



Mercy Care Advantage (HMO SNP)

2025 Formulary (List of Covered Drugs)

Formulario para 2025 (Lista de Medicamentos Cubiertos)

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

Formulary ID 00025117, Version 11

This formulary was updated on 03/01/2025. 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 **MercyCareAZ.org**.

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

Identificación del Formulario 00025117, Versión 11

Este formulario fue actualizado en 03/01/2025. 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 **MercyCareAZ.org**.



Mercy Care Advantage (HMO SNP)

2025 Formulary (List of Covered Drugs)

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

Formulary ID 00025117, Version 11

This formulary was updated on 03/01/2025. 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 **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 03/01/2025. 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, 2025, and from time to time during the year.

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

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [MercyCareAZ.org](https://www.mercycareaz.org).

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 03/01/2025. 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 2025 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 **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 62. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** 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 62.

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/\$1.60/\$4.90 (each prescription)
All other drugs	\$0/\$4.80/\$12.15 (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.
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 2025 (Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

ID del Formulario 00025117, Versión 11

Este formulario se actualizó el 03/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Mercy Care Advantage (HMO SNP) al **602-586-1730** o al **1-877-436-5288** (los usuarios de TTY deben llamar al **711**), de 08:00 a. m. a 08:00 p. m., los 7 días de la semana, o visite el sitio web **MercyCareAZ.org**.

Nota para los miembros existentes: El formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando en esta lista de medicamentos (formulario) se mencionan los términos “nosotros”, “nos” o “nuestro”, se hace referencia a Mercy Care. Cuando se menciona “plan” o “nuestro plan”, se hace referencia a Mercy Care Advantage.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual estará en vigencia a partir del 03/01/2025. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

En general, debe utilizar farmacias de la red para aprovechar su beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2025 y, ocasionalmente, durante el año.

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

En este documento, usamos los términos Lista de medicamentos y Formulario para decir lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Mercy Care Advantage con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran necesarios como parte de un programa de tratamiento de calidad. Por lo general, Mercy Care Advantage cubrirá los medicamentos que aparecen en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, se obtenga en una farmacia de la red de Mercy Care Advantage y se sigan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte su Evidencia de cobertura.

¿Puede cambiar el formulario (la lista de medicamentos)?

La mayoría de los cambios en la cobertura para medicamentos se hacen el 1 de enero, pero nosotros podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año, moverlos a niveles de costo compartido diferentes o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: **MercyCareAZ.org**.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de marca de nuestro formulario si lo reemplazamos con una nueva versión del medicamento que aparecerá en el mismo nivel de costo compartido o en uno menor y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si añadimos una nueva versión genérica de un medicamento de marca, o añadimos determinadas versiones nuevas de biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, añadimos un biosimilar que puede sustituirse por un producto biológico original sin una nueva receta).

Si usted está tomando actualmente el medicamento de marca o el producto biológico original, es posible que no le informemos antes de hacer un cambio inmediato, pero luego le daremos la información sobre los cambios específicos que hicimos.

Si hacemos ese cambio, usted o la persona que autoriza la receta puede solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección “¿Cómo puedo solicitar una excepción del formulario de Mercy Care Advantage (HMO SNP)?”.

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si un medicamento se retira de la venta por el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego proporcionar un aviso a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que toman actualmente un medicamento. Por ejemplo, podemos hacer cambios según las nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa, un límite de cantidad o una restricción al tratamiento escalonado para un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. Por otra parte, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso sobre el cambio.

Si hacemos estos otros cambios, usted o la persona que autoriza la receta pueden solicitarnos que

hagamos una excepción y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le entregamos también incluirá información sobre cómo solicitar una excepción, y además 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 actualmente está tomando el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario para 2025 y que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describió anteriormente. Esto significa que continuará estando disponible al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo tomen por el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no lo afecten. Sin embargo, dichos cambios lo afectarán a partir del 1 de enero del próximo año y es importante consultar la Lista de medicamentos para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto estará vigente a partir del 03/01/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Si actualizamos el formulario durante el 2025 debido a un cambio no relacionado con el mantenimiento del formulario, se publicará una versión actualizada del formulario y el aviso emitido a los miembros afectados en nuestro sitio web **MercyCareAZ.org**. Los formularios impresos se actualizarán con los cambios mediante un aviso de errata.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar un medicamento dentro del formulario:

Afección médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de afecciones médicas que traten. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están incluidos en la categoría “Agentes cardiovasculares”. Si usted sabe para qué se utiliza el medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento debajo del nombre de esa categoría.

Listado alfabético

Si no está seguro de qué categoría debe consultar, busque su medicamento en el Índice que comienza en la página 62. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran en el Índice. Consulte el Índice y busque su medicamento. Junto al medicamento, verá el número de página en el que puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Mercy Care Advantage cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden ser sustituidos por el medicamento de marca en la farmacia sin la necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría referirse a un medicamento o a un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos habituales. Como los productos biológicos son más complejos que los medicamentos habituales, en lugar de tener una forma genérica, tienen alternativas que se llaman biocomparables. Por lo general, los biosimilares son tan eficaces como los productos biológicos originales, y suelen ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, podrían sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir los medicamentos de marca.

- Para ver un análisis sobre los tipos de medicamentos, consulte el Capítulo 5, Sección 3.1 de la Evidencia de cobertura “La ‘Lista de medicamentos’ dice qué medicamentos de la Parte D están cubiertos”.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Mercy Care Advantage exige que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará contar con la aprobación de Mercy Care Advantage antes de obtener sus medicamentos con receta. Si no obtiene la aprobación, es posible que Mercy Care Advantage no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Mercy Care Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, proporciona 30 comprimidos por receta de rosuvastatina. Esto puede ser además de un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, Mercy Care Advantage le exige que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para su afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que Mercy Care Advantage no cubra el medicamento B, a menos que usted pruebe el medicamento A primero. Si el medicamento A no funciona para su afección, Mercy Care Advantage cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en Internet que explican nuestras restricciones de tratamiento escalonado y autorización previa. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

También puede solicitar que Mercy Care Advantage haga una excepción en cuanto a estas restricciones o límites, o puede pedir una lista de otros medicamentos similares que traten su afección de salud. Para obtener información sobre cómo solicitar una excepción, consulte la sección “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?” que se encuentra en la página XI.

¿Qué sucede si mi medicamento no está incluido en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Departamento de Servicios para miembros y consultar si su medicamento está cubierto.

Si se le informa que Mercy Care Advantage no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una lista de medicamentos similares que estén cubiertos por Mercy Care Advantage. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Mercy Care Advantage.
- Puede solicitar a Mercy Care Advantage que haga una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción a continuación.

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

Puede solicitar a Mercy Care Advantage que haga una excepción en cuanto a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si este no se encuentra en nuestro formulario. Si se aprueba, el medicamento estará cubierto a un nivel de costo compartido determinado previamente, y no podrá solicitar que el medicamento se proporcione a un costo compartido menor.
- Puede solicitar que no se apliquen restricciones o límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos, Mercy Care Advantage limita la cantidad de medicamento que cubrirá. Si su medicamento tiene un límite en la cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, Mercy Care Advantage solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan o si las restricciones adicionales de utilización no son tan efectivos para el tratamiento de su afección o pudieran ocasionar efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para una excepción al formulario o a una restricción de utilización. **Cuando solicite una excepción al formulario o a las restricciones de uso, debe presentar una declaración de la persona autorizada a dar recetas o de su médico que respalde su solicitud.** Por lo general, debemos tomar una decisión en un plazo de 72 horas después de obtener la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que esperar hasta 72 horas para obtener una decisión podría dañar gravemente su salud. Si se le concede la solicitud acelerada, debemos tomar una decisión antes de las 24 horas después de obtener una declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como un miembro nuevo o continuo de nuestro plan, es posible que tome medicamentos que no se encuentren en nuestro formulario. También puede suceder que el medicamento se encuentre en nuestro formulario, pero su capacidad de obtenerlo sea limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe comenzar a tomar un medicamento apropiado que cubramos, o si debe solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted consulta con su médico para determinar la acción más apropiada, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no se encuentren en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal de 31 días. Si su receta está indicada para menos días, le permitiremos obtener resurtidos del medicamento hasta llegar a un máximo de un suministro para 31 días del medicamento. Luego del primer suministro de 31 días, ya no pagaremos esos medicamentos, incluso si hace menos de 90 días que es miembro del plan.

Si reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, pero ya transcurrieron los primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras usted intenta conseguir una excepción al formulario.

Si usted es ingresado en un centro de atención a largo plazo o si recibe el alta de este centro, le permitiremos obtener un resurtido del medicamento con receta en el momento del ingreso o el alta.

Para obtener más información

Para obtener información más detallada sobre su cobertura para medicamentos con receta de Mercy Care Advantage, consulte su Evidencia de cobertura y los otros materiales del plan.

Si tiene preguntas sobre Mercy Care Advantage, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

Si tiene alguna pregunta general sobre la cobertura para medicamentos con receta de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)**, durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al **1-877-486-2048**. O visite <http://www.medicare.gov>.

Formulario de Mercy Care Advantage

El formulario que comienza en la página siguiente proporciona información sobre los medicamentos cubiertos por Mercy Care Advantage. Si tiene alguna dificultad para encontrar en la lista el medicamento que toma, consulte el Índice que comienza en la página 62.

En la primera columna de esta tabla, se indica el nombre del medicamento. Los medicamentos de marca están escritos en letra mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están escritos en letra minúscula y cursiva (p. ej., *levotiroxina*).

La información en la columna Requisitos/Límites le informa si Mercy Care Advantage establece requisitos especiales de cobertura para su medicamento.

Sus montos de costos compartidos dependen de la categoría en la que se encuentre el medicamento:

Categoría	Monto de costo compartido
Medicamentos genéricos (incluye medicamentos de marca considerados genéricos)	\$0/\$1.60/\$4.90 (cada receta)
Todos los demás medicamentos	\$0/\$4.80/\$12.15 (cada receta)

Sus copagos pueden ser menores, lo cual depende del nivel de “Ayuda adicional” que reciba. La Cláusula adicional a la Evidencia de cobertura para las personas que reciben ayuda adicional para pagar los medicamentos con receta (Cláusula adicional LIS) indica el monto que debe pagar por sus medicamentos con receta. También puede llamar al Departamento de Servicios para Miembros para conocer su monto de costo compartido. En las páginas de la portada y la portada posterior, encontrará los números de teléfono del Departamento de Servicios para Miembros.

La información en la columna Requisitos/Límites le informa si Mercy Care Advantage establece requisitos especiales de cobertura para su medicamento.

Abreviatura	Requisitos/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 que tienen EA indican el número de píldoras provistas.
NDS	Suministro no extendido. Los medicamentos que indican 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.

Servicios de interpretación en varios idiomas

Inglés: 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**. Alguien que habla inglés/idioma puede ayudarlo. Este es un servicio gratuito.

Español: 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.

Chino mandarín: 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。

Chino cantonés: 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。

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

Francés: 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.

Vietnamita: 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.

Alemán: 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.

Coreano: 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.

Ruso: 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..

Árabe: اني دل اي ودال لودج وأحص لابل قلعتت ؤلىسأ يأنع ؤباج إلل ؤي نإجم ل يروف ل مآرت م ل امدخ مدقن انن! ثدحتي ام صخش موقسي. **1-877-436-5288** لىع انب لاصتال اىوس لكيل لىل، يروف مآرت م لىع لوصحلل ؤي نإجم ؤمدخ هذ. كتدعاسمب ؤي برعلا

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।

Italiano: 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 Italiani fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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.

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

Polaco: 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.

Japonés: 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。

2025 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> CAPS .6mg	Tier 1	QL (60 caps/30 days)
<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	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
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>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 dr</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	Tier 1	QL (30 tabs/30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	Tier 1	NDS, 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 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>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 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 100mg/5ml</i>	Tier 1	QL (180 mL/30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	Tier 1	QL (180 tabs/30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 1	
<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)

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	
ARIKAYCE SUSP 590mg/8.4ml	Tier 1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	Tier 1	QL (300 mL/30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	Tier 1	
CAYSTON SOLR 75mg	Tier 1	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	Tier 1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
IMPAVIDO CAPS 50mg	Tier 1	NDS, PA
<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>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	
<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 1	
<i>praziquantel</i> TABS 600mg	Tier 1	
<i>pyrimethamine</i> TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), PA
<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	
<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</i> TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 1	
<i>trimethoprim</i> TABS 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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl CAPS 125mg	Tier 1	QL (80 caps/180 days)
vancomycin hcl CAPS 250mg	Tier 1	QL (160 caps/180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS – DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	Tier 1	B/D
amphotericin b SOLR 50mg	Tier 1	B/D
amphotericin b liposome SUSR 50mg	Tier 1	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 1	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	
flucytosine CAPS 250mg, 500mg	Tier 1	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 1	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 1	
itraconazole CAPS 100mg	Tier 1	PA
ketoconazole TABS 200mg	Tier 1	PA
micafungin sodium SOLR 50mg, 100mg	Tier 1	
nystatin TABS 500000unit	Tier 1	
posaconazole SUSP 40mg/ml	Tier 1	NDS, QL (630 mL/30 days), PA
posaconazole TBEC 100mg	Tier 1	NDS, QL (93 tabs/30 days), PA
terbinafine hcl TABS 250mg	Tier 1	QL (30 tabs/30 days), PA; PA applies after a 90-day supply in a calendar year
voriconazole SOLR 200mg	Tier 1	PA
voriconazole SUSR 40mg/ml	Tier 1	NDS, QL (600 mL/28 days), PA
voriconazole TABS 50mg	Tier 1	QL (480 tabs/30 days)
voriconazole TABS 200mg	Tier 1	QL (120 tabs/30 days)
ANTIMALARIALS – DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
mefloquine hcl TABS 250mg	Tier 1	
primaquine phosphate TABS 26.3mg	Tier 1	
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	NM
<i>darunavir</i> TABS 600mg	Tier 1	NDS, QL (60 tabs/30 days), NM
<i>darunavir</i> TABS 800mg	Tier 1	NDS, QL (30 tabs/30 days), NM
EDURANT TABS 25mg	Tier 1	NDS, NM
<i>efavirenz</i> TABS 600mg	Tier 1	NM
<i>emtricitabine</i> CAPS 200mg	Tier 1	NM
EMTRIVA SOLN 10mg/ml	Tier 1	NM
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	NDS, NM
FUZEON SOLR 90mg	Tier 1	NDS, NM
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
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	NM
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	NDS, NM
<i>nevirapine</i> 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
<i>ritonavir</i> TABS 100mg	Tier 1	NM
RUKOBIA TB12 600mg	Tier 1	NDS, NM
SELZENTRY SOLN 20mg/ml	Tier 1	NDS, NM
SUNLENCA TBPK 300mg	Tier 1	NDS, NM
<i>tenofovir disoproxil fumarate</i> 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
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
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	NM
ANTIRETROVIRAL COMBINATION AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	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, NM

