



Mercy Care Advantage (HMO SNP) 2024 Formulary (List of Covered Drugs) *Formulario para 2024 (Lista de Medicamentos Cubiertos)*



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

Formulary ID 00024084, Version 12

This formulary was updated on 03/01/2024. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY: **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **www.MercyCareAZ.org**.

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN

Identificación del Formulario 00024084, Versión 12

Este formulario fue actualizado en 03/01/2024. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY: **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.



Mercy Care Advantage (HMO SNP)

2024 Formulary (List of Covered Drugs)

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

Formulary ID 00024084, Version 12

This formulary was updated on 03/01/2024. For more recent information or other questions, please contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY users should call **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **www.MercyCareAZ.org**.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Mercy Care. When it refers to “plan” or “our plan,” it means Mercy Care Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 03/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Mercy Care Advantage (HMO SNP) Formulary?

A formulary is a list of covered drugs selected by Mercy Care Advantage 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. Mercy Care Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mercy Care Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Mercy Care (HMO SNP)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Mercy Care Advantage (HMO SNP)’s Formulary?”

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

The enclosed formulary is current as of 03/01/2024. To get updated information about the drugs covered by Mercy Care Advantage please contact us. Our contact information appears on the front and back cover pages. If we update the formulary during 2024 due to a non-maintenance formulary change, an updated version of the formulary and the notice issued to affected members will be posted on our website at www.MercyCareAZ.org. Printed formularies will be updated with the changes using an errata notice.

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 Agents”. 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 63. 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?

Mercy Care Advantage covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Mercy Care Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mercy Care Advantage before you fill your prescriptions. If you don’t get approval, Mercy Care Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Mercy Care Advantage limits the amount of the drug that Mercy Care Advantage will cover. For example, Mercy Care Advantage provides 30 tablets per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Mercy Care Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mercy Care Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mercy Care Advantage 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 Mercy Care Advantage 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 Mercy Care Advantage’s 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.

If you learn that Mercy Care Advantage does not cover your drug, you have two options:

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

You can ask Mercy Care Advantage 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, Mercy Care Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Mercy Care Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are admitted to or discharged from a long-term care facility, you will be allowed to refill a prescription upon admission or discharge.

For more information

For more detailed information about your Mercy Care Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mercy Care Advantage, 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>.

Mercy Care Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Mercy Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

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

The information in the Requirements/Limits column tells you if Mercy Care Advantage has any special requirements for coverage of your drug.

Your cost-sharing amounts depend on which category the drug is in:

Category	Cost-sharing amount
Generic drugs (including brand drugs treated as generic)	\$0/\$1.55/\$4.50 (each prescription)
All other drugs	\$0/\$4.60/\$11.20 (each prescription)

Your copays may be less, depending on the level of “Extra Help” you are receiving. The Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider) lists the amount you will pay for your prescription drugs. You can also call Member Services to find out your cost-sharing amount. Phone numbers for Member Services are on the front and back cover pages.

The information in the Requirements/Limits column tells you if Mercy Care Advantage has any special requirements for coverage of your drug.

Abbreviation	Requirements/Limits
B/D	Covered under Medicare Part B or Part D. Most drugs are covered under Part D, but there are some drugs that can be covered under both Part B or Part D depending on what the drug is used for and how it is administered.
EA	Each. Medications listed with EA indicates number of pills dispensed.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult the Pharmacy Directory.
NDS	Non-Extended Days Supply. Medications listed with NDS have a supply limit of 30 days.
NM	Not available at mail-order.
PA	Prior Authorization. You or your provider need to get approval from our plan before we will agree to cover the drug.
QL	Quantity Limits. The amount per fill or refill is shown.
ST	Step Therapy. This prescription drug requires that you've tried another drug first, which did not work for you.

Mercy Care Advantage (HMO SNP)

Formulario para 2024 (Lista de Medicamentos Cubiertos)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN

Identificación del Formulario 00023086, Versión 12

Este formulario fue actualizado el 03/01/2024. Para la información más reciente o para otras preguntas, por favor llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (los usuarios de TTY deberían llamar al **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.

Nota para los miembros actuales: Este formulario cambió desde el año pasado. Por favor revisen este documento para asegurarse de que todavía contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o a “nuestros”, esto significa Mercy Care. Cuando se refiere al “plan” o a “nuestro plan”, esto significa Mercy Care Advantage.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está actualizada a la fecha de 03/01/2024. Para un formulario actualizado, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y la contraportada.

Por lo general, usted debe usar farmacias de la red para usar su beneficio de medicamentos de prescripción. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1º de enero de 2024, y de tiempo en tiempo durante el año.

¿Qué es el Formulario de Mercy Care Advantage (HMO SNP)?

Un formulario es una lista de medicamentos cubiertos seleccionados por Mercy Care Advantage en consulta con un equipo de proveedores del cuidado de la salud, el cual representa las terapias de prescripción/receta que se considera son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Mercy Care Advantage cubrirá los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la prescripción/receta sea surtida en una farmacia de la red de Mercy Care Advantage, y se sigan otras reglas del plan. Para más información sobre cómo surtir sus prescripciones/recetas, por favor revise su Evidencia de Cobertura.

¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1º de enero, pero Mercy Care Advantage puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año, cambiarlos a niveles de costo compartido distintos o agregar nuevas restricciones. Nosotros debemos seguir las reglas de Medicare para hacer estos cambios.

Cambios que pueden afectarle este año: En los casos a continuación, usted se verá afectado/a por los cambios a la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Nosotros podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo estamos reemplazando con un medicamento genérico nuevo que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, nosotros podemos decidir retener el medicamento de marca en nuestra Lista de Medicamentos, pero cambiarlo inmediatamente a un nivel de costo compartido distinto o agregar nuevas restricciones. Si actualmente usted está tomando dicho medicamento de marca, es posible que nosotros no le informemos por adelantado que haremos dicho cambio, pero más tarde le proveeremos información sobre el/los cambio/s específico/s que hayamos hecho.
 - o Si nosotros hacemos dicho cambio, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que nosotros le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?”
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, nosotros inmediatamente retiraremos el medicamento de nuestro formulario y les proveeremos un aviso a los miembros que estén tomando dicho medicamento.
- **Otros cambios.** Nosotros podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, nosotros podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido distinto o ambas cosas. O podemos hacer cambios basados en nuevas directrices clínicas. Si retiramos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones de terapia a pasos a un medicamento, nosotros debemos notificárselo a los miembros afectados por el cambio por lo menos 30 días antes de que el cambio entre en vigor, ó cuando el miembro pida que se le vuelva a surtir el medicamento, en cuyo momento, el/la miembro recibirá un suministro para 31 días del medicamento.

- o Si nosotros hacemos estos otros cambios, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?”

Cambios que no le afectarán si usted está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento listado en nuestro Formulario de 2024 que fue cubierto a principios de año, nosotros no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024 excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de la cobertura. Este año usted no recibirá un aviso directo sobre los cambios que no le afecten a usted. Sin embargo, el 1º de enero del próximo año, dichos cambios le afectarían a usted, y es importante que revise la Lista de Medicamentos del nuevo año de beneficios para cualquier cambio a los medicamentos.

El formulario adjunto entra en vigor a partir de 03/01/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Si nosotros actualizamos el formulario durante 2024 debido a un cambio al formulario que no sea de mantenimiento, se publicará una versión actualizada del formulario y se emitirá un aviso a los miembros afectados en nuestro sitio web **www.MercyCareAZ.org**. Los cambios a los formularios impresos se actualizarán por medio de un aviso de erratas.

¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías, dependiendo del tipo de condiciones médicas para cuyo tratamiento se usan. Por ejemplo, los medicamentos usados para tratar una condición cardíaca están listados bajo la categoría de “Agentes Cardiovasculares”. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después busque en esa categoría el nombre de su medicamento.

Listado Alfabético

Si usted no está seguro/a bajo qué categoría buscar, debería buscar su medicamento en el Índice que empieza en la página 63. El Índice provee una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están listados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, usted encontrará el número de la página en la que podrá encontrar información sobre la cobertura. Pase a la página listada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Mercy Care Advantage cubre tanto a los medicamentos de marca como a los medicamentos genéricos. medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (FDA por sus siglas en inglés) por contar con el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requerimientos adicionales o límites en la cobertura. Dichos requerimientos y límites pueden incluir:

- **Autorización Previa:** Mercy Care Advantage requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Mercy Care Advantage antes de surtir sus prescripciones/recetas. Si usted no obtiene la aprobación, Mercy Care Advantage puede no cubrir el costo del medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento que Mercy Care Advantage cubrirá. Por ejemplo, Mercy Care Advantage provee 30 tabletas por cada prescripción de rosuvastatin. Esto puede ser en adición al suministro estándar para un mes o tres meses.
- **Terapia a Pasos:** En algunos casos, Mercy Care Advantage requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para dicha condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan ambos su condición médica, Mercy Care Advantage puede no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le funciona, entonces Mercy Care Advantage cubrirá el Medicamento B.

Usted puede informarse si hay cualquier requerimiento o límite adicional para sus medicamentos consultando el formulario que empieza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Nosotros hemos publicado un documento en línea que explica nuestras restricciones sobre la autorización previa y la terapia a pasos. Usted también puede pedirnos que le enviemos a usted una copia. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en la portada y la contraportada.

Usted le puede pedir a Mercy Care Advantage que haga una excepción a estas restricciones o límites, o pedirle una lista de otros medicamentos similares que puedan tratar su condición de salud. Vea la sección “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?” en la página XI para información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero usted debería comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si usted descubre que Mercy Care Advantage no cubre su medicamento, tiene dos opciones:

- Usted le puede pedir a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Mercy Care Advantage. Cuando usted reciba la lista, muéstresela a su doctor y pídale que le prescriba un medicamento similar que esté cubierto por Mercy Care Advantage.
- Usted puede solicitar que Mercy Care Advantage haga una excepción y cubra su medicamento. Vea abajo cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?

Usted le puede pedir a Mercy Care Advantage que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que usted puede pedir que hagamos.

- Usted nos puede pedir que cubramos un medicamento, aún si no está en nuestro formulario. Si es aprobado, dicho medicamento será cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le proveamos dicho medicamento a un nivel de costo compartido más bajo.
- Usted puede pedir que no apliquemos las restricciones o los límites a la cobertura en su medicamento. Por ejemplo, para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento

que nosotros cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no apliquemos el límite y que cubramos una cantidad más alta.

Por lo general, Mercy Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones adicionales para su uso no serían tan efectivos tratando su condición y/o podrían ocasionarle efectos médicos adversos.

Usted se debería comunicar con nosotros para pedirnos una decisión inicial de cobertura para una excepción al formulario, o a la restricción de uso. **Cuando usted solicite una excepción al formulario o a la restricción de uso, debería presentar una declaración de su médico o de la persona emitiendo la prescripción respaldando su solicitud.** En general, nosotros debemos tomar nuestra decisión dentro de 72 horas después de recibir la declaración de respaldo de la persona emitiendo la prescripción. Usted puede solicitar una excepción expedita (rápida) si usted o su doctor creen que su salud podría verse seriamente dañada por esperar 72 horas para una decisión. Si se le concede su solicitud de excepción expedita, nosotros debemos darle una decisión no más tarde de 24 horas después de recibir la declaración de respaldo de su doctor o de la otra persona emitiendo la prescripción.

¿Qué hago antes de que pueda hablar con mi doctor sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuando en nuestro plan, usted puede estar tomando medicamentos que no estén en nuestro formulario. O usted puede estar tomando un medicamento que esté en nuestro formulario pero su capacidad para obtenerlo puede ser limitada. Por ejemplo, usted puede necesitar nuestra autorización previa antes de poder surtir su prescripción/receta. Usted debería hablar con su doctor para decidir si debería cambiar a un medicamento apropiado que nosotros cubramos, o solicitar una excepción al formulario para que nosotros cubramos el medicamento que usted toma. Mientras habla con su doctor para determinar el curso de acción apropiado para usted, en ciertos casos, nosotros podemos cubrir su medicamento durante los primeros 90 días en los que usted sea miembro de nuestro plan.

Para cada medicamento que no esté en nuestro formulario, o si su capacidad para obtener dicho medicamento es limitada, nosotros cubriremos un suministro temporal para 31 días. Si su prescripción ha sido emitida para menos días, nosotros permitiremos que la vuelva a surtir hasta que se le provea medicamento con un suministro máximo de 31 días. Después de su primer suministro para 31 días, nosotros ya no pagaremos por dichos medicamentos, aún si usted ha sido miembro del plan durante menos de 90 días.

Si usted es residente de una instalación de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días como miembro de nuestro plan, nosotros cubriremos un suministro de emergencia de dicho medicamento para 31 días, mientras usted trata de obtener una excepción al formulario.

Si a usted se le admite o se le da de alta de una instalación de cuidado a largo plazo, se le permitirá que se le surta una prescripción ante su admisión o dada de alta.

Para más información

Para información más detallada sobre su cobertura de medicamentos de prescripción/receta de Mercy Care Advantage, por favor lea su Evidencia de Cobertura y otros materiales del plan.

Si tiene usted preguntas sobre Mercy Care Advantage, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y en la contraportada.

Si tiene usted preguntas generales sobre la cobertura de medicamentos de prescripción/receta de Medicare, por favor llame a Medicare al **1-800-MEDICARE (1-800-633-4227)** 24 horas al día, siete días de la semana. Los usuarios de TTY deberían llamar al **1-877-486-2048**. Ó visite **<http://www.medicare.gov>**.

Formulario de Mercy Care Advantage

El formulario que empieza en la siguiente página provee información de cobertura sobre algunos de los medicamentos cubiertos por Mercy Care Advantage. Si usted tiene problemas para encontrar su medicamento en la lista, regrese al Índice que empieza en la página 63.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (ejem.: SYNTHROID) y los medicamentos genéricos están escritos en cursivas minúsculas (ejem.: *levothyroxine*).

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

Sus cantidades de costo compartido dependen de la categoría en la que se encuentre el medicamento:

Categoría	Cantidad del costo compartido
Medicamentos genéricos (incluyendo medicamentos de marca tratados como genéricos)	\$0/\$1.55/\$4.50 (cada receta)
El resto de los otros medicamentos	\$0/\$4.60/\$11.20 (cada receta)

Sus copagos pueden ser más bajos, dependiendo del nivel de “Ayuda Extra” que usted esté recibiendo. La Evidencia de Cobertura para Personas que Reciben Ayuda Extra para el Pago de Sus Medicamentos de Prescripción (Cláusula LIS) lista la cantidad que usted pagará por sus medicamentos de prescripción. Usted también puede llamar a Servicios al Miembro para informarse sobre la cantidad de su costo compartido. Los números telefónicos de Servicios al Miembro están en la portada y la contraportada.

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

Abreviatura en Inglés	Requerimientos/Límites
B/D	Cubiertos por la Parte B o la Parte D de Medicare. La mayoría de los medicamentos están cubiertos por la Parte D, pero hay algunos medicamentos que pueden estar cubiertos tanto por la Parte B como por la Parte D según para qué se utiliza el medicamento y cómo se administra
EA	Cada uno. Los medicamentos listados con EA indican el número de píldoras despachadas.
LA	Acceso limitado. Esta prescripción puede estar disponible sólo en ciertas farmacias. Para más información consulte el Directorio de Farmacias.
NDS	Suministro no extendido. Los medicamentos listados con la abreviatura NDS tienen un límite de suministro de 30 días.
NM	No disponible para pedido por correo.
PA	Autorización previa. Usted o su proveedor deben obtener la autorización de nuestro plan antes de que aceptemos cubrir el medicamento.
QL	Límites de cantidad. Se muestra la cantidad por surtido o resurtido.
ST	Tratamiento escalonado. Este medicamento con receta requiere que usted haya probado otro medicamento antes, y que no haya funcionado.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-436-5288**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-436-5288**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 **1-877-436-5288**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 **1-877-436-5288**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-436-5288**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-436-5288**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-436-5288** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-436-5288**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-436-5288** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-436-5288**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اني دل عي ودألا لودج وأحصل اب قلعتت على أسأ ي ن ع قبا ج إلل عي ن ا ج م ل ي روف ل م ج ر ت م ل ا ت ا م د خ م د ق ن ا ن ن ل ث د ح ت ي ا م ص خ ش م و ق ي س **1-877-436-5288** ل ع ا ن ب ل ا ص ت ا ل ا ي و س ك ي ل ع س ي ل ، ي روف م ج ر ت م ل ع ل و ص ح ل ل ع ي ن ا ج م ق م د خ ه ذ ه . ك ت د ع ا س م ب ع ي ب ر ع ل ا

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास

मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-436-5288** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-436-5288**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-436-5288**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-436-5288**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-436-5288**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-436-5288** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

2024 Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS – DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT – DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg	Tier 1	QL (120 tabs/30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
MITIGARE CAPS .6mg	Tier 1	QL (60 caps/30 days)
<i>probenecid</i> TABS 500mg	Tier 1	
NSAIDS – DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	Tier 1	QL (60 caps/30 days)
<i>celecoxib</i> CAPS 400mg	Tier 1	QL (30 caps/30 days)
<i>diclofenac potassium</i> TABS 50mg	Tier 1	QL (120 tabs/30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
<i>diflunisal</i> TABS 500mg	Tier 1	
<i>ec-naproxen</i> TBEC 375mg	Tier 1	QL (120 tabs/30 days)
<i>ec-naproxen</i> TBEC 500mg	Tier 1	QL (90 tabs/30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	
<i>naproxen</i> TBEC 375mg	Tier 1	QL (120 tabs/30 days)
<i>naproxen</i> TBEC 500mg	Tier 1	QL (90 tabs/30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
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	Tier 1	QL (10 patches/30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs/30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs/30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	Tier 1	QL (450 mL/30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	Tier 1	QL (90 tabs/30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	Tier 1	QL (90 mL/30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Tier 1	QL (90 tabs/30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (400 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 **LA** – Limited Access **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (360 tabs/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs/30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	Tier 1	
<i>endocet tab 2.5-325mg</i>	Tier 1	QL (360 tabs/30 days)
<i>endocet tab 5-325mg</i>	Tier 1	QL (360 tabs/30 days)
<i>endocet tab 7.5-325mg</i>	Tier 1	QL (240 tabs/30 days)
<i>endocet tab 10-325mg</i>	Tier 1	QL (180 tabs/30 days)
<i>fentanyl citrate LPOP 200mcg</i>	Tier 1	QL (120 lozenges/30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	Tier 1	NDS, QL (120 lozenges/30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (2700 mL/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (150 tabs/30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	Tier 1	QL (600 mL/30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	Tier 1	QL (180 tabs/30 days)
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	Tier 1	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	Tier 1	QL (900 mL/30 days)
<i>morphine sulfate SOLN 20mg/ml</i>	Tier 1	QL (180 mL/30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	Tier 1	QL (180 tabs/30 days)
<i>MORPHINE SULFATE/SODIUM C SOLN 1mg/ml</i>	Tier 1	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 1	
<i>oxycodone hcl CAPS 5mg</i>	Tier 1	QL (180 caps/30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	Tier 1	QL (180 mL/30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	Tier 1	QL (900 mL/30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 1	QL (180 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (360 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (360 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (240 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs/30 days)
<i>tramadol hcl TABS 50mg</i>	Tier 1	QL (240 tabs/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (240 tabs/30 days)

