



2026 Formulary

(List of covered drugs)

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

Formulary ID: 000 26080, version 16

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Clever Care Health Plan Member Services at **1-833-388-8168 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30, or visit **clevercarehealthplan.com/formulary**.

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 refers to “we,” “us,” or “our,” it means Clever Care Health Plan. When it refers to “plan,” “our plan,” or “your plan,” it means Clever Care Longevity (HMO), Clever Care Value (HMO), Clever Care Total+ (HMO C-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Clever Care Formulary?

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

Can the Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: clevercarehealthplan.com/formulary.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

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

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

- **Drugs removed from the market.**
If 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 new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior

authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of 10/01/2026. To get updated information about the drugs covered by Clever Care, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we post all notices on our website and will send a notice to you 30-days prior to the change taking affect.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 92. 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?

We cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

Prior Authorization: We require you or your physician 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.

Quantity Limits: For certain drugs, we limit the amount of the drug that we will cover. For example, our plan provides 18 tablets per 30-day prescription of rizatriptan (generic for MAXALT). This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Clever Care plan formulary?” on page v 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. For more information, 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 learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Clever Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Clever Care.
- You can ask us 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 Clever Care Formulary?

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 100-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you experience a level of care change (for example, if you move from your home to a skilled nursing facility), we may provide a one-time supply of your medication from a network pharmacy for up to 30 days, unless your prescription is written for less. Members should use the plan's exception process for continued coverage of the drug after the temporary supply is finished.

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

For more information

For more detailed information about your Clever Care prescription drug coverage, please review your *Evidence of Coverage* and other plan materials. If you have questions about Clever Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Clever Care's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JARDIANCE) and generic drugs are listed in lower-case italics (e.g., *jasmiel*). The information in the Requirements/Limits column tells you if Clever Care has any special requirements for coverage of your drug.

Legend

REQUIREMENTS SYMBOL	NAME	DESCRIPTION
B/D	Medicare Part B vs. Part D	Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
EX	Excluded Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
NDS	Non-Extended Days' Supply	This drug can only be obtained for a one-month supply or less.
PA	Prior Authorization	Coverage for this prescription requires prior authorization.
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried.

CLEVER_CARE_CY26_6T_STND eff 10/01/2026

Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>probenecid</i> TABS 500mg	2	

MISCELLANEOUS

JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, 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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

1

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

2

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	2	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
<i>BLUJEPA TABS 750mg</i>	3	
<i>CAYSTON SOLR 75mg</i>	5	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
<i>DAPTOMYCIN SOLR 350mg</i>	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>fosfomycin tromethamine PACK 3gm</i>	2	

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3

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg</i>	2	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	2	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>polymyxin b sulfate SOLR 500000unit</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<i>pyrimethamine TABS 25mg</i>	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	

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4

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

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Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	2	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
EDURANT PED TBSO 2.5mg	5	NDS, NM
<i>efavirenz</i> TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS HD TABS 600mg	5	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NDS, NM
<i>rilpivirine hcl</i> TABS 25mg	5	NDS, NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml	5	NDS, NM
SUNLENCA TABS 300mg; TBPk 300mg	5	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	2	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, NM
DESCOVY TAB 200/25MG	5	NDS, NM
DOVATO TAB 50-300MG	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab</i> 600-200-300 mg	2	NM

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7

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
IDVYNZO TAB 100-0.25	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 675/150	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
<i>rifapentine TABS 150mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	2	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	

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9

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml	5	NDS
<i>e.e.s. 400</i> TABS 400mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	

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10

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>fidaxomicin</i> TABS 200mg	5	NDS

FLUOROQUINOLONES

<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	2	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	2	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	

PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	2	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	2	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	2	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	2	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>BICILLIN L-A SUSY</i> 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	
<i>nafcillin sodium</i> SOLR 10gm	5	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg	5	NDS, NM
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days), NM

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12

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	
<i>tigecycline</i> SOLR 50mg	2	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLN 1gm/5ml; SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	2	NM
<i>lomustine</i> CAPS 100mg	5	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	

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14

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA
BESREMI PEN SOPN 500mcg/0.5ml	5	NDS, QL (2 pens / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj</i> 100mg	5	NDS, B/D, NM

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16

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosutinib</i> TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>bosutinib</i> TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA

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17

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CAVHANZA TBDP 60mg, 80mg	5	NDS, QL (112 tabs / 28 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA

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18

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA

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19

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	2	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JIDEYTRO TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
JIDEYTRO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA

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20

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPk 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA

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21

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA

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22

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA

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23

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISSE TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPB 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA

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24

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

25

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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26

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	2	
<i>KERENDIA</i> TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>ENTRESTO</i> CAP 6-6MG	3	QL (240 caps / 30 days)
<i>ENTRESTO</i> CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

28

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QL (180 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QL (60 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

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29

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	

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30

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Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	

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31

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

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32

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Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older

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33

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), NM, PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>nitro-bid</i> OINT 2%	2	
<i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>macitentan</i> TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA

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34

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 100mcg, 150mcg	5	NDS, QL (280 tabs / 28 days), NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTIDEMENTIA

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

35

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	2	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	5	NDS, QL (2 packs / year)
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (90 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

36

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATION	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TDBP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 37

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

38

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	

ANTIPSYCHOTICS

ABILIFY ASIMTUFI PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	4	QL (2 packs / year), PA
BYSANTI TAB PACK B	4	QL (2 packs / year), PA
BYSANTI TAB PACK C	4	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, 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	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

40

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Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA

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41

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTiom TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

42

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
<i>brivaracetam</i> SOLN 10mg/ml	2	QL (600 mL / 30 days), PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

43

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

44

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam</i> TB3D 250mg	2	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	2	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2	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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

45

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>relgaabi</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>relgaabi</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 46

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

47

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	2	QL (30 tabs / 30 days)
<i>ramelteon TABS 8mg</i>	2	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

48

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 49

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>dextromethorphan hbr-quinidine sulfate cap 20-10 mg</i>	5	NDS, QL (60 caps / 30 days), PA
<i>lithium SOLN 8meq/5ml</i>	2	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg</i>	1	
<i>lithium carbonate TBCR 300mg, 450mg</i>	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	2	
<i>riluzole TABS 50mg</i>	2	
<i>tetrabenazine TABS 12.5mg</i>	2	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine TABS 25mg</i>	5	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine TB12 10mg</i>	2	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl CAPS .5mg</i>	5	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate SOSY 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate SOSY 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa SOSY 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa SOSY 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 50

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	2	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

51

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
<i>testosterone pump</i> GEL 1.62%	2	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
<i>dapagliflozin</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 52

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 53

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
<i>sitagliptin phosphate</i> TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	2	QL (60 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	2	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

54

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Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)

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55

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	2	
<i>sodium polystyrene sulfonate powder</i>	2	

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56

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Drug Name	Drug Tier	Requirements/Limits
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	2	
<i>enskyce</i>	2	

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57

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Drug Name	Drug Tier	Requirements/Limits
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	NM

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58

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Drug Name	Drug Tier	Requirements/Limits
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	

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59

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	

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60

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Drug Name	Drug Tier	Requirements/Limits
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<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	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	

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61

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Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>hydrocortisone sod succinate</i> SOLR 100mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA

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62

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Drug Name	Drug Tier	Requirements/Limits
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
REVCIVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA

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63

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPk 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA

PROGESTINS

<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	

THYROID AGENTS

<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	

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65

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	

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66

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	

MISCELLANEOUS

<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	

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67

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Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000UNIT	4	
ZENPEP CAP 40000UNIT	4	
ZENPEP CAP 60000UNIT	4	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	

URINARY ANTISPASMODICS

GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	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	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	2	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	2	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

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70

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Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	NDS, QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	5	NDS, QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA

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71

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA

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72

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Drug Name	Drug Tier	Requirements/Limits
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
<i>tofacitinib citrate</i> SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
<i>tofacitinib citrate</i> TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>tofacitinib citrate</i> TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

73

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	2	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	2	B/D, NM
<i>tacrolimus</i> CP24 5mg	5	NDS, B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA

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75

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Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

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76

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/NACL INJ 0.2%	2
D5W/NACL INJ 0.45%	2
D10W/NACL INJ 0.2%	3
D10W/NACL INJ 0.45%	2
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2

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You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	2	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10 TBCR 10meq</i>	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	

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78

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

<i>aminosyn ii soln</i> 15%	2	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%	2	B/D
DEXTROSE 10% SOLN 10%	2	
DEXTROSE 70% SOLN 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
XDEMVY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	

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80

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	2	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	

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81

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Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

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82

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide hfa</i> AERS 17mcg/act	2	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	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	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 83

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>benzonatate</i> CAPS 100mg, 150mg, 200mg	6	EX
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

84

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply 85

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml	2	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynd</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

86

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)
SEXUAL DYSFUNCTION AGENTS		
SEXUAL DYSFUNCTION AGENTS		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	6	EX, QL (6 tabs / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>neuac</i>	2	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	2	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	2	QL (120 mL / 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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

87

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	2	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	2	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
PELLIX SOLN .005%	2	QL (120 mL / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	2	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 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 **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

88

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

89

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine iii</i> PTCH 5%	2	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **EX** - Excluded Drug **NDS** - Non-Extended Days Supply

90

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	
VITAMINS		
VITAMIN B COMPLEX		
<i>folic acid</i> TABS 1mg	6	EX
VITAMIN D		
<i>ergocalciferol</i> CAPS 50000unit	6	EX

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91

You can find information on what the symbols and abbreviations on this table mean by going to the page number vii.

