</i>	247
NOVOLIN R FLEXPEN.....	156	NYVEPRIA.....	203
NOVOLIN R FLEXPEN RELION	156	o	
NOVOLIN R RELION	156	OCALIVA	192
NOVOLIN70/30 INJ RELION.....	156	<i>ocella</i>	167
NOVOLOG.....	156	OCREVUS	137
NOVOLOG FLEXPEN	156	OCTAGAM.....	213
NOVOLOG FLEXPEN RELION	156	<i>octreotide acetate</i>	178
		OCUFLOX	224
		ODACTRA SUB	214
		ODEFSEY TAB	32
		ODOMZO.....	58
		OFEV	236
		<i>ofloxacin (ophth)</i>	224
		<i>ofloxacin (otic)</i>	230
		OGIVRI	58

OGIVRI INJ 420MG	58	OMNIPOD GO KIT 10UNT/DY.....	157
OGSIVEO.....	58	OMNIPOD GO KIT 15UNT/DY.....	157
OJJAARA	58	OMNIPOD GO KIT 20UNT/DY.....	157
<i>olanzapine</i>	105	OMNIPOD GO KIT 25UNT/DY.....	157
<i>olmesartan medoxomil</i>	74	OMNIPOD GO KIT 30UNT/DY.....	157
<i>olmesartan medoxomil-</i>		OMNIPOD GO KIT 35UNT/DY.....	157
<i>hydrochlorothiazide tab 20-12.5 mg</i>		OMNIPOD GO KIT 40UNT/DY.....	157
.....	71	OMNIPOD MIS CLASSIC.....	157
<i>olmesartan medoxomil-</i>		OMNITROPE.....	178
<i>hydrochlorothiazide tab 40-12.5 mg</i>		OMVOH.....	210
.....	71	ONCASPAR	49
<i>olmesartan medoxomil-</i>		<i>ondansetron</i>	185
<i>hydrochlorothiazide tab 40-25 mg</i> ..	71	<i>ondansetron hcl</i>	185
<i>olmesartan-amlodipine-</i>		ONEXTON GEL 1.2-3.75.....	244
<i>hydrochlorothiazide tab 20-5-12.5 mg</i>		ONFI.....	114
.....	71	ONGENTYS	100
<i>olmesartan-amlodipine-</i>		ONGLYZA	150
<i>hydrochlorothiazide tab 40-10-12.5</i>		ONIVYDE.....	49
<i>mg</i>	72	ONTRUZANT	58
<i>olmesartan-amlodipine-</i>		ONUREG.....	45
<i>hydrochlorothiazide tab 40-10-25 mg</i>		ONZETRA XSAIL	131
.....	72	OPDIVO	58
<i>olmesartan-amlodipine-</i>		OPDUALAG SOL.....	58
<i>hydrochlorothiazide tab 40-5-12.5 mg</i>		OPFOLDA	178
.....	71	OPSUMIT.....	89
<i>olmesartan-amlodipine-</i>		OPVEE	143
<i>hydrochlorothiazide tab 40-5-25 mg</i>		OPZELURA.....	258
.....	72	ORACEA	258
<i>olopatadine hcl (nasal)</i>	233	ORALAIR SUB 300 IR	214
OLPRUVA.....	178	ORAPRED ODT	173
OLUMIANT	210	ORBACTIV	23
<i>omega-3-acid ethyl esters cap 1 gm</i> ..	78	ORENCIA.....	210
<i>omeprazole</i>	195	ORENCIA CLICKJECT.....	210
<i>omeprazole-sodium bicarbonate cap 20-</i>		ORENITRAM.....	89
<i>1100 mg</i>	195	ORENITRAM TAB MONTH 1	89
<i>omeprazole-sodium bicarbonate cap 40-</i>		ORENITRAM TAB MONTH 2	89
<i>1100 mg</i>	195	ORENITRAM TAB MONTH 3	89
<i>omeprazole-sodium bicarbonate powd</i>		ORFADIN.....	178
<i>pack for susp 20-1680 mg</i>	195	ORGOVYX.....	47
<i>omeprazole-sodium bicarbonate powd</i>		ORIAHNN CAP	178
<i>pack for susp 40-1680 mg</i>	195	ORILISSA	169
OMNARIS	238	ORKAMBI GRA 100-125.....	236
OMNIPOD 5 G6 KIT INTRO	157	ORKAMBI GRA 150-188.....	236
OMNIPOD 5 G6 MIS PODS	157	ORKAMBI GRA 75-94MG	236
OMNIPOD 5 G7 KIT INTRO	157	ORKAMBI TAB 100-125	236
OMNIPOD 5 G7 MIS PODS	157	ORKAMBI TAB 200-125	236
OMNIPOD DASH KIT INTRO.....	157	ORLADEYO	205
OMNIPOD DASH MIS PODS	157	ORSERDU	47