ANESTHETICS – DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES – MISCELLANEOUS

<i>albendazole TABS 200mg</i>	Tier 1	NDS, QL (672 tabs/year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	Tier 1	
<i>atovaquone SUSP 750mg/5ml</i>	Tier 1	
<i>aztreonam SOLR 1gm, 2gm</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
CAYSTON SOLR 75mg	Tier 1	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 1	NDS
EMVERM CHEW 100mg	Tier 1	NDS, QL (12 tabs/year)
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>ivermectin</i> TABS 3mg	Tier 1	QL (12 tabs/90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	Tier 1	
<i>linezolid</i> SUSR 100mg/5ml	Tier 1	NDS, QL (1800 mL/30 days)
<i>linezolid</i> TABS 600mg	Tier 1	QL (60 tabs/30 days)
LINEZOLID INJ 2MG/ML	Tier 1	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 1	
<i>methenamine hippurate</i> TABS 1gm	Tier 1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg	Tier 1	NDS, QL (6 tabs/30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	Tier 1	
<i>paromomycin sulfate</i> CAPS 250mg	Tier 1	
<i>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	
<i>praziquantel</i> TABS 600mg	Tier 1	
SIVEXTRO SOLR 200mg; TABS 200mg	Tier 1	NDS
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	NDS
<i>sulfadiazine</i> TABS 500mg	Tier 1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole TABS 250mg, 500mg</i>	Tier 1	
<i>tobramycin NEBU 300mg/5ml</i>	Tier 1	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	Tier 1	
<i>trimethoprim TABS 100mg</i>	Tier 1	
<i>vancomycin hcl CAPS 125mg</i>	Tier 1	QL (80 caps/180 days)
<i>vancomycin hcl CAPS 250mg</i>	Tier 1	QL (160 caps/180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	Tier 1	
<i>VANCOMYCIN INJ 1 GM</i>	Tier 1	
<i>VANCOMYCIN INJ 500MG</i>	Tier 1	
<i>VANCOMYCIN INJ 750MG</i>	Tier 1	
ANTIFUNGALS – DRUGS TO TREAT FUNGAL INFECTIONS		
<i>ABELCET SUSP 5mg/ml</i>	Tier 1	B/D
<i>amphotericin b SOLR 50mg</i>	Tier 1	B/D
<i>amphotericin b liposome SUSR 50mg</i>	Tier 1	NDS, B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	Tier 1	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>flucytosine CAPS 250mg, 500mg</i>	Tier 1	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	Tier 1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	Tier 1	
<i>itraconazole CAPS 100mg</i>	Tier 1	PA
<i>ketoconazole TABS 200mg</i>	Tier 1	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	Tier 1	NDS
<i>nystatin TABS 500000unit</i>	Tier 1	
<i>posaconazole SUSP 40mg/ml</i>	Tier 1	NDS, QL (630 mL/30 days), PA
<i>posaconazole TBEC 100mg</i>	Tier 1	NDS, QL (93 tabs/30 days), PA
<i>terbinafine hcl TABS 250mg</i>	Tier 1	QL (90 tabs/year)
<i>voriconazole SOLR 200mg</i>	Tier 1	PA
<i>voriconazole SUSR 40mg/ml</i>	Tier 1	NDS, PA
<i>voriconazole TABS 50mg</i>	Tier 1	QL (480 tabs/30 days), PA
<i>voriconazole TABS 200mg</i>	Tier 1	QL (120 tabs/30 days), PA
ANTIMALARIALS – DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	Tier 1	
<i>COARTEM TAB 20-120MG</i>	Tier 1	
<i>mefloquine hcl TABS 250mg</i>	Tier 1	
<i>primaquine phosphate TABS 26.3mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 1	
quinine sulfate CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 1	NM
APTIVUS CAPS 250mg	Tier 1	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 1	NM
darunavir TABS 600mg	Tier 1	NDS, QL (60 tabs/30 days), NM
darunavir TABS 800mg	Tier 1	NDS, QL (30 tabs/30 days), NM
EDURANT TABS 25mg	Tier 1	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	Tier 1	NM
emtricitabine CAPS 200mg	Tier 1	NM
EMTRIVA SOLN 10mg/ml	Tier 1	NM
etravirine TABS 100mg, 200mg	Tier 1	NDS, NM
fosamprenavir calcium TABS 700mg	Tier 1	NDS, NM
FUZEON SOLR 90mg	Tier 1	NDS, NM, LA
INTELENCE TABS 25mg	Tier 1	NM
ISENTRESS CHEW 25mg	Tier 1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 1	NDS, NM
ISENTRESS HD TABS 600mg	Tier 1	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	NM
LEXIVA SUSP 50mg/ml	Tier 1	NM
maraviroc TABS 150mg, 300mg	Tier 1	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	NM
NORVIR PACK 100mg	Tier 1	NM
PIFELTRO TABS 100mg	Tier 1	NDS, NM
PREZISTA SUSP 100mg/ml	Tier 1	NDS, QL (400 mL/30 days), NM
PREZISTA TABS 75mg	Tier 1	QL (480 tabs/30 days), NM
PREZISTA TABS 150mg	Tier 1	NDS, QL (240 tabs/30 days), NM
REYATAZ PACK 50mg	Tier 1	NDS, NM
ritonavir TABS 100mg	Tier 1	NM
RUKOBIA TB12 600mg	Tier 1	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 1	NDS, NM
SELZENTRY TABS 25mg	Tier 1	NM
SUNLENCA TBPK 300mg	Tier 1	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	Tier 1	NM
TIVICAY TABS 10mg	Tier 1	NM
TIVICAY TABS 25mg, 50mg	Tier 1	NDS, NM
TIVICAY PD TBSO 5mg	Tier 1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	Tier 1	NDS, NM, LA
TYBOST TABS 150mg	Tier 1	NM
VIRACEPT TABS 250mg, 625mg	Tier 1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	NM

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

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	NM
BIKTARVY TAB 30-120-15 MG	Tier 1	NDS, NM
BIKTARVY TAB 50-200-25 MG	Tier 1	NDS, NM
CIMDUO TAB 300-300	Tier 1	NDS, NM
COMPLERA TAB	Tier 1	NDS, NM
DELSTRIGO TAB	Tier 1	NDS, NM
DESCOVY TAB 120-15MG	Tier 1	NDS, QL (30 tabs/30 days), NM
DESCOVY TAB 200/25MG	Tier 1	NDS, QL (30 tabs/30 days), NM
DOVATO TAB 50-300MG	Tier 1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	NDS, QL (30 tabs/30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	NDS, QL (30 tabs/30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	NDS, QL (30 tabs/30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs/30 days), NM
EVOTAZ TAB 300-150	Tier 1	NDS, NM
GENVOYA TAB	Tier 1	NDS, NM
JULUCA TAB 50-25MG	Tier 1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	NM
ODEFSEY TAB	Tier 1	NDS, NM
PREZCOBIX TAB 800-150	Tier 1	NDS, NM
STRIBILD TAB	Tier 1	NDS, NM
SYMTUZA TAB	Tier 1	NDS, NM
TRIUMEQ PD TAB	Tier 1	NDS, NM
TRIUMEQ TAB	Tier 1	NDS, NM
TRIZIVIR TAB	Tier 1	NDS, NM
ANTITUBERCULAR AGENTS – DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine CAPS 250mg</i>	Tier 1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	Tier 1	
PRIFTIN TABS 150mg	Tier 1	
<i>pyrazinamide TABS 500mg</i>	Tier 1	
<i>rifabutin CAPS 150mg</i>	Tier 1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	Tier 1	
SIRTURO TABS 20mg, 100mg	Tier 1	NDS, NM, LA, PA
TRECTOR TABS 250mg	Tier 1	
ANTIVIRALS – DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	Tier 1	
<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 1	B/D

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i> TABS 10mg	Tier 1	NM
BARACLUDE SOLN .05mg/ml	Tier 1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	Tier 1	NM
EPCLUSA PAK 150-37.5	Tier 1	NDS, NM, PA
EPCLUSA PAK 200-50MG	Tier 1	NDS, NM, PA
EPCLUSA TAB 200-50MG	Tier 1	NDS, NM, PA
EPCLUSA TAB 400-100	Tier 1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 1	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 1	B/D
HARVONI PAK 33.75-150MG	Tier 1	NDS, NM, PA
HARVONI PAK 45-200MG	Tier 1	NDS, NM, PA
HARVONI TAB 45-200MG	Tier 1	NDS, NM, PA
HARVONI TAB 90-400MG	Tier 1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 1	NM
MAVYRET PAK 50-20MG	Tier 1	NDS, NM, PA
MAVYRET TAB 100-40MG	Tier 1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	Tier 1	QL (168 caps/year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	Tier 1	QL (84 caps/year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	Tier 1	QL (1080 mL/year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	Tier 1	NDS, QL (28 tabs/28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 1	QL (6 inhalers/year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 1	NDS
<i>valganciclovir hcl</i> TABS 450mg	Tier 1	
VEMLIDY TABS 25mg	Tier 1	NDS, NM
VOSEVI TAB	Tier 1	NDS, NM, PA
XOFLUZA TBPB 40mg, 80mg	Tier 1	QL (1 tab/180 days)
CEPHALOSPORINS – DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	Tier 1	
CEFACLO ER TB12 500mg	Tier 1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	
TEFLARO SOLR 400mg, 600mg	Tier 1	NDS
ERYTHROMYCINS/MACROLIDES – DRUGS TO TREAT INFECTIONS		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 1	NDS
<i>e.e.s.</i> 400 TABS 400mg	Tier 1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 1	
<i>erythrocine stearate</i> TABS 250mg	Tier 1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 1	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 1	
FLUOROQUINOLONES – DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	Tier 1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 1	
<i>moxifloxacin hcl</i> TABS 400mg	Tier 1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
PENICILLINS – DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	Tier 1	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin CAPS 500mg</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 1	
<i>nafcillin sodium SOLR 10gm</i>	Tier 1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 1	
<i>PEN GK/DEXTR INJ 40000/ML</i>	Tier 1	
<i>PEN GK/DEXTR INJ 60000/ML</i>	Tier 1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 1	
<i>penicillin g sodium SOLR 5000000unit</i>	Tier 1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	Tier 1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	
TETRACYCLINES – DRUGS TO TREAT INFECTIONS		
<i>doxy 100 SOLR 100mg</i>	Tier 1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	Tier 1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 1	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	Tier 1	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 1	PA
<i>tigecycline SOLR 50mg</i>	Tier 1	NDS
ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	Tier 1	NDS, B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	Tier 1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	Tier 1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	Tier 1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 1	NM
GLEOSTINE CAPS 100mg	Tier 1	NDS, NM
LEUKERAN TABS 2mg	Tier 1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 1	B/D
<i>oxaliplatin</i> SOLR 100mg	Tier 1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	Tier 1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	Tier 1	NDS, B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	Tier 1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	Tier 1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	Tier 1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	NDS, QL (5 tabs/28 days), NM, LA, PA
LONSURF TAB 15-6.14	Tier 1	NDS, QL (100 tabs/28 days), NM, LA, PA
LONSURF TAB 20-8.19	Tier 1	NDS, QL (80 tabs/28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	Tier 1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
ONUREG TABS 200mg, 300mg	Tier 1	NDS, QL (14 tabs/28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	Tier 1	NDS, NM, LA
TABLOID TABS 40mg	Tier 1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AKEEGA TAB 50/500MG	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 100/500	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	Tier 1	
<i>bicalutamide</i> TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 1	NM, PA
EMCYT CAPS 140mg	Tier 1	NDS
ERLEADA TABS 60mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
ERLEADA TABS 240mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
EULEXIN CAPS 125mg	Tier 1	NDS
<i>exemestane</i> TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 1	NM, PA
FIRMAGON SOLR 120mg/vial	Tier 1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 1	NDS, NM, PA
LYSODREN TABS 500mg	Tier 1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 1	
<i>nilutamide</i> TABS 150mg	Tier 1	NDS
NUBEQA TABS 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
ORGOVYX TABS 120mg	Tier 1	NDS, NM, LA, PA
ORSERDU TABS 86mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
ORSERDU TABS 345mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	Tier 1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> TABS 60mg	Tier 1	
XTANDI CAPS 40mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
XTANDI TABS 40mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
XTANDI TABS 80mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	Tier 1	NDS, QL (56 caps/28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	NDS, QL (2 syringes/28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
KISQALI 200 PAK FEMARA	Tier 1	NDS, QL (49 tabs/28 days), NM, PA
KISQALI 400 PAK FEMARA	Tier 1	NDS, QL (70 tabs/28 days), NM, PA
KISQALI 600 PAK FEMARA	Tier 1	NDS, QL (91 tabs/28 days), NM, PA
MATULANE CAPS 50mg	Tier 1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	NDS
WELIREG TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	Tier 1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	Tier 1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	Tier 1	NDS, QL (240 caps/30 days), NM, LA, PA
ALUNBRIG TABS 30mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
ALUNBRIG PAK	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 40mg	Tier 1	NDS, QL (240 caps/30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
BALVERSA TABS 3mg	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
BALVERSA TABS 4mg	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
BALVERSA TABS 5mg	Tier 1	NDS, QL (28 tabs/28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	Tier 1	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	Tier 1	NDS, NM, PA
BOSULIF TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
BOSULIF TABS 400mg, 500mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
BRAFTOVI CAPS 75mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
BRUKINSA CAPS 80mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
CALQUENCE CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
CALQUENCE TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
CAPRELSA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
CAPRELSA TABS 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	NDS, QL (84 caps/28 days), NM, LA, PA
COMETRIQ KIT 100MG	Tier 1	NDS, QL (56 caps/28 days), NM, LA, PA
COMETRIQ KIT 140MG	Tier 1	NDS, QL (112 caps/28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	NDS, QL (56 caps/28 days), NM, LA, PA
COTELLIC TABS 20mg	Tier 1	NDS, QL (63 tabs/28 days), NM, LA, PA
DAURISMO TABS 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
DAURISMO TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
<i>everolimus</i> TBSO 2mg	Tier 1	NDS, QL (150 tabs/30 days), NM, PA
<i>everolimus</i> TBSO 3mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>everolimus</i> TBSO 5mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
EXKIVITY CAPS 40mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	Tier 1	NDS, QL (84 caps/28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
GAVRETO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	Tier 1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	Tier 1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 tabs/28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
IMBRUVICA CAPS 70mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	Tier 1	NDS, QL (216 mL/27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
INLYTA TABS 1mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
INLYTA TABS 5mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
INREBIC CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
JAYPIRCA TABS 50mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
JAYPIRCA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	Tier 1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	Tier 1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	Tier 1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	Tier 1	NDS, QL (21 tabs/28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	Tier 1	NDS, QL (42 tabs/28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
KOSELUGO CAPS 10mg	Tier 1	NDS, QL (240 caps/30 days), NM, LA, PA
KOSELUGO CAPS 25mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
KRAZATI TABS 200mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA CAP 14 MG	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA CAP 18 MG	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LENVIMA CAP 24 MG	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LORBRENA TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
LORBRENA TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
LUMAKRAS TABS 120mg	Tier 1	NDS, QL (240 tabs/30 days), NM, LA, PA
LUMAKRAS TABS 320mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	Tier 1	NDS, QL (140 tabs/28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	Tier 1	NDS, QL (1260 mL/30 days), NM, LA, PA
MEKINIST TABS 2mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
MEKINIST TABS .5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
MEKTOVI TABS 15mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
MONJUVI SOLR 200mg	Tier 1	NDS, NM, LA, PA
NERLYNX TABS 40mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
NEXAVAR TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 1	NDS, QL (3 caps/28 days), NM, PA
ODOMZO CAPS 200mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
OGIVRI SOLR 150mg	Tier 1	NDS, NM, LA, PA
OGIVRI INJ 420MG	Tier 1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 1	NDS, QL (28 tabs/28 days), NM, LA, PA
PHESGO SOL	Tier 1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
PIQRAY 250MG TAB DOSE	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
QINLOCK TABS 50mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
RETEVMO CAPS 40mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
RETEVMO CAPS 80mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	Tier 1	NDS, QL (150 caps/30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
ROZLYTREK PACK 50mg	Tier 1	NDS, QL (336 packets/28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
RYDAPT CAPS 25mg	Tier 1	NDS, QL (224 caps/28 days), NM, PA
SCEMBLIX TABS 20mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
SCEMBLIX TABS 40mg	Tier 1	NDS, QL (300 tabs/30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
SPRYCEL TABS 20mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
STIVARGA TABS 40mg	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
TABRECTA TABS 150mg, 200mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
TAFINLAR TBSO 10mg	Tier 1	NDS, QL (900 tabs/30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
TALZENNA CAPS .25mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
TASIGNA CAPS 50mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	Tier 1	NDS, QL (112 caps/28 days), NM, PA
TAZVERIK TABS 200mg	Tier 1	NDS, QL (240 tabs/30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
TIBSOVO TABS 250mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	Tier 1	NDS, QL (64 tabs/28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPS 125mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
VENCLEXTA TABS 10mg	Tier 1	QL (112 tabs/28 days), NM, LA, PA
VENCLEXTA TABS 50mg	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
VENCLEXTA TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
VENCLEXTA TAB START PK	Tier 1	NDS, QL (42 tabs/28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
VITRAKVI CAPS 25mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
VITRAKVI CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	Tier 1	NDS, QL (300 mL/30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
VONJO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
VOTRIENT TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
XALKORI CPSP 20mg	Tier 1	NDS, QL (240 caps/30 days), NM, LA, PA
XALKORI CPSP 150mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
XOSPATA TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	Tier 1	NDS, QL (4 tabs/28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	Tier 1	NDS, QL (4 tabs/28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	Tier 1	NDS, QL (24 tabs/28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	Tier 1	NDS, QL (32 tabs/28 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
ZEJULA CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
ZELBORAF TABS 240mg	Tier 1	NDS, QL (240 tabs/30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
ZYKADIA TABS 150mg	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MESNEX TABS 400mg	Tier 1	NDS
CARDIOVASCULAR – DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps/30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	Tier 1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	Tier 1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	Tier 1	
KERENDIA TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	Tier 1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	Tier 1	QL (30 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	Tier 1	QL (60 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	Tier 1	QL (30 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	Tier 1	QL (30 tabs/30 days)
ENTRESTO TAB 24-26MG	Tier 1	QL (60 tabs/30 days)
ENTRESTO TAB 49-51MG	Tier 1	QL (60 tabs/30 days)
ENTRESTO TAB 97-103MG	Tier 1	QL (60 tabs/30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	Tier 1	QL (60 tabs/30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	Tier 1	QL (30 tabs/30 days)
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-25 mg	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	Tier 1	QL (30 tabs/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	Tier 1	QL (30 tabs/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg	Tier 1	QL (30 tabs/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (60 tabs/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs/30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	Tier 1	QL (60 tabs/30 days)
<i>candesartan cilexetil TABS 32mg</i>	Tier 1	QL (30 tabs/30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	Tier 1	QL (30 tabs/30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	
<i>olmesartan medoxomil TABS 5mg</i>	Tier 1	QL (60 tabs/30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	Tier 1	QL (30 tabs/30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	Tier 1	QL (30 tabs/30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	Tier 1	QL (60 tabs/30 days)
<i>valsartan TABS 320mg</i>	Tier 1	QL (30 tabs/30 days)
ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	Tier 1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 1	
<i>MULTAQ TABS 400mg</i>	Tier 1	
<i>NORPACE CR CP12 100mg, 150mg</i>	Tier 1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	Tier 1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	Tier 1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	Tier 1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	Tier 1	
ANTIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	Tier 1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	Tier 1	
<i>gemfibrozil TABS 600mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS – DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	Tier 1	QL (60 tabs/30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
ANTIPEMICS, MISCELLANEOUS – DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
<i>ezetimibe</i> TABS 10mg	Tier 1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	Tier 1	QL (60 tabs/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 1	NM, PA
VASCEPA CAPS .5gm, 1gm	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
BETA-BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	Tier 1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	Tier 1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
<i>nebivolol hcl</i> TABS 20mg	Tier 1	QL (60 tabs/30 days)