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>abigale</i>	61
<i>abigale lo</i>	61
ABILIFY ASIMTUFII	39
ABILIFY MAINTENA	39
<i>abiraterone acetate</i>	14
<i>abirtega</i>	14
ABRYSVO	75
<i>acamprosate calcium</i>	51
<i>acarbose</i>	52
<i>accutane</i>	87
<i>acebutolol hcl</i>	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	33
<i>acetic acid</i>	68
<i>acetic acid (otic)</i>	82
<i>acetylcysteine</i>	84
<i>acitretin</i>	88
ACTHIB INJ	76
ACTIMMUNE	75
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
ADACEL INJ	76
ADALIMUMAB-BWWD	71
<i>adefovir dipivoxil</i>	9
ADEMPAS	34
ADMELOG	54
ADMELOG SOLOSTAR	54
ADVAIR HFA AER 115/21	86
ADVAIR HFA AER 230/21	86
ADVAIR HFA AER 45/21	86
<i>afirmelle</i>	57
AIMOVIG	49
AIRSUPRA AER 90-80MCG	86
AKEEGA TAB 100/500	14
AKEEGA TAB 50/500MG	14
<i>ala-cort</i>	88
<i>albendazole</i>	3
<i>albuterol sulfate</i>	83
<i>alclometasone dipropionate</i>	88
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	54
ALDURAZYME	62
ALECENSA	17
<i>alendronate sodium</i>	56
<i>alfuzosin hcl</i>	68
<i>aliskiren fumarate</i>	33
<i>allopurinol</i>	1
<i>alose tron hcl</i>	67
<i>alprazolam</i>	35
<i>altavera</i>	57
ALUNBRIG	17
ALUNBRIG PAK	17
ALVAIZ	70
ALVESCO	86
<i>alyacen 1/35</i>	57
<i>alyacen 7/7/7</i>	57
ALYFTREK TAB 10-50-125	84
ALYFTREK TAB 4-20-50	84
ALYGLO	74
<i>alyq</i>	34
<i>amantadine hcl</i>	38
<i>ambrisentan</i>	34
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>amiloride hcl</i>	33
<i>aminosyn ii soln 15%</i>	79
AMINOSYN INJ 10%	79
AMINOSYN-PF INJ 10%	79
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	36
<i>amlodipine besylate</i>	32
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	26

<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg.....</i>	<i>26</i>	<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 5 mg</i>	<i>47</i>
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg.....</i>	<i>26</i>	<i>amphetamine-dextroamphetamine tab</i> <i>10 mg.....</i>	<i>48</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg.....</i>	<i>48</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>15 mg.....</i>	<i>48</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>20 mg.....</i>	<i>48</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>30 mg.....</i>	<i>48</i>
<i>amlodipine besylate-valsartan tab 10-</i> <i>160 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>5 mg</i>	<i>47</i>
<i>amlodipine besylate-valsartan tab 10-</i> <i>320 mg</i>	<i>28</i>	<i>amphetamine-dextroamphetamine tab</i> <i>7.5 mg.....</i>	<i>47</i>
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	<i>28</i>	<i>amphotericin b</i>	<i>5</i>
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	<i>28</i>	<i>amphotericin b liposome</i>	<i>5</i>
<i>amnestem</i>	<i>87</i>	<i>ampicillin</i>	<i>11</i>
<i>amoxapine</i>	<i>36</i>	<i>ampicillin & sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm.....</i>	<i>11</i>
<i>amoxicillin.....</i>	<i>11</i>	<i>ampicillin & sulbactam sodium for inj 3</i> <i>(2-1) gm.....</i>	<i>11</i>
<i>amoxicillin & k clavulanate for susp</i> <i>200-28.5 mg/5ml</i>	<i>11</i>	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 1.5 (1-0.5) gm</i>	<i>11</i>
<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	<i>11</i>	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i>	<i>12</i>
<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml.....</i>	<i>11</i>	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 3 (2-1) gm</i>	<i>12</i>
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	<i>11</i>	<i>ampicillin sodium</i>	<i>12</i>
<i>amoxicillin & k clavulanate tab 250-125</i> <i>mg</i>	<i>11</i>	<i>anagrelide hcl.....</i>	<i>70</i>
<i>amoxicillin & k clavulanate tab 500-125</i> <i>mg</i>	<i>11</i>	<i>anastrozole</i>	<i>14</i>
<i>amoxicillin & k clavulanate tab 875-125</i> <i>mg</i>	<i>11</i>	<i>ANORO ELLIPT AER 62.5-25</i>	<i>82</i>
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 10 mg</i>	<i>47</i>	<i>aprepitant.....</i>	<i>65</i>
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 15 mg</i>	<i>47</i>	<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg.....</i>	<i>65</i>
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 20 mg</i>	<i>47</i>	<i>apri.....</i>	<i>57</i>
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 25 mg</i>	<i>47</i>	<i>APTIOM.....</i>	<i>42, 43</i>
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 30 mg</i>	<i>47</i>	<i>APTIVUS.....</i>	<i>6</i>
		<i>ARALAST NP.....</i>	<i>84</i>
		<i>aranelle</i>	<i>57</i>
		<i>ARCALYST.....</i>	<i>75</i>
		<i>AREXVY</i>	<i>76</i>
		<i>ARIKAYCE.....</i>	<i>3</i>
		<i>aripiprazole</i>	<i>39</i>
		<i>ARISTADA.....</i>	<i>39</i>
		<i>ARISTADA INITIO</i>	<i>39</i>

<i>armodafinil</i>	51	<i>baclofen</i>	51
ARNUIITY ELLIPTA.....	86	BAFIERTAM	50
<i>asenapine maleate</i>	39	<i>balsalazide disodium</i>	66
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BALVERSA.....	17
<i>200 mg</i>	71	<i>balziva</i>	57
ASTAGRAF XL.....	75	BARACLUDE	9
<i>atazanavir sulfate</i>	6	BCG VACCINE.....	76
<i>atenolol</i>	31	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 100-25</i>		<i>10-12.5 mg</i>	26
<i>mg</i>	31	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>20-12.5 mg</i>	27
.....	31	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atomoxetine hcl</i>	48	<i>20-25 mg</i>	27
<i>atorvastatin calcium</i>	30	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>atovaquone</i>	3	<i>6.25mg</i>	26
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>benazepril hcl</i>	27
<i>mg</i>	6	BENDAMUSTINE HYDROCHLORID.....	13
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BENDEKA.....	13
<i>mg</i>	6	BENLYSTA.....	75
ATROPINE SULFATE.....	81	<i>benzonatate</i>	84
<i>atropine sulfate (ophthalmic)</i>	81	<i>benzoyl peroxide-erythromycin gel 5-</i>	
ATROVENT HFA.....	82	<i>3%</i>	87
<i>aubra eq</i>	57	<i>benztropine mesylate</i>	38
AUGTYRO.....	17	BERINERT	70
<i>aurovela 1/20</i>	57	<i>besifloxacin hcl</i>	80
<i>aurovela fe 1/20</i>	57	BESIVANCE	80
<i>aurovela fe 1.5/30</i>	57	BESREMI	16
AUSTEDO.....	49	BESREMI PEN	16
AUSTEDO XR	49, 50	<i>betaine powder for oral solution</i>	62
AUSTEDO XR TAB TITR KIT	50	<i>betamethasone dipropionate (topical)</i>	
AUVELITY TAB 45-105MG.....	36	.....	88
AUVELITY TAB TITRATIO.....	36	<i>betamethasone dipropionate</i>	
<i>aviane</i>	57	<i>augmented</i>	88
AVMAPKI PAK FAKZYNJA	17	<i>betamethasone valerate</i>	89
<i>ayuna</i>	57	BETASERON	50
AYVAKIT	17	<i>betaxolol hcl (ophth)</i>	81
<i>azacitidine</i>	13	<i>bethanechol chloride</i>	68
<i>azathioprine</i>	75	BEVESPI AER 9-4.8MCG.....	82
<i>azelastine hcl</i>	83	<i>bexarotene</i>	16
<i>azelastine hcl (ophth)</i>	81	<i>bexarotene (topical)</i>	90
<i>azithromycin</i>	10	BEXSERO	76
<i>aztreonam</i>	3	<i>bicalutamide</i>	14
<i>azurette</i>	57	BICILLIN L-A	12
B		BIKTARVY TAB 30-120-15 MG	7
<i>bacitracin-polymyxin b ophth oint</i>	80	BIKTARVY TAB 50-200-25 MG	7
<i>bacitracin-polymyxin-neomycin-hc</i>		BILDYOS.....	56
<i>ophth oint 1%</i>	80	BIMZELX.....	71

<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	31
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	31
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	31
<i>bisoprolol fumarate</i>	31
BIVIGAM	74
<i>blisovi fe 1/20</i>	57
<i>blisovi fe 1.5/30</i>	57
BLUJEPa	3
BONSITY	56
BOOSTRIX INJ	76
<i>bortezomib</i>	17
BORTEZOMIB	17
<i>bosentan</i>	34
BOSULIF	17
<i>bosutinib</i>	17
BRAFTOVI	17
BREO ELLIPTA INH 100-25	86
BREO ELLIPTA INH 200-25	86
BREO ELLIPTA INH 50-25MCG	86
<i>brey-na</i>	86
BREZTRI AERO AER 18MCG	82
BREZTRI AERO AER 9MCG	82
BREZTRI AERO AER SPHERE	
(INSTITUTIONAL PACK)	82
<i>briellyn</i>	57
<i>brimonidine tartrate</i>	81
<i>brinzolamide</i>	81
<i>brivaracetam</i>	43
BRIVIACT	43
<i>bromocriptine mesylate</i>	38
BRUKINSA	18
<i>budesonide</i>	66
<i>budesonide (inhalation)</i>	86
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 160-4.5 mcg/act</i>	86
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 80-4.5 mcg/act</i>	86
<i>bumetanide</i>	33
<i>buprenorphine hcl</i>	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv)	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv)	51

<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv)	51
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv)	51
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	51
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	51
<i>bupropion hcl</i>	36
<i>bupropion hcl (smoking deterrent)</i> ..	51
<i>buspirone hcl</i>	35
<i>butorphanol tartrate</i>	2
BYSANTI	39
BYSANTI TAB PACK A	39
BYSANTI TAB PACK B	39
BYSANTI TAB PACK C	39
C	
<i>cabergoline</i>	62
CABOMETYX	18
<i>calcipotriene</i>	88
<i>calcitonin (salmon) spray</i>	56
<i>calcitrene</i>	88
<i>calcitriol</i>	65
<i>calcitriol (oral)</i>	65
CALQUENCE	18
<i>camila</i>	57
<i>candesartan cilexetil</i>	29
CAPLYTA	39
CAPRELSA	18
<i>captopril</i>	27
<i>captopril & hydrochlorothiazide tab 25-</i>	
15 mg	27
<i>captopril & hydrochlorothiazide tab 25-</i>	
25 mg	27
<i>captopril & hydrochlorothiazide tab 50-</i>	
15 mg	27
<i>captopril & hydrochlorothiazide tab 50-</i>	
25 mg	27
<i>carb/levo orally disintegrating tab 10-</i>	
100mg	38
<i>carb/levo orally disintegrating tab 25-</i>	
100mg	38
<i>carb/levo orally disintegrating tab 25-</i>	
250mg	38
<i>carbamazepine</i>	43
<i>carbidopa & levodopa tab 10-100 mg</i>	38
<i>carbidopa & levodopa tab 25-100 mg</i>	38