<i>oseltamivir phosphate</i>	34	OZEMPIC (1MG/DOSE)	150
OSENI TAB 12.5-30	150	OZEMPIC (2MG/DOSE)	150
OSENI TAB 25-15MG.....	150	P	
OSENI TAB 25-30MG.....	150	<i>pacerone</i>	75
OSENI TAB 25-45MG.....	150	<i>paclitaxel</i>	50
OSMOLEX ER	100	PACLITAXEL INJ 100MG.....	50
OSPHENA	179	<i>paclitaxel protein-bound particles for iv</i>	
OTEZLA.....	210	<i>susp 100 mg</i>	50
OTEZLA TAB 10/20/30	210	PADCEV	58
OTOVEL DRO	230	PALFORZIA CAP ESCALAT	214
OTREXUP.....	212	PALFORZIA CAP LEVEL 10.....	214
OVIDE.....	260	PALFORZIA CAP LEVEL 3	214
OXACILLIN INJ 1GM	40	PALFORZIA CAP LEVEL 7	214
OXACILLIN INJ 2GM	40	PALFORZIA CAP LEVEL 8	214
<i>oxacillin sodium</i>	40	PALFORZIA LEVEL 1	214
<i>oxaliplatin</i>	43	PALFORZIA LEVEL 11 (MAINT.....	214
<i>oxaprozin</i>	11	PALFORZIA LEVEL 11 (TITRA.....	214
OXAYDO.....	17	PALFORZIA LEVEL 2.....	214
<i>oxazepam</i>	92	PALFORZIA LEVEL 4.....	214
OXBRYTA.....	205	PALFORZIA LEVEL 5.....	214
<i>oxcarbazepine</i>	114	PALFORZIA LEVEL 6.....	214
OXERVATE	229	PALFORZIA LEVEL 9.....	214
<i>oxiconazole nitrate</i>	247	<i>paliperidone</i>	105
OXISTAT	247	<i>palonosetron hcl</i>	186
OXLUMO.....	197	PALONOSETRON HYDROCHLORID ...	186
OXTELLAR XR.....	114	PALYNZIQ.....	179
OXY-ACETAMIN TAB 7.5-300.....	17	PAMELOR	96
<i>oxybutynin chloride</i>	198, 199	<i>pamidronate disodium</i>	159
OXYCOD/ACETA SOL 10/300MG.....	17	PAMIDRONATE DISODIUM	159
OXYCOD/APAP TAB 10-300MG.....	17	PANCREAZE CAP 10500UNT	193
OXYCOD/APAP TAB 5-300MG	17	PANCREAZE CAP 16800UNT	193
OXYCOD-APAP TAB 2.5-300	17	PANCREAZE CAP 21000UNT	194
<i>oxycodone hcl</i>	17	PANCREAZE CAP 2600UNIT.....	193
<i>oxycodone w/ acetaminophen soln 5-</i>		PANCREAZE CAP 37000.....	194
<i>325 mg/5ml</i>	17	PANCREAZE CAP 4200UNIT.....	193
<i>oxycodone w/ acetaminophen tab 10-</i>		PANDEL.....	253
<i>325 mg</i>	18	PANRETIN	258
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>pantoprazole sodium</i>	195
<i>325 mg</i>	17	PANZYGA	213
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>paraplatin</i>	43
<i>mg</i>	17	<i>paricalcitol</i>	184
<i>oxycodone w/ acetaminophen tab 7.5-</i>		PARLODEL	100
<i>325 mg</i>	18	PARNATE.....	96
OXYCONTIN	13	<i>paroxetine hcl</i>	96
<i>oxymorphone hcl</i>	13, 14, 18	<i>paroxetine mesylate (vasomotor)</i> ...	134
OXYTROL.....	199	PAXIL	96
OZEMPIC (0.25 OR 0.5 MG/DOSE) ..	150	PAXIL CR.....	96
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	150	PAXLOVID TAB 150-100	34

PAXLOVID TAB 300-100	34	<i>perphenazine-amitriptyline tab 4-25 mg</i>	97
<i>pazopanib hcl</i>	58	97
PEDIAPRED	173	<i>perphenazine-amitriptyline tab 4-50 mg</i>	97
PEDIARIX INJ 0.5ML	218	97
PEDVAX HIB	218	PERSERIS	105
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		PERTZYE CAP 16000U	194
<i>for soln 236 gm</i>	190	PERTZYE CAP 24000U	194
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		PERTZYE CAP 4000UNIT	194
<i>420 gm</i>	190	PERTZYE CAP 8000UNIT	194
<i>peg-3350/electrolytes/asc</i>	190	<i>pfizerpen</i>	41
PEGASYS	34	PHEBURANE	179
PEMAZYRE	58	<i>phenelzine sulfate</i>	97
PEMETREXED	45	PHENERGAN	186
<i>pemetrexed disodium</i>	45	<i>phenobarbital</i>	114
PEN GK/DEXTR INJ 20000/ML	40	<i>phenobarbital sodium</i>	114
PEN GK/DEXTR INJ 40000/ML	40	<i>phenoxybenzamine hcl</i>	87
PEN GK/DEXTR INJ 60000/ML	40	<i>phenytek</i>	115
PENBRAYA INJ	218	<i>phenytoin</i>	115
<i>penciclovir</i>	258	<i>phenytoin sodium</i>	115
<i>penicillamine</i>	160	<i>phenytoin sodium extended</i>	115
<i>penicillin g potassium</i>	40	PHESGO SOL	58
<i>penicillin g sodium</i>	41	PHEXXI GEL	167
<i>penicillin v potassium</i>	41	<i>philith</i>	167
PENNSAID	258	PHOSPHOLINE IODIDE	228
PENTACEL INJ	218	PIFELTRO	29
PENTAM 300	23	<i>pilocarpine hcl</i>	228
<i>pentamidine isethionate inh</i>	23	<i>pilocarpine hcl (oral)</i>	260
<i>pentamidine isethionate inj</i>	23	<i>pimecrolimus</i>	258
PENTASA	189	<i>pimozide</i>	105
<i>pentoxifylline</i>	205	<i>pimtrea</i>	167
PEPCID	188	<i>pindolol</i>	81
PERCOCET TAB 10-325MG	18	<i>pioglitazone hcl</i>	150
PERCOCET TAB 2.5-325	18	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
PERCOCET TAB 5-325MG	18	<i>mg</i>	150
PERCOCET TAB 7.5-325	18	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
PERFOROMIST	234	<i>mg</i>	150
<i>perindopril erbumine</i>	67	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perio gard</i>	260	<i>500 mg</i>	150
PERJETA	58	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>permethrin</i>	260	<i>850 mg</i>	150
<i>perphenazine</i>	105	<i>piperacillin sod-tazobactam na for inj</i>	
<i>perphenazine-amitriptyline tab 2-10 mg</i>		<i>3.375 gm (3-0.375 gm)</i>	41
.....	96	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>perphenazine-amitriptyline tab 2-25 mg</i>		<i>13.5 gm (12-1.5 gm)</i>	41
.....	96	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>perphenazine-amitriptyline tab 4-10 mg</i>		<i>2.25 gm (2-0.25 gm)</i>	41
.....	96	<i>piperacillin sod-tazobactam sod for inj</i>	
		<i>4.5 gm (4-0.5 gm)</i>	41