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol</i> TABS 5mg, 10mg	Tier 1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>isradipine</i> CAPS 2.5mg, 5mg	Tier 1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 1	
NYMALIZE SOLN 6mg/ml	Tier 1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS – DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml	Tier 1	QL (450 mL/30 days)
CORLANOR TABS 5mg, 7.5mg	Tier 1	QL (60 tabs/30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg	Tier 1	QL (30 tabs/30 days)
<i>droxidopa</i> CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	Tier 1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>metyrosine</i> CAPS 250mg	Tier 1	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
NITRATES – DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION – DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
OPSUMIT TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL (360 tabs/30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 1	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM – DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY – DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs/30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> CONC 2mg/ml	Tier 1	QL (150 mL/30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	Tier 1	QL (150 tabs/30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	Tier 1	QL (150 mL/30 days)
ANTIDEMENTIA – DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	Tier 1	QL (30 tabs/30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	Tier 1	QL (30 caps/30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 1	QL (200 mL/30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	Tier 1	QL (60 tabs/30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl tab</i> 28x5 mg & 21x10 mg titration pack	Tier 1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	Tier 1	
NAMZARIC CAP 14-10MG	Tier 1	
NAMZARIC CAP 21-10MG	Tier 1	
NAMZARIC CAP 28-10MG	Tier 1	
NAMZARIC CAP PACK	Tier 1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 1	QL (30 patches/30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 1	QL (60 caps/30 days)
ANTIDEPRESSANTS – DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 1	
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs/30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	Tier 1	QL (60 tabs/30 days)
<i>bupropion hcl</i> TB24 300mg	Tier 1	QL (30 tabs/30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	Tier 1	QL (30 tabs/30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	Tier 1	QL (60 caps/30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 1	NDS, QL (30 patches/30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg	Tier 1	QL (60 caps/30 days), PA
FETZIMA CP24 80mg, 120mg	Tier 1	QL (30 caps/30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs/year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	Tier 1	

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

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

ANTIPARKINSONIAN AGENTS – DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS 100mg	Tier 1	QL (120 caps/30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	Tier 1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 1	
<i>carbidopa & levodopa tab</i> 10-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
INBRIJA CAPS 42mg	Tier 1	NDS, QL (300 caps/30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 1	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg	Tier 1	QL (30 tabs/30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	Tier 1	PA; PA if 70 years and older
ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 1	NDS, QL (1 syringe/28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 1	NDS, QL (1 injection/28 days)
aripiprazole SOLN 1mg/ml	Tier 1	QL (900 mL/30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (30 tabs/30 days)
aripiprazole TBDP 10mg, 15mg	Tier 1	QL (60 tabs/30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	Tier 1	NDS, QL (1 syringe/28 days)
ARISTADA PRSY 1064mg/3.9ml	Tier 1	NDS, QL (1 syringe/56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 1	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs/30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	Tier 1	NDS, QL (30 caps/30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
clozapine TABS 25mg, 50mg	Tier 1	
clozapine TABS 100mg	Tier 1	QL (270 tabs/30 days)
clozapine TABS 200mg	Tier 1	QL (120 tabs/30 days)
clozapine TBDP 12.5mg, 25mg	Tier 1	PA
clozapine TBDP 100mg	Tier 1	QL (270 tabs/30 days), PA
clozapine TBDP 150mg	Tier 1	QL (180 tabs/30 days), PA
clozapine TBDP 200mg	Tier 1	NDS, QL (120 tabs/30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (60 tabs/30 days), PA
FANAPT PAK	Tier 1	QL (2 packs/year), PA
fluphenazine decanoate SOLN 25mg/ml	Tier 1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 1	NDS, QL (1 injection/180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	Tier 1	QL (1 syringe/28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 1	NDS, QL (1 syringe/28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Tier 1	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 **LA** – Limited Access **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	Tier 1	QL (30 tabs/30 days)
<i>lurasidone hcl</i> TABS 80mg	Tier 1	QL (60 tabs/30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
NUPLAZID TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	Tier 1	QL (3 vials/1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	Tier 1	QL (60 tabs/30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	Tier 1	QL (30 tabs/30 days)
<i>paliperidone</i> TB24 6mg	Tier 1	QL (60 tabs/30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
PERSERIS PRSY 90mg, 120mg	Tier 1	NDS, QL (1 syringe/30 days)
<i>pimozide</i> TABS 1mg, 2mg	Tier 1	
<i>quetiapine fumarate</i> TABS 25mg	Tier 1	QL (180 tabs/30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (90 tabs/30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	Tier 1	QL (60 tabs/30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	Tier 1	QL (60 tabs/30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	Tier 1	QL (30 tabs/30 days), PA
REXULTI TABS 3mg, 4mg	Tier 1	NDS, QL (30 tabs/30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 1	NDS, QL (60 tabs/30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	Tier 1	QL (2 injections/28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	Tier 1	NDS, QL (2 injections/28 days)
<i>risperidone</i> SOLN 1mg/ml	Tier 1	QL (240 mL/30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	Tier 1	QL (60 tabs/30 days)
<i>risperidone</i> TBDP 4mg	Tier 1	QL (120 tabs/30 days)
<i>risperidone</i> TBDP .25mg, .5mg	Tier 1	QL (90 tabs/30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 1	NDS, QL (30 patches/30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml	Tier 1	NDS, QL (600 mL/30 days), PA
VRAYLAR CAPS 1.5mg	Tier 1	NDS, QL (60 caps/30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	Tier 1	NDS, QL (30 caps/30 days)
VRAYLAR CAP 1.5-3MG	Tier 1	QL (2 packs/year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	Tier 1	QL (60 caps/30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	Tier 1	QL (6 injections/3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	Tier 1	NDS, QL (2 vials/28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	Tier 1	NDS, QL (1 vial/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 LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	Tier 1	NDS, QL (30 tabs/30 days)
APTiom TABS 600mg, 800mg	Tier 1	NDS, QL (60 tabs/30 days)
BRIVIACT SOLN 10mg/ml	Tier 1	NDS, QL (600 mL/30 days), PA
BRIVIACT SOLN 50mg/5ml	Tier 1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	NDS, QL (60 tabs/30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
<i>clobazam</i> SUSP 2.5mg/ml	Tier 1	QL (480 mL/30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	Tier 1	QL (60 tabs/30 days), PA
<i>clonazepam</i> TABS 2mg; TBP 2mg	Tier 1	QL (300 tabs/30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBP .125mg, .25mg, .5mg, 1mg	Tier 1	QL (90 tabs/30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	Tier 1	QL (180 tabs/30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	NDS, QL (360 caps/30 days), NM, LA, PA
DIACOMIT CAPS 500mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
DIACOMIT PACK 250mg	Tier 1	NDS, QL (360 packets/30 days), NM, LA, PA
DIACOMIT PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	Tier 1	QL (1200 mL/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml	Tier 1	QL (240 mL/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	Tier 1	
DILANTIN INFATABS CHEW 50mg	Tier 1	
DILANTIN-125 SUSP 125mg/5ml	Tier 1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 1	NDS, QL (600 mL/30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml	Tier 1	QL (480 mL/30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml	Tier 1	NDS

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	NDS, QL (360 mL/30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	Tier 1	NDS, QL (720 mL/30 days), PA
FYCOMPA TABS 2mg	Tier 1	QL (60 tabs/30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (30 tabs/30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	Tier 1	QL (180 caps/30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	Tier 1	QL (2160 mL/30 days)
<i>gabapentin</i> TABS 600mg	Tier 1	QL (180 tabs/30 days)
<i>gabapentin</i> TABS 800mg	Tier 1	QL (120 tabs/30 days)
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg	Tier 1	QL (120 tabs/30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	Tier 1	QL (60 tabs/30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	Tier 1	QL (1200 mL/30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml	Tier 1	QL (1500 mL/30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 1	QL (120 tabs/30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	QL (120 caps/30 days), PA
<i>pregabalin</i> CAPS 200mg	Tier 1	QL (90 caps/30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	Tier 1	QL (60 caps/30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	Tier 1	QL (900 mL/30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml	Tier 1	NDS, QL (2400 mL/30 days), PA
<i>rufinamide</i> TABS 200mg	Tier 1	QL (480 tabs/30 days), PA
<i>rufinamide</i> TABS 400mg	Tier 1	NDS, QL (240 tabs/30 days), PA
SPRITAM TB3D 250mg	Tier 1	QL (360 tabs/30 days)
SPRITAM TB3D 500mg	Tier 1	QL (180 tabs/30 days)
SPRITAM TB3D 750mg	Tier 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 **LA** – Limited Access **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000mg	Tier 1	QL (90 tabs/30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg	Tier 1	NDS, QL (60 films/30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 1	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	
vigabatrin PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
vigabatrin TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
vigadrone PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
vigadrone TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days)
XCOPRI TABS 150mg, 200mg	Tier 1	NDS, QL (60 tabs/30 days)
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs/28 days)
XCOPRI PAK 50-100MG	Tier 1	NDS, QL (28 tabs/28 days)
XCOPRI PAK 100-150	Tier 1	NDS, QL (56 tabs/28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	NDS, QL (56 tabs/28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	NDS, QL (28 tabs/28 days)
ZONISADE SUSP 100mg/5ml	Tier 1	NDS, QL (900 mL/30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml	Tier 1	NDS, QL (1100 mL/30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER – DRUGS TO TREAT ADHD

amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs/30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs/30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	Tier 1	QL (120 caps/30 days)
<i>atomoxetine hcl</i> CAPS 40mg	Tier 1	QL (60 caps/30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	Tier 1	QL (30 caps/30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	Tier 1	QL (120 tabs/30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	Tier 1	QL (60 tabs/30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	Tier 1	QL (30 tabs/30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	Tier 1	QL (60 tabs/30 days), PA; PA if 70 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	Tier 1	QL (180 tabs/30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	Tier 1	QL (1800 mL/30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	Tier 1	QL (900 mL/30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	Tier 1	QL (90 tabs/30 days), PA
HYPNOTICS – DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	Tier 1	QL (30 tabs/30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	Tier 1	QL (30 tabs/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	Tier 1	QL (30 caps/30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	Tier 1	QL (60 caps/30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	Tier 1	QL (30 caps/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	Tier 1	QL (60 caps/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year
MIGRAINE – DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 1	QL (1 pen/30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	Tier 1	NDS, QL (8 mL/30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	QL (40 tabs/28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	Tier 1	QL (12 tabs/30 days)
NURTEC TBDP 75mg	Tier 1	QL (16 tabs/30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	Tier 1	QL (30 tabs/30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 1	QL (18 tabs/30 days)
<i>sumatriptan</i> SOLN 5mg/act	Tier 1	QL (24 units/30 days)
<i>sumatriptan</i> SOLN 20mg/act	Tier 1	QL (12 units/30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	Tier 1	QL (18 injections/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 1	QL (12 injections/30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	Tier 1	QL (12 tabs/30 days)
UBRELVY TABS 50mg, 100mg	Tier 1	QL (16 tabs/30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
AUSTEDO XR TB24 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
AUSTEDO XR TB24 24mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 1	NDS, QL (2 packs/year), NM, PA
LITHIUM SOLN 8meq/5ml	Tier 1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG	Tier 1	QL (60 caps/30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
<i>tetrabenazine</i> TABS 12.5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS – DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
BETASERON KIT .3mg	Tier 1	NDS, QL (14 syringes/28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	Tier 1	QL (60 tabs/30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	Tier 1	NDS, QL (16 pens/year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS – DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 5mg	Tier 1	QL (90 tabs/30 days)
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>carisoprodol</i> TABS 350mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	Tier 1	QL (90 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>methocarbamol</i> TABS 500mg	Tier 1	QL (360 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	Tier 1	QL (240 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY – DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> TABS 50mg	Tier 1	QL (60 tabs/30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	Tier 1	QL (30 tabs/30 days), PA
<i>modafinil</i> TABS 100mg	Tier 1	QL (30 tabs/30 days), PA
<i>modafinil</i> TABS 200mg	Tier 1	QL (60 tabs/30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	Tier 1	NDS, QL (540 mL/30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	Tier 1	QL (90 tabs/30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 tabs/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs/30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	Tier 1	QL (60 tabs/30 days)
<i>disulfiram</i> TABS 250mg, 500mg	Tier 1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	Tier 1	QL (56 tabs/28 days), PA
<i>varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack</i>	Tier 1	QL (2 packs/year), PA
VIVITROL SUSR 380mg	Tier 1	NDS, NM
ENDOCRINE AND METABOLIC – DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS – DRUGS TO REGULATE MALE HORMONES		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>methyltestosterone</i> CAPS 10mg	Tier 1	NDS, QL (600 caps/30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	Tier 1	QL (300 gm/30 days), PA
<i>testosterone</i> GEL 1.62%	Tier 1	QL (150 gm/30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
BYDUREON BCISE AUIJ 2mg/0.85ml	Tier 1	QL (4 pens/28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	Tier 1	QL (1 pen/30 days), PA
FARXIGA TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
<i>glimepiride</i> TABS 1mg, 2mg	Tier 1	QL (90 tabs/30 days)
<i>glimepiride</i> TABS 4mg	Tier 1	QL (60 tabs/30 days)
<i>glipizide</i> TABS 5mg	Tier 1	QL (240 tabs/30 days)
<i>glipizide</i> TABS 10mg	Tier 1	QL (120 tabs/30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	Tier 1	QL (90 tabs/30 days)
<i>glipizide</i> TB24 10mg	Tier 1	QL (60 tabs/30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	Tier 1	QL (90 tabs/30 days)
<i>glipizide xl</i> TB24 10mg	Tier 1	QL (60 tabs/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (240 tabs/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs/30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs/30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs/30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs/30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs/30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs/30 days)
JANUVIA TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs/30 days)
JARDIANCE TABS 10mg, 25mg	Tier 1	QL (30 tabs/30 days)
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs/30 days)
<i>metformin hcl</i> TABS 500mg	Tier 1	QL (150 tabs/30 days)
<i>metformin hcl</i> TABS 850mg	Tier 1	QL (90 tabs/30 days)
<i>metformin hcl</i> TABS 1000mg	Tier 1	QL (75 tabs/30 days)
<i>metformin hcl</i> TB24 500mg	Tier 1	QL (120 tabs/30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	Tier 1	QL (60 tabs/30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Tier 1	QL (4 pens/28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	Tier 1	QL (90 tabs/30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	Tier 1	QL (1 pen/28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs/30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg	Tier 1	QL (90 tabs/30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg	Tier 1	QL (90 tabs/30 days)
<i>repaglinide</i> TABS 2mg	Tier 1	QL (240 tabs/30 days)
<i>repaglinide</i> TABS .5mg, 1mg	Tier 1	QL (120 tabs/30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	Tier 1	QL (30 tabs/30 days), PA
SYNJARDY TAB 5-500MG	Tier 1	QL (120 tabs/30 days)
SYNJARDY TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY TAB 12.5-500	Tier 1	QL (60 tabs/30 days)
SYNJARDY TAB 12.5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 10-1000	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 12.5-1000	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 25-1000	Tier 1	QL (30 tabs/30 days)
TRADJENTA TABS 5mg	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 1	QL (4 pens/28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs/30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs/30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 1	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 1	
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 1	
BD ALCOHOL SWABS	Tier 1	
FIASP SOLN 100unit/ml	Tier 1	
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 1	
FIASP PENFILL SOCT 100unit/ml	Tier 1	
FIASP PUMPCART SOCT 100unit/ml	Tier 1	B/D
GAUZE PADS 2"x2"	Tier 1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 1	NDS
INSULIN PEN NEEDLES: BD/NOVO	Tier 1	
INSULIN SAFETY NEEDLES	Tier 1	
INSULIN SYRINGES: BD	Tier 1	
LANTUS SOLN 100unit/ml	Tier 1	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 G6 MIS PODS	Tier 1	QL (15 pods/30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit/year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 10UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 15UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 20UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 25UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 30UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 35UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 40UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD MIS CLASSIC	Tier 1	QL (15 pods/30 days), PA
SOLIQUA INJ 100/33	Tier 1	QL (5 pens/25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 1	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 1	
TRESIBA SOLN 100unit/ml	Tier 1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 1	
V-GO 20 KIT	Tier 1	QL (30 devices/30 days), PA
V-GO 30 KIT	Tier 1	QL (30 devices/30 days), PA
V-GO 40 KIT	Tier 1	QL (30 devices/30 days), PA
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens/30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D
PROLIA SOSY 60mg/ml	Tier 1	QL (1 syringe/180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	Tier 1	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	Tier 1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	Tier 1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	Tier 1	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK 5gm, 10gm	Tier 1	
penicillamine TABS 250mg	Tier 1	NDS, NM
sodium polystyrene sulfonate powder	Tier 1	
sps SUSP 15gm/60ml	Tier 1	
trientine hcl CAPS 250mg	Tier 1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 1	
CONTRACEPTIVES – DRUGS FOR BIRTH CONTROL		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
amethia	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
ashlyna	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela 24 fe	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi 24 fe	Tier 1	
blisovi fe 1.5/30	Tier 1	
briellyn	Tier 1	
camila TABS .35mg	Tier 1	
camrese	Tier 1	
camrese lo	Tier 1	
chateal	Tier 1	
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	
elinest	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>eluryng</i>	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin TABS .35mg</i>	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>finzala</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>hailey 24 fe</i>	Tier 1	
<i>haloette</i>	Tier 1	
<i>heather TABS .35mg</i>	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia TABS .35mg</i>	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>junel fe 24</i>	Tier 1	
<i>kaitlib fe</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kelnor 1/50</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	
<i>larin 24 fe</i>	Tier 1	
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>layolis fe</i>	Tier 1	
<i>leena</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Tier 1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>loryna</i>	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>lyleq TABS .35mg</i>	Tier 1	
<i>lyza TABS .35mg</i>	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1	
<i>mibelas 24 fe</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin 24 fe</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-linyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>nikki</i>	Tier 1	
<i>nora-be TABS .35mg</i>	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 1	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norlyroc TABS .35mg</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</i>	Tier 1	
<i>nymyo</i>	Tier 1	
<i>ocella</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>rivelsa</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>simpesse</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina 24 fe</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-lynyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	Tier 1	
<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-nymyo</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>tydemy</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>wymzya fe</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zafemy</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
SYNAREL SOLN 2mg/ml	Tier 1	NDS, PA
ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz tab 0.5-0.1mg</i>	Tier 1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>yuvafem</i> TABS 10mcg	Tier 1	
GLUCOCORTICOIDS – DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC 5mg/ml	Tier 1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 1	
GLUCOSE ELEVATING AGENTS – DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	Tier 1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 1	
GVOKE KIT SOLN 1mg/0.2ml	Tier 1	
GVOKE PFS SOSY 1mg/0.2ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NDS, NM, LA, PA
betaine powder for oral solution	Tier 1	NDS, NM, LA
cabergoline TABS .5mg	Tier 1	
carglumic acid TBSO 200mg	Tier 1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	Tier 1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	Tier 1	NDS, NM, LA, PA
cinacalcet hcl TABS 30mg, 60mg	Tier 1	B/D, QL (60 tabs/30 days), NM
cinacalcet hcl TABS 90mg	Tier 1	NDS, B/D, QL (120 tabs/30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	Tier 1	NDS
desmopressin acetate TABS .1mg, .2mg	Tier 1	
desmopressin acetate spray SOLN .01%	Tier 1	
desmopressin acetate spray refrigerated SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 1	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	Tier 1	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, LA, PA
KORLYM TABS 300mg	Tier 1	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 1	NDS, NM, PA
miglustat CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 1	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NDS, NM, PA
raloxifene hcl TABS 60mg	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 1	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
PHOSPHATE BINDER AGENTS – DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	Tier 1	QL (360 caps/30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	Tier 1	QL (360 tabs/30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	Tier 1	QL (180 packets/30 days)
<i>sevelamer carbonate</i> PACK .8gm	Tier 1	QL (540 packets/30 days)
<i>sevelamer carbonate</i> TABS 800mg	Tier 1	QL (540 tabs/30 days)
VELPHORO CHEW 500mg	Tier 1	NDS, QL (180 tabs/30 days)
PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 1	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 1	
<i>progesterone</i> CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS – DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
RAYALDEE CPCR 30mcg	Tier 1	NDS