<i>carbidopa & levodopa tab 25-250 mg</i>	38	<i>cefuroxime sodium</i>	10
<i>carbidopa & levodopa tab er 25-100 mg</i>	38	<i>celecoxib</i>	1
<i>carbidopa & levodopa tab er 50-200 mg</i>	38	<i>cephalexin</i>	10
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	38	CEQR EXT WR MIS INSERTER	54
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	38	CEQR SIMPL KIT 1U EXTND	54
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	38	CEQR SIMPL KIT 2U EXTND	54
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	38	CEQR SIMPL KIT PATCH 2U (3-DAY)	54
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	38	CEQR SIMPL KIT PATCH 2U (4-DAY)	54
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	38	CEQR SIMPL MIS INSERTER	54
<i>carboplatin</i>	13	CERDELGA	62
<i>carglumic acid</i>	62	CEREZYME	63
<i>carteolol hcl (ophth)</i>	81	<i>cetirizine hcl</i>	83
<i>cartia xt</i>	32	<i>chateal eq</i>	57
<i>carvedilol</i>	31	CHEMET	56
<i>caspofungin acetate</i>	5	<i>chlorhexidine gluconate (mouth-throat)</i>	91
CAVHANZA	18	<i>chloroquine phosphate</i>	6
CAYSTON	3	<i>chlorpromazine hcl</i>	39
<i>cefaclor</i>	9	<i>chlorthalidone</i>	33
<i>cefadroxil</i>	9	<i>cholestyramine</i>	30
CEFAZOLIN	10	<i>cholestyramine light</i>	30
CEFAZOLIN/DEX SOL 1GM/50ML-4%	10	<i>ciclopirox</i>	87
CEFAZOLIN/DEX SOL 2GM/50ML-3%	10	<i>ciclopirox olamine</i>	88
CEFAZOLIN/DEX SOL 3GM/150ML-4%	10	<i>cilostazol</i>	70
CEFAZOLIN/DEX SOL 3GM/50ML-2%	10	CILOXAN	80
CEFAZOLIN INJ 1GM/50ML	10	CIMDUO TAB 300-300	7
<i>cefazolin sodium</i>	10	<i>cinacalcet hcl</i>	63
CEFAZOLIN SOLN 2GM/100ML-4%	10	<i>ciprofloxacin 200 mg/100ml in d5w</i>	11
<i>cefdinir</i>	10	<i>ciprofloxacin 400 mg/200ml in d5w</i>	11
<i>cefepime hcl</i>	10	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	82
<i>cefixime</i>	10	<i>ciprofloxacin hcl</i>	11
<i>cefotetan disodium</i>	10	<i>ciprofloxacin hcl (ophth)</i>	80
<i>cefoxitin sodium</i>	10	<i>cisplatin</i>	13
<i>cefpodoxime proxetil</i>	10	<i>citalopram hydrobromide</i>	36
<i>cefprozil</i>	10	<i>claravis</i>	87
<i>ceftaroline fosamil</i>	10	<i>clarithromycin</i>	10
<i>ceftazidime</i>	10	<i>clindamycin hcl</i>	3
<i>ceftriaxone sodium</i>	10	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefuroxime axetil</i>	10	<i>clindamycin phosphate</i>	3
		<i>clindamycin phosphate (topical)</i>	87
		<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3
		<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3

<i>clindamycin phosphate in d5w iv soln</i>		COMETRIQ KIT 140MG.....	18
900 mg/50ml	3	<i>compro</i>	65
<i>clindamycin phosphate vaginal</i>	69	<i>constulose</i>	66
<i>clindamycin phosph-benzoyl peroxide</i>		COPAXONE.....	50
(refrig) gel 1.2 (1)-5%.....	87	COPIKTRA.....	18
CLINDMYC/NAC INJ 300/50ML.....	3	CORLANOR.....	33
CLINDMYC/NAC INJ 600/50ML.....	3	COTELLIC	18
CLINDMYC/NAC INJ 900/50ML.....	3	CREON CAP 12000UNT	67
CLINIMIX INJ 4.25/D10	79	CREON CAP 24000UNT	67
CLINIMIX INJ 4.25/D5W	79	CREON CAP 3000UNIT.....	67
CLINIMIX INJ 5%/D15W	79	CREON CAP 36000UNT	67
CLINIMIX INJ 5%/D20W	79	CREON CAP 6000UNIT.....	67
CLINIMIX INJ 6/5.....	79	CRESEMBA.....	5
CLINIMIX INJ 8/10	79	<i>cromolyn sodium</i>	84
CLINIMIX INJ 8/14	79	<i>cromolyn sodium (mastocytosis)</i>	67
<i>clinisol sf 15%</i>	79	<i>cromolyn sodium (ophth)</i>	81
CLINOLIPID EMU 20%	79	<i>cryselle</i>	57
<i>clobazam</i>	43	<i>cyclobenzaprine hcl</i>	51
<i>clobetasol propionate</i>	89	<i>cyclophosphamide</i>	13
<i>clobetasol propionate e</i>	89	CYCLOPHOSPHAMIDE	13
<i>clodan</i>	89	CYCLOPHOSPHAMIDE MONOHYDR....	13
<i>clomipramine hcl</i>	36	<i>cycloserine</i>	8
<i>clonazepam</i>	43	<i>cyclosporine</i>	75
<i>clonidine</i>	33	<i>cyclosporine modified (for</i>	
<i>clonidine hcl</i>	33	<i>microemulsion)</i>	75
<i>clopidogrel bisulfate</i>	71	<i>cyproheptadine hcl</i>	83
<i>clorazepate dipotassium</i>	43	<i>cyred eq</i>	57
<i>clotrimazole</i>	91	CYSTADROPS	81
<i>clotrimazole (topical)</i>	88	CYSTAGON.....	63
<i>clotrimazole w/ betamethasone cream</i>		CYSTARAN	81
1-0.05%	88	<i>cytarabine</i>	13
<i>clozapine</i>	39, 40	D	
COARTEM TAB 20-120MG	6	D10W/NACL INJ 0.2%	77
COBENFY CAP 100-20MG	40	D10W/NACL INJ 0.45%.....	77
COBENFY CAP 125-30MG	40	D2.5W/NACL INJ 0.45%.....	77
COBENFY CAP 50-20MG	40	D5W/NACL INJ 0.2%	77
COBENFY STRT CAP PACK	40	D5W/NACL INJ 0.45%	77
<i>colchicine</i>	1	<i>dabigatran etexilate mesylate</i>	69
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dalfampridine</i>	50
<i>mg</i>	1	<i>danazol</i>	52
<i>colesevelam hcl</i>	31	<i>dantrolene sodium</i>	51
<i>colestipol hcl</i>	31	DANZITEN.....	18
<i>colistimethate sodium</i>	3	<i>dapagliflozin</i>	52
COMBIGAN SOL 0.2/0.5%	81	<i>dapagliflozin free base-metformin hcl</i>	
COMBIVENT AER 20-100.....	82	<i>tab er 24hr 10-1000 mg</i>	52
COMETRIQ (60MG DOSE).....	18	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ KIT 100MG.....	18	<i>tab er 24hr 10-500 mg</i>	52

<i>dapagliflozin free base-metformin hcl</i>		<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>tab er 24hr 5-1000 mg</i>	52	.....	77
<i>dapagliflozin free base-metformin hcl</i>		<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>tab er 24hr 5-500 mg</i>	52	.....	77
<i>dapsone</i>	3	DEXTROSE 70%.....	79
DAPTACEL INJ	76	DIACOMIT.....	43
<i>daptomycin</i>	3	<i>diazepam</i>	43
DAPTOMYCIN	3	<i>diazepam (anticonvulsant)</i>	44
<i>darunavir</i>	6	<i>diazepam inj</i>	44
<i>dasatinib</i>	18	<i>diazepam intensol</i>	44
<i>dasetta 1/35</i>	57	<i>diazoxide</i>	62
<i>dasetta 7/7/7</i>	57	<i>diclofenac potassium</i>	1
DAURISMO.....	18	<i>diclofenac sodium</i>	1
DAYVIGO	48	<i>diclofenac sodium (ophth)</i>	81
<i>deblitane</i>	57	<i>diclofenac sodium (topical)</i>	90
<i>deferasirox</i>	56	<i>dicloxacillin sodium</i>	12
DELSTRIGO TAB	7	<i>dicyclomine hcl</i>	66
DEPO-SUBQ PROVERA 104	57	DIFICID	10
<i>depo-testosterone</i>	52	<i>diflunisal</i>	1
DESCOVY TAB 120-15MG.....	7	<i>digoxin</i>	33
DESCOVY TAB 200/25MG.....	7	<i>dihydroergotamine mesylate</i>	49
<i>desipramine hcl</i>	36	DILANTIN	44
<i>desmopressin acetate</i>	63	<i>diltiazem hcl</i>	32
<i>desmopressin acetate spray</i>	63	<i>diltiazem hcl coated beads</i>	32
<i>desmopressin acetate spray</i>		<i>diltiazem hcl extended release beads</i>	32
<i>refrigerated</i>	63	<i>dilt-xr</i>	32
<i>desogest-eth estrad & eth estrad tab</i>		<i>diphenhydramine hcl</i>	83
<i>0.15-0.02/0.01 mg(21/5)</i>	57	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>desvenlafaxine succinate</i>	36	<i>0.025 mg</i>	67
<i>dexamethasone</i>	61	<i>dipyridamole</i>	71
DEXAMETHASONE INTENSOL.....	62	<i>disopyramide phosphate</i>	30
<i>dexamethasone sodium phosphate</i> ...	62	<i>disulfiram</i>	52
<i>dexamethasone sodium phosphate</i>		<i>divalproex sodium</i>	44
<i>(ophth)</i>	81	<i>docetaxel</i>	16
<i>dexmethylphenidate hcl</i>	48	DOCETAXEL	16
<i>dextromethorphan hbr-quinidine</i>		DOCIVYX	16
<i>sulfate cap 20-10 mg</i>	50	<i>dofetilide</i>	30
<i>dextrose</i>	79	<i>donepezil hydrochloride</i>	35
DEXTROSE 10%.....	79	DOPTELET	70
<i>dextrose 2.5% w/ sodium chloride</i>		DOPTELET SPRINKLE	70
<i>0.45%</i>	77	<i>dorzolamide hcl</i>	81
<i>dextrose 5% in lactated ringers</i>	77	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride</i>		<i>soln 2-0.5%</i>	81
<i>0.225%</i>	77	<i>dotti</i>	61
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOVATO TAB 50-300MG	7
.....	77	<i>doxazosin mesylate</i>	28
		<i>doxepin hcl</i>	36