<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	41	<i>pramipexole dihydrochloride ...</i>	100, 101
PIQRAY 200MG DAILY DOSE	58	<i>prasugrel hcl</i>	206
PIQRAY 250MG TAB DOSE	59	<i>pravastatin sodium</i>	77
PIQRAY 300MG DAILY DOSE	59	<i>praziquantel</i>	23
<i>pirfenidone</i>	236, 237	<i>prazosin hcl</i>	68
<i>piroxicam</i>	11	PRED FORTE	226
<i>pitavastatin calcium</i>	77	PRED MILD	226
PLAQUENIL	212	<i>prednisolone</i>	173
PLASMA-LYTE INJ -148	220	<i>prednisolone acetate (ophth)</i>	226
PLASMA-LYTE INJ -A	220	PREDNISOLONE SODIUM PHOSP.....	226
PLAVIX.....	206	<i>prednisolone sodium phosphate</i>	174
PLEGRIDY.....	137	<i>prednisone</i>	174
PLEGRIDY INJ STARTER.....	138	PREDNISON INTENSOL.....	174
PLEGRIDY PEN INJ STARTER	138	PREFEST TAB	172
<i>plenamine</i>	223	<i>pregabalin</i>	115
PLENVU SOL	190	<i>pregabalin (once-daily)</i>	134
<i>plerixafor</i>	203	PREGNYL W/DILUENT BENZYL	179
PLIAGLIS CRE 7-7%.....	255	PREHEVBRIO	218
<i>podofilox</i>	258	PREMARIN	172
POLIVY.....	59	PREMASOL SOL 10%.....	223
<i>polycin ophth oint</i>	224	PREMPHASE TAB	172
<i>polymyxin b sulfate</i>	23	PREMPRO TAB	172
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	224	PREMPRO TAB 0.3-1.5.....	172
POMALYST	48	PREMPRO TAB 0.45-1.5.....	172
POMBILITI	179	PREMPRO TAB 0.625-5	172
PONVORY	138	PRENATAL TAB 27-1MG.....	221
PONVORY TAB STARTER	138	PRENATAL TAB PLUS.....	222
<i>portia-28</i>	167	PRETOMANID	33
PORTRAZZA	59	PREVACID	195
<i>posaconazole</i>	26	PREVACID SOLUTAB	195
POT CHL 20MEQ/L IN NAACL 0.45% INJ	220	<i>prevalite</i>	78
POT CHL 20MEQ/L IN NAACL 0.9% INJ	220	PREVYMIS	34
POT CHL 40MEQ/L IN NAACL 0.9% INJ	221	PREZCOBIX TAB 800-150	32
<i>potassium chloride</i>	221	PREZISTA.....	29
POTASSIUM CHLORIDE.....	221	PRIFTIN	33
<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	221	PRIOSEC.....	196
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	221	<i>primaquine phosphate</i>	28
<i>potassium citrate (alkalinizer)</i>	197	PRIMAQUINE PHOSPHATE.....	28
POTELIGEO.....	59	PRIMAXIN IV INJ 500MG.....	23
PRADAXA	201	<i>primidone</i>	115
<i>pralatrexate</i>	45	PRIORIX INJ	218
		PRISTIQ	97
		PRIVIGEN.....	213
		PROAIR DIGIHALER	234
		PROAIR RESPICLICK	234
		<i>probenecid</i>	8
		PROCARDIA XL.....	83
		<i>prochlorperazine</i>	186

<i>prochlorperazine edisylate</i>	186
<i>prochlorperazine maleate</i>	186
PROCRIT	203
PROCTOFOAM AER HC 1%	258
<i>procto-med hc</i>	258
<i>proctosol hc</i>	258
<i>proctozone-hc</i>	258
PROCYSBI	179
<i>progesterone</i>	182
PROGLYCEM.....	175
PROGRAF	216
PROLASTIN-C.....	237
PROLATE SOL 10/300MG	18
PROLATE TAB 10-300MG	18
PROLATE TAB 5-300MG	18
PROLATE TAB 7.5-300.....	18
PROLENSA	226
PROLIA	159
PROMACTA	205
<i>promethazine hcl</i>	186
<i>promethazine vc</i>	232
<i>promethegan</i>	186
PROMETRIUM.....	182
<i>propafenone hcl</i>	75
<i>proparacaine hcl</i>	229
<i>propranolol hcl</i>	81
<i>propylthiouracil</i>	183
PROQUAD INJ	218
PROSCAR	197
PROSOL INJ 20%.....	223
PROTONIX	196
<i>protriptyline hcl</i>	97
PROVERA.....	182
PROVIGIL	141
PROZAC	97
PRUDOXIN.....	258
PULMICORT	239
PULMICORT FLEXHALER.....	239
PULMOZYME	237
PURIXAN	45
PYLERA CAP	192
<i>pyrazinamide</i>	33
<i>pyridostigmine bromide</i>	134
<i>pyrimethamine</i>	23
PYRUKYND.....	205
PYRUKYND TAB 20MGX5MG	205
PYRUKYND TAB 50MGX20M.....	205
PYRUKYND TAPER PACK.....	205

Q	
QBRELIS	67
QBREXZA	258
QELBREE.....	125
QINLOCK.....	59
QNASL	238
QNASL CHILDRENS	238
QTERN TAB 10-5MG.....	150
QTERN TAB 5-5MG	150
QUADRACEL INJ	218
QUADRACEL INJ 0.5ML.....	218
QUALAQUIN.....	28
QUARTETTE TAB.....	167
QUDEXY XR	115
QUESTRAN	78
QUESTRAN LIGHT.....	78
<i>quetiapine fumarate</i>	105, 106
QUILLICHEW ER	125
QUILLIVANT XR.....	125
<i>quinapril hcl</i>	67
<i>quinidine sulfate</i>	75
<i>quinine sulfate</i>	28
QULIPTA	131
QUTENZA KIT 8% 1-PCH	255
QUTENZA KIT 8% 2-PCH	255
QUTENZA KIT 8% 4-PCH	255
QUVIVIQ	127
QUZYTIR	233
QVAR REDHALER.....	239
R	
RABAVERT INJ	218
<i>rabeprazole sodium</i>	196
RADICAVA	134
RADICAVA ORS	134
RADICAVA ORS STARTER KIT.....	134
RAGWITEK	214
<i>raloxifene hcl</i>	179
<i>ramelteon</i>	127
<i>ramipril</i>	67
<i>ranolazine</i>	87
RAPAFLO	197
RAPAMUNE	216
RAPIVAB	34
<i>rasagiline mesylate</i>	101
RASUVO	212
RAVICTI	179
RAYALDEE	184
RAYOS	174