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	Tier 1	NDS, 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, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	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	NM
TRIUMEQ 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, 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
<i>adefovir dipivoxil TABS 10mg</i>	Tier 1	NM
BARACLUDE SOLN .05mg/ml	Tier 1	NDS, NM, ST
<i>entecavir TABS .5mg, 1mg</i>	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 TABS 125mg, 250mg, 500mg</i>	Tier 1	
<i>ganciclovir sodium SOLR 500mg</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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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
LIVTENCITY TABS 200mg	Tier 1	NDS, QL (336 tabs/28 days), NM, PA
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)
PAXLOVID TAB 150-100	Tier 1	NDS, QL (40 tabs/90 days)
PAXLOVID TAB 300-100	Tier 1	NDS, QL (60 tabs/90 days)
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	
VOSEVI TAB	Tier 1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	Tier 1	QL (1 tab/180 days)
CEPHALOSPORINS – DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 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, 3gm, 10gm, 500mg	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/150ML-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>cefotetan disodium</i> SOLR 1gm, 2gm	Tier 1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	
<i>cefprozil proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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>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		
<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> 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	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr</i> 1000-62.5 mg	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	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>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	
NUZYRA SOLR 100mg	Tier 1	NDS, NM
NUZYRA TABS 150mg	Tier 1	NDS, QL (30 tabs/14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 1	
<i>tigecycline SOLR 50mg</i>	Tier 1	NDS
ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	Tier 1	NDS, B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	Tier 1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	Tier 1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	Tier 1	NDS, 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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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
<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
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, PA
LONSURF TAB 15-6.14	Tier 1	NDS, QL (100 tabs/28 days), NM, PA
LONSURF TAB 20-8.19	Tier 1	NDS, QL (80 tabs/28 days), NM, 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, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	Tier 1	NDS, NM
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, PA
AKEEGA TAB 100/500	Tier 1	NDS, QL (60 tabs/30 days), NM, 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
ERLEADA TABS 60mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
ERLEADA TABS 240mg	Tier 1	NDS, QL (30 tabs/30 days), NM, 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	

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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, PA
ORGOVYX TABS 120mg	Tier 1	NDS, NM, PA
ORSERDU TABS 86mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
ORSERDU TABS 345mg	Tier 1	NDS, QL (30 tabs/30 days), NM, 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	PA
XTANDI CAPS 40mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
XTANDI TABS 40mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
XTANDI TABS 80mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
THALOMID CAPS 50mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
THALOMID CAPS 100mg	Tier 1	NDS, QL (112 caps/28 days), NM, PA
THALOMID CAPS 150mg, 200mg	Tier 1	NDS, QL (56 caps/28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	Tier 1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
IWILFIN TABS 192mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
MATULANE CAPS 50mg	Tier 1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	NDS
WELIREG TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
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
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D, NM
<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 inj</i> 100mg	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, PA
ALUNBRIG TABS 30mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ALUNBRIG PAK	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
AUGTYRO CAPS 40mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
AUGTYRO CAPS 160mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
BALVERSA TABS 3mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
BALVERSA TABS 4mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
BALVERSA TABS 5mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	Tier 1	NDS, NM, PA
BOSULIF CAPS 50mg	Tier 1	NDS, QL (360 caps/30 days), NM, PA
BOSULIF CAPS 100mg	Tier 1	NDS, QL (150 caps/25 days), 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, PA
BRUKINSA CAPS 80mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
CALQUENCE CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
CALQUENCE TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
CAPRELSA TABS 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
COMETRIQ KIT 100MG	Tier 1	NDS, QL (56 caps/28 days), NM, PA
COMETRIQ KIT 140MG	Tier 1	NDS, QL (112 caps/28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	NDS, QL (56 caps/28 days), NM, PA
COTELLIC TABS 20mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
DANZITEN TABS 71mg, 95mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
<i>dasatinib</i> TABS 20mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
DAURISMO TABS 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
DAURISMO TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ERIVEDGE CAPS 150mg	Tier 1	NDS, QL (30 caps/30 days), NM, 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
<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
FOTIVDA CAPS .89mg, 1.34mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
FRUZAQLA CAPS 1mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
FRUZAQLA CAPS 5mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
GAVRETO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
<i>gefitinib</i> TABS 250mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
HERCEP HYLEC SOL 60-10000	Tier 1	NDS, NM, PA
HERCEPTIN SOLR 150mg	Tier 1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 tabs/28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
IDHIFA TABS 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, 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, PA
IMBRUVICA CAPS 140mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	Tier 1	NDS, QL (216 mL/27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
IMKELDI SOLN 80mg/ml	Tier 1	NDS, QL (280 mL/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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
INLYTA TABS 5mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
INREBIC CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
ITOVEBI TABS 3mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
ITOVEBI TABS 9mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
JAYPIRCA TABS 50mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
JAYPIRCA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	Tier 1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	Tier 1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	Tier 1	NDS, QL (21 tabs/28 days), NM, PA
KISQALI 200 PAK FEMARA	Tier 1	NDS, QL (49 tabs/28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	Tier 1	NDS, QL (42 tabs/28 days), NM, PA
KISQALI 400 PAK FEMARA	Tier 1	NDS, QL (70 tabs/28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
KISQALI 600 PAK FEMARA	Tier 1	NDS, QL (91 tabs/28 days), NM, PA
KOSELUGO CAPS 10mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
KOSELUGO CAPS 25mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
KRAZATI TABS 200mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
LAZCLUZE TABS 80mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
LAZCLUZE TABS 240mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA CAP 14 MG	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA CAP 18 MG	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LENVIMA CAP 24 MG	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LORBRENA TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
LORBRENA TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
LUMAKRAS TABS 120mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
LUMAKRAS TABS 240mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
LUMAKRAS TABS 320mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS 100mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (140 tabs/28 days), NM, PA
MEKINIST SOLR .05mg/ml	Tier 1	NDS, QL (1260 mL/30 days), NM, PA
MEKINIST TABS 2mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
MEKINIST TABS .5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
MEKTOVI TABS 15mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
MONJUVI SOLR 200mg	Tier 1	NDS, NM, PA
NERLYNX TABS 40mg	Tier 1	NDS, QL (180 tabs/30 days), NM, 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, PA
OGIVRI SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
OGSIVEO TABS 50mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
OJEMDA SUSR 25mg/ml	Tier 1	NDS, QL (96 mL/28 days), NM, PA
OJEMDA TABS 100mg	Tier 1	NDS, QL (24 tabs/28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NDS, NM, 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, PA
PHESGO SOL	Tier 1	NDS, NM, 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, PA
RETEVMO CAPS 40mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
RETEVMO CAPS 80mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
RETEVMO TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
REVUFORJ TABS 110mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
REVUFORJ TABS 160mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
REZLIDHIA CAPS 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
ROZLYTREK CAPS 200mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
ROZLYTREK PACK 50mg	Tier 1	NDS, QL (336 packets/28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, 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
SCEMBLIX TABS 100mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
STIVARGA TABS 40mg	Tier 1	NDS, QL (84 tabs/28 days), NM, 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, PA
TAFINLAR TBSO 10mg	Tier 1	NDS, QL (900 tabs/30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
TALZENNA CAPS .25mg	Tier 1	NDS, QL (90 caps/30 days), NM, 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, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	Tier 1	NDS, QL (1 vial/21 days), NM, PA
TEPMETKO TABS 225mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
TIBSOVO TABS 250mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	Tier 1	NDS, QL (64 tabs/28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	Tier 1	NDS, QL (4 packs/28 days), NM, 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, PA

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

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPS 125mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
VENCLEXTA TABS 10mg	Tier 1	QL (112 tabs/28 days), NM, PA
VENCLEXTA TABS 50mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
VENCLEXTA TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
VENCLEXTA TAB START PK	Tier 1	NDS, QL (42 tabs/28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
VITRAKVI CAPS 25mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
VITRAKVI CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
VITRAKVI SOLN 20mg/ml	Tier 1	NDS, QL (300 mL/30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
VONJO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
VORANIGO TABS 10mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
VORANIGO TABS 40mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
XALKORI CPSP 20mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
XALKORI CPSP 150mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
XOSPATA TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (4 tabs/28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 1	NDS, QL (4 tabs/28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 1	NDS, QL (24 tabs/28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 1	NDS, QL (32 tabs/28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ZELBORAF TABS 240mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NDS, NM, 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, PA
ZYKADIA TABS 150mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
mesna TABS 400mg	Tier 1	NDS
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	

ACE INHIBITORS – DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ALDOSTERONE RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE

eplerenone TABS 25mg, 50mg	Tier 1	
KERENDIA TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	

ALPHA BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE

doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 1	
terazosin hcl CAPS 1mg, 2mg, 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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	QL (60 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	QL (30 tabs/30 days)
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps/30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps/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 150-12.5 mg</i>	Tier 1	QL (60 tabs/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	QL (30 tabs/30 days)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	Tier 1	QL (30 tabs/30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> TABS 5mg	Tier 1	QL (60 tabs/30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	Tier 1	QL (60 tabs/30 days)
<i>valsartan</i> TABS 320mg	Tier 1	QL (30 tabs/30 days)
ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	Tier 1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	Tier 1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg	Tier 1	QL (60 tabs/30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	Tier 1	
ANTIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> TABS 600mg	Tier 1	
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)
NEXLETOL TABS 180mg	Tier 1	QL (30 tabs/30 days)
NEXLIZET TAB 180/10MG	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

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

Drug Name	Drug Tier	Requirements/Limits
prevalite 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

atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	

BETA-BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

acebutolol hcl CAPS 200mg, 400mg	Tier 1	
atenolol TABS 25mg, 50mg, 100mg	Tier 1	
betaxolol hcl TABS 10mg, 20mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	Tier 1	
nadolol TABS 20mg, 40mg, 80mg	Tier 1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
nebivolol hcl TABS 20mg	Tier 1	QL (60 tabs/30 days)
pindolol TABS 5mg, 10mg	Tier 1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	

CALCIUM CHANNEL BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
isradipine CAPS 2.5mg, 5mg	Tier 1	
nicardipine hcl CAPS 20mg, 30mg	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i> CAPS 30mg	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>torseamide</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	
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)
<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 applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	Tier 1	QL (60 tabs/30 days)
<i>metyrosine</i> CAPS 250mg	Tier 1	NDS, NM, 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), PA

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

Drug Name	Drug Tier	Requirements/Limits
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		
<i>alyq</i> TABS 20mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OPSUMIT TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL (360 tabs/30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NDS, NM, PA
CENTRAL NERVOUS SYSTEM – DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY – DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs/30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml	Tier 1	QL (150 mL/30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	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; TBP 5mg	Tier 1	QL (30 tabs/30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBP 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 28x5 mg & 21x10 mg titration pack</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	Tier 1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	Tier 1	
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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 1	QL (60 caps/30 days), PA
<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	
<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), PA
<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, PA
ZURZUVAE CAPS 30mg	Tier 1	NDS, QL (14 caps/14 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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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 applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	
INBRIJA CAPS 42mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	Tier 1	QL (30 tabs/30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	Tier 1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 1	NDS, QL (1 syringe/56 days)
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)
<i>aripiprazole</i> SOLN 1mg/ml	Tier 1	QL (900 mL/30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (30 tabs/30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	Tier 1	QL (60 tabs/30 days), ST
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
<i>asenapine maleate</i> 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)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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	QL (120 tabs/30 days), PA
COBENFY CAP 50-20MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY CAP 100-20MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY CAP 125-30MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY STRT CAP PACK	Tier 1	NDS, QL (2 packs/year), 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)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	Tier 1	QL (30 tabs/30 days)
lurasidone hcl TABS 80mg	Tier 1	QL (60 tabs/30 days)
LYBALVI TAB 5-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 10-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 15-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 20-10MG	Tier 1	NDS, QL (30 tabs/30 days)
molindone hcl TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
NUPLAZID TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
olanzapine SOLR 10mg	Tier 1	QL (3 vials/1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs/30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
olanzapine TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days), ST
olanzapine TBDP 10mg	Tier 1	QL (60 tabs/30 days), ST
OPIPZA FILM 2mg, 5mg	Tier 1	NDS, QL (30 films/30 days), PA
OPIPZA FILM 10mg	Tier 1	NDS, QL (90 films/30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	Tier 1	QL (30 tabs/30 days)
paliperidone TB24 6mg	Tier 1	QL (60 tabs/30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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)
<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), ST
<i>risperidone</i> TBDP 4mg	Tier 1	QL (120 tabs/30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	Tier 1	QL (90 tabs/30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	Tier 1	QL (2 injections/28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	Tier 1	NDS, QL (2 injections/28 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)
<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)
ANTIEPILEPTIC 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 TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	NDS, QL (60 tabs/30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	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; TBDP 2mg	Tier 1	QL (300 tabs/30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .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 applies if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	NDS, QL (360 caps/30 days), NM, PA
DIACOMIT CAPS 500mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
DIACOMIT PACK 250mg	Tier 1	NDS, QL (360 packets/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	Tier 1	QL (1200 mL/30 days), PA; PA applies if 65 years and older when greater than 5-day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 65 years and older when greater than 5-day supply
<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 when greater than 5-day supply
DILANTIN CAPS 30mg	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, 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; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	NDS, QL (360 mL/30 days), NM, 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	Tier 1	QL (360 caps/30 days)
<i>gabapentin</i> CAPS 400mg	Tier 1	QL (270 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	Tier 1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
<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 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	Tier 1	QL (10 buccal films/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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 1	QL (10 nasal units per 30 days)
<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 applies 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 applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA applies 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)
SPRITAM TB3D 1000mg	Tier 1	QL (90 tabs/30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg	Tier 1	NDS, QL (60 films/30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
<i>vigadrone</i> PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
<i>vigadrone</i> TABS 500mg	Tier 1	NDS, QL (180 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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100mg/ml	Tier 1	NDS, QL (900 mL/30 days), NM, PA
<i>vigpoder</i> PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
XCOPRI TABS 25mg, 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
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml	Tier 1	NDS, QL (1100 mL/30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER – DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps/30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs/30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs/30 days), PA
<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 applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	Tier 1	QL (60 tabs/30 days), PA; PA applies 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