<i>doxepin hcl (sleep)</i>	48
<i>doxorubicin hcl</i>	16
<i>doxorubicin hcl liposomal</i>	16
<i>doxy 100</i>	12
<i>doxycycline (monohydrate)</i>	12
<i>doxycycline hyclate</i>	12
DRIZALMA SPRINKLE.....	36
<i>dronabinol</i>	65
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	57
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	57
DROXIA	70
<i>droxidopa</i>	33
DULERA AER 100-5MCG.....	86
DULERA AER 200-5MCG.....	86
DULERA AER 50-5MCG.....	86
<i>duloxetine hcl</i>	36
DUPIXENT	71
<i>dutasteride</i>	68
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	68
E	
<i>e.e.s. 400</i>	10
EBGLYSS	71
<i>econazole nitrate</i>	88
EDURANT	6
EDURANT PED	6
<i>efavirenz</i>	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	8
ELIGARD.....	14
<i>elinest</i>	57
ELIQUIS	69
ELIQUIS (1.5MG PACK) 3 X	69
ELIQUIS (2MG PACK) 4 X	69
ELIQUIS STARTER PACK	69
<i>eluryng</i>	57
EMGALITY	49
EMSAM	36
<i>emtricitabine</i>	6
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	8

<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	8
EMTRIVA	6
EMVERM	3
<i>emzahn</i>	57
<i>enalapril maleate</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
ENBREL	71
ENBREL MINI.....	71
ENBREL SURECLICK	71
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325mg</i>	2
ENGERIX-B	76
<i>enilloring</i>	57
<i>enoxaparin sodium</i>	69
ENSACOVE	18
<i>enskyce</i>	57
ENSTILAR AER.....	88
<i>entacapone</i>	38
<i>entecavir</i>	9
ENTRESTO CAP 15-16MG	28
ENTRESTO CAP 6-6MG.....	28
<i>enulose</i>	67
EPCLUSA PAK 150-37.5	9
EPCLUSA PAK 200-50MG	9
EPCLUSA TAB 200-50MG	9
EPCLUSA TAB 400-100	9
EPIDIOLEX	44
<i>epinephrine</i>	33
<i>epinephrine (anaphylaxis)</i>	84
<i>eplerenone</i>	28
<i>ergocalciferol</i>	91
<i>ergotamine w/ caffeine tab 1-100 mg</i>	49
ERIVEDGE.....	18
ERLEADA	14

<i>erlotinib hcl</i>	18, 19	<i>falmina</i>	58
<i>errin</i>	58	<i>famciclovir</i>	9
<i>ertapenem sodium</i>	3	<i>famotidine</i>	66
<i>ery</i>	87	<i>famotidine in nacl 0.9% iv soln 20</i>	
ERYTHROCIN LACTOBIONATE	10	<i>mg/50ml</i>	66
<i>erythromycin (acne aid)</i>	87	FANAPT	40
<i>erythromycin (ophth)</i>	80	FANAPT PAK PACK A	40
<i>erythromycin base</i>	11	FANAPT PAK PACK B	40
<i>erythromycin ethylsuccinate</i>	11	FANAPT PAK PACK C	40
<i>erythromycin lactobionate</i>	11	FARXIGA	52
ERZOFRI	40	FASENRA	84
<i>escitalopram oxalate</i>	36, 37	FASENRA PEN	84
<i>eslicarbazepine acetate</i>	44	<i>feirza 1/20</i>	58
<i>esomeprazole magnesium</i>	68	<i>feirza 1.5/30</i>	58
<i>estarylla</i>	58	<i>felbamate</i>	44
<i>estradiol</i>	61	<i>felodipine</i>	32
<i>estradiol & norethindrone acetate tab</i>		<i>fenofibrate</i>	30
<i>0.5-0.1 mg</i>	61	<i>fenofibrate micronized</i>	30
<i>estradiol & norethindrone acetate tab</i>		<i>fentanyl</i>	1
<i>1-0.5 mg</i>	61	FETZIMA	37
<i>estradiol vaginal</i>	61	FETZIMA CAP TITRATIO	37
<i>estradiol valerate</i>	61	FIASP	54
<i>ethambutol hcl</i>	8	FIASP FLEXTOUCH	54
<i>ethosuximide</i>	44	FIASP PENFILL	54
<i>ethynodiol diacetate & ethinyl estradiol</i>		FIASP PUMPCART	54
<i>tab 1 mg-50 mcg</i>	58	<i>fidaxomicin</i>	11
<i>etodolac</i>	1	<i>finasteride</i>	68
<i>etonogestrel-ethinyl estradiol va ring</i>		<i> fingolimod hcl</i>	50
<i>0.12-0.015 mg/24hr</i>	58	FINTEPLA	44
<i>etoposide</i>	16	FIRMAGON	14
<i>etravirine</i>	6	<i>flac</i>	82
EUCRISA	90	FLEBOGAMMA DIF	74
EULEXIN	14	<i>flecainide acetate</i>	30
<i>everolimus</i>	19	<i>fluconazole</i>	5
<i>everolimus (immunosuppressant)</i>	75	<i>fluconazole in nacl 0.9% inj 200</i>	
EVOTAZ TAB 300-150	8	<i>mg/100ml</i>	5
<i>exemestane</i>	14	<i>fluconazole in nacl 0.9% inj 400</i>	
EXXUA	37	<i>mg/200ml</i>	5
EXXUA TITRATION PACK	37	<i>flucytosine</i>	5
EYSUVIS	81	<i>fludrocortisone acetate</i>	62
<i>ezetimibe</i>	31	<i>flunisolide (nasal)</i>	85
<i>ezetimibe-simvastatin tab 10-10 mg</i>	31	<i>fluocinolone acetonide</i>	89
<i>ezetimibe-simvastatin tab 10-20 mg</i>	31	<i>fluocinolone acetonide (otic)</i>	82
<i>ezetimibe-simvastatin tab 10-40 mg</i>	31	<i>fluocinonide</i>	89
<i>ezetimibe-simvastatin tab 10-80 mg</i>	31	<i>fluocinonide emulsified base</i>	89
F		<i>fluorometholone (ophth)</i>	81
FABRAZYME	63	<i>fluorouracil</i>	13

<i>fluorouracil (topical)</i>	90
<i>fluoxetine hcl</i>	37
<i>fluphenazine decanoate</i>	40
<i>fluphenazine hcl</i>	40
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	81
<i>fluticasone propionate</i>	89
<i>fluticasone propionate (nasal)</i>	86
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	86
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	86
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	86
<i>fluvoxamine maleate</i>	35
<i>folic acid</i>	91
<i>fondaparinux sodium</i>	69
<i>fosamprenavir calcium</i>	6
<i>fosfomycin tromethamine</i>	3
<i>fosinopril sodium</i>	27
<i>fosinopril sodium & hydrochlorothiazide</i> tab 10-12.5 mg	27
<i>fosinopril sodium & hydrochlorothiazide</i> tab 20-12.5 mg	27
FOTIVDA.....	19
FRINDOVYX.....	13
FRUZAQLA	19
FULPHILA.....	70
<i>fulvestrant</i>	14
<i>furosemide</i>	33
<i>furosemide inj</i>	33
<i>fyavolv tab 0.5mg-2.5mcg</i>	61
<i>fyavolv tab 1mg-5mcg</i>	61
FYCOMPA	44
G	
<i>gabapentin</i>	44
<i>galantamine hydrobromide</i>	35
<i>gallifrey</i>	64
GAMASTAN INJ	74
GAMMAGARD LIQUID	74
GAMMAGARD LIQUID ERC	74
GAMMAGARD S/D IGA LESS TH	74
GAMMAKED	74
GAMMAPLEX	74
GAMUNEX-C	74
<i>ganciclovir sodium</i>	9
GARDASIL 9	76

<i>gatifloxacin (ophth)</i>	80
GATTEX	67
GAUZE PADS 2	55
<i>gavilyte-c</i>	67
<i>gavilyte-g</i>	67
<i>gavilyte-n/flavor pack</i>	67
GAVRETO.....	19
<i>gefitinib</i>	19
<i>gemcitabine hcl</i>	13
<i>gemfibrozil</i>	30
GEMTESA.....	68
<i>generlac</i>	67
<i>gengraf</i>	75
GENOTROPIN	63
GENOTROPIN MINISQUICK.....	63
<i>gentamicin in saline inj 0.8 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>gentamicin sulfate</i>	4
<i>gentamicin sulfate (ophth)</i>	80
<i>gentamicin sulfate (topical)</i>	87
GENVOYA TAB	8
GILOTRIF	19
<i>glatiramer acetate</i>	50
<i>glatopa</i>	50
GLEOSTINE	13
<i>glimepiride</i>	52
<i>glipizide</i>	52
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	52
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	53
<i>glipizide-metformin hcl tab 5-500 mg</i>	53
<i>glycopyrrolate</i>	66
<i>glydo</i>	89
GLYXAMBI TAB 10-5 MG	53
GLYXAMBI TAB 25-5 MG	53
GOMEKLI	19
<i>granisetron hcl</i>	65
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	33
<i>guanfacine hcl (adhd)</i>	48
GVOKE HYPOPEN 1-PACK	62
GVOKE HYPOPEN 2-PACK	62

GVOKE KIT	62
GVOKE PFS	62
H	
HADLIMA	71
HADLIMA PUSHTOUCH	71
HAEGARDA.....	70
<i>hailey 1.5/30</i>	58
<i>hailey fe 1/20</i>	58
<i>halobetasol propionate</i>	89
<i>haloperidol</i>	40
<i>haloperidol decanoate</i>	40
<i>haloperidol lactate</i>	40
HAVRIX	76
<i>heather</i>	58
<i>heparin sodium (porcine)</i>	69
HEPLISAV-B	76
HEP SOD/NACL INJ 25000UNT	69
HERCEP HYLEC SOL 60-10000	19
HERCEPTIN	19
HERCESSI	19
HERNEXEOS	19
HERZUMA	19
HIBERIX	76
HUMIRA.....	72
HUMIRA PEN	72
HUMIRA PEN-CD/UC/HS START	72
HUMIRA PEN KIT PS/UV	72
HUMULIN R U-500 (CONCENTR	55
HUMULIN R U-500 KWIKPEN.....	55
<i>hydralazine hcl</i>	34
<i>hydrochlorothiazide</i>	33
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	62
<i>hydrocortisone (intrarectal)</i>	66
<i>hydrocortisone (rectal)</i>	90
<i>hydrocortisone (topical)</i>	89
<i>hydrocortisone sod succinate</i>	62