REBIF	138	REZUROCK	216
REBIF REBIDO INJ TITRATN	138	REZVOGLAR KWIKPEN.....	157
REBIF REBIDOSE	138	REZZAYO	27
REBIF TITRTN INJ PACK.....	138	RHOFADE	259
REBLOZYL	205	RHOPRESSA.....	228
REBYOTA.....	192	RIABNI.....	59
RECARBRIO INJ 1.25GM	23	<i>ribavirin (hepatitis c)</i>	35
RECLAST	159	<i>rifabutin</i>	33
<i>reclipsen</i>	167	RIFADIN	33
RECOMBIVAX HB	218	<i>rifampin</i>	33
RECORLEV	179	RILUTEK.....	135
RECTIV	258	<i>riluzole</i>	135
REGLAN	186	<i>rimantadine hydrochloride</i>	35
REGRANEX	260	RIMSO-50	198
RELAFEN DS	11	RINVOQ	210
RELENZA DISKHALER.....	35	<i>risedronate sodium</i>	159
RELEUKO.....	203	RISPERDAL.....	106
RELEXXII.....	125	RISPERDAL CONSTA	106
RELISTOR.....	192	<i>risperidone</i>	106
RELPAX	131	<i>risperidone microspheres</i>	106
RELTONE	192	RITALIN	125
RELYVRIO PAK 3-1GM	134	RITALIN LA	125
REMERON.....	97	<i>ritonavir</i>	30
REMERON SOLTAB.....	97	RITUXAN	59
REMICADE	210	RITUXAN INJ HYCELA.....	59
REMODULIN.....	89	<i>rivastigmine</i>	93
RENFLEXIS	210	<i>rivastigmine tartrate</i>	93
REVELA	181	<i>rivelsa</i>	167
<i>repaglinide</i>	151	<i>rizatriptan benzoate</i>	131
REPATHA	78	ROBINUL.....	187
REPATHA PUSHTRONEX SYSTEM.....	78	ROBINUL FORTE.....	187
REPATHA SURECLICK.....	79	ROCALTROL.....	184
RESTASIS.....	229	ROCKLATAN DRO.....	228
RESTASIS MULTIDOSE	229	<i>roflumilast</i>	237
RESTORIL.....	128	ROLVEDON	203
RETACRIT.....	203	<i>ropinirole hydrochloride</i>	101
RETEVMO	59	<i>rosuvastatin calcium</i>	77
RETIN-A.....	244	ROTARIX SUS	218
RETIN-A MICRO.....	244	ROTATEQ SOL.....	218
RETIN-A MICRO PUMP	244	ROWASA	189
RETROVIR	29	<i>roweepra</i>	115
REVATIO	89	ROXICODONE	18
REVCOVI	179	ROXYBOND.....	18
REVLIMID	48	ROZEREM.....	128
REXULTI.....	106	ROZLYTREK	59
REYATAZ	29	RUBRACA	59
REYVOW.....	131	RUCONEST	205
REZLIDHIA	59	<i>rufinamide</i>	115

RUKOBIA.....	30	<i>selegiline hcl</i>	101
RUXIENCE	59	<i>selenium sulfide</i>	248
RYALTRIS SPR 665-25.....	232	SELZENTRY	30
RYBELSUS	151	SEMGLEE.....	157
RYBREVANT	59	SENSIPAR	179
<i>ryclora</i>	233	SEREVENT DISKUS	234
RYDAPT.....	60	SEROQUEL	107
RYLAZE	49	SEROQUEL XR.....	107
RYSTIGGO	214	SEROSTIM.....	179
RYTARY CAP 145MG	101	<i>sertraline hcl</i>	97
RYTARY CAP 195MG	101	SERTRALINE HYDROCHLORIDE.....	97
RYTARY CAP 245MG	101	<i>setlakin</i>	168
RYTARY CAP 95MG.....	101	<i>sevelamer carbonate</i>	182
RYTHMOL SR.....	75	<i>sevelamer hcl</i>	182
RYVENT.....	233	SEYSARA.....	42
S		SFROWASA.....	189
SABRIL	116	<i>sharobel</i>	168
SAFYRAL TAB.....	167	SHINGRIX	218
<i>sajazir</i>	205	SIGNIFOR.....	180
SALAGEN.....	260	SIGNIFOR LAR	180
SAMSCA.....	179	SIKLOS	205, 206
SANCUSO	186	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	89
SANDIMMUNE	216	SILENOR	128
SANDOSTATIN	179	SILIQ.....	210
SANDOSTATIN LAR DEPOT.....	179	<i>silodosin</i>	197
SANTYL.....	260	SILVADENE.....	245
SAPHNELO.....	216	<i>silver sulfadiazine</i>	245
SAPHRIS	106	SIMBRINZA SUS 1-0.2%	228
<i>sapropterin dihydrochloride</i>	179	<i>simliya</i>	168
SARCLISA.....	60	<i>simpesse</i>	168
SAVELLA	135	SIMPONI	210
SAVELLA MIS TITR PAK	135	SIMPONI ARIA	211
<i>saxagliptin hcl</i>	151	<i>simvastatin</i>	77
<i>saxagliptin-metformin hcl tab er 24hr</i> <i>2.5-1000 mg</i>	151	SINEMET TAB 10-100MG	101
<i>saxagliptin-metformin hcl tab er 24hr 5-</i> <i>1000 mg</i>	151	SINEMET TAB 25-100MG	101
<i>saxagliptin-metformin hcl tab er 24hr 5-</i> <i>500 mg</i>	151	SINGULAIR	235
SCEMBLIX	60	<i>sirolimus</i>	216
<i>scopolamine</i>	186	SIRTURO	33
SEASONIQUE TAB.....	167	SITAVIG.....	35
SECUADO	107	SIVEXTRO	23
SEGLENTIS TAB 56-44MG.....	18	SKYCLARYS	135
SEGLUROMET TAB 2.5-1000.....	151	SKYRIZI	211
SEGLUROMET TAB 2.5-500	151	SKYRIZI PEN.....	211
SEGLUROMET TAB 7.5-1000.....	151	SKYTROFA.....	180
SEGLUROMET TAB 7.5-500	151	SLYND	168
		SMOFLIPID EMU	223
		SOANZ	84