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

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS – DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	Tier 1	QL (30 tabs/30 days)
eszopiclone 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
tasimelteon CAPS 20mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	Tier 1	QL (30 caps/30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	Tier 1	QL (60 caps/30 days), PA; PA applies if 65 years and older
zaleplon 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
zaleplon 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
zolpidem tartrate 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
dihydroergotamine mesylate SOLN 1mg/ml	Tier 1	NDS
dihydroergotamine mesylate SOLN 4mg/ml	Tier 1	NDS, QL (8 mL/30 days), PA
EMGALITY SOAJ 120mg/ml	Tier 1	QL (2 pens/30 days), NM, PA
EMGALITY SOSY 100mg/ml	Tier 1	QL (3 syringes/30 days), NM, PA
EMGALITY SOSY 120mg/ml	Tier 1	QL (2 syringes/30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	Tier 1	QL (40 tabs/28 days), PA
naratriptan hcl 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
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 1	QL (18 tabs/30 days)
sumatriptan SOLN 5mg/act	Tier 1	QL (24 units/30 days)
sumatriptan SOLN 20mg/act	Tier 1	QL (12 units/30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	Tier 1	QL (18 injections/30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 1	QL (12 injections/30 days)
sumatriptan succinate 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, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
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 18mg, 24mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 1	NDS, QL (2 packs/year), NM, PA
<i>lithium</i> 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	NDS, 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, PA
BETASERON KIT .3mg	Tier 1	NDS, QL (14 syringes/28 days), NM, PA
COPAXONE SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
COPAXONE SOSY 40mg/ml	Tier 1	NDS, QL (12 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/365 days), NM, 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 **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, 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)
<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 .4mg/ml, 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)
<i>varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack</i>	Tier 1	QL (2 packs/year)
VIVITROL SUSR 380mg	Tier 1	NDS, NM

ENDOCRINE AND METABOLIC – DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS – DRUGS TO REGULATE MALE HORMONES

<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
<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 cypionate</i> SOLN 100mg/ml, 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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA
<i>testosterone pump</i> GEL 1.62%	Tier 1	QL (150 gm/30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
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 SOAJ 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 **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 15-500 mg</i>	Tier 1	QL (90 tabs/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	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 SOAJ .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	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 1	
CEQR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches/30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches/24 days), PA
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	PA
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-EMBECTA	Tier 1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 1	PA
INSULIN SYRINGES: BD-EMBECTA	Tier 1	PA
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 **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 SOLN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG 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)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods/30 days), PA
OMNIPOD 5 G7 KIT INTRO	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 G7 MIS PODS	Tier 1	QL (15 pods/30 days), PA
OMNIPOD 5 LB KIT INTRO G6	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 LB MIS PODS G6	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
SIMPLICITY MIS INSERTER	Tier 1	QL (2 inserters/year), 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	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens/30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	Tier 1	ST
<i>alendronate sodium</i> 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
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	Tier 1	
<i>risedronate sodium</i> TBEC 35mg	Tier 1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
XGEVA SOLN 120mg/1.7ml	Tier 1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	Tier 1	NM, PA
deferasirox TBSO 250mg, 500mg	Tier 1	NDS, NM, PA
kionex SUSP 15gm/60ml	Tier 1	
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	
sps rectal SUSP 15gm/60ml	Tier 1	
trientine hcl CAPS 250mg	Tier 1	NDS, NM, PA
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	
amethyst	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 eq	Tier 1	
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i> TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	
<i>dolishale</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>emzahh</i> TABS .35mg	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	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 0.12-0.015 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</i> TABS .35mg	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i> TABS .35mg	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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 1	NM
<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>lutera</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 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	
NEXPLANON IMPL 68mg	Tier 1	NM
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</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-linyah</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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	
ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES		
<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	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPk 4mg	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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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	
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		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NDS, NM, PA
<i>betaine powder for oral solution</i>	Tier 1	NDS, NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NDS, NM, PA
CERDELGA CAPS 84mg	Tier 1	NDS, NM, PA
CEREZYME SOLR 400unit	Tier 1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	Tier 1	B/D, QL (60 tabs/30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	Tier 1	NDS, B/D, QL (120 tabs/30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 1	NM, PA
GENOTROPIN MINIQUICK PRSY .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, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NDS, NM, 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
<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1	
<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, 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, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	Tier 1	NDS, PA
VEOZAH TABS 45mg	Tier 1	PA
PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES		
<i>gallifrey</i> TABS 5mg	Tier 1	
<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

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL – DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS – DRUGS FOR NAUSEA AND VOMITING		
<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> TBP 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 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	Tier 1	QL (10 patches/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year
ANTISPASMODICS – DRUGS FOR STOMACH SPASMS		
<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)
H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<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	Tier 1	QL (1680 mL/28 days)
<i>mesalamine</i> SUPP 1000mg	Tier 1	QL (30 suppositories/30 days)
<i>mesalamine</i> TBEC 1.2gm	Tier 1	QL (120 tabs/30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 1	QL (28 bottles/28 days)
<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 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>gavilyte-n/Flavor pack</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>alose tron hcl</i> TABS 1mg	Tier 1	NDS, QL (60 tabs/30 days), PA
<i>alose tron hcl</i> TABS .5mg	Tier 1	QL (60 tabs/30 days), PA
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	
<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, 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	
VOWST CAP	Tier 1	NDS, QL (12 caps/30 days), NM, PA
XERMELO TABS 250mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
XIFAXAN TABS 550mg	Tier 1	NDS, PA
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	
ZENPEP CAP 60000UNT	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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
<i>rabeprazole sodium</i> 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		
<i>alfuzosin hcl</i> TB24 10mg	Tier 1	QL (30 tabs/30 days)
<i>dutasteride</i> CAPS .5mg	Tier 1	QL (30 caps/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	QL (30 caps/30 days)
<i>finasteride</i> TABS 5mg	Tier 1	QL (30 tabs/30 days)
<i>tadalafil</i> TABS 5mg	Tier 1	QL (30 tabs/30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	Tier 1	QL (60 caps/30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS – DRUGS TO TREAT URINARY INCONTINENCE		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	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)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	Tier 1	QL (600 mL/30 days)
<i>oxybutynin chloride</i> TABS 5mg	Tier 1	QL (120 tabs/30 days)
<i>oxybutynin chloride</i> TB24 5mg	Tier 1	QL (30 tabs/30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	Tier 1	QL (60 tabs/30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	Tier 1	QL (30 caps/30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	Tier 1	QL (60 tabs/30 days)
<i>tropium chloride</i> TABS 20mg	Tier 1	QL (60 tabs/30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS – BLOOD THINNERS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	Tier 1	QL (60 caps/30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	Tier 1	QL (120 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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NDS
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
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<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		
FULPHILA SOSY 6mg/0.6ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	NDS, QL (24 boxes/30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 1	NDS, NM, PA
HAEGARDA SOLR 2000unit	Tier 1	NDS, QL (30 vials/30 days), NM, PA
HAEGARDA SOLR 3000unit	Tier 1	NDS, QL (20 vials/30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	Tier 1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA
TAVNEOS CAPS 10mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 1	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	Tier 1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> 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
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	Tier 1	NDS, QL (56 syringes/365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	Tier 1	NDS, QL (2 packs/year), NM, PA
COSENTYX SOLN 125mg/5ml	Tier 1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	Tier 1	NDS, QL (16 syringes/365 days), NM, PA
COSENTYX SOSY 150mg/ml	Tier 1	NDS, QL (32 syringes/365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 1	NDS, QL (32 pens/365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	Tier 1	NDS, QL (16 pens/365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, QL (4 syringes/28 days), 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	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 syringes/28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 pens/28 days), NM, PA
HUMIRA PEN AJKT 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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	Tier 1	NDS, QL (3 pens/28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/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
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	Tier 1	NDS, QL (2 packs/year), NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NDS, NM, PA
REMICADE SOLR 100mg	Tier 1	NDS, NM, PA
RENFLEXIS SOLR 100mg	Tier 1	NDS, NM, 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
RINVOQ LQ SOLN 1mg/ml	Tier 1	NDS, QL (360 mL/30 days), 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, 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
SOTYKTU TABS 6mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
STELARA SOLN 45mg/0.5ml	Tier 1	NDS, QL (1 vial/28 days), NM, PA
STELARA SOLN 130mg/26ml	Tier 1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA
TREMFYA SOLN 200mg/20ml	Tier 1	NDS, NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
VELSIPITY TABS 2mg	Tier 1	NDS, QL (30 tabs/30 days), NM, 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		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 1	NDS, NM, PA
GAMASTAN INJ	Tier 1	B/D, NM
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, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NDS, NM, PA
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 100mcg/0.5ml	Tier 1	NDS, NM, PA
ARCALYST SOLR 220mg	Tier 1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 1	B/D, NM
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	Tier 1	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	NDS, B/D, NM
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	Tier 1	NDS, B/D, NM
mycophenolate sodium 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, 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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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		
ABRYSCO 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	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-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	
IXCHIQ INJ	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	
MRESVIA SUSY 50mcg/0.5ml	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	
PRIORIX INJ	Tier 1	
PROQUAD 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	

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

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)
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 SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	Tier 1	
D10W/NAACL INJ 0.2%	Tier 1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1	
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	
KCL/D5W/NAACL INJ 0.3/0.9%	Tier 1	
<i>lactated ringer's solution</i>	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 1	
<i>multiple electrolytes ph 5.5</i>	Tier 1	
<i>multiple electrolytes ph 7.4</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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NAACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	Tier 1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	Tier 1	
<i>klor-con 8</i> TBCR 8meq	Tier 1	
<i>klor-con 10</i> 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> CPR 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 chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 1	
<i>IV NUTRITION</i>		
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 15%</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC – DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY – DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neo-polycin hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
<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	QL (12 mL/30 days)
<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	
<i>trifluridine SOLN 1%</i>	Tier 1	
XDEMZY SOLN .25%	Tier 1	NDS, NM, PA
ZIRGAN GEL .15%	Tier 1	
ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OINT .5%	Tier 1	
<i>loteprednol etabonate</i> SUSP .2%	Tier 1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
ANTIALLERGICS – DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1	
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, PA
CYSTARAN SOLN .44%	Tier 1	NDS, NM, PA
EYSUVIS SUSP .25%	Tier 1	
MIEBO SOLN 1.338gm/ml	Tier 1	
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	
RESTASIS MULTIDOSE EMUL .05%	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	

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

Drug Name	Drug Tier	Requirements/Limits
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)
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 5mg/5ml</i>	Tier 1	QL (300 mL/30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	Tier 1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30-day supply in a calendar year
<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

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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50mcg/dose	Tier 1	QL (60 inhalations/30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	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</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	Tier 1	
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NDS, NM, PA
BRONCHITOL CAPS 40mg	Tier 1	NDS, QL (560 caps/28 days), NM, PA
<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 10mg/0.5ml, 30mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 1	NDS, QL (56 packets/28 days), NM, PA
KALYDECO TABS 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OFEV CAPS 100mg, 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
ORKAMBI GRA 75-94MG	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI GRA 100-125	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI GRA 150-188	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI TAB 100-125	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
ORKAMBI TAB 200-125	Tier 1	NDS, QL (112 tabs/28 days), NM, 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	Tier 1	NDS, NM, 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, PA
SYMDEKO TAB 100-150	Tier 1	NDS, QL (56 tabs/28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
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, PA
TRIKAFTA PAK 75MG	Tier 1	NDS, QL (56 packs/28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
XOLAIR SOAJ 150mg/ml	Tier 1	NDS, QL (8 pens/28 days), NM, PA
XOLAIR SOLR 150mg	Tier 1	NDS, QL (8 vials/28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
XOLAIR SOSY 150mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 1	NDS, NM, PA
NASAL STEROIDS – DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal)</i> SOLN .025%	Tier 1	QL (3 bottles/30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	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		
ALVESCO AERS 80mcg/act	Tier 1	QL (3 inhalers/30 days)
ALVESCO AERS 160mcg/act	Tier 1	QL (2 inhalers/30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 1	QL (30 inhalations/30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	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)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers/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)
<i>breyna</i>	Tier 1	QL (3 inhalers/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 inhalers/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (3 inhalers/30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers/30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers/30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (60 inhalations/30 days); (generic PRASCO 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 NDS – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<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 mL/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>twice-daily clindamycin phosphate (topical) GEL 1%</i>	Tier 1	QL (75 gm/30 days)
<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	
<i>SULFAMYLON CREA 85mg/gm</i>	Tier 1	QL (453.6 gm/30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	Tier 1	QL (120 mL/30 days)
<i>ciclopirox olamine CREA .77%</i>	Tier 1	QL (90 gm/30 days)
<i>ciclopirox olamine SUSP .77%</i>	Tier 1	QL (60 mL/30 days)
<i>clotrimazole (topical) CREA 1%</i>	Tier 1	QL (45 gm/30 days)
<i>clotrimazole (topical) SOLN 1%</i>	Tier 1	QL (60 mL/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm/30 days)
<i>econazole nitrate CREA 1%</i>	Tier 1	QL (85 gm/30 days)
<i>ketconazole (topical) CREA 2%</i>	Tier 1	QL (60 gm/30 days)
<i>ketconazole (topical) SHAM 2%</i>	Tier 1	QL (120 mL/30 days)
<i>klayesta POWD 100000unit/gm</i>	Tier 1	QL (60 gm/30 days)
<i>nyamyc POWD 100000unit/gm</i>	Tier 1	QL (60 gm/30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	Tier 1	QL (30 gm/30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	Tier 1	QL (60 gm/30 days)
<i>nystop POWD 100000unit/gm</i>	Tier 1	QL (60 gm/30 days)
<i>selenium sulfide LOTN 2.5%</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 **NDS** – Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
calcipotriene CREA .005%; OINT .005%	Tier 1	QL (120 gm/30 days), PA
calcipotriene SOLN .005%	Tier 1	QL (120 mL/30 days), PA
calcitrene OINT .005%	Tier 1	QL (120 gm/30 days), PA
ENSTILAR AER	Tier 1	NDS, QL (120 gm/30 days), PA
tazarotene CREA .05%, .1%	Tier 1	QL (60 gm/30 days), PA
TAZORAC CREA .05%	Tier 1	QL (60 gm/30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
betamethasone dipropionate (topical) LOTN .05%	Tier 1	QL (120 mL/30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
betamethasone dipropionate augmented LOTN .05%	Tier 1	QL (120 mL/30 days)
betamethasone valerate CREA .1%; OINT .1%	Tier 1	QL (120 gm/30 days)
betamethasone valerate LOTN .1%	Tier 1	QL (120 mL/30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
clobetasol propionate SOLN .05%	Tier 1	QL (50 mL/30 days)
clobetasol propionate e CREA .05%	Tier 1	QL (60 gm/30 days)
fluocinolone acetonide CREA .01%	Tier 1	QL (60 gm/30 days)
fluocinolone acetonide CREA .025%; OINT .025%	Tier 1	QL (120 gm/30 days)
fluocinolone acetonide OIL .01%	Tier 1	QL (118.28 mL/30 days)
fluocinolone acetonide SOLN .01%	Tier 1	QL (60 mL/30 days)
fluocinonide CREA .05%	Tier 1	QL (120 gm/30 days)
fluocinonide GEL .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
fluocinonide SOLN .05%	Tier 1	QL (60 mL/30 days)
fluocinonide emulsified base CREA .05%	Tier 1	QL (120 gm/30 days)
fluticasone propionate CREA .05%; OINT .005%	Tier 1	
halobetasol propionate CREA .05%; OINT .05%	Tier 1	QL (50 gm/30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1%	Tier 1	QL (30 gm/30 days)
hydrocortisone valerate CREA .2%	Tier 1	QL (60 gm/30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	Tier 1	QL (454 gm/30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5%	Tier 1	QL (454 gm/30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	Tier 1	QL (60 mL/30 days), PA
lidocaine OINT 5%	Tier 1	QL (50 gm/30 days), PA
lidocaine PTCH 5%	Tier 1	QL (3 patches/1 day), PA
lidocaine hcl SOLN 4%	Tier 1	QL (50 mL/30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	B/D, QL (30 gm/30 days)
<i>lidocan PTCH 5%</i>	Tier 1	QL (3 patches/1 day), PA
<i>tridacaine ii PTCH 5%</i>	Tier 1	QL (3 patches/1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) GEL 1%</i>	Tier 1	NDS, QL (60 gm/30 days), NM, PA
<i>diclofenac sodium (topical) SOLN 1.5%</i>	Tier 1	QL (300 mL/28 days)
<i>fluorouracil (topical) CREA 5%</i>	Tier 1	QL (40 gm/30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	Tier 1	QL (10 mL/30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	Tier 1	
<i>imiquimod CREA 5%</i>	Tier 1	QL (24 packets/30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	Tier 1	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	Tier 1	QL (45 gm/30 days)
<i>metronidazole (topical) LOTN .75%</i>	Tier 1	QL (59 mL/30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	Tier 1	QL (30 gm/30 days)
<i>PANRETIN GEL .1%</i>	Tier 1	NDS, QL (60 gm/30 days), PA
<i>pimecrolimus CREA 1%</i>	Tier 1	QL (100 gm/30 days), PA
<i>podofilox SOLN .5%</i>	Tier 1	QL (7 mL/28 days)
<i>procto-med hc CREA 2.5%</i>	Tier 1	
<i>proctocort CREA 1%</i>	Tier 1	
<i>proctosol hc CREA 2.5%</i>	Tier 1	
<i>proctozone-hc CREA 2.5%</i>	Tier 1	
<i>tacrolimus (topical) OINT .03%, .1%</i>	Tier 1	QL (100 gm/30 days), PA
<i>VALCHLOR GEL .016%</i>	Tier 1	NDS, QL (60 gm/30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	Tier 1	QL (59 mL/30 days)
<i>permethrin CREA 5%</i>	Tier 1	QL (60 gm/30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	Tier 1	NDS, QL (30 gm/30 days), PA
<i>SANTYL OINT 250unit/gm</i>	Tier 1	QL (180 gm/30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	Tier 1	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	Tier 1	
<i>clotrimazole TROC 10mg</i>	Tier 1	QL (150 lozenges/30 days)
<i>kourzeq PSTE .1%</i>	Tier 1	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 1	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	Tier 1	
<i>periogard SOLN .12%</i>	Tier 1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	Tier 1	
<i>triamcinolone acetonide (mouth) PSTE .1%</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 **NDS** – Non-Extended Days Supply