<i>hydrocortisone valerate</i>	89
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	82
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	74
<i>hydroxyurea</i>	16
<i>hydroxyzine hcl</i>	83
<i>hydroxyzine pamoate</i>	83
HYRNUO	19
I	
<i>ibandronate sodium</i>	56
IBRANCE.....	19
IBTROZI	19
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	70
<i>iclevia</i>	58
ICLUSIG	19
IDHIFA	20
IDVYNZO TAB 100-0.25	8
<i>imatinib mesylate</i>	20
IMBRUVICA	20
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	37
<i>imiquimod</i>	90
IMKELDI	20
IMOVAX RABIES (H.D.C.V.)	76
INBRIJA	38
<i>incassia</i>	58
INCRELEX	63
INCRUSE ELLIPTA	82
<i>indapamide</i>	33
INFANRIX INJ	76
INFLIXIMAB.....	72
INLURIYO	14
INLYTA	20
INQOVI TAB 35-100MG.....	14
INREBIC	20
INSULIN PEN NEEDLES: EMBECTA-BD	55
INSULIN SAFETY NEEDLES: EMBECTA-BD	55
INSULIN SYRINGES: EMBECTA-BD ...	55
INTELENCE	6

INTRALIPID	79	JENTADUETO TAB 2.5-500	53
<i>introvale</i>	58	JENTADUETO TAB 2.5-850	53
INVEGA HAFYERA.....	40	JENTADUETO TAB XR 2.5-1000MG ...	53
INVEGA SUSTENNA	40	JENTADUETO TAB XR 5-1000MG	53
INVEGA TRINZA.....	40	JIDEYTRO	20
IPOL INJ INACTIVE.....	76	<i>jinteli</i>	61
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>jolessa</i>	58
<i>2.5(3) mg/3ml</i>	82	JOURNAVX.....	1
<i>ipratropium bromide</i>	82	<i>juleber</i>	58
<i>ipratropium bromide (nasal)</i>	82	JULUCA TAB 50-25MG	8
<i>ipratropium bromide hfa</i>	83	<i>junel 1/20</i>	58
<i>irbesartan</i>	29	<i>junel 1.5/30</i>	58
<i>irbesartan-hydrochlorothiazide tab</i>		<i>junel fe 1/20</i>	58
<i>150-12.5 mg</i>	28	<i>junel fe 1.5/30</i>	58
<i>irbesartan-hydrochlorothiazide tab</i>		JYLAMVO	74
<i>300-12.5 mg</i>	28	JYNNEOS	76
<i>irinotecan hcl</i>	16	K	
ISENTRESS	6	KADCYLA	20
ISENTRESS HD	6	KALETRA SOL.....	8
<i>isibloom</i>	58	KALYDECO	84
ISOLYTE-P INJ /D5W	77	KANJINTI	20
ISOLYTE-S INJ PH 7.4.....	77	<i>kariva</i>	58
<i>isoniazid</i>	8	KCL/D5W/NACL INJ 0.15/0.2	78
<i>isosorbide dinitrate</i>	34	KCL/D5W/NACL INJ 0.3/0.9%.....	78
<i>isosorbide mononitrate</i>	34	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
<i>isotretinoin</i>	87	<i>& nacl 0.45% inj</i>	77
ITOVEBI	20	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
<i>itraconazole</i>	5	<i>inj</i>	77
<i>ivabradine hcl</i>	34	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	
<i>ivermectin</i>	4	.....	77
IWILFIN.....	16	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
IXIARO INJ.....	76	<i>nacl 0.45% inj</i>	77
J		<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
JAKAFI	20	<i>nacl 0.9% inj</i>	77
<i>jantoven</i>	69	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
JANUMET TAB 50-1000	53	.....	77
JANUMET TAB 50-500MG	53	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
JANUMET XR TAB 100-1000.....	53	.....	77
JANUMET XR TAB 50-1000	53	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
JANUMET XR TAB 50-500MG.....	53	<i>& nacl 0.45% inj</i>	78
JANUVIA	53	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
JARDIANCE	53	.....	78
<i>jasmiel</i>	58	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
<i>javygtor</i>	63	<i>nacl 0.45% inj</i>	78
JAYPIRCA.....	20	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
<i>jencycla</i>	58	<i>nacl 0.9% inj</i>	78
JENTADUETO TAB 2.5-1000.....	53	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	78

<i>kelnor 1/35</i>	58	<i>lansoprazole</i>	68
KERENDIA	28	LANTUS	55
KESIMPTA	51	LANTUS SOLOSTAR	55
<i>ketoconazole</i>	5	<i>lapatinib ditosylate</i>	21
<i>ketoconazole (topical)</i>	88	<i>larin 1/20</i>	58
<i>ketorolac tromethamine (ophth)</i>	81	<i>larin 1.5/30</i>	58
KEYTRUDA	20	<i>larin fe 1/20</i>	58
KEYTRUDA INJ QLEX 395-4800 MG- UNIT/2.4ML	20	<i>larin fe 1.5/30</i>	58
KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML	20	<i>latanoprost</i>	81
KINERET	72	LAZCLUZE	21
KINRIX INJ	76	<i>leflunomide</i>	74
<i>kionex</i>	56	<i>lenalidomide</i>	15
KISQALI 200 DOSE	21	LENVIMA 10 MG DAILY DOSE	21
KISQALI 400 DOSE	21	LENVIMA 12MG DAILY DOSE	21
KISQALI 600 DOSE	21	LENVIMA 20 MG DAILY DOSE	21
<i>klayesta</i>	88	LENVIMA 4 MG DAILY DOSE	21
<i>klor-con</i>	78	LENVIMA 8 MG DAILY DOSE	21
<i>klor-con 10</i>	78	LENVIMA CAP 14 MG	21
KLOR-CON 10	78	LENVIMA CAP 18 MG	21
<i>klor-con 8</i>	78	LENVIMA CAP 24 MG	21
KLOR-CON 8	78	<i>lessina</i>	58
<i>klor-con m10</i>	78	<i>letrozole</i>	14
<i>klor-con m15</i>	78	<i>leucovorin calcium</i>	16
<i>klor-con m20</i>	78	LEUKERAN	13
KLOXXADO	52	<i>leuprolide acetate</i>	15
KOMZIFTI	21	<i>levabuterol tartrate</i>	83
KOSELUGO	21	<i>levetiracetam</i>	45
<i>kourzeq</i>	91	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	45
KRAZATI	21	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	45
<i>kurvelo</i>	58	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	45
L		<i>levobunolol hcl</i>	81
<i>labetalol hcl</i>	31	<i>levocarnitine (metabolic modifiers)</i> ...	63
<i>lacosamide</i>	44	<i>levocetirizine dihydrochloride</i>	83
<i>lacosamide oral</i>	44	<i>levofloxacin</i>	11
<i>lactated ringer's solution</i>	78	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	11
LACTATED RIN INJ	78	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	11
<i>lactic acid (ammonium lactate)</i>	90	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	11
<i>lactulose</i>	67	<i>levonest</i>	58
<i>lactulose (encephalopathy)</i>	67	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	58
<i>lamivudine</i>	7		
<i>lamivudine (hbv)</i>	9		
<i>lamivudine-zidovudine tab 150-300 mg</i>	8		
<i>lamotrigine</i>	44, 45		
<i>lanreotide acetate</i>	63		

<i>levonorgestrel & ethinyl estradiol tab</i>	
0.1 mg-20 mcg	58
<i>levonorgestrel-eth estra tab 0.05-</i>	
30/0.075-40/0.125-30mg-mcg	58
<i>levora 0.15/30-28</i>	58
<i>levothyroxine sodium</i>	64
<i>levoxyl</i>	64
<i>l-glutamine (sickle cell)</i>	70
<i>lidocaine</i>	89, 90
<i>lidocaine hcl</i>	90
<i>lidocaine hcl (local anesth.)</i>	1
<i>lidocaine hcl (mouth-throat)</i>	91
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	90
<i>lidocan</i>	90
<i>LIFYORLI CAP 125MG DS</i>	15
<i>LIFYORLI CAP 150MG DS</i>	15
<i>LILETTA</i>	58
<i>linezolid</i>	4
<i>LINEZOLID INJ 2MG/ML</i>	4
<i>LINZESS</i>	67
<i>liomny</i>	64
<i>liothyronine sodium</i>	64
<i>lisinopril</i>	27
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
12.5 mg	27
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
12.5 mg	27
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
25 mg	27
<i>lithium</i>	50
<i>lithium carbonate</i>	50
<i>LIVTENCITY</i>	9
<i>loestrin 1/20-21</i>	59
<i>loestrin 1.5/30-21</i>	59
<i>loestrin fe 1/20</i>	59
<i>loestrin fe 1.5/30</i>	59
<i>LOKELMA</i>	56
<i>lomustine</i>	13
<i>LONSURF TAB 15-6.14</i>	14
<i>LONSURF TAB 20-8.19</i>	14
<i>loperamide hcl</i>	67
<i>lopinavir-ritonavir tab 100-25 mg</i>	8
<i>lopinavir-ritonavir tab 200-50 mg</i>	8
<i>lorazepam</i>	35
<i>lorazepam intensol</i>	35
<i>LORBRENA</i>	21, 22
<i>loryna</i>	59
<i>losartan potassium</i>	29
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	28
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	
.....	28
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
.....	28
<i>LOTEMAX</i>	81
<i>loteprednol etabonate-tobramycin</i>	
<i>ophth susp 0.5-0.3%</i>	80
<i>lovastatin</i>	30
<i>low-ogestrel</i>	59
<i>loxapine succinate</i>	41
<i>lubiprostone</i>	67
<i>luizza 1/20</i>	59
<i>luizza 1.5/30</i>	59
<i>LUMAKRAS</i>	22
<i>LUMIGAN</i>	81
<i>LUMIZYME</i>	63
<i>LUPRON DEPOT (1-MONTH)</i>	15
<i>LUPRON DEPOT (3-MONTH)</i>	15
<i>LUPRON DEPOT-PED (1-MONTH</i>	63
<i>LUPRON DEPOT-PED (3-MONTH</i>	63
<i>LUPRON DEPOT-PED (6-MONTH</i>	63
<i>lurasidone hcl</i>	41
<i>lutra</i>	59
<i>LYBALVI TAB 10-10MG</i>	41
<i>LYBALVI TAB 15-10MG</i>	41
<i>LYBALVI TAB 20-10MG</i>	41
<i>LYBALVI TAB 5-10MG</i>	41
<i>lyleq</i>	59
<i>lyllana</i>	61
<i>LYNPARZA</i>	22
<i>LYSODREN</i>	15
<i>LYTGOBI (12 MG DAILY DOSE)</i>	22
<i>LYTGOBI (16 MG DAILY DOSE)</i>	22
<i>LYTGOBI (20 MG DAILY DOSE)</i>	22
<i>lyza</i>	59
M	
<i>macitentan</i>	34
<i>magnesium sulfate</i>	78
<i>MAGNESIUM SULFATE</i>	78
<i>magnesium sulfate in dextrose 5% iv</i>	
<i>soln 1 gm/100ml</i>	78
<i>malathion</i>	91