<i>sod sulfate-pot sulf-mg sulf oral sol</i>	STALEVO 125 TAB	101
17.5-3.13-1.6 gm/177ml	STALEVO 150 TAB	101
<i>sodium chloride</i>	STALEVO 200 TAB	101
221	STALEVO 50 TAB	101
<i>sodium chloride (gu irrigant)</i>	STALEVO 75 TAB	101
260	STEGLATRO	151
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	STEGLUJAN TAB 15-100MG	151
mg/ml soln	STEGLUJAN TAB 5-100MG	151
222	STELARA	211
SODIUM OXYBATE	STIOLTO AER 2.5-2.5	231
141	STIVARGA	60
<i>sodium phenylbutyrate</i>	STRATTERA	125, 126
180	STRENSIQ	180
<i>sodium polystyrene sulfonate powder</i>	<i>streptomycin sulfate</i>	23
.....	STRIBILD TAB	32
160	STRIVERDI RESPIMAT	234
SOGROYA	STROMECTOL	23
180	SUBLOCADE	143
<i>solifenacin succinate</i>	SUBOXONE MIS 12-3MG	143
199	SUBOXONE MIS 2-0.5MG	143
SOLIQUA INJ 100/33	SUBOXONE MIS 4-1MG	143
157	SUBOXONE MIS 8-2MG	143
SOLIRIS	<i>subvenite</i>	116
206	<i>subvenite starter kit/blu</i>	116
SOLODYN	<i>subvenite starter kit/gre</i>	116
42	<i>subvenite starter kit/ora</i>	116
SOLOSEC	SUCRAID	192
23	<i>sucralfate</i>	192, 193
SOLTAMOX	SUFLAVE SOL	191
47	SULAR	83
SOLU-CORTEF	<i>sulfacetamide sodium (acne)</i>	244
174	<i>sulfacetamide sodium (ophth)</i>	224
SOLU-MEDROL	<i>sulfacetamide sodium-prednisolone</i>	
174	<i>ophth soln 10-0.23(0.25)%</i>	223
SOMA	<i>sulfadiazine</i>	23
140	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SOMATULINE DEPOT	400-80 mg/5ml	23
180	<i>sulfamethoxazole-trimethoprim susp</i>	
SOMAVERT	200-40 mg/5ml	23
180	<i>sulfamethoxazole-trimethoprim tab</i>	
SOOLANTRA	400-80 mg	23
259	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sorafenib tosylate</i>	800-160 mg	23
60	SULFAMYLON	245
SORILUX	<i>sulfasalazine</i>	189
248	<i>sulindac</i>	12
<i>sorine</i>	<i>sumatriptan</i>	131
75	<i>sumatriptan succinate</i>	132
<i>sotalol hcl</i>		
75		
<i>sotalol hcl (afib/afl)</i>		
75		
SOTYKTU		
211		
SOTYLIZE		
75		
SPEVIGO		
211		
<i>spinosad</i>		
260		
SPIRIVA HANDIHALER		
231		
SPIRIVA RESPIMAT		
232		
<i>spironolactone</i>		
67		
<i>spironolactone & hydrochlorothiazide</i>		
<i>tab 25-25 mg</i>		
84		
SPORANOX		
27		
SPRAVATO SOL 56MG DOS		
97		
SPRAVATO SOL 84MG DOS		
97		
<i>sprintec 28</i>		
168		
SPRITAM		
116		
SPRIX		
12		
SPRYCEL		
60		
<i>sps</i>		
160		
<i>sronyx</i>		
168		
<i>ssd</i>		
245		
STALEVO 100 TAB		
101		

<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	132	TAKHZYRO	206
<i>sunitinib malate</i>	60	TALICIA CAP	193
SUNLENCA.....	30	TALTZ	211
SUNOSI.....	141	TALZENNA.....	60
SUPREP BOWEL SOL PREP KIT	191	TAMIFLU	35
SUSTOL.....	186	<i>tamoxifen citrate</i>	47
SUSVIMO	229	<i>tamsulosin hcl</i>	197
SUTAB TAB	191	<i>taperdex 12-day</i>	174
SUTENT.....	60	<i>taperdex 6-day</i>	174
<i>syeda</i>	168	<i>taperdex 7-day</i>	174
SYFOVRE	229	<i>targadox</i>	42
SYMBICORT AER 160-4.5.....	241	TARGRETIN	49, 259
SYMBICORT AER 80-4.5	241	<i>tarina 24 fe</i>	168
SYMDEKO TAB 100-150.....	237	<i>tarina fe 1/20 eq</i>	168
SYMDEKO TAB 50-75MG.....	237	TARPEYO.....	198
SYMFI LO TAB	32	TASCENSO ODT	138
SYMFI TAB.....	32	TASIGNA.....	61
SYMLINPEN 120	152	<i>tasimelteon</i>	128
SYMLINPEN 60	151	TAVALISSE	206
SYMPAZAN	116	TAVNEOS	206
SYMPROIC.....	193	<i>taysofy</i>	168
SYMTUZA TAB	32	TAYTULLA CAP 1MG/20MC	168
SYNALAR.....	253	<i>tazarotene</i>	248
SYNAREL	169	TAZAROTENE	244
SYNDROS	186	<i>tazicef</i>	37
SYNJARDY TAB 12.5-1000MG	152	TAZORAC	248
SYNJARDY TAB 12.5-500	152	<i>taztia xt</i>	83
SYNJARDY TAB 5-1000MG	152	TAZVERIK.....	61
SYNJARDY TAB 5-500MG	152	TDVAX INJ 2-2 LF	218
SYNJARDY XR TAB 10-1000	152	TECENTRIQ.....	61
SYNJARDY XR TAB 12.5-1000.....	152	TECFIDERA	138
SYNJARDY XR TAB 25-1000	152	TECFIDERA CAP STARTER.....	138
SYNJARDY XR TAB 5-1000MG.....	152	TECVAYLI	61
SYNTHROID	183	TEFLARO	37
SYPRINE.....	160	TEGLUTIK.....	135
T		TEGRETOL.....	116
TABLOID	45	TEGRETOL-XR	116
TABRECTA	60	TEGSEDI	135
TACLONEX OIN.....	253	TEKTURNA.....	87
TACLONEX SUS	254	<i>telmisartan</i>	74
<i>tacrolimus</i>	216	<i>telmisartan-amlodipine tab 40-10 mg</i>	72
<i>tacrolimus (topical)</i>	259	<i>telmisartan-amlodipine tab 40-5 mg</i> ..	72
<i>tadalafil (pulmonary hypertension)</i>	89	<i>telmisartan-amlodipine tab 80-10 mg</i>	72
TADLIQ	90	<i>telmisartan-amlodipine tab 80-5 mg</i> ..	72
TAFINLAR	60	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	72
<i>tafluprost</i>	228	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	72
TAGRISSE	60		