Index

A

<i>abacavir sulfate</i>	4
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5
ABELCET.....	4
ABILIFY ASIMTUFII.....	25
ABILIFY MAINTENA.....	25
<i>abiraterone acetate</i>	10
ABRYSVO.....	51
<i>acamprosate calcium</i>	33
<i>acarbose</i>	34
<i>accutane</i>	59
<i>acebutolol hcl</i>	21
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	22
<i>acetic acid</i>	46
<i>acetic acid (otic)</i>	55
<i>acetylcysteine</i>	57
<i>acitretin</i>	60
ACTHIB INJ.....	51
ACTIMMUNE.....	50
<i>acyclovir</i>	6
<i>acyclovir sodium</i>	6
ADACEL INJ.....	51
ADALIMUMAB-AACF (2 PEN).....	48
ADALIMUMAB-AACF (2 SYRING).....	48
ADALIMUMAB-AACF STARTER P.....	48
<i>adefovir dipivoxil</i>	6
ADMELOG.....	35
ADMELOG SOLOSTAR.....	35
ADVAIR HFA AER 115/21.....	58
ADVAIR HFA AER 230/21.....	58
ADVAIR HFA AER 45/21.....	58
<i>afirmelle</i>	37
AIMOVIG.....	31
AIRSUPRA AER 90-80MCG.....	58
AKEEGA TAB 100/500.....	10
AKEEGA TAB 50/500MG.....	10
<i>ala-cort</i>	60
<i>albendazole</i>	2
<i>albuterol sulfate</i>	56
<i>alclometasone dipropionate</i>	60
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY.....	35
ALDURAZYME.....	42
ALECENSA.....	12
<i>alendronate sodium</i>	36
<i>alfuzosin hcl</i>	46

<i>aliskiren fumarate</i>	22
<i>allopurinol</i>	1
<i>alosetron hcl</i>	45
<i>alprazolam</i>	23
<i>altavera</i>	37
ALUNBRIG.....	12
ALUNBRIG PAK.....	12
ALVAIZ.....	47
ALVESCO.....	58
<i>alyacen 1/35</i>	37
<i>alyacen 7/7/7</i>	37
ALYGLO.....	50
<i>alyq</i>	23
<i>amantadine hcl</i>	25
<i>ambrisentan</i>	23
<i>amethia</i>	37
<i>amethyst</i>	37
<i>amikacin sulfate</i>	2
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	22
<i>amiloride hcl</i>	22
<i>amiodarone hcl</i>	20
<i>amitriptyline hcl</i>	24
<i>amlodipine besylate</i>	21
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> ..	18
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> ..	18
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> ..	18
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	19
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	19
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	19
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	19
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	19
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	19
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	19
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	19
<i>amnesteam</i>	59
<i>amoxapine</i>	24
<i>amoxicillin</i>	8
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	8
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	8
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	8

<i>amoxicillin & k clavulanate for susp</i>	
400-57 mg/5ml	8
<i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml.....	8
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	8
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	8
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	8
<i>amoxicillin & k clavulanate tab er 12hr</i>	
1000-62.5 mg.....	8
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 10 mg.....	30
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 15 mg.....	30
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 20 mg.....	30
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 25 mg.....	30
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 30 mg.....	30
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 5 mg.....	30
<i>amphetamine-dextroamphetamine tab 10 mg</i>	30
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> ...	30
<i>amphetamine-dextroamphetamine tab 15 mg</i>	30
<i>amphetamine-dextroamphetamine tab 20 mg</i>	30
<i>amphetamine-dextroamphetamine tab 30 mg</i>	30
<i>amphetamine-dextroamphetamine tab 5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	30
<i>amphotericin b</i>	4
<i>amphotericin b liposome</i>	4
<i>ampicillin</i>	8
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm.....	8
<i>ampicillin & sulbactam sodium for inj</i>	
3 (2-1) gm	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>	47
<i>anastrozole</i>	10
ANORO ELLIPT AER 62.5-25	56
<i>aprepitant</i>	44
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	44
<i>apri</i>	37
APTIOM.....	27
APTIVUS	4
ARALAST NP	57

<i>aranelle</i>	37
ARCALYST	50
AREXVY.....	51
ARIKAYCE.....	2
<i>aripiprazole</i>	25
ARISTADA	25
ARISTADA INITIO.....	25
<i>armodafinil</i>	33
ARNUITY ELLIPTA	58
<i>asenapine maleate</i>	25
<i>ashlyna</i>	37
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	48
ASTAGRAF XL.....	50
<i>atazanavir sulfata</i>	5
<i>atenolol</i>	21
<i>atenolol & chlorthalidone tab 100-25 mg</i>	21
<i>atenolol & chlorthalidone tab 50-25 mg</i>	21
<i>atomoxetine hcl</i>	30
<i>atorvastatin calcium</i>	20
<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.....	55
<i>atropine sulfata (ophthalmic)</i>	55
ATROVENT HFA.....	56
<i>aubra eq</i>	37
AUGTYRO	12
<i>aurovela 1/20</i>	37
<i>aurovela 24 fe</i>	37
<i>aurovela fe 1.5/30</i>	37
<i>aurovela fe 1/20</i>	37
AUSTEDO.....	31
AUSTEDO XR.....	32
AUSTEDO XR TAB TITR KIT.....	32
AUVELITY TAB 45-105MG	24
<i>aviane</i>	37
<i>ayuna</i>	37
AYVAKIT.....	12
<i>azacitidine</i>	10
<i>azathioprine</i>	50
<i>azelastine hcl</i>	56
<i>azelastine hcl (ophth)</i>	55
<i>azithromycin</i>	8
<i>aztreonam</i>	2
<i>azurette</i>	37
B	
<i>bacitracin (ophthalmic)</i>	54
<i>bacitracin-polymyxin b ophth oint</i>	54
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	54
<i>baclofen</i>	32
BAFIERTAM.....	32

<i>balsalazide disodium</i>	44	BREO ELLIPTA INH 50-25MCG	58
BALVERSA.....	12	<i>breyana</i>	58
<i>balziva</i>	37	BREZTRI AERO AER SPHERE.....	56
BARACLUDE.....	6	BREZTRI AERO AER SPHERE (INSTITUTIONAL PK)..	56
BASAGLAR KWIKPEN.....	35	<i>briellyn</i>	37
BCG VACCINE	51	BRILINTA.....	48
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> ..18		<i>brimonidine tartrate</i>	55
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> ..18		<i>brinzolamide</i>	55
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>18		BRIVIACT.....	27
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>18		<i>bromfenac sodium (ophth)</i>	54
<i>benazepril hcl</i>	18	<i>bromocriptine mesylate</i>	25
BENDAMUSTINE HYDROCHLORID	9	BRONCHITOL	57
BENDEKA.....	9	BRUKINSA.....	12
BENLYSTA.....	50	<i>budesonide</i>	44
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59	<i>budesonide (inhalation)</i>	58
<i>benztropine mesylate</i>	25	<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	58
BERINERT	47	<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act.....	58
BESIVANCE	54	<i>bumetanide</i>	22
BESREMI.....	11	<i>buprenorphine hcl</i>	33
<i>betaine powder for oral solution</i>	42	<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	33
<i>betamethasone dipropionate (topical)</i>	60	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv)	33
<i>betamethasone dipropionate augmented</i>	60	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv).....	33
<i>betamethasone valerate</i>	60	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv).....	33
BETASERON	32	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	33
<i>betaxolol hcl</i>	21	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv).....	33
<i>betaxolol hcl (ophth)</i>	55	<i>bupropion hcl</i>	24
<i>bethanechol chloride</i>	46	<i>bupropion hcl (smoking deterrent)</i>	33
BETOPTIC-S.....	55	<i>buspirone hcl</i>	23
BEVESPI AER 9-4.8MCG	56	<i>butorphanol tartrate</i>	2
<i>bexarotene</i>	11	C	
<i>bexarotene (topical)</i>	61	<i>cabergoline</i>	42
BEXSERO INJ	51	CABOMETYX	12
<i>bicalutamide</i>	10	<i>calcipotriene</i>	60
BICILLIN L-A	9	<i>calcitonin (salmon) spray</i>	36
BIKTARVY TAB 30-120-15 MG	5	<i>calcitrene</i>	60
BIKTARVY TAB 50-200-25 MG	5	<i>calcitriol</i>	43
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> ..21		<i>calcitriol (oral)</i>	43
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> ..21		CALQUENCE.....	12
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>21		<i>camila</i>	37
<i>bisoprolol fumarate</i>	21	<i>camrese</i>	37
BIVIGAM.....	50	<i>camrese lo</i>	37
<i>blisovi 24 fe</i>	37	<i>candesartan cilexetil</i>	19
<i>blisovi fe 1.5/30</i>	37		
BOOSTRIX INJ	51		
<i>bortezomib</i>	12		
BORTEZOMIB.....	12		
<i>bosentan</i>	23		
BOSULIF	12		
BRAFTOVI	12		
BREO ELLIPTA INH 100-25.....	58		
BREO ELLIPTA INH 200-25.....	58		

<i>candesartan cilexetil-hydrochlorothiazide tab</i>		<i>cefdinir</i>	7
16-12.5 mg	19	<i>cefepime hcl</i>	7
<i>candesartan cilexetil-hydrochlorothiazide tab</i>		<i>cefixime</i>	7
32-12.5 mg	19	<i>cefotetan disodium</i>	7
<i>candesartan cilexetil-hydrochlorothiazide tab</i>		<i>cefoxitin sodium</i>	7
32-25 mg	19	<i>cefpodoxime proxetil</i>	7
CAPLYTA	25	<i>cefprozil</i>	7
CAPRELSA	13	<i>ceftazidime</i>	7
<i>captopril</i>	18	<i>ceftriaxone sodium</i>	8
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	18	<i>cefuroxime axetil</i>	8
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	18	<i>cefuroxime sodium</i>	8
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	18	<i>celecoxib</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	18	<i>cephalexin</i>	8
<i>carb/levo orally disintegrating tab 10-100mg</i>	25	CEQR SIMPL KIT PATCH 2U (3-DAY).....	35
<i>carb/levo orally disintegrating tab 25-100mg</i>	25	CEQR SIMPL KIT PATCH 2U (4-DAY).....	35
<i>carb/levo orally disintegrating tab 25-250mg</i>	25	CERDELGA	42
<i>carbamazepine</i>	27	CEREZYME	42
<i>carbidopa & levodopa tab 10-100 mg</i>	25	<i>cetirizine hcl</i>	56
<i>carbidopa & levodopa tab 25-100 mg</i>	25	<i>cevimeline hcl</i>	61
<i>carbidopa & levodopa tab 25-250 mg</i>	25	<i>chateal eq</i>	37
<i>carbidopa & levodopa tab er 25-100 mg</i>	25	CHEMET.....	37
<i>carbidopa & levodopa tab er 50-200 mg</i>	25	<i>chlorhexidine gluconate (mouth-throat)</i>	61
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chloroquine phosphate</i>	4
12.5-50-200 mg	25	<i>chlorpromazine hcl</i>	25
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorthalidone</i>	22
18.75-75-200 mg	25	<i>cholestyramine</i>	20
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine light</i>	20
25-100-200 mg	25	<i>ciclopirox</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>		<i>ciclopirox olamine</i>	59
31.25-125-200 mg	25	<i>cilostazol</i>	47
<i>carbidopa-levodopa-entacapone tabs</i>		CILOXAN	54
37.5-150-200 mg	25	CIMDUO TAB 300-300.....	5
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cinacalcet hcl</i>	42
50-200-200 mg	25	<i>ciprofloxacin 200 mg/100ml in d5w</i>	8
<i>carboplatin</i>	9	<i>ciprofloxacin 400 mg/200ml in d5w</i>	8
<i>carglumic acid</i>	42	<i>ciprofloxacin hcl</i>	8
<i>carisoprodol</i>	32	<i>ciprofloxacin hcl (ophth)</i>	54
<i>carteolol hcl (ophth)</i>	55	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> ..	55
<i>cartia xt</i>	21	<i>cisplatin</i>	9
<i>carvedilol</i>	21	<i>citalopram hydrobromide</i>	24
<i>caspofungin acetate</i>	4	<i>claravis</i>	59
CAYSTON	2	<i>clarithromycin</i>	8
<i>cefaclor</i>	7	<i>clindamycin hcl</i>	2
<i>cefadroxil</i>	7	<i>clindamycin palmitate hydrochloride</i>	2
CEFAZOLIN	7	<i>clindamycin phosphate</i>	2
CEFAZOLIN INJ 1GM/50ML	7	<i>clindamycin phosphate (topical)</i>	59
<i>cefazolin sodium</i>	7	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> 2	
CEFAZOLIN SOLN 2GM/100ML-4%.....	7	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> 2	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	7	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> 2	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	7	<i>clindamycin phosphate vaginal</i>	46
CEFAZOLIN/DEX SOL 3GM/150ML-4%.....	7	CLINDMYC/NAC INJ 300/50ML.....	2