<i>maraviroc</i>	7	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>marlissa</i>	59	100-25 mg	31
MARPLAN	37	<i>metoprolol & hydrochlorothiazide tab</i>	
MATULANE	16	100-50 mg	31
MAVYRET PAK 50-20MG	9	<i>metoprolol & hydrochlorothiazide tab</i>	
MAVYRET TAB 100-40MG	9	50-25 mg	31
<i>meclizine hcl</i>	65	<i>metoprolol succinate</i>	32
<i>medroxyprogesterone acetate</i>	64	<i>metoprolol tartrate</i>	32
<i>medroxyprogesterone acetate</i>		<i>metronidazole</i>	4
(contraceptive)	59	<i>metronidazole (topical)</i>	90
<i>mefloquine hcl</i>	6	<i>metronidazole vaginal</i>	69
<i>megestrol acetate</i>	15, 64	<i>metyrosine</i>	34
<i>megestrol acetate (appetite)</i>	64	<i>micalfungin sodium</i>	5
MEKINIST	22	<i>microgestin 1/20</i>	59
MEKTOVI	22	<i>microgestin 1.5/30</i>	59
<i>meleya</i>	59	<i>microgestin fe 1/20</i>	59
<i>meloxicam</i>	1	<i>microgestin fe 1.5/30</i>	59
<i>memantine hcl</i>	35	<i>midodrine hcl</i>	34
<i>memantine hcl-donepezil hcl cap er</i>		MIEBO	81
24hr 14-10 mg	36	<i>mifepristone (hyperglycemia)</i>	63
<i>memantine hcl-donepezil hcl cap er</i>		<i>mili</i>	59
24hr 21-10 mg	36	<i>mimvey</i>	61
<i>memantine hcl-donepezil hcl cap er</i>		<i>minocycline hcl</i>	12
24hr 28-10 mg	36	<i>minoxidil</i>	34
MENQUADFI	76	<i>mirtazapine</i>	37
MENVEO INJ	76	<i>misoprostol</i>	67
MENVEO SOL	76	M-M-R II INJ	76
<i>mercaptapurine</i>	14	M-NATAL PLUS TAB	78
<i>meropenem</i>	4	<i>modafinil</i>	51
<i>mesalamine</i>	66	MODEYSO	16
<i>mesalamine w/ cleanser</i>	66	<i>moexipril hcl</i>	27
<i>mesna</i>	16	<i>molindone hcl</i>	41
<i>metformin hcl</i>	53	<i>mometasone furoate</i>	89
<i>methadone hcl</i>	2	MONJUVI	22
<i>methadone hydrochloride i</i>	2	<i>mono-lynyah</i>	59
<i>methazolamide</i>	33	<i>montelukast sodium</i>	84
<i>methenamine hippurate</i>	4	<i>morphine sulfate</i>	2
<i>methimazole</i>	64	MOUNJARO	53
<i>methotrexate sodium</i>	14, 74	MOVANTIK	67
<i>methsuximide</i>	45	<i>moxifloxacin hcl</i>	11
<i>methylphenidate hcl</i>	48	<i>moxifloxacin hcl (ophth)</i>	80
<i>methylprednisolone</i>	62	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>methylprednisolone acetate</i>	62	sodium chloride 0.8% inj	11
<i>methylprednisolone sod succ</i>	62	MRESVIA	76
<i>metoclopramide hcl</i>	65	MULTAQ	30
<i>metolazone</i>	33	<i>multiple electrolytes ph 5.5</i>	78
		<i>mupirocin</i>	87

<i>mycophenolate mofetil</i>	75
<i>mycophenolate sodium</i>	75
MYRBETRIQ.....	68
N	
<i>nabumetone</i>	1
<i>nadolol</i>	32
<i>nafcillin sodium</i>	12
NAGLAZYME	63
<i>naloxone hcl</i>	52
<i>naltrexone hcl</i>	52
NAMZARIC CAP 7-10MG.....	36
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	49
NATACYN	80
<i>nateglinide</i>	53
NAYZILAM.....	45
<i>nebivolol hcl</i>	32
<i>necon 0.5/35-28</i>	59
<i>nefazodone hcl</i>	37
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	80
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	80
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	80
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	80
<i>neomycin-polymyxin-hc ophth susp</i> ..	80
<i>neomycin-polymyxin-hc otic soln 1%</i>	82
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	82
<i>neomycin sulfate</i>	4
NERLYNX	22
<i>neuac</i>	87
<i>nevirapine</i>	7
NEXLETOL.....	31
NEXLIZET TAB 180/10MG.....	31
NEXPLANON	59
<i>niacin (antihyperlipidemic)</i>	31
NICOTROL NS.....	52
<i>nifedipine</i>	32
<i>nikki</i>	59
<i>nilotinib hcl</i>	22
<i>nilutamide</i>	15
<i>nimodipine</i>	32
NINLARO	22

<i>nintedanib esylate</i>	84
<i>nitazoxanide</i>	4
<i>nitisinone</i>	63
<i>nitro-bid</i>	34
<i>nitrofurantoin macrocrystal</i>	4
<i>nitrofurantoin monohyd macro</i>	4
<i>nitroglycerin</i>	34
<i>nitroglycerin (intra-anal)</i>	90
<i>nizatidine</i>	66
<i>nora-be</i>	59
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	59
<i>norethindrone (contraceptive)</i>	59
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	59
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	59
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	59
<i>norethindrone acetate</i>	64
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	61
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	61
<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	59
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	59
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	59
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	60
<i>norlyroc</i>	60
<i>nortrel 0.5/35 (28)</i>	60
<i>nortrel 1/35 (21)</i>	60
<i>nortrel 1/35 (28)</i>	60
<i>nortrel 7/7/7</i>	60
<i>nortriptyline hcl</i>	37
NORVIR.....	7
NOVOLIN INJ 70/30	55
NOVOLIN INJ 70/30 FP	55
NOVOLIN N	55
NOVOLIN N FLEXPEN	55
NOVOLIN R	55
NOVOLIN R FLEXPEN	55
NOVOLOG	55
NOVOLOG FLEXPEN	55

NOVOLOG FLEXPEN RELION	55	<i>olmesartan medoxomil</i>	29
NOVOLOG MIX INJ 70/30	55	<i>olmesartan medoxomil-</i>	
NOVOLOG MIX INJ FLEXPEN	55	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
NOVOLOG PENFILL.....	55	.....	28
NOVOLOG RELION	55	<i>olmesartan medoxomil-</i>	
NUBEQA	15	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUDEXTA CAP 20-10MG	50	.....	29
NULOJIX	75	<i>olmesartan medoxomil-</i>	
NUPLAZID	41	<i>hydrochlorothiazide tab 40-25 mg</i>	29
NURTEC.....	49	<i>omega-3-acid ethyl esters cap 1 gm</i>	31
NUTRILIPID.....	79	<i>omeprazole</i>	68
NUZYRA.....	12	OMNIPOD 5 DX KIT INT G7G6	55
<i>nyamyc</i>	88	OMNIPOD 5 DX MIS POD G7G6	55
<i>nylia 1/35</i>	60	OMNIPOD5 LIB KIT INTRO.....	55
<i>nylia 7/7/7</i>	60	OMNIPOD5 LIB MIS PODS	55
<i>nystatin</i>	5	OMNIPOD DASH KIT INTRO	55
<i>nystatin (mouth-throat)</i>	91	OMNIPOD DASH MIS PODS	55
<i>nystatin (topical)</i>	88	<i>ondansetron</i>	65
<i>nystop</i>	88	<i>ondansetron hcl</i>	65
O		ONTRUZANT	23
OCTAGAM	74	ONUREG	14
<i>octreotide acetate</i>	63	OPIPZA.....	41
ODEFSEY TAB.....	8	OPSUMIT	34
ODOMZO	22	ORGOVYX	15
OFEV	84	ORKAMBI GRA 100-125	84
<i>ofloxacin (ophth)</i>	80	ORKAMBI GRA 150-188	84
<i>ofloxacin (otic)</i>	82	ORKAMBI GRA 75-94MG	84
OGIVRI.....	22	ORKAMBI TAB 100-125.....	85
OGSIVEO	22	ORKAMBI TAB 200-125.....	85
OJEMDA.....	22	<i>orquidea</i>	60
OJJAARA.....	23	ORSERDU	15
<i>olanzapine</i>	41	<i>oseltamivir phosphate</i>	9
<i>olmesartan-amlodipine-</i>		OSPOMYV	56
<i>hydrochlorothiazide tab 20-5-12.5</i>		<i>oxacillin sodium</i>	12
<i>mg</i>	29	<i>oxaliplatin</i>	13
<i>olmesartan-amlodipine-</i>		<i>oxcarbazepine</i>	45
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oxybutynin chloride</i>	69
<i>mg</i>	29	<i>oxycodone hcl</i>	2
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i>		325 mg.....	3
.....	29	<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>olmesartan-amlodipine-</i>		325 mg.....	2
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>mg</i>	29	325 mg.....	3
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>		325 mg.....	3
.....	29	OZEMPIC	53

OZEMPIC (0.25 OR 0.5MG/DOSE)	53
OZEMPIC (1MG/DOSE)	53
OZEMPIC (2MG/DOSE)	53
P	
<i>pacerone</i>	30
<i>paclitaxel</i>	16
<i>paclitaxel inj 100mg</i>	16
<i>paliperidone</i>	41
<i>pamidronate disodium</i>	56
PAMIDRONATE DISODIUM.....	56
PANRETIN	90
<i>pantoprazole sodium</i>	68
PANZYGA	75
<i>paricalcitol</i>	65
<i>paroxetine hcl</i>	37
PAXLOVID PAK	9
PAXLOVID TAB 150-100	9
PAXLOVID TAB 300-100	9
<i>pazopanib hcl</i>	23
PEDIARIX INJ 0.5ML.....	76
PEDVAXHIB.....	76
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	67
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	67
PEGASYS	9
PELLIX.....	88
PEMAZYRE	23
<i>pemetrexed disodium</i>	14
PENBRAYA INJ	76
<i>penicillamine</i>	56
<i>penicillin g potassium</i>	12
<i>penicillin g sodium</i>	12
<i>penicillin v potassium</i>	12
PENMENVY INJ.....	76
PENTACEL INJ	76
<i>pentamidine isethionate inh</i>	4
<i>pentamidine isethionate inj</i>	4
<i>pentoxifylline</i>	70
<i>perampanel</i>	45
<i>perindopril erbumine</i>	27
<i>periogard</i>	91
<i>permethrin</i>	91
<i>perphenazine</i>	41
<i>pfizerpen</i>	12
<i>phenelzine sulfate</i>	37
<i>phenobarbital</i>	45