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL – DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
<u>ANTIEMETICS – DRUGS FOR NAUSEA AND VOMITING</u>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i> SUPP 25mg	Tier 1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	Tier 1	B/D, QL (60 caps/30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	Tier 1	QL (10 patches/30 days), PA; PA if 70 years and older
<u>ANTISPASMODICS – DRUGS FOR STOMACH SPASMS</u>		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	Tier 1	
<i>glycopyrrolate</i> TABS 1mg	Tier 1	QL (90 tabs/30 days)
<i>glycopyrrolate</i> TABS 2mg	Tier 1	QL (120 tabs/30 days)
<u>H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID</u>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 1	
<i>famotidine</i> SUSR 40mg/5ml	Tier 1	QL (300 mL/30 days)
<i>famotidine</i> TABS 20mg	Tier 1	QL (120 tabs/30 days)
<i>famotidine</i> TABS 40mg	Tier 1	QL (60 tabs/30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
<u>INFLAMMATORY BOWEL DISEASE</u>		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg	Tier 1	QL (90 caps/30 days), PA
<i>budesonide</i> TB24 9mg	Tier 1	NDS, QL (30 tabs/30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	
<i>mesalamine</i> CP24 .375gm	Tier 1	QL (120 caps/30 days)
<i>mesalamine</i> CPDR 400mg	Tier 1	QL (180 caps/30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	Tier 1	
<i>mesalamine</i> TBEC 1.2gm	Tier 1	QL (120 tabs/30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 1	
<i>enulose</i> SOLN 10gm/15ml	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PLENVU SOL	Tier 1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	Tier 1	NDS, QL (60 tabs/30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
GATTEX KIT 5mg	Tier 1	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 1	QL (30 caps/30 days)
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg	Tier 1	QL (30 tabs/30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 1	NDS, QL (28 syringes/28 days), PA
<i>sucralfate</i> TABS 1gm	Tier 1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 1	
XERMELO TABS 250mg	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
XIFAXAN TABS 550mg	Tier 1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
PROTON PUMP INHIBITORS – DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	Tier 1	QL (30 caps/30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	Tier 1	QL (60 caps/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
rabeprazole sodium TBEC 20mg	Tier 1	QL (30 tabs/30 days)

GENITOURINARY – DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA – DRUGS TO TREAT ENLARGED PROSTATE

alfuzosin hcl TB24 10mg	Tier 1	QL (30 tabs/30 days)
dutasteride CAPS .5mg	Tier 1	QL (30 caps/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	QL (30 caps/30 days)
finasteride TABS 5mg	Tier 1	QL (30 tabs/30 days)
tamsulosin hcl CAPS .4mg	Tier 1	QL (60 caps/30 days)

MISCELLANEOUS

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

URINARY ANTISPASMODICS – DRUGS TO TREAT URINARY INCONTINENCE

fesoterodine fumarate TB24 4mg, 8mg	Tier 1	QL (30 tabs/30 days)
GEMTESA TABS 75mg	Tier 1	QL (30 tabs/30 days)
MYRBETRIQ SRER 8mg/ml	Tier 1	QL (300 mL/28 days)
MYRBETRIQ TB24 25mg, 50mg	Tier 1	QL (30 tabs/30 days)
oxybutynin chloride SOLN 5mg/5ml	Tier 1	QL (600 mL/30 days)
oxybutynin chloride TABS 5mg	Tier 1	QL (120 tabs/30 days)
oxybutynin chloride TB24 5mg	Tier 1	QL (30 tabs/30 days)
oxybutynin chloride TB24 10mg, 15mg	Tier 1	QL (60 tabs/30 days)
solifenacin succinate TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
tolterodine tartrate CP24 2mg, 4mg	Tier 1	QL (30 caps/30 days), ST
tolterodine tartrate TABS 1mg, 2mg	Tier 1	QL (60 tabs/30 days)
trospium chloride TABS 20mg	Tier 1	QL (60 tabs/30 days)

VAGINAL ANTI-INFECTIVES

clindamycin phosphate vaginal CREA 2%	Tier 1	
metronidazole vaginal GEL .75%	Tier 1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 1	

HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS – BLOOD THINNERS

dabigatran etexilate mesylate CAPS 75mg, 150mg	Tier 1	QL (60 caps/30 days)
ELIQUIS TABS 2.5mg	Tier 1	QL (60 tabs/30 days)
ELIQUIS TABS 5mg	Tier 1	QL (74 tabs/30 days)
ELIQUIS STARTER PACK TBPK 5mg	Tier 1	QL (74 tabs/30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
fondaparinux sodium SOLN 2.5mg/0.5ml	Tier 1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NDS

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
HEP SOD/D5W INJ 20000UNT	Tier 1	
HEP SOD/D5W INJ 25000UNT	Tier 1	
HEP SOD/NACL INJ 12500UNT	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	B/D
HEPARIN/NACL INJ 25000UNT	Tier 1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
PRADAXA CAPS 110mg	Tier 1	QL (120 caps/30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml	Tier 1	QL (620 mL/30 days)
XARELTO TABS 2.5mg	Tier 1	QL (60 tabs/30 days)
XARELTO TABS 10mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs/30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	NDS, QL (24 boxes/30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTelet TABS 20mg	Tier 1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 1	
ENDARI PACK 5gm	Tier 1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	Tier 1	NDS, QL (30 vials/30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	Tier 1	NDS, QL (20 vials/30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
PROMACTA PACK 12.5mg	Tier 1	NDS, QL (360 packets/30 days), NM, LA, PA
PROMACTA PACK 25mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50mg, 75mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 1	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg	Tier 1	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 1	
IMMUNOLOGIC AGENTS – DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	Tier 1	NDS, QL (56 pens/365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	Tier 1	NDS, QL (16 vials/28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	Tier 1	NDS, QL (16 syringes/28 days), NM, PA
ENBREL SOSY 50mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	Tier 1	NDS, QL (8 cartridges/28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 1	NDS, QL (8 pens/28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 syringes/28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 1	NDS, QL (3 syringes/28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 pens/28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
HUMIRA PEN KIT PS/UV	Tier 1	NDS, QL (3 pens/28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	Tier 1	NDS, QL (6 pens/28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	Tier 1	NDS, QL (3 pens/28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	Tier 1	NDS, QL (56 pens/365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	Tier 1	NDS, QL (56 syringes/365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	Tier 1	NDS, QL (2 packs/year), 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 **LA** – Limited Access **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	Tier 1	NDS, QL (2 packs/year), NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	Tier 1	NDS, QL (2 pens/28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
OTEZLA TABS 30mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OTEZLA TAB 10/20/30	Tier 1	NDS, QL (110 tabs/year), NM, PA
REMICADE SOLR 100mg	Tier 1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	Tier 1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
RINVOQ TB24 45mg	Tier 1	NDS, QL (168 tabs/year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 1	NDS, QL (1 cartridge/56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	Tier 1	NDS, QL (6 vials/year), NM, PA
SKYRIZI SOSY 150mg/ml	Tier 1	NDS, QL (6 syringes/365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 1	NDS, QL (6 pens/365 days), NM, PA
STELARA SOLN 45mg/0.5ml	Tier 1	NDS, QL (1 vial/28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	Tier 1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Tier 1	NDS, QL (3 syringes/28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	Tier 1	NDS, QL (480 mL/24 days), NM, PA
XELJANZ TABS 5mg, 10mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) – DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	Tier 1	
leflunomide TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
methotrexate sodium TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 1	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 1	NDS, NM, PA
GAMASTAN INJ	Tier 1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 1	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NDS, 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 **LA** – Limited Access **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	Tier 1	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 1	B/D, NM
<i>azathioprine</i> TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	Tier 1	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	Tier 1	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	Tier 1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	Tier 1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	Tier 1	B/D, NM
NULOJIX SOLR 250mg	Tier 1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	Tier 1	B/D, NM
REZUROCK TABS 200mg	Tier 1	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	Tier 1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	Tier 1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	Tier 1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	Tier 1	B/D, NM
VACCINES		
ABRYSV0 SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENG VAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ENERGIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	Tier 1	
D5W/LYTES INJ #48	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
D10W/NACL INJ 0.2%	Tier 1	
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.2%	Tier 1	
dextrose 5% w/ sodium chloride 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	Tier 1	
dextrose 5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% w/ sodium chloride 0.225%	Tier 1	
dextrose 10% w/ sodium chloride 0.45%	Tier 1	
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
lactated ringer's solution	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
MG SO4/D5W INJ 10MG/ML	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
multiple electrolytes ph 7.4	Tier 1	
PLASMA-LYTE INJ -148	Tier 1	
PLASMA-LYTE INJ -A	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	Tier 1	
<i>klor-con</i> 8 TBCR 8meq	Tier 1	
<i>klor-con</i> 10 TBCR 10meq	Tier 1	
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	Tier 1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
<i>clinisol sf</i> 15%	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
<i>dextrose</i> SOLN 5%, 10%	Tier 1	
<i>dextrose</i> SOLN 50%, 70%	Tier 1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 1	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 1	B/D
<i>plenamine</i>	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	NDS, B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D
OPHTHALMIC – DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY – DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	Tier 1	
<i>neo-polycin hc ophth oint</i> 1%	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1%	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
TOBRADEX ST SUS 0.3-0.05	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	
ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 1	
CILOXAN OINT .3%	Tier 1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	Tier 1	
NATACYN SUSP 5%	Tier 1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 1	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
trifluridine SOLN 1%	Tier 1	
ZIRGAN GEL .15%	Tier 1	
ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	Tier 1	
<i>bromfenac sodium (ophth) SOLN .07%</i>	Tier 1	
BROMSITE SOLN .075%	Tier 1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
<i>difluprednate EMUL .05%</i>	Tier 1	
EYSUVIS SUSP .25%	Tier 1	
FLAREX SUSP .1%	Tier 1	
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 1	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
PROLENSA SOLN .07%	Tier 1	
ANTIALLERGICS – DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 1	
ZERVIAE SOLN .24%	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANTI GLAUCOMA – DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 1	
BETOPTIC-S SUSP .25%	Tier 1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	Tier 1	
<i>brinzolamide</i> SUSP 1%	Tier 1	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	Tier 1	
<i>latanoprost</i> SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	Tier 1	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	
RESTASIS MULTIDOSE EMUL .05%	Tier 1	
TYRVAYA SOLN .03mg/act	Tier 1	
XIIDRA SOLN 5%	Tier 1	
OTIC – DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 1	
<i>flac</i> OIL .01%	Tier 1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Tier 1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
<i>ofloxacin (otic)</i> SOLN .3%	Tier 1	
RESPIRATORY – DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS – DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters/30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler/30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler/30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers/28 days)

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters/30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters/30 days)
ANTICHOLINERGICS – DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	Tier 1	QL (2 inhalers/30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 1	QL (30 blisters/30 days)
<i>ipratropium bromide SOLN .02%</i>	Tier 1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	Tier 1	
ANTI-HISTAMINES – DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl SOLN .1%</i>	Tier 1	
<i>cetirizine hcl SOLN 1mg/ml</i>	Tier 1	QL (300 mL/30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	Tier 1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	Tier 1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	Tier 1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	Tier 1	QL (300 mL/30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	Tier 1	QL (30 tabs/30 days)
BETA AGONISTS – DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate AERS 108mcg/act</i>	Tier 1	QL (2 inhalers/30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	Tier 1	QL (2 inhalers/30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	Tier 1	QL (2 inhalers/30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Tier 1	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	Tier 1	
<i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	Tier 1	B/D
<i>levalbuterol tartrate AERO 45mcg/act</i>	Tier 1	QL (2 inhalers/30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	Tier 1	QL (60 inhalations/30 days)
<i>terbutaline sulfate TABS 2.5mg, 5mg</i>	Tier 1	
VENTOLIN HFA AERS 108mcg/act	Tier 1	QL (2 inhalers/30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	Tier 1	QL (6 inhalers/30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	Tier 1	
<i>zafirlukast TABS 10mg, 20mg</i>	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	Tier 1	B/D
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	Tier 1	NDS, QL (560 caps/28 days), NM, LA, PA