CLINDMYC/NAC INJ 600/50ML	2	CREON CAP 3000UNIT	45
CLINDMYC/NAC INJ 900/50ML	3	CREON CAP 36000UNT.....	45
CLINIMIX INJ 4.25/D10.....	53	CREON CAP 6000UNIT	45
CLINIMIX INJ 4.25/D5W	53	<i>cromolyn sodium</i>	57
CLINIMIX INJ 5%/D15W	53	<i>cromolyn sodium (mastocytosis)</i>	45
CLINIMIX INJ 5%/D20W	53	<i>cromolyn sodium (ophth)</i>	55
CLINIMIX INJ 6/5.....	53	<i>cryselle-28</i>	37
CLINIMIX INJ 8/10.....	53	<i>cyclobenzaprine hcl</i>	33
CLINIMIX INJ 8/14.....	53	<i>cyclophosphamide</i>	9, 10
<i>clinisol sf 15%</i>	53	CYCLOPHOSPHAMIDE	9, 10
CLINOLIPID EMU 20%	53	CYCLOPHOSPHAMIDE MONOHYDR.....	10
<i>clobazam</i>	27	<i>cycloserine</i>	6
<i>clobetasol propionate</i>	60	<i>cyclosporine</i>	50
<i>clobetasol propionate e</i>	60	<i>cyclosporine modified (for microemulsion)</i>	50
<i>clomipramine hcl</i>	24	<i>cyproheptadine hcl</i>	56
<i>clonazepam</i>	27	<i>cyred eq</i>	37
<i>clonidine</i>	22	CYSTADROPS	55
<i>clonidine hcl</i>	22	CYTAGON.....	42
<i>clopidogrel bisulfate</i>	48	CYSTARAN	55
<i>clorazepate dipotassium</i>	27	<i>cytarabine</i>	10
<i>clotrimazole</i>	61	D	
<i>clotrimazole (topical)</i>	59	D10W/NACL INJ 0.2%.....	52
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> ..	59	D2.5W/NACL INJ 0.45%.....	52
<i>clozapine</i>	26	<i>dabigatran etexilate mesylate</i>	46
COARTEM TAB 20-120MG	4	<i>dalfampridine</i>	32
COBENFY CAP 100-20MG.....	26	<i>danazol</i>	33
COBENFY CAP 125-30MG.....	26	<i>dantrolene sodium</i>	33
COBENFY CAP 50-20MG.....	26	DANZITEN.....	13
COBENFY STRT CAP PACK	26	<i>dapsone</i>	3
<i>colchicine</i>	1	DAPTACEL INJ	51
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>daptomycin</i>	3
<i>colesevelam hcl</i>	20	DAPTOMYCIN	3
<i>colestipol hcl</i>	20	<i>darunavir</i>	5
<i>colistimethate sodium</i>	3	<i>dasatinib</i>	13
COMBIGAN SOL 0.2/0.5%	55	<i>dasetta 1/35</i>	37
COMBIVENT AER 20-100.....	56	<i>dasetta 7/7/7</i>	37
COMETRIQ (60MG DOSE)	13	DAURISMO	13
COMETRIQ KIT 100MG	13	<i>daysee</i>	37
COMETRIQ KIT 140MG	13	DAYVIGO	31
COMPLERA TAB	5	<i>deblitane</i>	38
<i>compro</i>	44	<i>deferasirox</i>	37
<i>constulose</i>	45	DELSTRIGO TAB	5
COPAXONE	32	DENGVAXIA SUS	51
COPIKTRA.....	13	DEPO-SUBQ PROVERA 104.....	38
CORLANOR	22	<i>depo-testosterone</i>	33
COSENTYX	48	DESCOVY TAB 120-15MG	5
COSENTYX SENSOREADY PEN.....	48	DESCOVY TAB 200/25MG.....	6
COSENTYX UNOREADY.....	48	<i>desipramine hcl</i>	24
COTELLIC	13	<i>desmopressin acetate</i>	42
CREON CAP 12000UNT	45	<i>desmopressin acetate spray</i>	42
CREON CAP 24000UNT	45	<i>desmopressin acetate spray refrigerated</i>	42

<i>desogest-eth estrad & eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5)	38
<i>desvenlafaxine succinate</i>	24
<i>dexamethasone</i>	41
DEXAMETHASONE INTENSOL	41
<i>dexamethasone sodium phosphate</i>	41
<i>dexamethasone sodium phosphate (ophth)</i>	54
<i>dexmethylphenidate hcl</i>	30
<i>dextrose</i>	53
<i>dextrose 10% w/ sodium chloride 0.45%</i>	52
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	52
<i>dextrose 5% in lactated ringers</i>	52
<i>dextrose 5% w/ sodium chloride 0.2%</i>	52
<i>dextrose 5% w/ sodium chloride 0.225%</i>	52
<i>dextrose 5% w/ sodium chloride 0.3%</i>	52
<i>dextrose 5% w/ sodium chloride 0.45%</i>	52
<i>dextrose 5% w/ sodium chloride 0.9%</i>	52
DIACOMIT	27, 28
<i>diazepam</i>	28
<i>diazepam (anticonvulsant)</i>	28
<i>diazepam inj</i>	28
<i>diazepam intensol</i>	28
<i>diazoxide</i>	42
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	54
<i>diclofenac sodium (topical)</i>	61
<i>dicloxacillin sodium</i>	9
<i>dicyclomine hcl</i>	44
DIFICID	8
<i>diflunisal</i>	1
<i>difluprednate</i>	54
<i>digoxin</i>	22
<i>dihydroergotamine mesylate</i>	31
DILANTIN	28
<i>diltiazem hcl</i>	21
<i>diltiazem hcl coated beads</i>	21
<i>diltiazem hcl extended release beads</i>	21
<i>dilt-xr</i>	21
DIP/TET PED INJ 25-5LFU	51
<i>diphenhydramine hcl</i>	56
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	45
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	45
<i>dipyridamole</i>	48
<i>disopyramide phosphate</i>	20
<i>disulfiram</i>	33
<i>divalproex sodium</i>	28
<i>docetaxel</i>	12
DOCETAXEL	12
DOCIVYX	12
<i>dofetilide</i>	20

<i>dolishale</i>	38
<i>donepezil hydrochloride</i>	23
DOPTELET	47
<i>dorzolamide hcl</i>	55
<i>dorzolamide hcl-timolol maleate ophth</i>	
soln 2-0.5%	55
<i>dotti</i>	41
DOVATO TAB 50-300MG	6
<i>doxazosin mesylate</i>	18
<i>doxepin hcl</i>	24
<i>doxepin hcl (sleep)</i>	31
<i>doxorubicin hcl</i>	11
<i>doxorubicin hcl liposomal</i>	11
<i>doxy 100</i>	9
<i>doxycycline (monohydrate)</i>	9
<i>doxycycline hyclate</i>	9
DRIZALMA SPRINKLE	24
<i>dronabinol</i>	44
<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>	
3-0.02-0.451 mg	38
<i>drospirenone-ethinyl estrad-levomefolate tab</i>	
3-0.03-0.451 mg	38
<i>droxidopa</i>	22
DULERA AER 100-5MCG	58
DULERA AER 200-5MCG	58
DULERA AER 50-5MCG	58
<i>duloxetine hcl</i>	24
DUPIXENT	48
<i>dutasteride</i>	46
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	46
E	
<i>e.e.s. 400</i>	8
<i>econazole nitrate</i>	59
EDURANT	5
<i>efavirenz</i>	5
<i>efavirenz-emtricitabine-tenofovir df tab</i>	
600-200-300 mg	6
<i>efavirenz-lamivudine-tenofovir df tab</i>	
400-300-300 mg	6
<i>efavirenz-lamivudine-tenofovir df tab</i>	
600-300-300 mg	6
ELIGARD	10
<i>elinest</i>	38
ELIQUIS	46
ELIQUIS STARTER PACK	46
<i>eluryng</i>	38
EMGALITY	31
EMSAM	24
<i>emtricitabine</i>	5

<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
100-150 mg.....	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
133-200 mg.....	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
167-250 mg.....	6
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
200-300 mg.....	6
EMTRIVA.....	5
EMVERM.....	3
emzahh.....	38
<i>enalapril maleate</i>	18
<i>enalapril maleate & hydrochlorothiazide tab</i>	
10-25 mg.....	18
<i>enalapril maleate & hydrochlorothiazide tab</i>	
5-12.5 mg.....	18
ENBREL.....	48
ENBREL MINI.....	48
ENBREL SURECLICK.....	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
ENGERIX-B.....	51
<i>enilloring</i>	38
<i>enoxaparin sodium</i>	47
<i>enpresse-28</i>	38
<i>enskyce</i>	38
ENSTILAR AER.....	60
<i>entacapone</i>	25
<i>entecavir</i>	6
ENTRESTO CAP 15-16MG.....	19
ENTRESTO CAP 6-6MG.....	19
ENTRESTO TAB 24-26MG.....	19
ENTRESTO TAB 49-51MG.....	19
ENTRESTO TAB 97-103MG.....	19
<i>enulose</i>	45
EPCLUSA PAK 150-37.5.....	6
EPCLUSA PAK 200-50MG.....	6
EPCLUSA TAB 200-50MG.....	6
EPCLUSA TAB 400-100.....	6
EPIDIOLEX.....	28
<i>epinephrine (anaphylaxis)</i>	22, 57
<i>epitol</i>	28
<i>eplerenone</i>	18
EPRONTIA.....	28
<i>ergotamine w/ caffeine tab 1-100 mg</i>	31
ERIVEDGE.....	13
ERLEADA.....	10
<i>erlotinib hcl</i>	13
<i>errin</i>	38

<i>ertapenem sodium</i>	3
<i>ery</i>	59
<i>ery-tab</i>	8
ERYTHROCIN LACTOBIONATE.....	8
<i>erythromycin (acne aid)</i>	59
<i>erythromycin (ophth)</i>	54
<i>erythromycin base</i>	8
<i>erythromycin ethylsuccinate</i>	8
<i>erythromycin lactobionate</i>	8
<i>escitalopram oxalate</i>	24
<i>esomeprazole magnesium</i>	46
<i>estarylla</i>	38
<i>estradiol</i>	41
<i>estradiol & norethindrone acetate tab</i>	
0.5-0.1 mg.....	41
<i>estradiol & norethindrone acetate tab 1-0.5 mg...</i>	41
<i>estradiol vaginal</i>	41
<i>estradiol valerate</i>	41
<i>eszopiclone</i>	31
<i>ethambutol hcl</i>	6
<i>ethosuximide</i>	28
<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
1 mg-35 mcg.....	38
<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
1 mg-50 mcg.....	38
<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va ring</i>	
0.12-0.015 mg/24hr.....	38
<i>etoposide</i>	12
<i>etravirine</i>	5
EULEXIN.....	10
<i>euthyrox</i>	43
<i>everolimus</i>	13
<i>everolimus (immunosuppressant)</i>	50
EVOTAZ TAB 300-150.....	6
<i>exemestane</i>	10
EYSUVIS.....	55
<i>ezetimibe</i>	20
<i>ezetimibe-simvastatin tab 10-10 mg</i>	20
<i>ezetimibe-simvastatin tab 10-20 mg</i>	20
<i>ezetimibe-simvastatin tab 10-40 mg</i>	20
<i>ezetimibe-simvastatin tab 10-80 mg</i>	20
F	
FABRAZYME.....	42
<i>falmina</i>	38
<i>famciclovir</i>	6
<i>famotidine</i>	44
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	44
FANAPT.....	26
FANAPT PAK.....	26
FARXIGA.....	34

FASENRA	57
FASENRA PEN	57
<i>felbamate</i>	28
<i>felodipine</i>	21
<i>fenofibrate</i>	20
<i>fenofibrate micronized</i>	20
<i>fentanyl</i>	1
<i>fesoterodine fumarate</i>	46
FETZIMA	24
FETZIMA CAP TITRATIO.....	24
FIASP	35
FIASP FLEXTOUCH.....	35
FIASP PENFILL.....	35
FIASP PUMPCART	35
<i>finasteride</i>	46
<i> fingolimod hcl</i>	32
FINTEPLA.....	28
<i>finzala</i>	38
FIRMAGON	10
<i>flac</i>	55
FLAREX	54
FLEBOGAMMA DIF.....	50
<i>flecainide acetate</i>	20
<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>	41
<i>flunisolide (nasal)</i>	58
<i>fluocinolone acetonide</i>	60
<i>fluocinolone acetonide (otic)</i>	55
<i>fluocinonide</i>	60
<i>fluocinonide emulsified base</i>	60
<i>fluorometholone (ophth)</i>	54
<i>fluorouracil</i>	10
<i>fluorouracil (topical)</i>	61
<i>fluoxetine hcl</i>	24
<i>fluphenazine decanoate</i>	26
<i>fluphenazine hcl</i>	26
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	54
<i>fluticasone propionate</i>	60
<i>fluticasone propionate (nasal)</i>	58
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	58
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	59
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	59
<i>fluvoxamine maleate</i>	23
<i>fondaparinux sodium</i>	47