<i>phenobarbital sodium</i>	45
<i>phenytek</i>	45
<i>phenytoin</i>	45
<i>phenytoin sodium</i>	45
<i>phenytoin sodium extended</i>	45
PHESGO SOL.....	23
<i>philith</i>	60
PIFELTRO	7
<i>pilocarpine hcl</i>	81
<i>pilocarpine hcl (oral)</i>	91
<i>pimecrolimus</i>	90
<i>pimozide</i>	41
<i>pimtrea</i>	60
<i>pindolol</i>	32
<i>pioglitazone hcl</i>	53
<i>pioglitazone hcl-metformin hcl tab 15- 500 mg</i>	53
<i>pioglitazone hcl-metformin hcl tab 15- 850 mg</i>	53
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	12
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	12
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	12
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	12
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	12
PIQRAY 200MG DAILY DOSE.....	23
PIQRAY 250MG TAB DOSE.....	23
PIQRAY 300MG DAILY DOSE.....	23
<i>pirfenidone</i>	85
<i>piroxicam</i>	1
<i>plenamine</i>	79
PLENVU SOL.....	67
<i>podofilox</i>	90
<i>polymyxin b sulfate</i>	4
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	80
<i>pomalidomide</i>	15
POMALYST	15
<i>portia-28</i>	60
<i>posaconazole</i>	5
<i>potassium chloride</i>	78, 79
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	78

<i>potassium chloride microencapsulated crystals er</i>	79
<i>potassium citrate (alkalinizer)</i>	68
POT CHL 20MEQ/L IN NACL 0.45% INJ	78
POT CHL 20MEQ/L IN NACL 0.9% INJ	78
POT CHL 40MEQ/L IN NACL 0.9% INJ	78
<i>pramipexole dihydrochloride</i>	39
<i>prasugrel hcl</i>	71
<i>pravastatin sodium</i>	30
<i>praziquantel</i>	4
<i>prazosin hcl</i>	28
<i>prednisolone</i>	62
<i>prednisolone acetate (ophth)</i>	81
PREDNISOLONE SODIUM PHOSP	81
<i>prednisolone sodium phosphate</i>	62
<i>prednisone</i>	62
PREDNISONES INTENSOL	62
<i>pregabalin</i>	45, 46
PREMASOL SOL 10%	79
PRENATAL TAB 27-1MG	79
PRENATAL TAB PLUS	79
<i>prevalite</i>	31
PREVYMIS	9
PREZCOBIX TAB 675/150	8
PREZCOBIX TAB 800-150	8
PREZISTA	7
PRIFTIN	8
<i>primaquine phosphate</i>	6
PRIMAQUINE PHOSPHATE	6
<i>primidone</i>	46
PRIORIX INJ	76
PRIVIGEN	75
<i>probenecid</i>	1
<i>prochlorperazine</i>	65
<i>prochlorperazine edisylate</i>	65
<i>prochlorperazine maleate</i>	65
PROCRT	70
<i>proctocort</i>	90
<i>procto-med hc</i>	90
<i>proctosol hc</i>	90
<i>proctozone-hc</i>	90
<i>progesterone</i>	64
PROGRAF	75
PROLASTIN-C	85

PROLIA	56
<i>promethazine hcl</i>	66
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	82
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	64
PROQUAD INJ	76
PROSOL INJ 20%	79
<i>protriptyline hcl</i>	37
PULMOZYME	85
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	50
<i>pyrimethamine</i>	4
PYZCHIVA	72
Q	
QINLOCK	23
QUADRACEL INJ 0.5ML	76
<i>quetiapine fumarate</i>	41
<i>quinapril hcl</i>	27
<i>quinidine sulfate</i>	30
<i>quinine sulfate</i>	6
QULIPTA	49
R	
RABAVERT INJ	76
RALDESY	37
<i>raloxifene hcl</i>	63
<i>ramelteon</i>	48
<i>ramipril</i>	27
<i>ranolazine</i>	34
<i>rasagiline mesylate</i>	39
<i>reclipsen</i>	60
RECOMBIVAX HB	76
RELENZA DISKHALER	9
<i>relgaabi</i>	46
RELISTOR	67
REMICADE	72
RENFLEXIS	72
<i>repaglinide</i>	53
REPATHA	31
REPATHA SURECLICK	31
RESTASIS	82
RESTASIS MULTIDOSE	82
RETEVMO	23
REVCIVI	63
REVUFORJ	23
REXULTI	42
REYATAZ	7

REZDIFFRA	63	SEREVENT DISKUS.....	83
REZLIDHIA.....	23	<i>sertraline hcl</i>	37
REZUROCK.....	75	<i>setlakin</i>	60
RHOPRESSA	81	<i>sharobel</i>	60
<i>ribavirin (hepatitis c)</i>	9	SHINGRIX	76, 77
<i>rifabutin</i>	8	SIGNIFOR	64
<i>rifampin</i>	8	SIKLOS.....	70
<i>rifapentine</i>	8	<i>sildenafil citrate</i>	87
<i>rilpivirine hcl</i>	7	<i>sildenafil citrate (pulmonary</i>	
<i>riluzole</i>	50	<i>hypertension)</i>	34
<i>rimantadine hydrochloride</i>	9	<i>silver sulfadiazine</i>	87
RINVOQ.....	72	SIMBRINZA SUS 1-0.2%.....	81
RINVOQ LQ	72	<i>simliya</i>	60
<i>risperidone</i>	42	<i>simvastatin</i>	30
<i>risperidone microspheres</i>	42	<i>sirolimus</i>	75
<i>ritonavir</i>	7	SIRTURO	8
<i>rivaroxaban</i>	69	<i>sitagliptin phosphate</i>	54
<i>rivastigmine</i>	36	<i>sitagliptin phosphate-metformin hcl tab</i>	
<i>rivastigmine tartrate</i>	36	<i>50-1000 mg</i>	54
<i>rizatriptan benzoate</i>	49	<i>sitagliptin phosphate-metformin hcl tab</i>	
ROCKLATAN DRO	81	<i>50-500 mg</i>	54
<i>roflumilast</i>	85	SKYRIZI.....	72
ROMVIMZA.....	23	SKYRIZI PEN	72
<i>ropinirole hydrochloride</i>	39	<i>sodium chloride</i>	78
<i>rosuvastatin calcium</i>	30	<i>sodium chloride (gu irrigant)</i>	91
ROTARIX SUS.....	76	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
ROTATEQ SOL	76	<i>mg/ml soln</i>	79
<i>roweepra</i>	46	<i>sodium oxybate</i>	51
ROZLYTREK.....	23	<i>sodium phenylbutyrate</i>	64
RUBRACA.....	23	<i>sodium polystyrene sulfonate</i>	56
<i>rufinamide</i>	46	<i>sodium polystyrene sulfonate powder</i>	
RUKOBIA	7	.....	56
RYBELSUS.....	54	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
RYDAPT	24	<i>17.5-3.13-1.6 gm/177ml</i>	67
S		<i>solifenacin succinate</i>	69
<i>sacubitril-valsartan tab 24-26 mg</i>	29	SOLQUA INJ 100/33	55
<i>sacubitril-valsartan tab 49-51 mg</i>	29	SOLTAMOX.....	15
<i>sacubitril-valsartan tab 97-103 mg</i> ...29		SOLU-CORTEF	62
<i>sajazir</i>	70	SOMATULINE DEPOT	64
SANTYL	91	SOMAVERT.....	64
<i>sapropterin dihydrochloride</i>	64	<i>sorafenib tosylate</i>	24
SCSEMBLIX.....	24	<i>sotalol hcl</i>	30
<i>scopolamine</i>	66	<i>sotalol hcl (afib/af)</i>	30
SECUADO	42	SOTYKTU	73
<i>selegiline hcl</i>	39	SPIRIVA RESPIMAT	83
<i>selenium sulfide</i>	88	<i>spironolactone</i>	28
SELZENTRY	7		

<i>spironolactone & hydrochlorothiazide</i>		<i>tadalafil</i>	68
<i>tab 25-25 mg</i>	33	<i>tadalafil (pulmonary hypertension)</i> ...	34
<i>sprintec 28</i>	60	TAFINLAR	24
SPRITAM	46	TAGRISSO	24
<i>sps</i>	57	TALZENNA	24
<i>sps rectal</i>	57	<i>tamoxifen citrate</i>	15
<i>sronyx</i>	60	<i>tamsulosin hcl</i>	68
<i>ssd</i>	87	<i>tarina fe 1/20 eq</i>	60
STELARA	73	<i>tasimelteon</i>	48
STIVARGA	24	TAVNEOS	70
<i>streptomycin sulfate</i>	4	<i>tazarotene</i>	88
STRIBILD TAB	8	<i>tazicef</i>	10
<i>subvenite</i>	46	TECENTRIQ	24
SUBVENITE	46	TECENTRIQ INJ HYBREZA	24
<i>sucralfate</i>	67	TEFLARO	10
<i>sulfacetamide sodium (acne)</i>	87	<i>telmisartan</i>	29
<i>sulfacetamide sodium (ophth)</i>	80	<i>temazepam</i>	48, 49
<i>sulfacetamide sodium-prednisolone</i>		TENIVAC INJ 5-2LF	77
<i>ophth soln 10-0.23(0.25)%</i>	80	<i>tenofovir disoproxil fumarate</i>	7
<i>sulfadiazine</i>	4	TEPMETKO	24
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>terazosin hcl</i>	28
<i>400-80 mg/5ml</i>	4	<i>terbinafine hcl</i>	6
<i>sulfamethoxazole-trimethoprim susp</i>		<i>terbutaline sulfate</i>	83
<i>200-40 mg/5ml</i>	5	<i>terconazole vaginal</i>	69
<i>sulfamethoxazole-trimethoprim tab</i>		<i>teriparatide</i>	56
<i>400-80 mg</i>	5	TERIPARATIDE	56
<i>sulfamethoxazole-trimethoprim tab</i>		<i>testosterone</i>	52
<i>800-160 mg</i>	5	<i>testosterone cypionate</i>	52
SULFAMYLON	87	<i>testosterone enanthate</i>	52
<i>sulfasalazine</i>	66	<i>testosterone pump</i>	52
<i>sulindac</i>	1	<i>tetrabenazine</i>	50
<i>sumatriptan</i>	49	<i>tetracycline hcl</i>	13
<i>sumatriptan succinate</i>	49	THALOMID	15, 16
<i>sunitinib malate</i>	24	<i>theophylline</i>	85
SUNLENCA	7	<i>thioridazine hcl</i>	42
<i>syeda</i>	60	<i>thiothixene</i>	42
SYMDEKO TAB 100-150	85	<i>tiadylt er</i>	32
SYMDEKO TAB 50-75MG	85	<i>tiagabine hcl</i>	46
SYMPAZAN	46	TIBSOVO	24
SYMTUZA TAB	8	<i>ticagrelor</i>	71
SYNAREL	64	TICOVAC	77
SYNTHROID	65	<i>tigecycline</i>	13
T		<i>tilia fe</i>	60
TABLOID	14	<i>timolol maleate</i>	32
TABRECTA	24	<i>timolol maleate (ophth)</i>	81
<i>tacrolimus</i>	75	<i>tinidazole</i>	5
<i>tacrolimus (topical)</i>	90	TIVICAY	7