<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	72	TIMOPTIC	228
<i>temazepam</i>	128	TIMOPTIC OCUDOSE	228
<i>temsirolimus</i>	61	TIMOPTIC-XE	228
TENIVAC INJ 5-2LF	218	<i>tinidazole</i>	23
<i>tenofovir disoproxil fumarate</i>	30	<i>tiopronin</i>	198
TENORETIC TAB 100	79	<i>tiotropium bromide monohydrate</i>	232
TENORETIC TAB 50	79	TIROSINT	183
TENORMIN	81	TIROSINT-SOL	183
TEPEZZA	180	TIVDAK	61
TEPMETKO	61	TIVICAY	30
<i>terazosin hcl</i>	68	TIVICAY PD	30
<i>terbinafine hcl</i>	27	<i>tizanidine hcl</i>	140
<i>terbutaline sulfate</i>	234	TLANDO	144
<i>terconazole vaginal</i>	200	TOBI	23
<i>teriflunomide</i>	138	TOBI PODHALER	24
TERIPARATIDE	159	TOBRADEX OIN 0.3-0.1%	223
<i>teriparatide (recombinant)</i>	159	TOBRADEX ST SUS 0.3-0.05	223
TESTIM	144	TOBRADEX SUS 0.3-0.1%	223
<i>testosterone</i>	144	<i>tobramycin</i>	24
<i>testosterone cypionate</i>	144	<i>tobramycin (ophth)</i>	224
<i>testosterone enanthate</i>	144	<i>tobramycin sulfate</i>	24
<i>tetrabenazine</i>	135	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	223
<i>tetracycline hcl</i>	42	TOBEX	225
TEXACORT	254	TOLAK	259
TEZSPIRE	237	<i>tolmetin sodium</i>	12
THALITONE	84	TOLSURA	27
THALOMID	48	<i>tolterodine tartrate</i>	199
THEO-24	237	<i>tolvaptan</i>	180
<i>theophylline</i>	237	TOPAMAX	116
THIOLA	198	TOPAMAX SPRINKLE	116
THIOLA EC	198	TOPICORT	254
<i>thioridazine hcl</i>	107	<i>topiramate</i>	117
<i>thiothixene</i>	107	<i>topotecan hcl</i>	49
THYQUIDITY	183	TOPOTECAN HCL	49
<i>tiadylt er</i>	83	TOPROL XL	81
<i>tiagabine hcl</i>	116	<i>toremifene citrate</i>	47
TIAZAC	83	TORISEL	61
TIBSOVO	61	<i>toremide</i>	84
TICOVAC	218	TOSYMRA	132
<i>tigecycline</i>	42	TOUJEO MAX SOLOSTAR	158
TIGECYCLINE	42	TOUJEO SOLOSTAR	158
TIKOSYN	75	<i>tovet</i>	254
<i>tilia fe</i>	168	TOVIAZ	199
<i>timolol maleate</i>	81	TPN ELECTROL INJ	221
<i>timolol maleate (ophth)</i>	228	TRACLEER	90
<i>timolol maleate (ophth) once-daily</i> ..	228	TRADJENTA	152
<i>timolol maleate (ophth) pf</i>	228	<i>tramadol hcl</i>	14, 18, 19

<i>tramadol-acetaminophen tab 37.5-325 mg</i>	19	TRIBENZOR40- TAB 10-12.5	72
<i>trandolapril</i>	67	TRIBENZOR40- TAB 10-25MG	72
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	66	TRIBENZOR40- TAB 5-12.5MG	72
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	66	TRIBENZOR40- TAB 5-25MG	72
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	66	TRICOR.....	76
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	66	<i>triderm</i>	254
<i>tranexamic acid</i>	206	<i>trientine hcl</i>	160
TRANSDERM-SCOP	186	<i>tri-estarylla</i>	168
<i>tranylcyromine sulfate</i>	97	<i>trifluoperazine hcl</i>	107
TRAVASOL INJ 10%	223	<i>trifluridine</i>	225
TRAVATAN Z	228	<i>trihexyphenidyl hcl</i>	101
<i>travoprost</i>	228	TRIJARDY XR TAB ER 24HR 10-5-1000MG	152
TRAZIMERA	61	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	152
<i>trazodone hcl</i>	97	TRIJARDY XR TAB ER 24HR 25-5-1000MG	152
TREANDA	43	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	152
TRECTOR.....	33	TRIKAFTA PAK 59.5MG.....	237
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	231	TRIKAFTA PAK 75MG.....	237
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	231	TRIKAFTA TAB 100-50-75MG & 150MG	237
TRELSTAR MIXJECT.....	47	TRIKAFTA TAB 50-25-37.5MG & 75MG	237
TREMFYA	211	<i>tri-legend fe</i>	168
<i>treprostinil</i>	90	TRILEPTAL.....	117
TRESIBA.....	158	<i>tri-linyah</i>	168
TRESIBA FLEXTOUCH	158	TRILIPIX	76
<i>tretinoin</i>	245	<i>tri-lo-estarylla</i>	168
<i>tretinoin (chemotherapy)</i>	49	<i>tri-lo-marzia</i>	168
<i>tretinoin microsphere</i>	245	<i>tri-lo-mili</i>	168
TREXALL.....	212	<i>tri-lo-sprintec</i>	168
TREXIMET TAB 85-500MG.....	132	<i>trimethobenzamide hcl</i>	187
<i>trezix</i>	19	<i>trimethoprim</i>	24
<i>triamcinolone acetonide</i>	174	<i>tri-mili</i>	168
<i>triamcinolone acetonide (mouth)</i>	260	<i>trimipramine maleate</i>	97
<i>triamcinolone acetonide (topical)</i>	254	TRINTELLIX	97
<i>triamterene</i>	84	<i>tri-nymyo</i>	168
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	84	<i>tri-sprintec</i>	168
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	84	TRIUMEQ PD TAB	32
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	84	TRIUMEQ TAB	32
<i>triazolam</i>	128	<i>trivora-28</i>	169
TRIBENZOR20- TAB 5-12.5MG.....	72	<i>tri-vylibra</i>	168
		<i>tri-vylibra lo</i>	169
		TRIZIVIR TAB	32
		TRODELVY.....	61
		TROGARZO	30