<i>fosamprenavir calcium</i>	5
<i>fosinopril sodium</i>	18
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	18
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	18
FOTIVDA	13
FRUZAQLA	13
FULPHILA	47
<i>fulvestrant</i>	10
<i>furosemide</i>	22
<i>furosemide inj</i>	22
FUZEON	5
<i>fyavolv tab 0.5mg-2.5mcg</i>	41
<i>fyavolv tab 1mg-5mcg</i>	41
FYCOMPA	28
G	
<i>gabapentin</i>	28
<i>galantamine hydrobromide</i>	23
<i>gallifrey</i>	43
GAMASTAN INJ	50
GAMMAGARD LIQUID.....	50
GAMMAGARD S/D IGA LESS TH.....	50
GAMMAKED	50
GAMMAPLEX	50
GAMUNEX-C.....	50
<i>ganciclovir sodium</i>	6
GARDASIL 9 INJ	51
<i>gatifloxacin (ophth)</i>	54
GATTEX.....	45
GAUZE PADS 2	35
<i>gavilyte-c</i>	45
<i>gavilyte-g</i>	45
<i>gavilyte-n/flavor pack</i>	45
GAVRETO.....	13
<i>gefitinib</i>	13
<i>gemcitabine hcl</i>	10
<i>gemfibrozil</i>	20
<i>generlac</i>	45
<i>gengraf</i>	50
GENOTROPIN.....	42
GENOTROPIN MINIQUICK	42
<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>	54
<i>gentamicin sulfate (topical)</i>	59
GENVOYA TAB	6

GILOTRIF	13
<i>glatiramer acetate</i>	32
<i>glatopa</i>	32
GLEOSTINE	10
<i>glimepiride</i>	34
<i>glipizide</i>	34
<i>glipizide xl</i>	34
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	34
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	34
<i>glipizide-metformin hcl tab 5-500 mg</i>	34
<i>glycopyrrolate</i>	44
<i>glydo</i>	60
GLYXAMBI TAB 10-5 MG	34
GLYXAMBI TAB 25-5 MG	34
<i>granisetron hcl</i>	44
<i>griseofulvin microsize</i>	4
<i>griseofulvin ultramicronsize</i>	4
<i>guanfacine hcl</i>	22
<i>guanfacine hcl (adhd)</i>	30
H	
HAEGARDA.....	47
<i>hailey 1.5/30</i>	38
<i>hailey 24 fe</i>	38
<i>halobetasol propionate</i>	60
<i>haloette</i>	38
<i>haloperidol</i>	26
<i>haloperidol decanoate</i>	26
<i>haloperidol lactate</i>	26
HARVONI PAK 33.75-150MG.....	7
HARVONI PAK 45-200MG	7
HARVONI TAB 45-200MG	7
HARVONI TAB 90-400MG	7
HAVRIX.....	51
<i>heather</i>	38
HEP SOD/NACL INJ 25000UNT	47
<i>heparin sodium (porcine)</i>	47
HEPLISAV-B	51
HERCEP HYLEC SOL 60-10000	13
HERCEPTIN	13
HERZUMA.....	13
HIBERIX	51
HUMIRA	48
HUMIRA PEN	48
HUMIRA PEN KIT PS/UV.....	48
HUMIRA PEN-CD/UC/HS START	49
HUMIRA PEN-PEDIATRIC UC S.....	49
HUMULIN R U-500 (CONCENTR	35
HUMULIN R U-500 KWIKPEN	35
<i>hydralazine hcl</i>	22
<i>hydrochlorothiazide</i>	22
<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>	41
<i>hydrocortisone (intrarectal)</i>	44
<i>hydrocortisone (rectal)</i>	61
<i>hydrocortisone (topical)</i>	60
<i>hydrocortisone sod succinate</i>	41
<i>hydrocortisone valerate</i>	60
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	49
<i>hydroxyurea</i>	11
<i>hydroxyzine hcl</i>	56
<i>hydroxyzine pamoate</i>	56
I	
<i>ibandronate sodium</i>	36
IBRANCE	13
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	47
<i>iclevia</i>	38
ICLUSIG.....	13
IDACIO (2 PEN).....	49
IDACIO (2 SYRINGE)	49
IDACIO CROHN INJ DISEASE	49
IDACIO PLAQU INJ PSORIASIS.....	49
IDHIFA	13
<i>imatinib mesylate</i>	13
IMBRUVICA.....	13
<i>imipenem-cilastatin intravenous for soln 250 mg</i> ...	3
<i>imipenem-cilastatin intravenous for soln 500 mg</i> ...	3
<i>imipramine hcl</i>	24
<i>imiquimod</i>	61
IMKELDI.....	13
IMOVAX RABIES (H.D.C.V.).....	51
IMPAVIDO	3
INBRIJA.....	25
<i>incassia</i>	38
INCRELEX	42
INCRUSE ELLIPTA	56
<i>indapamide</i>	22
INFANRIX INJ	51
INFLIXIMAB.....	49
INLYTA.....	14
INQOVI TAB 35-100MG.....	10
INREBIC	14
INSULIN PEN NEEDLES: BD-EMBECTA.....	35
INSULIN SAFETY NEEDLES: BD-EMBECTA.....	35

INSULIN SYRINGES: BD-EMBECTA	35
INTELENCE.....	5
INTRALIPID	53
<i>introvale</i>	38
INVEGA HAFYERA	26
INVEGA SUSTENNA.....	26
INVEGA TRINZA	26
IPOL INJ INACTIVE.....	51
<i>ipratropium bromide</i>	56
<i>ipratropium bromide (nasal)</i>	56
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	56
<i>irbesartan</i>	20
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> ..	19
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> ..	19
<i>irinotecan hcl</i>	11
ISENTRESS	5
ISENTRESS HD.....	5
<i>isibloom</i>	38
ISOLYTE-P INJ /D5W.....	52
ISOLYTE-S INJ PH 7.4.....	52
<i>isoniazid</i>	6
<i>isosorbide dinitrate</i>	23
<i>isosorbide mononitrate</i>	23
<i>isotretinoin</i>	59
<i>isradipine</i>	21
ITOVEBI	14
<i>itraconazole</i>	4
<i>ivabradine hcl</i>	22
<i>ivermectin</i>	3
IWILFIN.....	11
IXCHIQ INJ	51
IXIARO INJ	51
J	
JAKAFI	14
<i>jantoven</i>	47
JANUMET TAB 50-1000.....	34
JANUMET TAB 50-500MG	34
JANUMET XR TAB 100-1000	34
JANUMET XR TAB 50-1000.....	34
JANUMET XR TAB 50-500MG	34
JANUVIA.....	34
JARDIANCE	34
<i>jasmiel</i>	38
<i>javygtor</i>	42
JAYPIRCA	14
JENTADUETO TAB 2.5-1000	34
JENTADUETO TAB 2.5-500	34
JENTADUETO TAB 2.5-850	34
JENTADUETO TAB XR 2.5-1000MG.....	34
JENTADUETO TAB XR 5-1000MG.....	34

<i>jinteli</i>	41
<i>jolessa</i>	38
<i>juleber</i>	38
JULUCA TAB 50-25MG	6
<i>junel 1.5/30</i>	38
<i>junel 1/20</i>	38
<i>junel fe 1.5/30</i>	38
<i>junel fe 1/20</i>	38
<i>junel fe 24</i>	38
JYLAMVO	49
JYNNEOS.....	51
K	
KADCYLA.....	14
<i>kaitlib fe</i>	38
KALYDECO	57
KANJINTI.....	14
<i>kariva</i>	38
<i>kcl 10 meq/l (0.075%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	52
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	52
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	52
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	52
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	52
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	52
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	52
<i>kcl 30 meq/l (0.224%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	52
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	52
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	52
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	52
KCL/D5W/NACL INJ 0.3/0.9%	52
<i>kelnor 1/35</i>	38
<i>kelnor 1/50</i>	38
KERENDIA	18
KESIMPTA	32
<i>ketoconazole</i>	4
<i>ketoconazole (topical)</i>	59
<i>ketorolac tromethamine (ophth)</i>	54
KEYTRUDA	14
KINRIX INJ.....	51
<i>kionex</i>	37
KISQALI 200 DOSE.....	14
KISQALI 200 PAK FEMARA.....	14
KISQALI 400 DOSE	14
KISQALI 400 PAK FEMARA	14
KISQALI 600 DOSE.....	14

KISQALI 600 PAK FEMARA.....	14
<i>klayesta</i>	59
<i>klor-con</i>	53
<i>klor-con 10</i>	53
<i>klor-con 8</i>	53
<i>klor-con m10</i>	53
<i>klor-con m15</i>	53
<i>klor-con m20</i>	53
KOSELUGO.....	14
<i>kourzeq</i>	61
KRAZATI.....	14
<i>kurvelo</i>	38
L	
<i>labetalol hcl</i>	21
<i>lacosamide</i>	28
<i>lacosamide oral</i>	28
<i>lactated ringer's solution</i>	52
<i>lactic acid (ammonium lactate)</i>	61
<i>lactulose</i>	45
<i>lactulose (encephalopathy)</i>	45
<i>lamivudine</i>	5
<i>lamivudine (hbv)</i>	7
<i>lamivudine-zidovudine tab 150-300 mg</i>	6
<i>lamotrigine</i>	28
<i>lanreotide acetate</i>	42
<i>lansoprazole</i>	46
<i>lapatinib ditosylate</i>	14
<i>larin 1.5/30</i>	38
<i>larin 1/20</i>	38
<i>larin 24 fe</i>	39
<i>larin fe 1.5/30</i>	39
<i>larin fe 1/20</i>	39
<i>latanoprost</i>	55
<i>layolis fe</i>	39
LAZCLUZE.....	14
<i>leena</i>	39
<i>leflunomide</i>	49
<i>lenalidomide</i>	11
LENVIMA 10 MG DAILY DOSE.....	14
LENVIMA 12MG DAILY DOSE.....	14
LENVIMA 20 MG DAILY DOSE.....	14
LENVIMA 4 MG DAILY DOSE.....	14
LENVIMA 8 MG DAILY DOSE.....	14
LENVIMA CAP 14 MG.....	14
LENVIMA CAP 18 MG.....	14
LENVIMA CAP 24 MG.....	14
<i>lessina</i>	39
<i>letrozole</i>	10
<i>leucovorin calcium</i>	17
<i>leuprolide acetate</i>	11
<i>levalbuterol hcl</i>	56

<i>levalbuterol tartrate</i>	56
<i>levetiracetam</i>	28
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	28
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	28
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	28
<i>levobunolol hcl</i>	55
<i>levocarnitine (metabolic modifiers)</i>	42
<i>levocetirizine dihydrochloride</i>	56
<i>levofloxacin</i>	8
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	8
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	8
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	8
<i>levonest</i>	39
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	39
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	39
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	39
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	39
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	39
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	39
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	39
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	39
<i>levora 0.15/30-28</i>	39
<i>levo-t</i>	43
<i>levothyroxine sodium</i>	43
<i>levoxyl</i>	43
<i>l-glutamine (sickle cell)</i>	47
LIBERVANT.....	28
<i>lidocaine</i>	60
<i>lidocaine hcl</i>	60
<i>lidocaine hcl (local anesth.)</i>	1
<i>lidocaine hcl (mouth-throat)</i>	61
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	61
<i>lidocan</i>	61
LILETTA.....	39
<i>linezolid</i>	3
LINEZOLID INJ 2MG/ML.....	3
LINZESS.....	45
<i>liothyronine sodium</i>	43
<i>lisinopril</i>	18
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	18

<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	18
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	18
<i>lithium</i>	32
<i>lithium carbonate</i>	32
LIVTENCITY.....	7
<i>loestrin 1.5/30-21</i>	39
<i>loestrin 1/20-21</i>	39
<i>loestrin fe 1.5/30</i>	39
<i>loestrin fe 1/20</i>	39
LOKELMA.....	37
LONSURF TAB 15-6.14.....	10
LONSURF TAB 20-8.19.....	10
<i>loperamide hcl</i>	45
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	6
<i>lopinavir-ritonavir tab 100-25 mg</i>	6
<i>lopinavir-ritonavir tab 200-50 mg</i>	6
<i>lorazepam</i>	23
<i>lorazepam intensol</i>	23
LORBRENA.....	14
<i>loryna</i>	39
<i>losartan potassium</i>	20
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-12.5 mg</i>	19
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-25 mg</i>	19
<i>losartan potassium & hydrochlorothiazide tab</i> <i>50-12.5 mg</i>	19
LOTEMAX.....	55
<i>loteprednol etabonate</i>	55
<i>lovastatin</i>	20
<i>low-ogestrel</i>	39
<i>loxapine succinate</i>	26
LUMAKRAS.....	14
LUMIGAN.....	55
LUMIZYME.....	42
LUPRON DEPOT (1-MONTH).....	11
LUPRON DEPOT (3-MONTH).....	11
LUPRON DEPOT-PED (1-MONTH).....	42
LUPRON DEPOT-PED (3-MONTH).....	42
LUPRON DEPOT-PED (6-MONTH).....	42
<i>lurasidone hcl</i>	26
<i>lutera</i>	39
LYBALVI TAB 10-10MG.....	26
LYBALVI TAB 15-10MG.....	26
LYBALVI TAB 20-10MG.....	26
LYBALVI TAB 5-10MG.....	26
<i>lyleq</i>	39
<i>lyllana</i>	41
LYNPARZA.....	15
LYSODREN.....	11

LYTGOBI (12 MG DAILY DOSE).....	15
LYTGOBI (16 MG DAILY DOSE).....	15
LYTGOBI (20 MG DAILY DOSE).....	15
<i>lyza</i>	39
M	
<i>magnesium sulfate</i>	52
MAGNESIUM SULFATE.....	52
<i>magnesium sulfate in dextrose 5% iv soln</i> <i>1 gm/100ml</i>	52
<i>malathion</i>	61
<i>maraviroc</i>	5
<i>marlissa</i>	39
MARPLAN.....	24
MATULANE.....	11
MAVYRET PAK 50-20MG.....	7
MAVYRET TAB 100-40MG.....	7
<i>meclizine hcl</i>	44
<i>medroxyprogesterone acetate</i>	43
<i>medroxyprogesterone acetate (contraceptive)</i>	39
<i>mefloquine hcl</i>	4
<i>megestrol acetate</i>	11, 43
<i>megestrol acetate (appetite)</i>	43
MEKINIST.....	15
MEKTOVI.....	15
<i>meloxicam</i>	1
<i>memantine hcl</i>	23
<i>memantine hcl tab 28x5 mg & 21x10 mg</i> <i>titration pack</i>	23
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>14-10 mg</i>	23
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	23
MENACTRA INJ.....	51
MENQUADFI INJ.....	51
MENVEO INJ.....	51
MENVEO SOL.....	51
<i>mercaptopurine</i>	10
<i>meropenem</i>	3
<i>mesalamine</i>	44
<i>mesalamine w/ cleanser</i>	44
<i>mesna</i>	18
MESNEX.....	18
<i>metformin hcl</i>	34
<i>methadone hcl</i>	1
<i>methadone hydrochloride i</i>	1
<i>methazolamide</i>	22
<i>methenamine hippurate</i>	3
<i>methimazole</i>	43
<i>methocarbamol</i>	33
<i>methotrexate sodium</i>	10, 49
<i>methsuximide</i>	29