TIVICAY PD	7
tizanidine hcl	51
TOBI PODHALER	5
TOBRADEX OIN 0.3-0.1%	80
tobramycin	5
tobramycin (ophth)	80
tobramycin-dexamethasone ophth susp 0.3-0.1%	80
tobramycin sulfate	5
tofacitinib citrate	73
tolterodine tartrate	69
tolvaptan	64
tolvaptan tab therapy pack 30 & 15 mg	64
tolvaptan tab therapy pack 45 & 15 mg	64
tolvaptan tab therapy pack 60 & 30 mg	64
tolvaptan tab therapy pack 90 & 30 mg	64
topiramate	46
toremifene citrate	15
torpenz.....	24
torsemide	33
TOUJEO MAX SOLOSTAR	56
TOUJEO SOLOSTAR	56
TPN ELECTROL INJ	78
TRADJENTA.....	54
tramadol-acetaminophen tab 37.5-325 mg	3
tramadol hcl.....	3
trandolapril	28
tranexamic acid	70
tranylcypromine sulfate	37
TRAVASOL INJ 10%	79
TRAZIMERA.....	24
trazodone hcl	37
TRELEGY AER ELLIPTA 100-62.5-25 MCG	82
TRELEGY AER ELLIPTA 200-62.5-25 MCG	82
TREMFYA	73
TREMFYA INDUCTION PACK FO	73
TREMFYA PEN	73
treprostinil	34
tretinoin	87
tretinoin (chemotherapy)	16

triamcinolone acetonide (mouth)	91
triamcinolone acetonide (topical).....	89
triamterene & hydrochlorothiazide cap 37.5-25 mg	33
triamterene & hydrochlorothiazide tab 37.5-25 mg	33
triamterene & hydrochlorothiazide tab 75-50 mg	33
tridacaine iii	90
triderm	89
trientine hcl.....	57
tri-estarylla	60
trifluoperazine hcl	42
trifluridine	80
trihexyphenidyl hcl	39
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	54
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	54
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	54
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	54
TRIKAFTA PAK 59.5MG	85
TRIKAFTA PAK 75MG	85
TRIKAFTA TAB 100-50-75MG & 150MG	85
TRIKAFTA TAB 50-25-37.5MG & 75MG	85
tri-legest fe	60
tri-linyah.....	60
tri-lo-estarylla	60
tri-lo-marzia	60
tri-lo-mili	60
tri-lo-sprintec	60
trimethoprim	5
tri-mili	60
trimipramine maleate	37
TRINTELLIX.....	37
tri-sprintec	60
TRIUMEQ PD TAB	8
TRIUMEQ TAB	8
tri-vylibra.....	60
tri-vylibra lo	60
TROGARZO	7
TROPHAMINE INJ 10%.....	79
trosipium chloride	69

TRULICITY	54
TRUMENBA.....	77
TRUQAP	24
TRUXIMA	24
TUKYSA	25
TURALIO.....	25
<i>turqoz</i>	60
<i>twice-daily clindamycin phosphate</i> <i>(topical)</i>	87
TWINRIX INJ	77
TYBOST	7
TYENNE	73
TYMLOS	56
TYPHIM VI.....	77
U	
UBRELVY	49
<i>unithroid</i>	65
UPTRAVI	35
UPTRAVI PACK TAB 200/800	35
<i>ursodiol</i>	67
USTEKINUMAB.....	73
V	
<i>valacyclovir hcl</i>	9
VALCHLOR	90
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	46
<i>valproic acid</i>	46
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	29
VALTOCO 10 MG DOSE	46
VALTOCO 15 MG DOSE	46
VALTOCO 20 MG DOSE	46
VALTOCO 5 MG DOSE	46
<i>valtya 1/35</i>	60
<i>valtya 1/50</i>	60
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG.....	5

VANCOMYCIN INJ 750MG.....	5
VANFLYTA	25
VAQTA.....	77
<i>varenicline tartrate</i>	52
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	52
VARIVAX.....	77
VASCEPA	31
VAXCHORA SUS	77
<i>velivet</i>	60
VELSIPITY	73
VENCLEXTA.....	25
VENCLEXTA TAB START PK.....	25
<i>venlafaxine hcl</i>	37, 38
VENTOLIN HFA	84
VENTOLIN HFA (INSTITUTIONAL PACK)	84
VEPPANU	15
<i>verapamil hcl</i>	32
VERQUVO	34
VERSACLOZ	42
VERZENIO.....	25
<i>vestura</i>	60
<i>vienva</i>	60
<i>vigabatrin</i>	46, 47
<i>vigadrone</i>	47
VIGAFYDE	47
<i>vilazodone hcl</i>	38
VIMKUNYA	77
<i>vincristine sulfate</i>	17
<i>vinorelbine tartrate</i>	17
<i>violele</i>	60
VIRACEPT	7
VIREAD	7
VITRAKVI.....	25
VIVIMUSTA	13
VIVITROL.....	52
VIVOTIF CAP EC.....	77
VIZIMPRO	25
VONJO.....	25
VOQUEZNA PAK DUAL PAK	68
VOQUEZNA PAK TRIP PK	68
VORANIGO	25
<i>voriconazole</i>	6
VOSEVI TAB.....	9
VOWST CAP	68
VRAYLAR	42

<i>vyfemla</i>	60
<i>vylibra</i>	61
VYNDAMAX	34
VYZULTA.....	81
W	
<i>warfarin sodium</i>	70
<i>water for irrigation, sterile irrigation soln</i>	91
WELIREG	16
<i>wera</i>	61
WESTAB PLUS TAB 27-1MG	79
WINREVAIR.....	35
WINREVAIR INJ 45MG	35
WINREVAIR INJ 60MG	35
<i>wixela inhub</i>	87
WYOST	56
X	
XALKORI.....	25
<i>xarah fe</i>	61
XARELTO	70
XARELTO STAR TAB 15/20MG	70
XATMEP	74
XCOPRI	47
XCOPRI PAK 100-150	47
XCOPRI PAK 12.5-25	47
XCOPRI PAK 150-200MG (MAINTENANCE)	47
XCOPRI PAK 150-200MG (TITRATION)	47
XCOPRI PAK 50-100MG.....	47
XDEMVY	80
XELJANZ	73
XELJANZ XR	74
XERMELO.....	68
XHANCE.....	86
XIFAXAN.....	68
XIGDUO XR TAB 10-1000.....	54
XIGDUO XR TAB 10-500MG	54
XIGDUO XR TAB 2.5-1000.....	54
XIGDUO XR TAB 5-1000MG	54
XIGDUO XR TAB 5-500MG.....	54
XIIDRA	82
XOLAIR.....	85
XOSPATA	25
XPOVIO PAK (100 MG ONCE WEEKLY)	26
XPOVIO PAK (40 MG ONCE WEEKLY) 25	

XPOVIO PAK (40 MG TWICE WEEKLY)	25
XPOVIO PAK (60 MG ONCE WEEKLY) 26	
XPOVIO PAK (60 MG TWICE WEEKLY)	26
XPOVIO PAK (80 MG ONCE WEEKLY) 26	
XPOVIO PAK (80 MG TWICE WEEKLY)	26
XTANDI	15
XTRENBO.....	56
<i>xulane</i>	61
XULTOPHY INJ 100/3.6	56
Y	
YESINTEK	74
YF-VAX INJ.....	77
YONSA	15
<i>yulithira</i>	26
YUTREPIA	35
<i>yuvaferm</i>	61
Z	
<i>zafemy</i>	61
<i>zafirlukast</i>	84
ZARXIO	70
ZEGALOGUE	62
ZEJULA.....	26
ZELBORAF.....	26
<i>zelvysia</i>	64
ZEMAIRA	85
<i>zenatane</i>	87
ZENPEP CAP 10000UNT	68
ZENPEP CAP 15000UNT	68
ZENPEP CAP 20000UNT	68
ZENPEP CAP 25000UNT	68
ZENPEP CAP 3000UNIT	68
ZENPEP CAP 40000UNT	68
ZENPEP CAP 5000UNIT	68
ZENPEP CAP 60000UNT	68
ZERVIAE	81
<i>zidovudine</i>	7
<i>ziprasidone hcl</i>	42
<i>ziprasidone mesylate</i>	42
ZIRABEV	26
ZIRGAN	80
<i>zoledronic acid</i>	56
ZOLINZA.....	26
<i>zolpidem tartrate</i>	49
ZONISADE	47

<i>zonisamide</i>	47
<i>zovia 1/35</i>	61
ZTALMY	47
<i>zumandimine</i>	61
ZURZUVAE	38

ZYDELIG	26
ZYKADIA.....	26
ZYLET SUS 0.5-0.3%.....	80
ZYPREXA RELPREVV	42



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Huntington Beach CA 92647

E-mail: civilrightscordinator@ccmapd.com

Fax: (657) 276-4721

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice Of Availability

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-388-8168 (TTY: 711) or speak to your provider. **Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-388-8168 (TTY: 711) o hable con su proveedor. **Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-388-8168 (TTY: 711) o makipag-usap sa iyong provider. **中文:** 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-833-808-8153 (国语) / 1-833-808-8161 (粤语) (TTY: 711) 或咨询您的服务提供商。 **台語:** 注意: 如果您說[台語], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-833-808-8153 (國語) / 1-833-808-8161 (粵語) (TTY: 711) 或與您的提供者討論。 **Việt:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-808-8163 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn. **한국어:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-808-8164 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오. **ՀԱՅԵՐԵՆ:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները խոչնդատ տրամադրվում են անվճար: Չանգահարեք 1-833-388-8168 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ: **РУССКИЙ:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-388-8168 (TTY: 711) или обратитесь к своему поставщику услуг. **ភាសាខ្មែរ:** សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-833-388-8168 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ **日本語:** 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-388-8168(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。 **ਪੰਜਾਬੀ:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਟਰਾਂਸਕ੍ਰਿਪਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਦੁਕਾਨੇ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-388-8168 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। **ไทย:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-833-388-8168 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ **Lus Hmoob:** LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-388-8168 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

فارسی

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-833-388-8168 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-388-8168 (TTY: 711) أو تحدث إلى مقدم الخدمة.

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Clever Care Health Plan Member Services at **1-833-388-8168 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m. weekdays, from April 1 through September 30, or visit **clevercarehealthplan.com/formulary**