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	Tier 1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	Tier 1	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	Tier 1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
KALYDECO TABS 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI GRA 100-125	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI GRA 150-188	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI TAB 100-125	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
ORKAMBI TAB 200-125	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	Tier 1	NDS, QL (270 caps/30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	Tier 1	NDS, QL (270 tabs/30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	Tier 1	QL (56 tabs/year)
<i>roflumilast</i> TABS 500mcg	Tier 1	QL (30 tabs/30 days)
SYMDEKO TAB 50-75MG	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
SYMDEKO TAB 100-150	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
TRIKAFTA PAK 75MG	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 1	NDS, NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS – DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal) SOLN .025%</i>	Tier 1	QL (3 bottles/30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	Tier 1	QL (1 bottle/30 days)
XHANCE EXHU 93mcg/act	Tier 1	QL (32 mL/30 days), PA
STEROID INHALANTS – DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 1	QL (30 inhalations/30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS – DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler/30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler/30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler/30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters/30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters/30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters/30 days)
DULERA AER 50-5MCG	Tier 1	QL (1 inhaler/30 days)
DULERA AER 100-5MCG	Tier 1	QL (1 inhaler/30 days)
DULERA AER 200-5MCG	Tier 1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	Tier 1	QL (60 inhalations/30 days)
TOPICAL – DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (46.6 gm/30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	Tier 1	QL (75 gm/30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	Tier 1	QL (60 mL/30 days)
<i>ery PADS 2%</i>	Tier 1	QL (60 pledgets/30 days)
<i>erythromycin (acne aid) GEL 2%</i>	Tier 1	QL (60 gm/30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	Tier 1	QL (60 mL/30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	Tier 1	QL (118 mL/30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	Tier 1	QL (45 gm/30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	Tier 1	QL (30 gm/30 days)
<i>mupirocin OINT 2%</i>	Tier 1	QL (220 gm/30 days)
<i>silver sulfadiazine CREA 1%</i>	Tier 1	
<i>ssd CREA 1%</i>	Tier 1	
SULFAMYLON CREA 85mg/gm	Tier 1	QL (453.6 gm/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	Tier 1	QL (90 gm/30 days)
<i>ciclopirox olamine</i> SUSP .77%	Tier 1	QL (60 mL/30 days)
<i>clotrimazole (topical)</i> CREA 1%	Tier 1	QL (45 gm/30 days)
<i>clotrimazole (topical)</i> SOLN 1%	Tier 1	QL (30 mL/30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	Tier 1	QL (45 gm/30 days)
<i>ketoconazole (topical)</i> CREA 2%	Tier 1	QL (60 gm/30 days)
<i>klayesta</i> POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
<i>nyamyc</i> POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	Tier 1	QL (30 gm/30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
<i>nystop</i> POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 1	QL (120 gm/30 days), PA
<i>calcipotriene</i> SOLN .005%	Tier 1	QL (120 mL/30 days), PA
<i>calcitrene</i> OINT .005%	Tier 1	QL (120 gm/30 days), PA
<i>tazarotene</i> CREA .1%	Tier 1	QL (60 gm/30 days), PA
TAZORAC CREA .05%	Tier 1	QL (60 gm/30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	Tier 1	QL (120 mL/30 days)
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 1	QL (120 mL/30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 1	QL (120 mL/30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL (120 gm/30 days)
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL (120 mL/30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL (50 mL/30 days)
<i>clobetasol propionate e</i> CREA .05%	Tier 1	QL (60 gm/30 days)
ENSTILAR AER	Tier 1	QL (120 gm/30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	QL (60 gm/30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	Tier 1	QL (120 gm/30 days)
<i>fluocinolone acetonide</i> OIL .01%	Tier 1	QL (118.28 mL/30 days)
<i>fluocinolone acetonide</i> SOLN .01%	Tier 1	QL (90 mL/30 days)
<i>fluocinonide</i> CREA .05%	Tier 1	QL (120 gm/30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
<i>fluocinonide</i> SOLN .05%	Tier 1	QL (60 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 LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i> CREA .05%	Tier 1	QL (120 gm/30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	Tier 1	QL (50 gm/30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	Tier 1	QL (454 gm/30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	Tier 1	QL (60 mL/30 days), PA
<i>lidocaine</i> OINT 5%	Tier 1	QL (50 gm/30 days), PA
<i>lidocaine</i> PTCH 5%	Tier 1	QL (3 patches/1 day), PA
<i>lidocaine hcl</i> SOLN 4%	Tier 1	QL (50 mL/30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	Tier 1	B/D, QL (30 gm/30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	Tier 1	NDS, QL (60 gm/30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	Tier 1	QL (1000 gm/30 days)
<i>fluorouracil (topical)</i> CREA 5%	Tier 1	QL (40 gm/30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	Tier 1	QL (10 mL/30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5%	Tier 1	QL (24 packets/30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	Tier 1	QL (45 gm/30 days)
<i>metronidazole (topical)</i> LOTN .75%	Tier 1	QL (59 mL/30 days)
PANRETIN GEL .1%	Tier 1	NDS, QL (60 gm/30 days), PA
<i>podofilox</i> SOLN .5%	Tier 1	QL (7 mL/28 days)
<i>procto-med hc</i> CREA 2.5%	Tier 1	
<i>proctosol hc</i> CREA 2.5%	Tier 1	
<i>proctozone-hc</i> CREA 2.5%	Tier 1	
RECTIV OINT .4%	Tier 1	QL (30 gm/30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	Tier 1	QL (100 gm/30 days)
VALCHLOR GEL .016%	Tier 1	NDS, QL (60 gm/30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	Tier 1	QL (59 mL/30 days)
<i>permethrin</i> CREA 5%	Tier 1	QL (60 gm/30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	Tier 1	NDS, QL (30 gm/30 days), PA
SANTYL OINT 250unit/gm	Tier 1	QL (180 gm/30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	Tier 1	

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i> TROC 10mg	Tier 1	QL (150 lozenges/30 days)
<i>kourzeq</i> PSTE .1%	Tier 1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 1	
<i>periogard</i> SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	Tier 1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 1	

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

Index

A

<i>abacavir sulfate</i>	5	<i>altavera</i>	38
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	6	ALUNBRIG.....	12
ABELCET	4	ALUNBRIG PAK.....	12
ABILIFY MAINTENA	27	<i>alyacen 1/35</i>	38
<i>abiraterone acetate</i>	10	<i>alyacen 7/7/7</i>	38
ABRYSVO	51	<i>amabelz tab 0.5-0.1mg</i>	42
<i>acamprosate calcium</i>	34	<i>amantadine hcl</i>	26
<i>acarbose</i>	35	<i>ambrisentan</i>	24
<i>accutane</i>	59	<i>amethia</i>	38
<i>acebutolol hcl</i>	22	<i>amikacin sulfate</i>	2
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	23
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	<i>amiloride hcl</i>	23
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	<i>amiodarone hcl</i>	21
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	<i>amitriptyline hcl</i>	25
<i>acetazolamide</i>	23	<i>amlodipine besylate</i>	23
<i>acetic acid</i>	47	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	19
<i>acetic acid (otic)</i>	56	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	19
<i>acetylcysteine</i>	57	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	19
<i>acitretin</i>	60	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> ..	19
ACTHIB INJ.....	51	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> ..	19
ACTIMMUNE	51	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> ..	19
<i>acyclovir</i>	6	<i>amlodipine besylate-olmesartan medoxomil</i>	
<i>acyclovir sodium</i>	6	<i>tab 10-20 mg</i>	20
ADACEL INJ.....	51	<i>amlodipine besylate-olmesartan medoxomil</i>	
ADALIMUMAB-AACF (2 PEN)	49	<i>tab 10-40 mg</i>	20
<i>adefovir dipivoxil</i>	7	<i>amlodipine besylate-olmesartan medoxomil</i>	
ADEMPAS	24	<i>tab 5-20 mg</i>	20
ADMELOG	36	<i>amlodipine besylate-olmesartan medoxomil</i>	
ADMELOG SOLOSTAR	36	<i>tab 5-40 mg</i>	20
ADVAIR HFA AER 115/21	59	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	20
ADVAIR HFA AER 230/21	59	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	20
ADVAIR HFA AER 45/21	59	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	20
<i>afirmelle</i>	38	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	20
AIMOVIG	32	<i>amnestem</i>	59
AKEEGA TAB 100/500	11	<i>amoxapine</i>	25
AKEEGA TAB 50/500MG	10	<i>amoxicillin</i>	8
<i>ala-cort</i>	60	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> ..	8
<i>albendazole</i>	2	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	8
<i>albuterol sulfate</i>	57	<i>amoxicillin & k clavulanate for susp</i>	
<i>alclometasone dipropionate</i>	60	<i>200-28.5 mg/5ml</i>	8
ALDURAZYME	43	<i>amoxicillin & k clavulanate for susp</i>	
ALECENSA	12	<i>250-62.5 mg/5ml</i>	8
<i>alendronate sodium</i>	37	<i>amoxicillin & k clavulanate for susp</i>	
<i>alfuzosin hcl</i>	47	<i>400-57 mg/5ml</i>	8
<i>aliskiren fumarate</i>	24	<i>amoxicillin & k clavulanate for susp</i>	
<i>allopurinol</i>	1	<i>600-42.9 mg/5ml</i>	8
<i>alosetron hcl</i>	46	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	8
<i>alprazolam</i>	24	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	9
ALREX	55	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	9

<i>amoxicillin & k clavulanate tab er 12hr</i>	
1000-62.5 mg	9
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 10 mg	31
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 15 mg	31
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 20 mg	31
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 25 mg	31
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 30 mg	31
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 5 mg	31
<i>amphetamine-dextroamphetamine tab 10 mg</i>	31
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> ...	31
<i>amphetamine-dextroamphetamine tab 15 mg</i>	31
<i>amphetamine-dextroamphetamine tab 20 mg</i>	31
<i>amphetamine-dextroamphetamine tab 30 mg</i>	31
<i>amphetamine-dextroamphetamine tab 5 mg</i>	31
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	31
<i>amphotericin b</i>	4
<i>amphotericin b liposome</i>	4
<i>ampicillin</i>	9
<i>ampicillin & sulbactam sodium for inj 1.5</i>	
(1-0.5) gm	9
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> ...	9
<i>ampicillin & sulbactam sodium for iv soln</i>	
1.5 (1-0.5) gm.....	9
<i>ampicillin & sulbactam sodium for iv soln</i>	
15 (10-5) gm.....	9
<i>ampicillin & sulbactam sodium for iv soln</i>	
3 (2-1) gm	9
<i>ampicillin sodium</i>	9
<i>anagrelide hcl</i>	48
<i>anastrozole</i>	11
ANORO ELLIPT AER 62.5-25	56
<i>aprepitant</i>	45
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	45
<i>apri</i>	38
APTIOM.....	29
APTIVUS	5
ARALAST NP	57
<i>aranelle</i>	38
ARCALYST	51
AREXVY	51
<i>aripiprazole</i>	27
ARISTADA.....	27
ARISTADA INITIO	27
<i>armodafinil</i>	34
ARNUITY ELLIPTA.....	59
<i>asenapine maleate</i>	27

<i>ashlyna</i>	38
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	49
ASTAGRAF XL.....	51
<i>atazanavir sulfate</i>	5
<i>atenolol</i>	22
<i>atenolol & chlorthalidone tab 100-25 mg</i>	22
<i>atenolol & chlorthalidone tab 50-25 mg</i>	22
<i>atomoxetine hcl</i>	32
<i>atorvastatin calcium</i>	22
<i>atovaquone</i>	2
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4
ATROPINE SULFATE.....	56
<i>atropine sulfate (ophthalmic)</i>	56
ATROVENT HFA.....	57
<i>aubra eq</i>	38
AUGTYRO	13
<i>aurovela 1/20</i>	38
<i>aurovela 24 fe</i>	38
<i>aurovela fe 1.5/30</i>	38
<i>aurovela fe 1/20</i>	38
AUSTEDO.....	33
AUSTEDO XR.....	33
AUSTEDO XR TAB TITR KIT.....	33
AUVELITY TAB 45-105MG	25
<i>aviane</i>	38
<i>ayuna</i>	38
AYVAKIT.....	13
<i>azacitidine</i>	10
<i>azathioprine</i>	51
<i>azelastine hcl</i>	57
<i>azelastine hcl (ophth)</i>	55
<i>azithromycin</i>	8
<i>aztreonam</i>	2
<i>azurette</i>	38
B	
<i>bacitracin (ophthalmic)</i>	55
<i>bacitracin-polymyxin b ophth oint</i>	55
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	54
<i>baclofen</i>	33
BAFIERTAM.....	33
<i>balsalazide disodium</i>	45
BALVERSA.....	13
<i>balziva</i>	38
BARACLUDE	7
BASAGLAR KWIKPEN.....	36
BCG VACCINE.....	51
BD ALCOHOL SWABS.....	36
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	19
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	19
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> ...	19
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> ...	19

<i>benazepril hcl</i>	20
BENDEKA	9
BENLYSTA	51
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59
<i>benztropine mesylate</i>	26
BERINERT	48
BESIVANCE	55
BESREMI	12
<i>betaine powder for oral solution</i>	43
<i>betamethasone dipropionate (topical)</i>	60
<i>betamethasone dipropionate augmented</i>	60
<i>betamethasone valerate</i>	60
BETASERON	33
<i>betaxolol hcl</i>	22
<i>betaxolol hcl (ophth)</i>	56
<i>bethanechol chloride</i>	47
BETOPTIC-S	56
BEVESPI AER 9-4.8MCG	56
<i>bexarotene</i>	12
<i>bexarotene (topical)</i>	61
BEXSERO INJ	51
<i>bicalutamide</i>	11
BICILLIN L-A	9
BIKTARVY TAB 30-120-15 MG	6
BIKTARVY TAB 50-200-25 MG	6
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	22
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	22
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	22
<i>bisoprolol fumarate</i>	22
BIVIGAM	50
<i>blisovi 24 fe</i>	38
<i>blisovi fe 1.5/30</i>	38
BOOSTRIX INJ	51
<i>bortezomib</i>	13
BORTEZOMIB	13
<i>bosentan</i>	24
BOSULIF	13
BRAFTOVI	13
BREO ELLIPTA INH 100-25	59
BREO ELLIPTA INH 200-25	59
BREO ELLIPTA INH 50-25MCG	59
BREZTRI AERO AER SPHERE	56
BREZTRI AERO AER SPHERE (INSTITUTIONAL PK)	56
<i>briellyn</i>	38
BRILINTA	49
<i>brimonidine tartrate</i>	56
<i>brinzolamide</i>	56
BRIVIACT	29
<i>bromfenac sodium (ophth)</i>	55
<i>bromocriptine mesylate</i>	26
BROMSITE	55
BRONCHITOL	57

BRUKINSA	13
<i>budesonide</i>	45
<i>budesonide (inhalation)</i>	59
<i>bumetanide</i>	23
<i>buprenorphine hcl</i>	34
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> <i>(base equiv)</i>	34
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> <i>(base equiv)</i>	34
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> <i>(base equiv)</i>	34
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> <i>(base equiv)</i>	34
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> <i>(base equiv)</i>	34
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> <i>(base equiv)</i>	34
<i>bupropion hcl</i>	25
<i>bupropion hcl (smoking deterrent)</i>	34
<i>buspirone hcl</i>	24
<i>butorphanol tartrate</i>	2
BYDUREON BCISE	35
BYETTA	35
C	
<i>cabergoline</i>	43
CABOMETYX	13
<i>calcipotriene</i>	60
<i>calcitonin (salmon) spray</i>	37
<i>calcitrene</i>	60
<i>calcitriol</i>	44
<i>calcitriol (oral)</i>	44
<i>calcium acetate (phosphate binder)</i>	44
CALQUENCE	13
<i>camila</i>	38
<i>camrese</i>	38
<i>camrese lo</i>	38
<i>candesartan cilexetil</i>	21
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>16-12.5 mg</i>	20
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>32-12.5 mg</i>	20
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>32-25 mg</i>	20
CAPLYTA	27
CAPRELSA	13
<i>captopril</i>	20
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	19
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	19
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	19
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	19
<i>carb/levo orally disintegrating tab 10-100mg</i>	26
<i>carb/levo orally disintegrating tab 25-100mg</i>	26

<i>carb/levo orally disintegrating tab 25-250mg</i>	26
<i>carbamazepine</i>	29
<i>carbidopa & levodopa tab 10-100 mg</i>	26
<i>carbidopa & levodopa tab 25-100 mg</i>	26
<i>carbidopa & levodopa tab 25-250 mg</i>	26
<i>carbidopa & levodopa tab er 25-100 mg</i>	26
<i>carbidopa & levodopa tab er 50-200 mg</i>	26
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	26
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	26
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	26
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	26
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	26
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	26
<i>carboplatin</i>	9
<i>carglumic acid</i>	43
<i>carisoprodol</i>	33
<i>carteolol hcl (ophth)</i>	56
<i>cartia xt</i>	23
<i>carvedilol</i>	22
<i>caspofungin acetate</i>	4
<i>CAYSTON</i>	3
<i>cefaclor</i>	7
<i>CEFACLOR ER</i>	7
<i>cefadroxil</i>	7
<i>CEFAZOLIN</i>	7
<i>CEFAZOLIN INJ 1GM/50ML</i>	7
<i>cefazolin sodium</i>	7
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	7
<i>cefdinir</i>	7
<i>cefepime hcl</i>	7
<i>cefixime</i>	7
<i>cefoxitin sodium</i>	7
<i>cefpodoxime proxetil</i>	7
<i>cefprozil</i>	8
<i>ceftazidime</i>	8
<i>ceftriaxone sodium</i>	8
<i>cefuroxime axetil</i>	8
<i>cefuroxime sodium</i>	8
<i>celecoxib</i>	1
<i>cephalexin</i>	8
<i>CERDELGA</i>	43
<i>CEREZYME</i>	43
<i>cetirizine hcl</i>	57
<i>cevimeline hcl</i>	61
<i>chateal</i>	38
<i>CHEMET</i>	37

<i>chlorhexidine gluconate (mouth-throat)</i>	61
<i>chloroquine phosphate</i>	4
<i>chlorpromazine hcl</i>	27
<i>chlorthalidone</i>	23
<i>cholestyramine</i>	22
<i>cholestyramine light</i>	22
<i>ciclopirox olamine</i>	60
<i>cilostazol</i>	48
<i>CILOXAN</i>	55
<i>CIMDUO TAB 300-300</i>	6
<i>cinacalcet hcl</i>	43
<i>CIPRO</i>	8
<i>ciprofloxacin 200 mg/100ml in d5w</i>	8
<i>ciprofloxacin 400 mg/200ml in d5w</i>	8
<i>ciprofloxacin hcl</i>	8
<i>ciprofloxacin hcl (ophth)</i>	55
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> ..	56
<i>cisplatin</i>	10
<i>citalopram hydrobromide</i>	25
<i>claravis</i>	59
<i>clarithromycin</i>	8
<i>clindamycin hcl</i>	3
<i>clindamycin palmitate hydrochloride</i>	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate (topical)</i>	59
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml3</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml3</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml3</i>	
<i>clindamycin phosphate vaginal</i>	47
<i>CLINDMYC/NAC INJ 300/50ML</i>	3
<i>CLINDMYC/NAC INJ 600/50ML</i>	3
<i>CLINDMYC/NAC INJ 900/50ML</i>	3
<i>CLINIMIX INJ 4.25/D10</i>	54
<i>CLINIMIX INJ 4.25/D5W</i>	54
<i>CLINIMIX INJ 5%/D15W</i>	54
<i>CLINIMIX INJ 5%/D20W</i>	54
<i>CLINIMIX INJ 6/5</i>	54
<i>CLINIMIX INJ 8/10</i>	54
<i>CLINIMIX INJ 8/14</i>	54
<i>clinisol sf 15%</i>	54
<i>CLINOLIPID EMU 20%</i>	54
<i>clobazam</i>	29
<i>clobetasol propionate</i>	60
<i>clobetasol propionate e</i>	60
<i>clomipramine hcl</i>	25
<i>clonazepam</i>	29
<i>clonidine</i>	24
<i>clonidine hcl</i>	24
<i>clopidogrel bisulfate</i>	49
<i>clorazepate dipotassium</i>	29
<i>clotrimazole</i>	62
<i>clotrimazole (topical)</i>	60