<i>methylphenidate hcl</i>	30
<i>methylprednisolone</i>	41
<i>methylprednisolone acetate</i>	42
<i>methylprednisolone sod succ</i>	42
<i>methyltestosterone</i>	33
<i>metoclopramide hcl</i>	44
<i>metolazone</i>	22
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	21
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	21
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	21
<i>metoprolol succinate</i>	21
<i>metoprolol tartrate</i>	21
<i>metronidazole</i>	3
<i>metronidazole (topical)</i>	61
<i>metronidazole vaginal</i>	46
<i>metyrosine</i>	22
<i>mibelas 24 fe</i>	39
<i>micafungin sodium</i>	4
<i>microgestin 1.5/30</i>	39
<i>microgestin 1/20</i>	39
<i>microgestin fe 1.5/30</i>	39
<i>microgestin fe 1/20</i>	39
<i>midodrine hcl</i>	22
MIEBO.....	55
<i>mifepristone (hyperglycemia)</i>	42
<i>mili</i>	39
<i>mimvey</i>	41
<i>minocycline hcl</i>	9
<i>minoxidil</i>	22
<i>mirtazapine</i>	24
<i>misoprostol</i>	45
MITIGARE.....	1
M-M-R II INJ.....	51
M-NATAL PLUS TAB.....	53
<i>modafinil</i>	33
<i>moexipril hcl</i>	18
<i>molindone hcl</i>	26
<i>mometasone furoate</i>	60
MONJUVI.....	15
<i>mono-lynyah</i>	39
<i>montelukast sodium</i>	57
<i>morphine sulfata</i>	1, 2
MOUNJARO.....	34
MOVANTIK.....	45
<i>moxifloxacin hcl</i>	8
<i>moxifloxacin hcl (ophth)</i>	54
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	8
MRESVIA.....	51
MULTAQ.....	20
<i>multiple electrolytes ph 5.5</i>	52

<i>multiple electrolytes ph 7.4</i>	52
<i>mupirocin</i>	59
<i>mycophenolate mofetil</i>	50
<i>mycophenolate sodium</i>	50
MYRBETRIQ.....	46
N	
<i>nabumetone</i>	1
<i>nadolol</i>	21
<i>naftcillin sodium</i>	9
NAGLAZYME.....	42
<i>nalbuphine hcl</i>	2
<i>naloxone hcl</i>	33
<i>naltrexone hcl</i>	33
NAMZARIC CAP 14-10MG.....	23
NAMZARIC CAP 21-10MG.....	23
NAMZARIC CAP 28-10MG.....	23
NAMZARIC CAP 7-10MG.....	23
NAMZARIC CAP PACK.....	23
<i>naproxen</i>	1
<i>naproxen dr</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	31
<i>nateglinide</i>	34
NAYZILAM.....	29
<i>nebivolol hcl</i>	21
<i>necon 0.5/35-28</i>	39
<i>nefazodone hcl</i>	24
<i>neomycin sulfata</i>	3
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	54
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	54
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	54
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	54
<i>neomycin-polymyxin-hc ophth susp</i>	54
<i>neomycin-polymyxin-hc otic soln 1%</i>	55
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	55
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	54
<i>neo-polycin hc ophth oint 1%</i>	54
NERLYNX.....	15
<i>nevirapine</i>	5
NEXLETOL.....	20
NEXLIZET TAB 180/10MG.....	20
NEXPLANON.....	39
<i>niacin (antihyperlipidemic)</i>	20
<i>nicardipine hcl</i>	21
NICOTROL INHALER.....	33
NICOTROL NS.....	33

<i>nifedipine</i>	21
<i>nikki</i>	39
<i>nilutamide</i>	11
<i>nimodipine</i>	22
NINLARO	15
<i>nitazoxanide</i>	3
<i>nitisinone</i>	43
NITRO-BID	23
<i>nitrofurantoin macrocrystal</i>	3
<i>nitrofurantoin monohyd macro</i>	3
<i>nitroglycerin</i>	23
<i>nitroglycerin (intra-anal)</i>	61
<i>nizatidine</i>	44
<i>nora-be</i>	39
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	39
<i>norethindrone (contraceptive)</i>	39
<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	39
<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.8 mg-25 mcg	39
<i>norethindrone ace & ethinyl estradiol tab</i> 1 mg-20 mcg	40
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	40
<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg	40
<i>norethindrone ace-eth estradiol-fe chew tab</i> 1 mg-20 mcg (24)	40
<i>norethindrone acetate</i>	43
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	41
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	41
<i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg	39
<i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	40
<i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	40
<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	40
<i>norlyroc</i>	40
<i>nortrel 0.5/35 (28)</i>	40
<i>nortrel 1/35 (21)</i>	40
<i>nortrel 1/35 (28)</i>	40
<i>nortrel 7/7/7</i>	40
<i>nortriptyline hcl</i>	24
NORVIR	5
NOVOLIN INJ 70/30	35
NOVOLIN INJ 70/30 FP	36

NOVOLIN N	36
NOVOLIN N FLEXPEN	36
NOVOLIN R	36
NOVOLIN R FLEXPEN	36
NOVOLOG	36
NOVOLOG FLEXPEN	36
NOVOLOG MIX INJ 70/30	36
NOVOLOG MIX INJ FLEXPEN	36
NOVOLOG PENFILL	36
NUBEQA	11
NUDEXTA CAP 20-10MG	32
NULOJIX	50
NUPLAZID	26
NURTEC	31
NUTRILIPID	53
NUZYRA	9
<i>nyamyc</i>	59
<i>nylia 1/35</i>	40
<i>nylia 7/7/7</i>	40
<i>nystatin</i>	4
<i>nystatin (mouth-throat)</i>	61
<i>nystatin (topical)</i>	59
<i>nystop</i>	59
O	
<i>ocella</i>	40
OCTAGAM	50
<i>octreotide acetate</i>	43
ODEFSEY TAB	6
ODOMZO	15
OFEV	57
<i>ofloxacin (ophth)</i>	54
<i>ofloxacin (otic)</i>	55
OGIVRI	15
OGSIVEO	15
OJEMDA	15
OJJAARA	15
<i>olanzapine</i>	26
<i>olmesartan medoxomil</i>	20
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	19
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	19
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-12.5 mg	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-25 mg	19

<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-5-12.5 mg	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-5-25 mg	19
<i>omega-3-acid ethyl esters cap 1 gm</i>	20
<i>omeprazole</i>	46
OMNIPOD 5 DX KIT INT G7G6	36
OMNIPOD 5 DX MIS POD G7G6	36
OMNIPOD 5 G7 KIT INTRO	36
OMNIPOD 5 G7 MIS PODS	36
OMNIPOD 5 LB KIT INTRO G6	36
OMNIPOD 5 LB MIS PODS G6	36
OMNIPOD DASH KIT INTRO	36
OMNIPOD DASH MIS PODS	36
OMNIPOD GO KIT 10UNT/DY	36
OMNIPOD GO KIT 15UNT/DY	36
OMNIPOD GO KIT 20UNT/DY	36
OMNIPOD GO KIT 25UNT/DY	36
OMNIPOD GO KIT 30UNT/DY	36
OMNIPOD GO KIT 35UNT/DY	36
OMNIPOD GO KIT 40UNT/DY	36
OMNIPOD MIS CLASSIC	36
<i>ondansetron</i>	44
<i>ondansetron hcl</i>	44
ONTRUZANT	15
ONUREG	10
OPIPZA	26
OPSUMIT	23
ORGOVYX	11
ORKAMBI GRA 100-125	57
ORKAMBI GRA 150-188	57
ORKAMBI GRA 75-94MG	57
ORKAMBI TAB 100-125	57
ORKAMBI TAB 200-125	57
ORSERDU	11
<i>oseltamivir phosphate</i>	7
<i>oxacillin sodium</i>	9
<i>oxaliplatin</i>	10
<i>oxcarbazepine</i>	29
<i>oxybutynin chloride</i>	46
<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)	34
OZEMPIC (0.25 OR 0.5MG/DOSE)	34
OZEMPIC (1MG/DOSE)	34
OZEMPIC (2MG/DOSE)	34
P	
<i>pacerone</i>	20

<i>paclitaxel</i>	12
<i>paclitaxel inj 100mg</i>	12
<i>paliperidone</i>	26
<i>pamidronate disodium</i>	36
PAMIDRONATE DISODIUM	36
PANRETIN	61
<i>pantoprazole sodium</i>	46
PANZYGA	50
<i>paricalcitol</i>	43
<i>paroxetine hcl</i>	24
PAXLOVID TAB 150-100	7
PAXLOVID TAB 300-100	7
<i>pazopanib hcl</i>	15
PEDIARIX INJ 0.5ML	51
PEDVAX HIB	51
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i>	
236 gm	45
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	45
PEGASYS	7
PEMAZYRE	15
<i>pemetrexed disodium</i>	10
PENBRAYA INJ	51
<i>penicillamine</i>	37
<i>penicillin g potassium</i>	9
<i>penicillin g sodium</i>	9
<i>penicillin v potassium</i>	9
PENTACEL INJ	51
<i>pentamidine isethionate inh</i>	3
<i>pentamidine isethionate inj</i>	3
<i>pentoxifylline</i>	47
<i>perindopril erbumine</i>	18
<i>perio gard</i>	61
<i>permethrin</i>	61
<i>perphenazine</i>	26
<i>pfizerpen</i>	9
<i>phenelzine sulfate</i>	24
<i>phenobarbital</i>	29
<i>phenobarbital sodium</i>	29
<i>phenytek</i>	29
<i>phenytoin</i>	29
<i>phenytoin sodium</i>	29
<i>phenytoin sodium extended</i>	29
PHESGO SOL	15
<i>philith</i>	40
PIFELTRO	5
<i>pilocarpine hcl</i>	55
<i>pilocarpine hcl (oral)</i>	61
<i>pimecrolimus</i>	61
<i>pimozide</i>	27
<i>pimtrea</i>	40
<i>pindolol</i>	21

<i>pioglitazone hcl</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	35
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> <i>(3-0.375 gm)</i>	9
<i>piperacillin sod-tazobactam sod for inj 13.5 gm</i> <i>(12-1.5 gm)</i>	9
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> <i>(2-0.25 gm)</i>	9
<i>piperacillin sod-tazobactam sod for inj 4.5 gm</i> <i>(4-0.5 gm)</i>	9
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> <i>(36-4.5 gm)</i>	9
PIQRAY 200MG DAILY DOSE	15
PIQRAY 250MG TAB DOSE	15
PIQRAY 300MG DAILY DOSE	15
<i>pirfenidone</i>	57
<i>piroxicam</i>	1
<i>plenamine</i>	53
PLENVU SOL	45
<i>podofilox</i>	61
<i>polycin ophth oint.</i>	54
<i>polymyxin b sulfate</i>	3
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	54
POMALYST.....	11
<i>portia-28</i>	40
<i>posaconazole</i>	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
<i>potassium chloride</i>	53
<i>potassium chloride 20 meq/l (0.15%) in dextrose</i> <i>5% inj</i>	53
<i>potassium chloride microencapsulated crystals er.</i>	53
<i>potassium citrate (alkalinizer)</i>	46
<i>pramipexole dihydrochloride</i>	25
<i>prasugrel hcl</i>	48
<i>pravastatin sodium</i>	20
<i>praziquantel</i>	3
<i>prazosin hcl</i>	18
<i>prednisolone</i>	42
<i>prednisolone acetate (ophth)</i>	55
PREDNISOLONE SODIUM PHOSP.....	55
<i>prednisolone sodium phosphate</i>	42
<i>prednisone</i>	42
PREDNISONE INTENSOL.....	42
<i>pregabalin</i>	29
PREMASOL SOL 10%	53
PRENATAL TAB 27-1MG	53
PRENATAL TAB PLUS.....	53

<i>prevalite</i>	21
PREVYMIS.....	7
PREZCOBIX TAB 800-150	6
PREZISTA	5
PRIFTIN.....	6
<i>primaquine phosphate</i>	4
PRIMAQUINE PHOSPHATE	4
<i>primidone</i>	29
PRIORIX INJ.....	51
PRIVIGEN.....	50
<i>probenecid</i>	1
<i>prochlorperazine</i>	44
<i>prochlorperazine edisylate</i>	44
<i>prochlorperazine maleate</i>	44
PROCRT	47
<i>proctocort</i>	61
<i>procto-med hc</i>	61
<i>proctosol hc</i>	61
<i>proctozone-hc</i>	61
<i>progesterone</i>	43
PROGRAF.....	50
PROLASTIN-C	57
PROLIA.....	36
<i>promethazine hcl</i>	44
<i>propafenone hcl</i>	20
<i>proparacaine hcl</i>	55
<i>propranolol hcl</i>	21
<i>propylthiouracil</i>	43
PROQUAD INJ	51
PROSOL INJ 20%	53
<i>protriptyline hcl</i>	24
PULMOZYME	57
PURIXAN.....	10
<i>pyrazinamide</i>	6
<i>pyridostigmine bromide</i>	32
<i>pyrimethamine</i>	3
Q	
QINLOCK.....	15
QUADRACEL INJ 0.5ML	51
<i>quetiapine fumarate</i>	27
<i>quinapril hcl</i>	18
<i>quinidine sulfate</i>	20
<i>quinine sulfate</i>	4
QULIPTA	31
R	
RABAVERT INJ.....	51
<i>rabepazole sodium</i>	46
<i>raloxifene hcl</i>	43
<i>ramipril</i>	18
<i>ranolazine</i>	22
<i>rasagiline mesylate</i>	25

<i>reclipsen</i>	40
RECOMBIVAX HB.....	51
REGRANEX.....	61
RELENZA DISKHALER.....	7
RELISTOR.....	45
REMICADE.....	49
RENFLEXIS.....	49
<i>repaglinide</i>	35
REPATHA.....	21
REPATHA PUSHTRONEX SYSTEM.....	21
REPATHA SURECLICK.....	21
RESTASIS.....	55
RESTASIS MULTIDOSE.....	55
RETEVMO.....	15
REVUFORJ.....	15
REXULTI.....	27
REYATAZ.....	5
REZLIDHIA.....	15
REZUROCK.....	50
RHOPRESSA.....	55
<i>ribavirin (hepatitis c)</i>	7
<i>rifabutin</i>	6
<i>rifampin</i>	6
<i>riluzole</i>	32
<i>rimantadine hydrochloride</i>	7
RINVOQ.....	49
RINVOQ LQ.....	49
<i>risedronate sodium</i>	36
<i>risperidone</i>	27
<i>risperidone microspheres</i>	27
<i>ritonavir</i>	5
<i>rivastigmine</i>	23
<i>rivastigmine tartrate</i>	23
<i>rivelsa</i>	40
<i>rizatriptan benzoate</i>	31
ROCKLATAN DRO.....	55
<i>roflumilast</i>	57
<i>ropinirole hydrochloride</i>	25
<i>rosuvastatin calcium</i>	20
ROTARIX SUS.....	51
ROTATEQ SOL.....	51
<i>roweepra</i>	29
ROZLYTREK.....	16
RUBRACA.....	16
<i>rufinamide</i>	29
RUKOBIA.....	5
RYBELSUS.....	35
RYDAPT.....	16
S	
<i>sajazir</i>	47
SANTYL.....	61