TROKENDI XR	117	UROCIT-K 10	198
TROPHAMINE INJ 10%	223	UROCIT-K 15	198
<i>trospium chloride</i>	199	UROCIT-K 5.....	198
TRULANCE	193	UROXATRAL.....	197
TRULICITY	152	URSO 250	193
TRUMENBA INJ.....	218	URSO FORTE.....	193
TRUQAP	61	<i>ursodiol</i>	193
TRUVADA TAB 100-150	32	URSODIOL.....	193
TRUVADA TAB 133-200	32	UZEDY	107
TRUVADA TAB 167-250	32	V	
TRUVADA TAB 200-300	32	VABOMERE INJ 2GM(1-1)	24
TRUXIMA.....	61	VABYSMO	229
TUDORZA PRESSAIR	232	VAGIFEM.....	172
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	232	<i>valacyclovir hcl</i>	35
TUKYSA.....	61	VALCHLOR.....	259
TURALIO	61	VALCYTE	35
<i>turqoz</i>	169	<i>valganciclovir hcl</i>	35
TWINRIX INJ.....	218	VALIUM.....	117
TWYNEO CRE 0.1-3%.....	245	<i>valproate sodium</i>	117
TYBLUME CHW 0.1-0.02	169	<i>valproic acid</i>	117
TYBOST.....	30	<i>valrubicin</i>	44
<i>tydemy</i>	169	<i>valsartan</i>	74
TYGACIL.....	42	<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	73
TYKERB.....	61	<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	73
TYMLOS	159	<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	73
TYPHIM VI	218	<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	73
TYRVAYA	229	<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	72
TYSABRI.....	138	VALSTAR	44
TYVASO	90	VALTOCO 10 MG DOSE.....	118
TYVASO DPI MAINTENANCE KI	90	VALTOCO 15 MG DOSE.....	118
TYVASO DPI POW 16-32-48	90	VALTOCO 20 MG DOSE.....	118
TYVASO DPI POW 32-48MCG.....	90	VALTOCO 5 MG DOSE	118
TZIELD.....	152	VALTrex	35
U		VANCOCIN.....	24
UBRELVY	132	VANCOMYCIN.....	24
UCERIS	189, 190	<i>vancomycin hcl</i>	24
UDENYCA	203	VANCOMYCIN HYDROCHLORIDE	24
ULORIC	8	VANCOMYCIN INJ 1 GM	24
ULTOMIRIS.....	206	VANCOMYCIN INJ 500MG.....	24
ULTRAVATE	254	VANCOMYCIN INJ 750MG.....	24
UNASYN INJ 1.5GM.....	41	VANDAZOLE	200
UNASYN INJ 15GM.....	41	VANFLYTA	61
UNASYN INJ 3GM.....	41	VANOS.....	254
<i>unithroid</i>	184		
UPLIZNA.....	135		
UPTRAVI	90		
UPTRAVI PACK TAB 200/800	90		

VAQTA	219	VICTOZA	153
<i>varenicline tartrate</i>	143	VIDAZA.....	45
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	143	<i>vienva</i>	169
VARIVAX	219	<i>vigabatrin</i>	118
VARUBI	187	<i>vigadrone</i>	118
VASCEPA	79	VIGAMOX	225
VASERETIC TAB 10-25MG	66	VIIBRYD	98
VASOTEC.....	67	VIJOICE	180
VECTIBIX	62	VIJOICE TAB 250MG	180
VECTICAL	248	<i>vilazodone hcl</i>	98
VEGZELMA.....	62	VIMIZIM.....	180
VELCADE	62	VIMOVO TAB 375-20MG	12
VELETRI	90	VIMOVO TAB 500-20MG	12
<i>velivet</i>	169	VIMPAT	118
VELPHORO.....	182	<i>vinblastine sulfate</i>	50
VELSIPITY	211	<i>vincristine sulfate</i>	50
VELTASSA	160	<i>vinorelbine tartrate</i>	50
VELTIN GEL	245	VIOKACE TAB 10440.....	194
VEMLIDY	35	VIOKACE TAB 20880.....	194
VENCLEXTA	62	<i>viorele</i>	169
VENCLEXTA TAB START PK	62	VIRACEPT.....	30
VENLAFAXINE BESYLATE ER.....	98	VIREAD.....	30
<i>venlafaxine hcl</i>	98	VISTARIL	233
VENTAVIS.....	90	VITRAKVI	62
VENTOLIN HFA	234	VIVELLE-DOT	172
VENTOLIN HFA (INSTITUTIONAL PACK)	234	VIVITROL	143
.....	234	VIVJOA	27
VEOZAH	180	VIZIMPRO	62
<i>verapamil hcl</i>	83	VOGELXO	145
VERDESO	254	VOGELXO PUMP.....	145
VERELAN	83	VONJO	62
VERELAN PM	83	VOQUEZNA	196
VERKAZIA	230	<i>voriconazole</i>	27
VERQUVO	87	VORICONAZOLE	27
VERSACLOZ	107	VOSEVI TAB	35
VERZENIO	62	VOTRIENT	62
VESICARE.....	199	VOWST CAP	193
VESICARE LS	199	VOXZOGO	180
<i>vestura</i>	169	VPRIV	180
VFEND	27	VRAYLAR.....	107
VFEND IV	27	VRAYLAR CAP 1.5-3MG.....	107
V-GO 20 KIT	158	VTAMA	248
V-GO 30 KIT	158	VUMERITY	138
V-GO 40 KIT	158	VUSION OIN	247
VIBATIV	24	VYEPTI.....	132
VIBERZI	193	<i>vyfemla</i>	169
VIBRAMYCIN	42	<i>vylibra</i>	169
		VYNDAMAX	87

