

Clover

Formulario integral

**Lista de medicamentos cubiertos
en el plan Prestige PPO para 2017**

Identificación del formulario: 00017307

**Importante: este documento contiene información
acerca de los medicamentos que cubre su plan.**

Este formulario se actualizó en el **24 de octubre de 2017**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al 1-888-657-1207 (TTY 711), los 7 días de la semana de 8 am a 8 pm (hora del este). Desde el 15 de febrero hasta el 30 de septiembre, se usarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los feriados o visite cloverhealth.com/medicines.



Formulario integral de 2017

Lista de medicamentos cubiertos

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

H5141_00017307_Comprehensive Formulary Version 16_SP

Este formulario se actualizó en 10/24/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al 1-888-657-1207 (TTY 711), los 7 días de la semana de 8 am a 8 pm (hora del este). Desde el 15 de febrero hasta el 30 de septiembre, se usarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los feriados o visite cloverhealth.com.

Nota para miembros actuales: este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse que aún tiene los medicamentos que usted toma.

Cuando esta Lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro/a”, hace referencia a Clover Health. Cuando dice “plan” o “nuestro plan”, hace referencia a Clover Health.

Este documento incluye una lista de medicamentos (formulario) de nuestro plan que se encuentra vigente desde el 10/24/2017. Para obtener un formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2017 y ocasionalmente durante el año.

¿Qué es el Formulario de Clover Health?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Clover Health con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, Clover Health cubrirá los medicamentos incluidos en el formulario siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Clover Health y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

En general, si usted toma un medicamento de nuestro Formulario para 2017 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2017 excepto cuando esté disponible un nuevo medicamento genérico

de menor costo o cuando se dé a conocer nueva información adversa acerca de la seguridad o eficacia del medicamento. Otros tipos de cambios en el formulario, como por ejemplo, la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que estén actualmente tomando el medicamento. Continuará disponible al mismo costo compartido para aquellos miembros que estén tomándolo por el resto del año de cobertura. Consideramos que es importante que tenga acceso continuo a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan durante el resto del año de cobertura, solo en los casos en los que usted podría ahorrar más dinero o que nosotros podríamos garantizarle su seguridad.

Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, límites de cantidad o restricciones en tratamientos escalonados en relación con un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificar sobre el cambio a los miembros afectados por el cambio al menos 60 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento en cuestión. El formulario adjunto está vigente a partir del 10/24/2017. Para recibir información actualizada sobre los medicamentos cubiertos por Clover Health, póngase en contacto con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Se le enviará por correo cualquier cambio en el formulario o actualización, y se actualizará el sitio web de Clover Health con una lista revisada del formulario.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del formulario:

Afección médica

El formulario empieza en la página 7. Los medicamentos de este formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se incluyen en la categoría CARDIOVASCULAR. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 7. Luego busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría debe consultar, debe buscar su medicamento en el Índice que comienza en la página 87. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Clover Health 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. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Clover Health exige que usted o su médico obtengan una autorización previa para ciertas drogas. Esto significa que necesitará contar con la aprobación de Clover Health antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Clover Health no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Clover Health limita la cantidad del medicamento que cubrirá. Por ejemplo, Clover Health proporciona 120 por receta para GLIMEPIRIDA. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, Clover Health requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan la misma afección médica, es posible que Clover Health no cubra el medicamento B a menos que primero pruebe el medicamento A. Si el medicamento A no funciona para usted, entonces Clover Health cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el formulario que empieza en la página 7. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en Internet que explican nuestra restricción de autorización previa o restricción de tratamiento escalonado o restricciones de autorización previa y tratamiento escalonado]. 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 la portada y la portada posterior.

Puede pedirle a Clover Health que haga una excepción a estas restricciones o límites o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Clover Health?” en la página 4 para obtener información acerca de cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare.

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

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe ponerse en contacto con el Departamento de Servicios para los miembros y preguntar si su medicamento está cubierto. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y la portada posterior.

Si resulta que Clover Health no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedirle al Departamento de Servicios para los miembros una lista de medicamentos similares cubiertos por Clover Health. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Clover Health.

- Puede solicitarle a Clover Health que haga una excepción y cubra el medicamento. Consulte más abajo para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Clover Health?

Puede solicitarle a Clover Health que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido menor si este medicamento no está incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo: para ciertos medicamentos, Clover Health limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Clover Health solo aprobará su pedido de excepción si los demás medicamentos incluidos en el formulario del plan, [el medicamento de menor costo compartido] o las restricciones de uso adicionales no fueran tan efectivos para tratar su enfermedad o pudieran causarle efectos médicos adversos.