<i>clotrimazole w/ betamethasone cream 1-0.05%</i> ...	60
<i>clozapine</i>	27
COARTEM TAB 20-120MG	4
<i>colchicine</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>colesevelam hcl</i>	22
<i>colestipol hcl</i>	22
<i>colistimethate sodium</i>	3
COMBIGAN SOL 0.2/0.5%	56
COMBIVENT AER 20-100.....	57
COMETRIQ (60MG DOSE)	13
COMETRIQ KIT 100MG	13
COMETRIQ KIT 140MG	13
COMPLERA TAB	6
<i>compro</i>	45
<i>constulose</i>	46
COPIKTRA	13
CORLANOR	24
COTELLIC	13
CREON CAP 12000UNT	46
CREON CAP 24000UNT	46
CREON CAP 3000UNIT	46
CREON CAP 36000UNT	46
CREON CAP 6000UNIT	46
<i>cromolyn sodium</i>	58
<i>cromolyn sodium (mastocytosis)</i>	46
<i>cromolyn sodium (ophth)</i>	55
<i>cryselle-28</i>	38
<i>cyclobenzaprine hcl</i>	34
<i>cyclophosphamide</i>	10
CYCLOPHOSPHAMIDE	10
CYCLOPHOSPHAMIDE MONOHYDR.....	10
<i>cycloserine</i>	6
<i>cyclosporine</i>	51
<i>cyclosporine modified (for microemulsion)</i>	51
<i>cyproheptadine hcl</i>	57
<i>cyred eq</i>	38
CYSTADROPS	56
CYSTAGON	43
CYSTARAN	56
<i>cytarabine</i>	10
D	
D10W/NACL INJ 0.2%	53
D2.5W/NACL INJ 0.45%	52
D5W/LYTES INJ #48	52
<i>dabigatran etexilate mesylate</i>	47
<i>dalfampridine</i>	33
<i>danazol</i>	42
<i>dantrolene sodium</i>	34
<i>dapsone</i>	3
DAPTACEL INJ	51
<i>daptomycin</i>	3

DAPTOMYCIN	3
<i>darunavir</i>	5
<i>dasetta 1/35</i>	38
<i>dasetta 7/7/7</i>	38
DAURISMO	13
<i>daysee</i>	38
DAYVIGO	32
<i>deblitane</i>	38
<i>deferasirox</i>	37
DELSTRIGO TAB	6
DENGVAXIA SUS	51
DEPO-SUBQ PROVERA 104.....	38
<i>depo-testosterone</i>	34
DESCOVY TAB 120-15MG	6
DESCOVY TAB 200/25MG	6
<i>desipramine hcl</i>	25
<i>desmopressin acetate</i>	43
<i>desmopressin acetate spray</i>	43
<i>desmopressin acetate spray refrigerated</i>	43
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	38
<i>desogestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	38
<i>desvenlafaxine succinate</i>	25
<i>dexamethasone</i>	42
DEXAMETHASONE INTENSOL.....	42
<i>dexamethasone sodium phosphate</i>	42
<i>dexamethasone sodium phosphate (ophth)</i>	55
<i>dexmethylphenidate hcl</i>	32
<i>dextrose</i>	54
<i>dextrose 10% w/ sodium chloride 0.45%</i>	53
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	53
<i>dextrose 5% in lactated ringers</i>	53
<i>dextrose 5% w/ sodium chloride 0.2%</i>	53
<i>dextrose 5% w/ sodium chloride 0.225%</i>	53
<i>dextrose 5% w/ sodium chloride 0.3%</i>	53
<i>dextrose 5% w/ sodium chloride 0.45%</i>	53
<i>dextrose 5% w/ sodium chloride 0.9%</i>	53
DIACOMIT.....	29
<i>diazepam</i>	29
<i>diazepam (anticonvulsant)</i>	29
<i>diazepam inj</i>	29
<i>diazepam intensol</i>	29
<i>diazoxide</i>	43
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	55
<i>diclofenac sodium (topical)</i>	61
<i>dicloxacillin sodium</i>	9
<i>dicyclomine hcl</i>	45
DIFICID	8
<i>diflunisal</i>	1

<i>difluprednate</i>	55
<i>digoxin</i>	24
<i>dihydroergotamine mesylate</i>	32
DILANTIN.....	29
DILANTIN INFATABS.....	29
DILANTIN-125.....	29
<i>diltiazem hcl</i>	23
<i>diltiazem hcl coated beads</i>	23
<i>diltiazem hcl extended release beads</i>	23
<i>dilt-xr</i>	23
DIP/TET PED INJ 25-5LFU	51
<i>diphenhydramine hcl</i>	57
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> ..	46
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	46
<i>dipyridamole</i>	49
<i>disopyramide phosphate</i>	21
<i>disulfiram</i>	34
<i>divalproex sodium</i>	29
<i>docetaxel</i>	12
DOCETAXEL	12
<i>dofetilide</i>	21
<i>donepezil hydrochloride</i>	25
DOPTLET	48
<i>dorzolamide hcl</i>	56
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	56
<i>dotti</i>	42
DOVATO TAB 50-300MG.....	6
<i>doxazosin mesylate</i>	20
<i>doxepin hcl</i>	25
<i>doxepin hcl (sleep)</i>	32
<i>doxorubicin hcl</i>	10
<i>doxorubicin hcl liposomal</i>	10
<i>doxy 100</i>	9
<i>doxycycline (monohydrate)</i>	9
<i>doxycycline hyclate</i>	9
<i>dronabinol</i>	45
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	38
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	38
<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.03-0.451 mg</i>	38
DROXIA.....	48
<i>droxidopa</i>	24
DULERA AER 100-5MCG.....	59
DULERA AER 200-5MCG.....	59
DULERA AER 50-5MCG.....	59
<i>duloxetine hcl</i>	25
DUPIXENT.....	49
<i>dutasteride</i>	47
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	47
E	
<i>e.e.s. 400</i>	8

<i>ec-naproxen</i>	1
EDURANT.....	5
<i>efavirenz</i>	5
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	6
ELIGARD	11
<i>elinest</i>	38
ELIQUIS.....	47
ELIQUIS STARTER PACK	47
ELLENCE.....	10
<i>eluryng</i>	39
EMCYT	11
EMSAM.....	25
<i>emtricitabine</i>	5
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>100-150 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>133-200 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>167-250 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>200-300 mg</i>	6
EMTRIVA	5
EMVERM	3
<i>enalapril maleate</i>	20
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	19
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	19
ENBREL.....	49
ENBREL MINI	49
ENBREL SURECLICK	49
ENDARI	48
<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
ENERGIX-B.....	52
<i>enilloring</i>	39
<i>enoxaparin sodium</i>	47
<i>enpresse-28</i>	39
<i>enskyce</i>	39
ENSTILAR AER	60
<i>entacapone</i>	26
<i>entecavir</i>	7
ENTRESTO TAB 24-26MG	20
ENTRESTO TAB 49-51MG	20
ENTRESTO TAB 97-103MG	20

<i>enulose</i>	46
EPCLUSA PAK 150-37.5	7
EPCLUSA PAK 200-50MG	7
EPCLUSA TAB 200-50MG	7
EPCLUSA TAB 400-100	7
EPIDIOLEX.....	29
<i>epinephrine (anaphylaxis)</i>	24, 58
<i>epitol</i>	29
<i>eplerenone</i>	20
EPRONTIA.....	29
<i>ergotamine w/ caffeine tab 1-100 mg</i>	32
ERIVEDGE	13
ERLEADA	11
<i>erlotinib hcl</i>	13
<i>errin</i>	39
<i>ertapenem sodium</i>	3
<i>ery</i>	59
<i>ery-tab</i>	8
ERYTHROCIN LACTOBIONATE	8
<i>erythrocine stearate</i>	8
<i>erythromycin (acne aid)</i>	59
<i>erythromycin (ophth)</i>	55
<i>erythromycin base</i>	8
<i>erythromycin ethylsuccinate</i>	8
<i>erythromycin lactobionate</i>	8
<i>escitalopram oxalate</i>	25
<i>esomeprazole magnesium</i>	46
<i>estarylla</i>	39
<i>estradiol</i>	42
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	42
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	42
<i>estradiol vaginal</i>	42
<i>estradiol valerate</i>	42
<i>eszopiclone</i>	32
<i>ethambutol hcl</i>	6
<i>ethosuximide</i>	29
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	39
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-</i> <i>50 mcg</i>	39
<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	39
<i>etoposide</i>	12
<i>etravirine</i>	5
EULEXIN	11
<i>euthyrox</i>	44
<i>everolimus</i>	14
<i>everolimus (immunosuppressant)</i>	51
EVOTAZ TAB 300-150.....	6
<i>exemestane</i>	11
EXKIVITY	14

EYSUVIS	55
<i>ezetimibe</i>	22
<i>ezetimibe-simvastatin tab 10-10 mg</i>	22
<i>ezetimibe-simvastatin tab 10-20 mg</i>	22
<i>ezetimibe-simvastatin tab 10-40 mg</i>	22
<i>ezetimibe-simvastatin tab 10-80 mg</i>	22
F	
FABRAZYME.....	43
<i>falmina</i>	39
<i>famciclovir</i>	7
<i>famotidine</i>	45
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	45
FANAPT	27
FANAPT PAK	27
FARXIGA	35
FASENRA.....	58
FASENRA PEN	58
<i>felbamate</i>	29, 30
<i>felodipine</i>	23
<i>fenofibrate</i>	21
<i>fenofibrate micronized</i>	21
<i>fentanyl</i>	1
<i>fentanyl citrate</i>	2
<i>fesoterodine fumarate</i>	47
FETZIMA	25
FETZIMA CAP TITRATIO.....	25
FIASP	36
FIASP FLEXTOUCH.....	36
FIASP PENFILL	36
FIASP PUMPCART.....	36
<i>finasteride</i>	47
<i>fingolimod hcl</i>	33
FINTEPLA	30
<i>finzala</i>	39
FIRMAGON	11
<i>flac</i>	56
FLAREX	55
FLEBOGAMMA DIF.....	50
<i>flecainide acetate</i>	21
<i>fluconazole</i>	4
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4
<i>flucytosine</i>	4
<i>fludrocortisone acetate</i>	42
<i>flunisolide (nasal)</i>	59
<i>fluocinolone acetonide</i>	60
<i>fluocinolone acetonide (otic)</i>	56
<i>fluocinonide</i>	60
<i>fluocinonide emulsified base</i>	61
<i>fluorometholone (ophth)</i>	55
<i>fluorouracil</i>	10
<i>fluorouracil (topical)</i>	61

<i>fluoxetine hcl</i>	25
<i>fluphenazine decanoate</i>	27
<i>fluphenazine hcl</i>	27
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	55
<i>fluticasone propionate</i>	61
<i>fluticasone propionate (nasal)</i>	59
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	59
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	59
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	59
<i>fluvoxamine maleate</i>	24
<i>fondaparinux sodium</i>	47
<i>fosamprenavir calcium</i>	5
<i>fosinopril sodium</i>	20
<i>fosinopril sodium & hydrochlorothiazide tab</i> 10-12.5 mg	19
<i>fosinopril sodium & hydrochlorothiazide tab</i> 20-12.5 mg	19
FOTIVDA	14
FRUZAQLA	14
<i>fulvestrant</i>	11
<i>furosemide</i>	23
<i>furosemide inj</i>	23
FUZEON	5
<i>fyavolv tab 0.5mg-2.5mcg</i>	42
<i>fyavolv tab 1mg-5mcg</i>	42
FYCOMPA	30
G	
<i>gabapentin</i>	30
<i>galantamine hydrobromide</i>	25
GAMASTAN INJ	50
GAMMAGARD LIQUID	50
GAMMAGARD S/D IGA LESS TH	50
GAMMAKED	50
GAMMAPLEX	50
GAMUNEX-C	50
<i>ganciclovir sodium</i>	7
GARDASIL 9 INJ	52
<i>gatifloxacin (ophth)</i>	55
GATTEX	46
GAUZE PADS 2	36
<i>gavilyte-c</i>	46
<i>gavilyte-g</i>	46
GAVRETO	14
<i>gefitinib</i>	14
<i>gemcitabine hcl</i>	10
<i>gemfibrozil</i>	21
GEMTESA	47
<i>generlac</i>	46

<i>gengraf</i>	51
GENOTROPIN	43
GENOTROPIN MINISQUICK	43
<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	55
<i>gentamicin sulfate (topical)</i>	59
GENVOYA TAB	6
GILOTTRIF	14
<i>glatiramer acetate</i>	33
<i>glatopa</i>	33
GLEOSTINE	10
<i>glimepiride</i>	35
<i>glipizide</i>	35
<i>glipizide xl</i>	35
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	35
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	35
<i>glipizide-metformin hcl tab 5-500 mg</i>	35
<i>glycopyrrolate</i>	45
<i>glydo</i>	61
GLYXAMBI TAB 10-5 MG	35
GLYXAMBI TAB 25-5 MG	35
<i>granisetron hcl</i>	45
<i>griseofulvin microsize</i>	4
<i>griseofulvin ultramicrosize</i>	4
<i>guanfacine hcl</i>	24
<i>guanfacine hcl (adhd)</i>	32
GVOKE HYPOPEN 2-PACK	43
GVOKE KIT	43
GVOKE PFS	43
H	
HAEGARDA	48
<i>hailey 1.5/30</i>	39
<i>hailey 24 fe</i>	39
<i>halobetasol propionate</i>	61
<i>haloette</i>	39
<i>haloperidol</i>	27
<i>haloperidol decanoate</i>	27
<i>haloperidol lactate</i>	27
HARVONI PAK 33.75-150MG	7
HARVONI PAK 45-200MG	7
HARVONI TAB 45-200MG	7
HARVONI TAB 90-400MG	7
HAVRIX	52
<i>heather</i>	39
HEP SOD/D5W INJ 20000UNT	48
HEP SOD/D5W INJ 25000UNT	48
HEP SOD/NAACL INJ 12500UNT	48

HEP SOD/NACL INJ 25000UNT	48
<i>heparin sodium (porcine)</i>	48
HEPARIN/NACL INJ 25000UNT	48
HEPLISAV-B	52
HERCEP HYLEC SOL 60-10000	14
HERCEPTIN	14
HERZUMA	14
HIBERIX	52
HUMIRA	49
HUMIRA PEDIA INJ CROHNS	49
HUMIRA PEDIATRIC CROHNS D	49
HUMIRA PEN	49
HUMIRA PEN KIT PS/UV	49
HUMIRA PEN-CD/UC/HS START	49
HUMIRA PEN-PEDIATRIC UC S	49
HUMIRA PEN-PS/UV STARTER	49
HUMULIN R U-500 (CONCENTR	36
HUMULIN R U-500 KWIKPEN	36
<i>hydralazine hcl</i>	24
<i>hydrochlorothiazide</i>	23
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	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-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	42
<i>hydrocortisone (intrarectal)</i>	45
<i>hydrocortisone (rectal)</i>	61
<i>hydrocortisone (topical)</i>	61
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	50
<i>hydroxyurea</i>	12
<i>hydroxyzine hcl</i>	57
<i>hydroxyzine pamoate</i>	57
HYSINGLA ER	1
I	
<i>ibandronate sodium</i>	37
IBRANCE	14
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	48
<i>iclevia</i>	39
ICLUSIG	14
IDACIO (2 PEN)	49
IDACIO (2 SYRINGE)	49
IDACIO CROHN INJ DISEASE	49
IDACIO PLAQU INJ PSORIASIS	50
IDHIFA	14
<i>imatinib mesylate</i>	14
IMBRUVICA	14

<i>imipenem-cilastatin intravenous for soln 250 mg ...</i>	3
<i>imipenem-cilastatin intravenous for soln 500 mg ...</i>	3
<i>imipramine hcl</i>	26
<i>imiquimod</i>	61
IMOVAX RABIES (H.D.C.V.)	52
INBRIJA	27
<i>incassia</i>	39
INCRELEX	43
INCRUSE ELLIPTA	57
<i>indapamide</i>	23
INFANRIX INJ	52
INFLIXIMAB	50
INLYTA	14
INQOVI TAB 35-100MG	10
INREBIC	14
INSULIN PEN NEEDLES: BD/NOVO	36
INSULIN SAFETY NEEDLES	36
INSULIN SYRINGES: BD	36
INTELENCE	5
INTRALIPID	54
<i>introvale</i>	39
INVEGA HAFYERA	27
INVEGA SUSTENNA	27
INVEGA TRINZA	27
IPOL INJ INACTIVE	52
<i>ipratropium bromide</i>	57
<i>ipratropium bromide (nasal)</i>	57
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	57
<i>irbesartan</i>	21
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .	20
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .	20
<i>irinotecan hcl</i>	12
ISENTRESS	5
ISENTRESS HD	5
<i>isibloom</i>	39
ISOLYTE-P INJ /D5W	53
ISOLYTE-S INJ	53
ISOLYTE-S INJ PH 7.4	53
<i>isoniazid</i>	6
<i>isosorbide dinitrate</i>	24
<i>isosorbide mononitrate</i>	24
<i>isotretinoin</i>	59
<i>isradipine</i>	23
<i>itraconazole</i>	4
<i>ivermectin</i>	3
IXIARO INJ	52
J	
JAKAFI	15
<i>jantoven</i>	48
JANUMET TAB 50-1000	35
JANUMET TAB 50-500MG	35