VYNDAQEL.....	88	XENPOZYME	180
VYTORIN TAB 10-10MG	79	XEOMIN	141
VYTORIN TAB 10-20MG	79	XERAVA	42
VYTORIN TAB 10-40MG	79	XERESE CRE 5-1%.....	259
VYTORIN TAB 10-80MG	79	XERMELO	193
VYVANSE.....	126	XGEVA	159
VYVGART.....	215	XHANCE	238
VYVGART INJ HYTRULO	215	XIFAXAN	25, 193
VYZULTA	228	XIGDUO XR TAB 10-1000	153
W		XIGDUO XR TAB 10-500MG.....	153
WAKIX	141	XIGDUO XR TAB 2.5-1000	153
<i>warfarin sodium</i>	201	XIGDUO XR TAB 5-1000MG.....	153
<i>water for irrigation, sterile irrigation</i>		XIGDUO XR TAB 5-500MG	153
<i>soln</i>	260	XIIDRA	230
WELCHOL.....	79	XIPERE	226
WELIREG.....	49	XOFLUZA.....	35
WELLBUTRIN SR.....	98	XOLAIR.....	237
WELLBUTRIN XL.....	98	XOPENEX HFA	234
<i>wera</i>	169	XOSPATA.....	63
WINLEVI	245	XPHOZAH.....	180
<i>wixela inhub</i>	241	XPOVIO 100 MG ONCE WEEKLY.....	63
<i>wymzya fe</i>	169	XPOVIO 40 MG ONCE WEEKLY.....	63
X		XPOVIO 40 MG TWICE WEEKLY	63
XACIATO	200	XPOVIO 60 MG ONCE WEEKLY.....	63
XADAGO.....	101	XPOVIO 60 MG TWICE WEEKLY	63
XALATAN	228	XPOVIO 80 MG ONCE WEEKLY.....	63
XALKORI	62, 63	XPOVIO 80 MG TWICE WEEKLY	63
XANAX	92	XTAMPZA ER.....	14
XANAX XR	92	XTANDI.....	47
XARELTO	202	<i>xulane</i>	169
XARELTO STAR TAB 15/20MG.....	202	XULTOPHY INJ 100/3.6.....	158
XATMEP.....	212	XYLOCAINE.....	19
XCOPRI.....	118	XYLOCAINE-MPF.....	19
XCOPRI PAK 100-150	118	XYOSTED	145
XCOPRI PAK 12.5-25.....	118	XYREM	141
XCOPRI PAK 150-200MG		XYWAV SOL 0.5GM/ML	142
(MAINTENANCE).....	119	Y	
XCOPRI PAK 150-200MG (TITRATION)		<i>yargesa</i>	181
.....	119	YASMIN 28 TAB 3-0.03MG	169
XCOPRI PAK 50-100MG	118	YAZ TAB 3-0.02MG	169
XDEMVY.....	225	YCANTH	259
XELJANZ	211	YERVOY	63
XELJANZ XR.....	212	YF-VAX INJ	219
XELPROS	228	YONSA.....	47
XELSTRYM	126	YUPELRI.....	232
XEMBIFY	213	YUTIQ.....	226
XENAZINE	135	<i>yuvafem</i>	172
XENLETA	25		

Z	
<i>zafemy</i>	169
<i>zafirlukast</i>	235
<i>zaleplon</i>	128, 129
ZALTRAP	63
ZANAFLEX	141
ZARONTIN	119
ZARXIO.....	203
ZAVESCA.....	181
ZAVZPRET	132
ZEGALOGUE	175
ZEGERID CAP 20-1100	196
ZEGERID CAP 40-1100	196
ZEGERID POW 20-1680	196
ZEGERID POW 40-1680	196
ZEJULA	63
ZELAPAR	102
ZELBORAF	63
ZEMAIRA	238
ZEMBRACE SYMTOUCH.....	132
ZEMDRI.....	25
ZEMPLAR.....	184
<i>zenatane</i>	245
ZENPEP CAP 10000UNT	194
ZENPEP CAP 15000UNT	194
ZENPEP CAP 20000UNT	194
ZENPEP CAP 25000UNT	194
ZENPEP CAP 3000UNIT.....	194
ZENPEP CAP 40000UNT	194
ZENPEP CAP 5000UNIT.....	194
ZENPEP CAP 60000UNT	194
<i>zenzedi</i>	126
ZEPOSIA	138
ZEPOSIA 7DAY CAP STR PACK.....	139
ZEPOSIA CAP STR KIT.....	139
ZEPZELCA	43
ZERBAXA INJ 1.5GM	37
ZERVIATE.....	227
ZESTORETIC TAB 10-12.5.....	66
ZESTORETIC TAB 20-12.5.....	66
ZESTORETIC TAB 20-25MG.....	66
ZESTRIL.....	67
ZETIA	79
ZETONNA	238
ZIAC TAB 10/6.25.....	80
ZIAC TAB 2.5/6.25.....	80
ZIAC TAB 5-6.25MG.....	80
ZIAGEN	30
ZIANA GEL	245
<i>zidovudine</i>	30
ZIEXTENZO	203
<i>zileuton</i>	235
ZILRETTA	174
ZILXI	259
ZIMHI	143
ZIOPTAN	228
<i>ziprasidone hcl</i>	108
<i>ziprasidone mesylate</i>	108
ZIPSOR.....	12
ZIRABEV	63
ZIRGAN.....	225
ZITHROMAX.....	38
ZITHROMAX TRI-PAK	38
ZITHROMAX Z-PAK	38
ZOCOR.....	77
ZOLADEX	47
<i>zoledronic acid</i>	159
ZOLEDRONIC ACID	159
ZOLINZA	63
<i>zolmitriptan</i>	132
ZOLOFT.....	98
<i>zolpidem tartrate</i>	129
ZOLPIDEM TARTRATE.....	129
ZOMACTON.....	181
ZOMIG	132
ZONALON	259
ZONEGRAN	119
ZONISADE.....	119
<i>zonisamide</i>	119
ZONTIVITY	206
ZORTRESS.....	216
ZORYVE	248, 249
ZOSYN SOL 2-0.25GM.....	41
ZOSYN SOL 3-0.375G	41
ZOSYN SOL 4-0.50GM.....	41
<i>zovia 1/35</i>	169
ZOVIRAX.....	259
ZTALMY.....	119
ZTLIDO	255
ZUBSOLV SUB 0.7-0.18.....	143
ZUBSOLV SUB 1.4-0.36.....	143
ZUBSOLV SUB 11.4-2.9.....	144
ZUBSOLV SUB 2.9-0.71.....	143
ZUBSOLV SUB 5.7-1.4	143
ZUBSOLV SUB 8.6-2.1	143
<i>zumandimine</i>	169

ZURZUVAE.....	98	ZYNLONTA.....	64
ZYCLARA	259	ZYNYZ	64
ZYCLARA PUMP	259	ZYPITAMAG	77
ZYDELIG	63	ZYPREXA	108
ZYFLO.....	235	ZYPREXA RELPREVV.....	108
ZYKADIA	64	ZYPREXA ZYDIS	108
ZYLET SUS 0.5-0.3%	223	ZYTIGA	47, 48
ZYMAXID.....	225	ZYVOX	25

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