<i>sapropterin dihydrochloride</i>	43
SCEMBLIX.....	16
<i>scopolamine</i>	44
SECUADO.....	27
<i>selegiline hcl</i>	25
<i>selenium sulfide</i>	59
SELZENTRY.....	5
SEREVENT DISKUS.....	57
<i>sertraline hcl</i>	24
<i>setlakin</i>	40
<i>sharobel</i>	40
SHINGRIX.....	52
SIGNIFOR.....	43
<i>sildenafil citrate (pulmonary hypertension)</i>	23
<i>silver sulfadiazine</i>	59
SIMBRINZA SUS 1-0.2%.....	55
<i>simliya</i>	40
<i>simpesse</i>	40
SIMPLICITY MIS INSERTER.....	36
<i>simvastatin</i>	20
<i>sirolimus</i>	51
SIRTURO.....	6
SKYRIZI.....	49
SKYRIZI PEN.....	49
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml.....	45
<i>sodium chloride</i>	53
<i>sodium chloride (gu irrigant)</i>	61
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	53
SODIUM OXYBATE.....	33
<i>sodium phenylbutyrate</i>	43
<i>sodium polystyrene sulfonate powder</i>	37
<i>solifenacin succinate</i>	46
SOLQUA INJ 100/33.....	36
SOLTAMOX.....	11
SOLU-CORTEF.....	42
SOMATULINE DEPOT.....	43
SOMAVERT.....	43
<i>sorafenib tosylate</i>	16
<i>sotalol hcl</i>	20
<i>sotalol hcl (afib/af)</i>	20
SOTYKTU.....	49
<i>spironolactone</i>	18
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg.....	22
<i>sprintec 28</i>	40
SPRITAM.....	29
<i>sps</i>	37
<i>sps rectal</i>	37
<i>sronyx</i>	40
<i>ssd</i>	59

STELARA.....	49	<i>tarina fe 1/20 eq</i>	40
STIVARGA.....	16	TASIGNA.....	16
<i>streptomycin sulfate</i>	3	<i>tasimelteon</i>	31
STRIBILD TAB.....	6	TAVNEOS.....	47
<i>subvenite</i>	29	<i>tazarotene</i>	60
<i>sucrafate</i>	45	<i>tazicef</i>	8
<i>sulfacetamide sodium (acne)</i>	59	TAZORAC.....	60
<i>sulfacetamide sodium (ophth)</i>	54	TAZVERIK.....	16
<i>sulfacetamide sodium-prednisolone ophth soln</i>		TECENTRIQ.....	16
10-0.23(0.25)%.....	54	TECENTRIQ INJ HYBREZA.....	16
<i>sulfadiazine</i>	3	TEFLARO.....	8
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>telmisartan</i>	20
400-80 mg/5ml.....	3	<i>telmisartan-amlodipine tab 40-10 mg</i>	19
<i>sulfamethoxazole-trimethoprim susp</i>		<i>telmisartan-amlodipine tab 40-5 mg</i>	19
200-40 mg/5ml.....	3	<i>telmisartan-amlodipine tab 80-10 mg</i>	19
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	3	<i>telmisartan-amlodipine tab 80-5 mg</i>	19
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	3	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .	19
SULFAMYLON.....	59	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .	19
<i>sulfasalazine</i>	44	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	19
<i>sulindac</i>	1	<i>temazepam</i>	31
<i>sumatriptan</i>	31	TENIVAC INJ 5-2LF.....	52
<i>sumatriptan succinate</i>	31	<i>tenofovir disoproxil fumarate</i>	5
<i>sunitinib malate</i>	16	TEPMETKO.....	16
SUNLENCA.....	5	<i>terazosin hcl</i>	18
<i>syeda</i>	40	<i>terbinafine hcl</i>	4
SYMDEKO TAB 100-150.....	57	<i>terbutaline sulfate</i>	57
SYMDEKO TAB 50-75MG.....	57	<i>terconazole vaginal</i>	46
SYMPAZAN.....	29	TERIPARATIDE.....	36
SYMTUZA TAB.....	6	<i>testosterone</i>	33
SYNAREL.....	43	<i>testosterone cypionate</i>	33
SYNJARDY TAB 12.5-1000MG.....	35	<i>testosterone enanthate</i>	34
SYNJARDY TAB 12.5-500.....	35	<i>testosterone pump</i>	34
SYNJARDY TAB 5-1000MG.....	35	<i>tetrabenazine</i>	32
SYNJARDY TAB 5-500MG.....	35	<i>tetracycline hcl</i>	9
SYNJARDY XR TAB 10-1000.....	35	THALOMID.....	11
SYNJARDY XR TAB 12.5-1000.....	35	THEO-24.....	58
SYNJARDY XR TAB 25-1000.....	35	<i>theophylline</i>	58
SYNJARDY XR TAB 5-1000MG.....	35	<i>thioridazine hcl</i>	27
SYNTHROID.....	43	<i>thiothixene</i>	27
T		<i>tiadylt er</i>	22
TABRECTA.....	16	<i>tiagabine hcl</i>	29
<i>tacrolimus</i>	51	TIBSOVO.....	16
<i>tacrolimus (topical)</i>	61	TICOVAC.....	52
<i>tadalafil</i>	46	<i>tigecycline</i>	9
<i>tadalafil (pulmonary hypertension)</i>	23	<i>tilia fe</i>	40
TAFINLAR.....	16	<i>timolol maleate</i>	21
TAGRISSO.....	16	<i>timolol maleate (ophth)</i>	55
TALZENNA.....	16	<i>tinidazole</i>	3
<i>tamoxifen citrate</i>	11	TIVICAY.....	5
<i>tamsulosin hcl</i>	46	TIVICAY PD.....	5
<i>tarina 24 fe</i>	40	<i>tizanidine hcl</i>	33

TOBI PODHALER	3
TOBRADEX OIN 0.3-0.1%	54
<i>tobramycin</i>	3
<i>tobramycin (ophth)</i>	54
<i>tobramycin sulfate</i>	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	54
<i>tolterodine tartrate</i>	46
<i>topiramate</i>	29
<i>toremifene citrate</i>	11
<i>torpenz</i>	16
<i>torse mide</i>	22
TOUJEO MAX SOLOSTAR.....	36
TOUJEO SOLOSTAR	36
TPN ELECTROL INJ.....	53
TRADJENTA.....	35
<i>tramadol hcl</i>	2
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2
<i>trandolapril</i>	18
<i>tranexamic acid</i>	47
<i>tranylcyromine sulfate</i>	24
TRAVASOL INJ 10%	53
TRAZIMERA	16
<i>trazodone hcl</i>	24
TRECATOR	6
TRELEGY AER ELLIPTA 100-62.5-25 MCG	56
TRELEGY AER ELLIPTA 200-62.5-25 MCG	56
TREMFYA.....	49
<i>treprostinil</i>	23
TRESIBA.....	36
TRESIBA FLEXTOUCH	36
<i>tretinoin</i>	59
<i>tretinoin (chemotherapy)</i>	11
<i>triamcinolone acetonide (mouth)</i>	61
<i>triamcinolone acetonide (topical)</i>	60
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	22
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	22
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	22
<i>tridacaine ii</i>	61
<i>triderm</i>	60
<i>trientine hcl</i>	37
<i>tri-estarylla</i>	40
<i>trifluoperazine hcl</i>	27
<i>trifluridine</i>	54
<i>trihexyphenidyl hcl</i>	25
TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	35
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	35
TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	35
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	35
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>	40
<i>tri-lynyah</i>	40
<i>tri-lo-estarylla</i>	40
<i>tri-lo-marzia</i>	40
<i>tri-lo-mili</i>	40
<i>tri-lo-sprintec</i>	40
<i>trimethoprim</i>	3
<i>tri-mili</i>	40
<i>trimipramine maleate</i>	24
TRINTELLIX.....	24
<i>tri-nymyo</i>	40
<i>tri-sprintec</i>	40
TRIUMEQ PD TAB.....	6
TRIUMEQ TAB.....	6
<i>trivora-28</i>	40
<i>tri-vylibra</i>	40
<i>tri-vylibra lo</i>	40
TROGARZO	5
TROPHAMINE INJ 10%	53
<i>tropium chloride</i>	46
TRULICITY	35
TRUMENBA INJ	52
TRUQAP.....	16
TRUXIMA.....	16
TUKYSA.....	16
TURALIO	17
<i>turqoz</i>	40
<i>twice-daily clindamycin phosphate (topical)</i>	59
TWINRIX INJ.....	52
TYBOST	5
<i>tydemy</i>	41
TYENNE	49
TYPHIM VI.....	52
U	
UBRELVY.....	31
<i>unithroid</i>	43
<i>ursodiol</i>	45
V	
<i>valacyclovir hcl</i>	7
VALCHLOR	61
<i>valganciclovir hcl</i>	7
<i>valproate sodium</i>	29
<i>valproic acid</i>	29
<i>valsartan</i>	20
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> ...	19
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	19
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> ...	19
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	19

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	19
VALTOCO 10 MG DOSE	29
VALTOCO 15 MG DOSE	29
VALTOCO 20 MG DOSE	29
VALTOCO 5 MG DOSE	29
<i>vancomycin hcl</i>	4
VANCOMYCIN INJ 1 GM.....	4
VANCOMYCIN INJ 500MG.....	4
VANCOMYCIN INJ 750MG.....	4
VANFLYTA	17
VAQTA.....	52
<i>varenicline tartrate</i>	33
<i>varenicline tartrate tab 11x0.5 mg & 42x1 mg</i> <i>start pack</i>	33
VARIVAX.....	52
VASCEPA	21
VAXCHORA SUS	52
<i>velivet</i>	41
VELSIPITY.....	49
VENCLEXTA.....	17
VENCLEXTA TAB START PK	17
<i>venlafaxine hcl</i>	24
VENTOLIN HFA	57
VENTOLIN HFA (INSTITUTIONAL PACK)	57
VEOZAH.....	43
<i>verapamil hcl</i>	22
VERQUVO	22
VERSACLOZ.....	27
VERZENIO	17
<i>vestura</i>	41
<i>vienna</i>	41
<i>vigabatrin</i>	29
<i>vigadrone</i>	29
VIGAFYDE	30
<i>vigpoder</i>	30
<i>vilazodone hcl</i>	24
<i>vincristine sulfate</i>	12
<i>vinorelbine tartrate</i>	12
<i>viorele</i>	41
VIRACEPT	5
VIREAD	5
VITRAKVI	17
VIVITROL	33
VIZIMPRO	17
VONJO.....	17
VORANIGO	17
<i>voriconazole</i>	4
VOSEVI TAB	7
VOWST CAP	45
VRAYLAR	27
<i>vyfemla</i>	41

<i>vylibra</i>	41
VYZULTA.....	55
W	
<i>warfarin sodium</i>	47
<i>water for irrigation, sterile irrigation soln</i>	61
WELIREG.....	11
<i>wera</i>	41
WESTAB PLUS TAB 27-1MG.....	53
<i>wixela inhub</i>	59
<i>wymzya fe</i>	41
X	
XALKORI.....	17
XARELTO.....	47
XARELTO STAR TAB 15/20MG	47
XATMEP.....	49
XCOPRI	30
XCOPRI PAK 100-150.....	30
XCOPRI PAK 12.5-25.....	30
XCOPRI PAK 150-200MG (MAINTENANCE)	30
XCOPRI PAK 150-200MG (TITRATION)	30
XCOPRI PAK 50-100MG	30
XDEMVI	54
XELJANZ.....	49
XELJANZ XR.....	49
XERMELO.....	45
XGEVA	37
XHANCE	58
XIFAXAN	45
XIGDUO XR TAB 10-1000.....	35
XIGDUO XR TAB 10-500MG	35
XIGDUO XR TAB 2.5-1000.....	35
XIGDUO XR TAB 5-1000MG	35
XIGDUO XR TAB 5-500MG	35
XIIDRA	55
XOFLUZA.....	7
XOLAIR.....	58
XOSPATA	17
XPOVIO PAK (100 MG ONCE WEEKLY)	17
XPOVIO PAK (40 MG ONCE WEEKLY)	17
XPOVIO PAK (40 MG TWICE WEEKLY).....	17
XPOVIO PAK (60 MG ONCE WEEKLY)	17
XPOVIO PAK (60 MG TWICE WEEKLY).....	17
XPOVIO PAK (80 MG ONCE WEEKLY)	17
XPOVIO PAK (80 MG TWICE WEEKLY).....	17
XTANDI	11
<i>xulane</i>	41
XULTOPHY INJ 100/3.6.....	36
Y	
YF-VAX INJ	52
<i>yuvafem</i>	41

Z

<i>zafemy</i>	41	ZENPEP CAP 60000UNT.....	45
<i>zafirlukast</i>	57	<i>zidovudine</i>	5
<i>zaleplon</i>	31	<i>ziprasidone hcl</i>	27
ZARXIO	47	<i>ziprasidone mesylate</i>	27
ZEGALOGUE	42	ZIRABEV.....	17
ZEJULA	17	ZIRGAN.....	54
ZELBORAF.....	17	<i>zoledronic acid</i>	37
ZEMAIRA	58	ZOLINZA.....	17
<i>zenatane</i>	59	<i>zolpidem tartrate</i>	31
ZENPEP CAP 10000UNT	45	ZONISADE.....	30
ZENPEP CAP 15000UNT	45	<i>zonisamide</i>	30
ZENPEP CAP 20000UNT	45	<i>zovia 1/35</i>	41
ZENPEP CAP 25000UNT	45	ZTALMY	30
ZENPEP CAP 3000UNIT	45	<i>zumandimine</i>	41
ZENPEP CAP 40000UNT	45	ZURZUVAE	24
ZENPEP CAP 5000UNIT	45	ZYDELIG	17
		ZYKADIA.....	17
		ZYLET SUS 0.5-0.3%.....	54

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)

4750 S. 44th Place, Suite 150

Phoenix, AZ 85040

Website **MercyCareAZ.org**

This formulary was updated on 03/01/2025. 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 **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)

4750 S. 44th Place, Suite 150

Phoenix, AZ 85040

Sitio Web **MercyCareAZ.org**

Este formulario fue actualizado en 03/01/2025. 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 **MercyCareAZ.org**.