JANUMET XR TAB 100-1000	35
JANUMET XR TAB 50-1000	35
JANUMET XR TAB 50-500MG	35
JANUVIA	35
JARDIANCE	35
<i>jasmiel</i>	39
<i>javygtor</i>	43
JAYPIRCA	15
JENTADUETO TAB 2.5-1000	35
JENTADUETO TAB 2.5-500	35
JENTADUETO TAB 2.5-850	35
JENTADUETO TAB XR 2.5-1000MG	35
JENTADUETO TAB XR 5-1000MG	35
<i>jinteli</i>	42
<i>jolessa</i>	39
<i>juleber</i>	39
JULUCA TAB 50-25MG	6
<i>junel 1.5/30</i>	39
<i>junel 1/20</i>	39
<i>junel fe 1.5/30</i>	39
<i>junel fe 1/20</i>	39
<i>junel fe 24</i>	39
JYNNEOS	52
K	
KADCYLA	15
<i>kaitlib fe</i>	39
KALYDECO	58
KANJINTI	15
<i>kariva</i>	39
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	53
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	53
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.2% inj</i>	53
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	53
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	53
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	53
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	53
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	53
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	53
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	53
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	53
KCL/D5W/NACL INJ 0.3/0.9%	53
<i>kelnor 1/35</i>	39
<i>kelnor 1/50</i>	39
KERENDIA	20
KESIMPTA	33

<i>ketoconazole</i>	4
<i>ketoconazole (topical)</i>	60
<i>ketorolac tromethamine (ophth)</i>	55
KEVZARA	50
KEYTRUDA	15
KINRIX INJ	52
KISQALI 200 DOSE	15
KISQALI 200 PAK FEMARA	12
KISQALI 400 DOSE	15
KISQALI 400 PAK FEMARA	12
KISQALI 600 DOSE	15
KISQALI 600 PAK FEMARA	12
<i>klayesta</i>	60
<i>klor-con</i>	54
<i>klor-con 10</i>	54
<i>klor-con 8</i>	54
<i>klor-con m10</i>	54
<i>klor-con m15</i>	54
<i>klor-con m20</i>	54
KORLYM	43
KOSELUGO	15
<i>kourzeq</i>	62
KRAZATI	15
<i>kurvelo</i>	39
L	
<i>labetalol hcl</i>	22
<i>lacosamide</i>	30
<i>lacosamide oral</i>	30
<i>lactated ringer's solution</i>	53
<i>lactic acid (ammonium lactate)</i>	61
<i>lactulose</i>	46
<i>lactulose (encephalopathy)</i>	46
<i>lamivudine</i>	5
<i>lamivudine (hbv)</i>	7
<i>lamivudine-zidovudine tab 150-300 mg</i>	6
<i>lamotrigine</i>	30
<i>lansoprazole</i>	46
LANTUS	36
LANTUS SOLOSTAR	36
<i>lapatinib ditosylate</i>	15
<i>larin 1.5/30</i>	39
<i>larin 1/20</i>	39
<i>larin 24 fe</i>	39
<i>larin fe 1.5/30</i>	39
<i>larin fe 1/20</i>	39
<i>latanoprost</i>	56
<i>layolis fe</i>	39
<i>leena</i>	39
<i>leflunomide</i>	50
<i>lenalidomide</i>	11
LENVIMA 10 MG DAILY DOSE	15
LENVIMA 12MG DAILY DOSE	15

LENVIMA 20 MG DAILY DOSE.....	15
LENVIMA 4 MG DAILY DOSE.....	15
LENVIMA 8 MG DAILY DOSE.....	15
LENVIMA CAP 14 MG.....	15
LENVIMA CAP 18 MG.....	15
LENVIMA CAP 24 MG.....	15
lessina.....	39
letrozole.....	11
leucovorin calcium.....	19
LEUKERAN.....	10
leuprolide acetate.....	11
levabuterol hcl.....	57
levabuterol tartrate.....	57
levetiracetam.....	30
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....	30
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....	30
levetiracetam in sodium chloride iv soln 500 mg/100ml.....	30
levobunolol hcl.....	56
levocarnitine (metabolic modifiers).....	43
levocetirizine dihydrochloride.....	57
levofloxacin.....	8
levofloxacin in d5w iv soln 250 mg/50ml.....	8
levofloxacin in d5w iv soln 500 mg/100ml.....	8
levofloxacin in d5w iv soln 750 mg/150ml.....	8
levonest.....	39
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	39
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	40
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	40
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	40
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	40
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	39
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	39
levora 0.15/30-28.....	40
levo-t.....	44
levothyroxine sodium.....	44
levoxyl.....	44
LEXIVA.....	5
lidocaine.....	61
lidocaine hcl.....	61
lidocaine hcl (local anesth.).....	2
lidocaine hcl (mouth-throat).....	62
lidocaine-prilocaine cream 2.5-2.5%.....	61

linezolid.....	3
LINEZOLID INJ 2MG/ML.....	3
LINZESS.....	46
liothyronine sodium.....	44
lisinopril.....	20
lisinopril & hydrochlorothiazide tab 10-12.5 mg ...	19
lisinopril & hydrochlorothiazide tab 20-12.5 mg ...	19
lisinopril & hydrochlorothiazide tab 20-25 mg.....	19
LITHIUM.....	33
lithium carbonate.....	33
loestrin 1.5/30-21.....	40
loestrin 1/20-21.....	40
loestrin fe 1.5/30.....	40
loestrin fe 1/20.....	40
LOKELMA.....	38
LONSURF TAB 15-6.14.....	10
LONSURF TAB 20-8.19.....	10
loperamide hcl.....	46
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	6
lopinavir-ritonavir tab 100-25 mg.....	6
lopinavir-ritonavir tab 200-50 mg.....	6
lorazepam.....	25
lorazepam intensol.....	25
LORBRENA.....	15
loryna.....	40
losartan potassium.....	21
losartan potassium & hydrochlorothiazide tab 100-12.5 mg.....	20
losartan potassium & hydrochlorothiazide tab 100-25 mg.....	20
losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....	20
LOTEMAX.....	55
lovastatin.....	22
low-ogestrel.....	40
loxapine succinate.....	28
LUMAKRAS.....	15
LUMIGAN.....	56
LUMIZYME.....	43
LUPRON DEPOT (1-MONTH).....	11
LUPRON DEPOT (3-MONTH).....	11
LUPRON DEPOT-PED (1-MONTH.....	43
LUPRON DEPOT-PED (3-MONTH.....	43
LUPRON DEPOT-PED (6-MONTH.....	43
lurasidone hcl.....	28
lutra.....	40
lyleq.....	40
lyllana.....	42
LYNPARZA.....	15
LYSODREN.....	11
LYTGOBI (12 MG DAILY DOSE).....	16

LYTGOBI (16 MG DAILY DOSE).....	16
LYTGOBI (20 MG DAILY DOSE).....	16
lyza.....	40
M	
magnesium sulfate	53
MAGNESIUM SULFATE.....	53
magnesium sulfate in dextrose 5% iv soln	
1 gm/100ml	53
malathion	61
maraviroc.....	5
marlissa.....	40
MARPLAN	26
MATULANE.....	12
MAVYRET PAK 50-20MG.....	7
MAVYRET TAB 100-40MG	7
meclizine hcl	45
medroxyprogesterone acetate	44
medroxyprogesterone acetate (contraceptive).....	40
mefloquine hcl	4
megestrol acetate	11, 44
megestrol acetate (appetite)	44
MEKINIST.....	16
MEKTOVI	16
meloxicam	1
memantine hcl.....	25
memantine hcl tab 28x5 mg & 21x10 mg	
titration pk	25
MENACTRA INJ	52
MENQUADFI INJ	52
MENVEO INJ	52
MENVEO SOL.....	52
mercaptopurine	10
meropenem	3
mesalamine	45
mesalamine w/ cleanser	45
MESNEX	19
metformin hcl.....	35
methadone hcl.....	1
methadone hydrochloride i	1
methazolamide.....	23
methenamine hippurate	3
methimazole.....	44
methocarbamol	34
methotrexate sodium	10, 50
methsuximide	30
methylphenidate hcl.....	32
methylprednisolone	42
methylprednisolone acetate	42
methylprednisolone sod succ	42
methyltestosterone	34
metoclopramide hcl	45
metolazone	23

metoprolol & hydrochlorothiazide tab 100-25 mg	22
metoprolol & hydrochlorothiazide tab 100-50 mg	22
metoprolol & hydrochlorothiazide tab 50-25 mg ..	22
metoprolol succinate	22
metoprolol tartrate	22
metronidazole.....	3
metronidazole (topical).....	61
metronidazole vaginal	47
metyrosine.....	24
MG SO4/D5W INJ 10MG/ML.....	53
mibelas 24 fe	40
micafungin sodium	4
microgestin 1.5/30.....	40
microgestin 1/20.....	40
microgestin 24 fe	40
microgestin fe 1.5/30.....	40
microgestin fe 1/20.....	40
midodrine hcl.....	24
miglustat	43
mili	40
mimvey.....	42
minocycline hcl	9
minoxidil.....	24
mirtazapine	26
misoprostol.....	46
MITIGARE	1
M-M-R II INJ.....	52
M-NATAL PLUS TAB	54
modafinil	34
moexipril hcl	20
molindone hcl	28
mometasone furoate	61
MONJUVI.....	16
mono-lynyah	40
montelukast sodium.....	57
morphine sulfate.....	1, 2
MORPHINE SULFATE	2
MORPHINE SULFATE/SODIUM C	2
MOUNJARO	35
MOVANTIK	46
moxifloxacin hcl	8
moxifloxacin hcl (ophth).....	55
moxifloxacin hcl 400 mg/250ml in	
sodium chloride 0.8% inj	8
MULTAQ.....	21
multiple electrolytes ph 5.5.....	53
multiple electrolytes ph 7.4.....	53
mupirocin	59
mycophenolate mofetil	51
mycophenolate sodium.....	51
MYRBETRIQ	47

N

<i>nabumetone</i>	1	<i>nitisinone</i>	43
<i>nadolol</i>	22	NITRO-BID	24
<i>nafticillin sodium</i>	9	<i>nitrofurantoin macrocrystal</i>	3
NAGLAZYME	43	<i>nitrofurantoin monohyd macro</i>	3
<i>nalbuphine hcl</i>	2	<i>nitroglycerin</i>	24
<i>naloxone hcl</i>	34	<i>nizatidine</i>	45
<i>naltrexone hcl</i>	34	<i>nora-be</i>	40
NAMZARIC CAP 14-10MG	25	<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	40
NAMZARIC CAP 21-10MG	25	<i>norethindrone (contraceptive)</i>	40
NAMZARIC CAP 28-10MG	25	<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	40
NAMZARIC CAP 7-10MG	25	<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.8 mg-25 mcg	40
NAMZARIC CAP PACK	25	<i>norethindrone ace & ethinyl estradiol tab</i> 1 mg-20 mcg	40
<i>naproxen</i>	1	<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg.....	40
<i>naproxen sodium</i>	1	<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg	40
<i>naratriptan hcl</i>	32	<i>norethindrone ace-eth estradiol-fe chew tab</i> 1 mg-20 mcg (24).....	40
NATACYN.....	55	<i>norethindrone acetate</i>	44
<i>nateglinide</i>	35	<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg.....	42
NATPARA.....	37	<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	42
NAYZILAM	30	<i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg	40
<i>nebivolol hcl</i>	22	<i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg.....	40
<i>necon 0.5/35-28</i>	40	<i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	40
<i>nefazodone hcl</i>	26	<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	40
<i>neomycin sulfate</i>	3	<i>norlyroc</i>	40
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin.....	55	NORPACE CR.....	21
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml	55	<i>nortrel 0.5/35 (28)</i>	40
<i>neomycin-polymyxin-dexamethasone ophth</i> oint 0.1%.....	54	<i>nortrel 1/35 (21)</i>	40
<i>neomycin-polymyxin-dexamethasone ophth</i> susp 0.1%	54	<i>nortrel 1/35 (28)</i>	40
<i>neomycin-polymyxin-hc ophth susp</i>	54	<i>nortrel 7/7/7</i>	40
<i>neomycin-polymyxin-hc otic soln 1%</i>	56	<i>nortriptyline hcl</i>	26
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	56	NORVIR.....	5
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	55	NOVOLIN INJ 70/30.....	36
<i>neo-polycin hc ophth oint 1%</i>	54	NOVOLIN INJ 70/30 FP	37
NERLYNX	16	NOVOLIN N	37
NEUPRO	27	NOVOLIN N FLEXPEN	37
<i>nevirapine</i>	5	NOVOLIN R	37
NEXAVAR.....	16	NOVOLIN R FLEXPEN.....	37
<i>niacin (antihyperlipidemic)</i>	22	NOVOLOG MIX INJ 70/30	37
<i>nicardipine hcl</i>	23	NOVOLOG MIX INJ FLEXPEN.....	37
NICOTROL INHALER	34	NUBEQA	11
NICOTROL NS	34		
<i>nifedipine</i>	23		
<i>nikki</i>	40		
<i>nilutamide</i>	11		
<i>nimodipine</i>	23		
NINLARO	16		
<i>nitazoxanide</i>	3		

NUEDEXTA CAP 20-10MG	33
NULOJIX	51
NUPLAZID	28
NURTEC	32
NUTRILIPID	54
NUZYRA	9
<i>nyamyc</i>	60
<i>nylia 1/35</i>	41
<i>nylia 7/7/7</i>	41
NYMALIZE	23
<i>nymyo</i>	41
<i>nystatin</i>	4
<i>nystatin (mouth-throat)</i>	62
<i>nystatin (topical)</i>	60
<i>nystop</i>	60
O	
<i>ocella</i>	41
OCTAGAM	51
<i>octreotide acetate</i>	43
ODEFSEY TAB	6
ODOMZO	16
OFEV	58
<i>ofloxacin (ophth)</i>	55
<i>ofloxacin (otic)</i>	56
OGIVRI	16
OGIVRI INJ 420MG	16
OGSIVEO	16
OJJAARA	16
<i>olanzapine</i>	28
<i>olmesartan medoxomil</i>	21
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	20
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	20
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg	20
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg	20
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-12.5 mg	21
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-25 mg	21
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg	20
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-25 mg	21
<i>omega-3-acid ethyl esters cap 1 gm</i>	22
<i>omeprazole</i>	47
OMNIPOD 5 G6 KIT INTRO	37
OMNIPOD 5 G6 MIS PODS	37
OMNIPOD DASH KIT INTRO	37
OMNIPOD DASH MIS PODS	37

OMNIPOD GO KIT 10UNT/DY	37
OMNIPOD GO KIT 15UNT/DY	37
OMNIPOD GO KIT 20UNT/DY	37
OMNIPOD GO KIT 25UNT/DY	37
OMNIPOD GO KIT 30UNT/DY	37
OMNIPOD GO KIT 35UNT/DY	37
OMNIPOD GO KIT 40UNT/DY	37
OMNIPOD MIS CLASSIC	37
<i>ondansetron</i>	45
<i>ondansetron hcl</i>	45
ONTRUZANT	16
ONUREG	10
OPSUMIT	24
ORGOVYX	11
ORKAMBI GRA 100-125	58
ORKAMBI GRA 150-188	58
ORKAMBI GRA 75-94MG	58
ORKAMBI TAB 100-125	58
ORKAMBI TAB 200-125	58
ORSERDU	11
<i>oseltamivir phosphate</i>	7
OTEZLA	50
OTEZLA TAB 10/20/30	50
<i>oxacillin sodium</i>	9
<i>oxaliplatin</i>	10
<i>oxcarbazepine</i>	30
<i>oxybutynin chloride</i>	47
<i>oxycodone hcl</i>	2
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2
OZEMPIC (0.25 OR 0.5 MG/DOSE)	35
OZEMPIC (0.25 OR 0.5MG/DOSE)	35
OZEMPIC (1MG/DOSE)	35
OZEMPIC (2MG/DOSE)	35
P	
<i>pacerone</i>	21
<i>paclitaxel</i>	12
<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	12
<i>paliperidone</i>	28
<i>pamidronate disodium</i>	37
PAMIDRONATE DISODIUM	37
PANRETIN	61
<i>pantoprazole sodium</i>	47
PANZYGA	51
<i>paraplatin</i>	10
<i>paricalcitol</i>	44
<i>paromomycin sulfate</i>	3
<i>paroxetine hcl</i>	26
<i>pazopanib hcl</i>	16

PEDIARIX INJ 0.5ML	52
PEDVAX HIB.....	52
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	46
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	46
PEGASYS.....	7
PEMAZYRE.....	16
pemetrexed disodium	10
PEN GK/DEXTR INJ 40000/ML	9
PEN GK/DEXTR INJ 60000/ML	9
PENBRAYA INJ	52
penicillamine	38
penicillin g potassium	9
penicillin g sodium	9
penicillin v potassium.....	9
PENTACEL INJ	52
pentamidine isethionate inh	3
pentamidine isethionate inj	3
pentoxifylline.....	48
perindopril erbumine	20
periogard	62
permethrin	61
perphenazine.....	28
PERSERIS	28
pfizerpen	9
phenelzine sulfate.....	26
phenobarbital.....	30
phenobarbital sodium.....	30
phenytek	30
phenytoin	30
phenytoin sodium	30
phenytoin sodium extended.....	30
PHESGO SOL	16
philith.....	41
PIFELTRO	5
pilocarpine hcl	56
pilocarpine hcl (oral).....	62
pimozide.....	28
pimtrea	41
pindolol	23
pioglitazone hcl	36
pioglitazone hcl-metformin hcl tab 15-500 mg	36
pioglitazone hcl-metformin hcl tab 15-850 mg	36
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....	9
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	9
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	9
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....	9

piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	9
PIQRAY 200MG DAILY DOSE.....	16
PIQRAY 250MG TAB DOSE.....	16
PIQRAY 300MG DAILY DOSE.....	16
pirfenidone	58
piroxicam.....	1
PLASMA-LYTE INJ -148	53
PLASMA-LYTE INJ -A.....	53
plenamine.....	54
PLENVU SOL.....	46
podofilox	61
polycin opth oint.....	55
polymyxin b-trimethoprim opth soln 10000 unit/ml-0.1%	55
POMALYST	11
portia-28	41
posaconazole.....	4
POT CHL 20MEQ/L IN NACL 0.45% INJ.....	53
POT CHL 20MEQ/L IN NACL 0.9% INJ.....	53
POT CHL 40MEQ/L IN NACL 0.9% INJ.....	53
potassium chloride.....	53, 54
POTASSIUM CHLORIDE	53
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....	53
potassium chloride microencapsulated crystals er	54
potassium citrate (alkalinizer).....	47
PRADAXA.....	48
pramipexole dihydrochloride.....	27
prasugrel hcl	49
pravastatin sodium	22
praziquantel	3
prazosin hcl.....	20
prednisolone.....	42
prednisolone acetate (opth)	55
PREDNISOLONE SODIUM PHOSP.....	55
prednisolone sodium phosphate.....	42
prednisone.....	42
PREDNISONE INTENSOL	43
pregabalin	30
PREHEVBRIO	52
PREMASOL SOL 10%	54
PRENATAL TAB 27-1MG	54
PRENATAL TAB PLUS.....	54
prevalite	22
PREVYMIS.....	7
PREZCOBIX TAB 800-150	6
PREZISTA	5
PRIFTIN.....	6
primaquine phosphate	4
PRIMAQUINE PHOSPHATE	5
primidone	30

PRIORIX INJ.....	52
PRIVIGEN.....	51
<i>probenecid</i>	1
<i>prochlorperazine</i>	45
<i>prochlorperazine edisylate</i>	45
<i>prochlorperazine maleate</i>	45
PROCRIT	48
<i>procto-med hc</i>	61
<i>proctosol hc</i>	61
<i>proctozone-hc</i>	61
<i>progesterone</i>	44
PROGRAF.....	51
PROLASTIN-C.....	58
PROLENSA	55
PROLIA	37
PROMACTA	48, 49
<i>promethazine hcl</i>	45
<i>propafenone hcl</i>	21
<i>proparacaine hcl</i>	56
<i>propranolol hcl</i>	23
<i>propylthiouracil</i>	44
PROQUAD INJ	52
PROSOL INJ 20%	54
<i>protriptyline hcl</i>	26
PULMOZYME	58
PURIXAN.....	10
<i>pyrazinamide</i>	6
<i>pyridostigmine bromide</i>	33
Q	
QINLOCK	16
QUADRACEL INJ.....	52
QUADRACEL INJ 0.5ML	52
<i>quetiapine fumarate</i>	28
<i>quinapril hcl</i>	20
<i>quinidine sulfate</i>	21
<i>quinine sulfate</i>	5
QULIPTA	32
R	
RABAVERT INJ.....	52
<i>rabeprazole sodium</i>	47
<i>raloxifene hcl</i>	43
<i>ramipril</i>	20
<i>ranolazine</i>	24
<i>rasagiline mesylate</i>	27
RAYALDEE.....	44
<i>reclipsen</i>	41
RECOMBIVAX HB	52
RECTIV.....	61
REGRANEX.....	61
RELENZA DISKHALER.....	7
RELISTOR.....	46
REMICADE.....	50

RENFLEXIS.....	50
<i>repaglinide</i>	36
REPATHA	22
REPATHA PUSHTRONEX SYSTEM	22
REPATHA SURECLICK.....	22
RESTASIS.....	56
RESTASIS MULTIDOSE	56
RETEVMO	16
REVLIMID.....	12
REXULTI	28
REYATAZ	5
REZLIDHIA.....	16
REZUROCK	51
RHOPRESSA	56
<i>ribavirin (hepatitis c)</i>	7
<i>rifabutin</i>	6
<i>rifampin</i>	6
<i>riluzole</i>	33
<i>rimantadine hydrochloride</i>	7
RINVOQ.....	50
<i>risedronate sodium</i>	37
RISPERDAL CONSTA	28
<i>risperidone</i>	28
<i>ritonavir</i>	5
<i>rivastigmine</i>	25
<i>rivastigmine tartrate</i>	25
<i>rivelsa</i>	41
<i>rizatriptan benzoate</i>	32
ROCKLATAN DRO	56
<i>roflumilast</i>	58
<i>ropinirole hydrochloride</i>	27
<i>rosuvastatin calcium</i>	22
ROTARIX SUS	52
ROTATEQ SOL	52
<i>roweepra</i>	30
ROZLYTREK	17
RUBRACA.....	17
<i>rufinamide</i>	30
RUKOBIA.....	5
RYBELSUS	36
RYDAPT.....	17
S	
<i>sajazir</i>	49
SANDIMMUNE.....	51
SANTYL	61
<i>sapropterin dihydrochloride</i>	44
SCEMBLIX	17
<i>scopolamine</i>	45
SECUADO.....	28
<i>selegiline hcl</i>	27
<i>selenium sulfide</i>	60
SELZENTRY.....	5

SEREVENT DISKUS.....	57
sertraline hcl.....	26
setlakin.....	41
sevelamer carbonate.....	44
sharobel.....	41
SHINGRIX.....	52
SIGNIFOR.....	44
sildenafil citrate (pulmonary hypertension).....	24
silver sulfadiazine.....	59
SIMBRINZA SUS 1-0.2%.....	56
simliya.....	41
simpesse.....	41
simvastatin.....	22
sirolimus.....	51
SIRTURO.....	6
SIVEXTRO.....	3
SKYRIZI.....	50
SKYRIZI PEN.....	50
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	46
sodium chloride.....	53
sodium chloride (gu irrigant).....	61
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.....	54
SODIUM OXYBATE.....	34
sodium phenylbutyrate.....	44
sodium polystyrene sulfonate powder.....	38
solifenacin succinate.....	47
SOLQUA INJ 100/33.....	37
SOLTAMOX.....	11
SOLU-CORTEF.....	43
SOMATULINE DEPOT.....	44
SOMAVERT.....	44
sorafenib tosylate.....	17
sorine.....	21
sotalol hcl.....	21
sotalol hcl (afib/af).....	21
spironolactone.....	20
spironolactone & hydrochlorothiazide tab 25-25 mg.....	23
sprintec 28.....	41
SPRITAM.....	30, 31
SPRYCEL.....	17
sps.....	38
sronyx.....	41
ssd.....	59
STELARA.....	50
STIVARGA.....	17
streptomycin sulfate.....	3
STRIBILD TAB.....	6
subvenite.....	31
sucrafate.....	46
sulfacetamide sodium (acne).....	59

sulfacetamide sodium (ophth).....	55
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	54
sulfadiazine.....	3
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....	3
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	4
sulfamethoxazole-trimethoprim tab 400-80 mg.....	4
sulfamethoxazole-trimethoprim tab 800-160 mg ...	4
SULFAMYLON.....	59
sulfasalazine.....	45
sulindac.....	1
sumatriptan.....	32
sumatriptan succinate.....	32, 33
sunitinib malate.....	17
SUNLENCA.....	5
syeda.....	41
SYMDEKO TAB 100-150.....	58
SYMDEKO TAB 50-75MG.....	58
SYMPAZAN.....	31
SYMTUZA TAB.....	6
SYNAREL.....	42
SYNJARDY TAB 12.5-1000MG.....	36
SYNJARDY TAB 12.5-500.....	36
SYNJARDY TAB 5-1000MG.....	36
SYNJARDY TAB 5-500MG.....	36
SYNJARDY XR TAB 10-1000.....	36
SYNJARDY XR TAB 12.5-1000.....	36
SYNJARDY XR TAB 25-1000.....	36
SYNJARDY XR TAB 5-1000MG.....	36
SYNTHROID.....	44
T	
TABLOID.....	10
TABRECTA.....	17
tacrolimus.....	51
tacrolimus (topical).....	61
TAFINLAR.....	17
TAGRISSO.....	17
TALTZ.....	50
TALZENNA.....	17
tamoxifen citrate.....	11
tamsulosin hcl.....	47
tarina 24 fe.....	41
tarina fe 1/20 eq.....	41
TASIGNA.....	17
tasimelteon.....	32
tazarotene.....	60
tazicef.....	8
TAZORAC.....	60
taztia xt.....	23
TAZVERIK.....	17

TDVAX INJ 2-2 LF	52
TECENTRIQ	17
TEFLARO	8
<i>telmisartan</i>	21
<i>telmisartan-amlodipine tab 40-10 mg</i>	21
<i>telmisartan-amlodipine tab 40-5 mg</i>	21
<i>telmisartan-amlodipine tab 80-10 mg</i>	21
<i>telmisartan-amlodipine tab 80-5 mg</i>	21
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> ..	21
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	21
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	21
<i>temazepam</i>	32
TENIVAC INJ 5-2LF	52
<i>tenofovir disoproxil fumarate</i>	5
TEPMETKO	17
<i>terazosin hcl</i>	20
<i>terbinafine hcl</i>	4
<i>terbutaline sulfate</i>	57
<i>terconazole vaginal</i>	47
TERIPARATIDE	37
<i>testosterone</i>	34
<i>testosterone cypionate</i>	34
<i>testosterone enanthate</i>	34
<i>tetrabenazine</i>	33
<i>tetracycline hcl</i>	9
THALOMID	12
THEO-24	58
<i>theophylline</i>	58
<i>thioridazine hcl</i>	28
<i>thiothixene</i>	28
<i>tiadylt er</i>	23
<i>tiagabine hcl</i>	31
TIBSOVO	17
TICOVAC	52
<i>tigecycline</i>	9
<i>tilia fe</i>	41
<i>timolol maleate</i>	23
<i>timolol maleate (ophth)</i>	56
<i>tinidazole</i>	4
TIVICAY	5
TIVICAY PD	5
<i>tizanidine hcl</i>	34
TOBRADEX OIN 0.3-0.1%	54
TOBRADEX ST SUS 0.3-0.05	54
<i>tobramycin</i>	4
<i>tobramycin (ophth)</i>	55
<i>tobramycin sulfate</i>	4
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> ..	55
<i>tolterodine tartrate</i>	47
<i>topiramate</i>	31
<i>toremifene citrate</i>	11
<i>torseamide</i>	23

TOUJEO MAX SOLOSTAR	37
TOUJEO SOLOSTAR	37
TPN ELECTROL INJ	53
TRADJENTA	36
<i>tramadol hcl</i>	2
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2
<i>trandolapril</i>	20
<i>tranexamic acid</i>	49
<i>tranylcypromine sulfate</i>	26
TRAVASOL INJ 10%	54
TRAZIMERA	17
<i>trazodone hcl</i>	26
TRECATOR	6
TRELEGY AER ELLIPTA 100-62.5-25 MCG	57
TRELEGY AER ELLIPTA 200-62.5-25 MCG	57
<i>treprostinil</i>	24
TRESIBA	37
TRESIBA FLEXTOUCH	37
<i>tretinoin</i>	59
<i>tretinoin (chemotherapy)</i>	12
<i>triamcinolone acetonide (mouth)</i>	62
<i>triamcinolone acetonide (topical)</i>	61
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	23
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	23
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> ..	23
<i>trientine hcl</i>	38
<i>tri-estarylla</i>	41
<i>trifluoperazine hcl</i>	28
<i>trifluridine</i>	55
<i>trihexyphenidyl hcl</i>	27
TRIJARDY XR TAB ER 24HR 10-5-1000MG	36
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	36
TRIJARDY XR TAB ER 24HR 25-5-1000MG	36
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	36
TRIKAFTA PAK 59.5MG	58
TRIKAFTA PAK 75MG	58
TRIKAFTA TAB 100-50-75MG & 150MG	58
TRIKAFTA TAB 50-25-37.5MG & 75MG	58
<i>tri-legest fe</i>	41
<i>tri-linyah</i>	41
<i>tri-lo-estarylla</i>	41
<i>tri-lo-marzia</i>	41
<i>tri-lo-mili</i>	41
<i>tri-lo-sprintec</i>	41
<i>trimethoprim</i>	4
<i>tri-mili</i>	41
<i>trimipramine maleate</i>	26
TRINTELLIX	26
<i>tri-nymyo</i>	41
<i>tri-sprintec</i>	41

TRIUMEQ PD TAB	6
TRIUMEQ TAB.....	6
<i>trivora-28</i>	41
<i>tri-vylibra</i>	41
<i>tri-vylibra lo</i>	41
TRIZIVIR TAB.....	6
TROGARZO	5
TROPHAMINE INJ 10%.....	54
<i>tropium chloride</i>	47
TRULICITY	36
TRUMENBA INJ.....	52
TRUQAP	17
TRUXIMA.....	17
TUKYSA.....	17
TURALIO	18
<i>turqoz</i>	41
TWINRIX INJ	52
TYBOST.....	5
<i>tydemy</i>	41
TYPHIM VI	52
TYRVAYA	56
U	
UBRELVY.....	33
<i>unithroid</i>	44
<i>ursodiol</i>	46
V	
<i>valacyclovir hcl</i>	7
VALCHLOR.....	61
<i>valganciclovir hcl</i>	7
<i>valproate sodium</i>	31
<i>valproic acid</i>	31
<i>valsartan</i>	21
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	21
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	21
VALTOCO 10 MG DOSE	31
VALTOCO 15 MG DOSE	31
VALTOCO 20 MG DOSE	31
VALTOCO 5 MG DOSE	31
<i>vancomycin hcl</i>	4
VANCOMYCIN INJ 1 GM.....	4
VANCOMYCIN INJ 500MG.....	4
VANCOMYCIN INJ 750MG.....	4
VANFLYTA	18
VAQTA.....	52
<i>varenicline tartrate</i>	34
<i>varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack</i>	34
VARIVAX.....	52
VASCEPA	22

<i>velivet</i>	41
VELPHORO.....	44
VELTASSA	38
VEMLIDY.....	7
VENCLEXTA.....	18
VENCLEXTA TAB START PK	18
<i>venlafaxine hcl</i>	26
VENTAVIS	24
VENTOLIN HFA.....	57
VENTOLIN HFA (INSTITUTIONAL PACK).....	57
<i>verapamil hcl</i>	23
VERQUVO	24
VERSACLOZ.....	28
VERZENIO	18
<i>vestura</i>	41
V-GO 20 KIT	37
V-GO 30 KIT	37
V-GO 40 KIT	37
<i>vienna</i>	41
<i>vigabatrin</i>	31
<i>vigadrone</i>	31
<i>vilazodone hcl</i>	26
<i>vincristine sulfate</i>	12
<i>vinorelbine tartrate</i>	12
<i>viorele</i>	41
VIRACEPT.....	5
VIREAD	5
VITRAKVI	18
VIVITROL.....	34
VIZIMPRO	18
VONJO	18
<i>voriconazole</i>	4
VOSEVI TAB	7
VOTRIENT	18
VRAYLAR.....	28
VRAYLAR CAP 1.5-3MG	28
<i>vyfemla</i>	41
<i>vylibra</i>	41
VYZULTA.....	56
W	
<i>warfarin sodium</i>	48
<i>water for irrigation, sterile irrigation soln</i>	61
WELIREG.....	12
<i>wera</i>	41
<i>wixela inhub</i>	59
<i>wymzya fe</i>	41
X	
XALKORI.....	18
XARELTO.....	48
XARELTO STAR TAB 15/20MG	48
XATMEP.....	50
XCOPRI	31

XCOPRI PAK 100-150	31
XCOPRI PAK 12.5-25	31
XCOPRI PAK 150-200MG (MAINTENANCE).....	31
XCOPRI PAK 150-200MG (TITRATION).....	31
XCOPRI PAK 50-100MG.....	31
XELJANZ	50
XELJANZ XR.....	50
XERMELO	46
XGEVA.....	37
XHANCE.....	59
XIFAXAN	46
XIGDUO XR TAB 10-1000	36
XIGDUO XR TAB 10-500MG.....	36
XIGDUO XR TAB 2.5-1000	36
XIGDUO XR TAB 5-1000MG.....	36
XIGDUO XR TAB 5-500MG.....	36
XIIDRA	56
XOFLUZA	7
XOLAIR	58
XOSPATA	18
XPOVIO 100 MG ONCE WEEKLY	19
XPOVIO 40 MG ONCE WEEKLY	18
XPOVIO 40 MG TWICE WEEKLY.....	18
XPOVIO 60 MG ONCE WEEKLY	18
XPOVIO 60 MG TWICE WEEKLY	18
XPOVIO 80 MG ONCE WEEKLY	18
XPOVIO 80 MG TWICE WEEKLY.....	18
XTANDI.....	11
<i>xulane</i>	41
XULTOPHY INJ 100/3.6	37
Y	
<i>yargesa</i>	44
YF-VAX INJ	52
<i>yuvaferm</i>	42

Z	
<i>zafemy</i>	41
<i>zafirlukast</i>	57
<i>zaleplon</i>	32
ZARXIO	48
ZEJULA.....	19
ZELBORAF	19
ZEMAIRA.....	58
<i>zenatane</i>	59
ZENPEP CAP 10000UNT.....	46
ZENPEP CAP 15000UNT.....	46
ZENPEP CAP 20000UNT.....	46
ZENPEP CAP 25000UNT.....	46
ZENPEP CAP 3000UNIT.....	46
ZENPEP CAP 40000UNT.....	46
ZENPEP CAP 5000UNIT.....	46
ZERVIATE	55
<i>zidovudine</i>	5
ZIEXTENZO.....	48
<i>ziprasidone hcl</i>	28
<i>ziprasidone mesylate</i>	28
ZIRABEV.....	19
ZIRGAN	55
<i>zoledronic acid</i>	37
ZOLINZA.....	19
<i>zolpidem tartrate</i>	32
ZONISADE.....	31
<i>zonisamide</i>	31
<i>zovia 1/35</i>	42
ZTALMY	31
<i>zumandimine</i>	42
ZURZUVAE	26
ZYDELIG	19
ZYKADIA.....	19
ZYLET SUS 0.5-0.3%.....	55
ZYPREXA RELPREVV	28

Mercy Care Advantage (HMO SNP) Member Services

Call **602-586-1730** or **1-877-436-5288**

Calls to these numbers are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Write Mercy Care Advantage (HMO SNP)
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Website **www.MercyCareAZ.org**

This formulary was updated on 03/01/2024. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **www.MercyCareAZ.org**.

Servicios al Miembro de Mercy Care Advantage (HMO SNP)

Llame **602-586-1730** o **1-877-436-5288**

Las llamadas a estos números son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.

Servicios al Miembro también tiene servicios gratuitos de interpretación de idiomas disponibles para personas que no hablan inglés.

TTY **711**

Las llamadas a este número son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.

Escriba Mercy Care Advantage (HMO SNP)
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Sitio Web **www.MercyCareAZ.org**

Este formulario fue actualizado en 03/01/2024. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.