Debe ponerse en contacto con nosotros para solicitarnos una decisión inicial de cobertura respecto de una excepción al formulario, al nivel o a la restricción de uso. **Cuando solicita una excepción al formulario, al nivel o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el formulario. También es posible que esté tomando un medicamento incluido en el formulario pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado a seguir en su caso, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no están incluidos en el formulario o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días (a menos que tenga una receta para menos días) cuando acuda a una farmacia de la red. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si reside en un centro de atención a largo plazo, le permitiremos resurtir su receta hasta que le hayamos provisto, al menos, un suministro de transición de entre 91 días y 98 días como máximo, de manera consistente con el incremento de provisión (a menos que tenga una receta para menos días). Cubriremos más de un resurtido de estos medicamentos durante los primeros 90 días en que usted sea miembro del plan. Si necesita un medicamento que no está en el formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días (a menos que tenga una receta para menos días) mientras solicita la excepción al formulario.

Para obtener más información

Para obtener información más detallada sobre su cobertura para medicamentos con receta de Clover Health, consulte su Evidencia de cobertura y otros materiales del plan.

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

Si tiene preguntas generales sobre su 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 Clover Health

El formulario que se incluye más abajo brinda información sobre la cobertura de los medicamentos que cubre Clover Health. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 87.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., ADVAIR DISKUS), y los medicamentos genéricos están en letra minúscula y cursiva (p. ej., *omeprazol*).

La información incluida en la columna de Requisitos/límites indica si Clover Health tiene algún requisito especial para la cobertura del medicamento.

Se utilizan las siguientes abreviaturas:

B/D: Parte B en comparación con la Parte D. Este medicamento con receta tiene un requisito administrativo de autorización previa de la Parte B en comparación con la Parte D. Es posible que este medicamento esté cubierto por la Parte B o D de Medicare, según las circunstancias. Para tomar la determinación, se deberá enviar información que incluya la descripción del uso y la situación en que se administra el medicamento.

LA: Acceso Limitado. Estos medicamentos con receta pueden estar disponibles solo en determinadas farmacias. Para obtener más información, consulte el Directorio de farmacias o pónganse en contacto con el Departamento de Servicios para los miembros de Clover Health al (888) 657-1207. Los usuarios de TTY pueden llamar al número gratuito 771, durante las 24 horas, los 7 días de la semana.

NM: No disponible para pedidos por correo.

PA: Autorización previa. Clover Health exige que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Clover Health antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Clover Health no cubra el medicamento.

QL: Límites de cantidad. Para ciertos medicamentos, Clover Health limita la cantidad del medicamento que cubrirá. Por ejemplo, Clover Health proporciona 120 unidades por receta de GLIMEPIRIDA. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

ST: Tratamiento escalonado. En algunos casos, Clover Health requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan la misma afección médica, es posible que Clover Health no cubra el medicamento B a menos que primero pruebe el medicamento A. Si el medicamento A no funciona para usted, entonces Clover Health cubrirá el medicamento B.

GC: Período sin cobertura. Proporcionamos cobertura para este medicamento con receta durante el período sin cobertura. Para obtener más información sobre esta cobertura, consulte nuestra Evidencia de cobertura.

Niveles de copago de los medicamentos

Este formulario integral de 2017 es una lista de los medicamentos de marca y los medicamentos genéricos. El formulario de Clover Health de 2017 cubre la mayoría de los medicamentos identificados por Medicare como medicamentos de la Parte D, y su copago puede variar según el nivel en el que se encuentre el medicamento.

A continuación, se muestran los niveles de copago de los medicamentos con receta cubiertos. Los montos de los copagos y los porcentajes de los coseguros para cada nivel varían según el plan. Consulte el Resumen de beneficios o la Evidencia de cobertura de su plan para obtener información sobre los montos de los copagos y coseguros aplicables.

Nivel de copago	Tipo de medicamento
Nivel 1	Medicamentos genéricos preferidos
Nivel 2	Medicamentos genéricos
Nivel 3	Medicamentos de marca preferidos
Nivel 4	Medicamentos no preferidos
Nivel 5	Medicamentos especializados

En algunos casos, Clover Health combina medicamentos genéricos más costosos en niveles de medicamentos de marca. Consulte la lista de medicamentos para determinar el nivel de cobertura de cada medicamento que toma.

TTY:711.

CH_CY17_PERFORMANCE_PRINT eff 11/01/2017

Drug Name Drug Tier Requirements/Limits ANALGESICS

GOUT

<i>allopurinol sodium</i>	2	GC
<i>allopurinol tab</i>	1	GC
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	GC
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	GC
ULORIC	3	ST
ZURAMPIC	4	PA

MISCELLANEOUS

<i>diclofenac w/ misoprostol</i>	2	GC
DUEXIS	5	
VIMOVO	5	

NSAIDS

<i>celecoxib</i> CAPS 50mg	2	GC, QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	GC, QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	GC, QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	GC, QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24	2	GC
<i>diclofenac sodium</i> TBEC	2	GC
<i>diflunisal</i>	2	GC
<i>etodolac</i>	2	GC
<i>etodolac er</i>	2	GC
FENOPROFEN CALCIUM CAPS 400mg	2	GC
<i>fenoprofen calcium</i> TABS	2	GC
<i>flurbiprofen</i> TABS	2	GC
<i>ibuprofen</i> SUSP	2	GC
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ketoprofen</i> CAPS; CP24	2	GC
<i>mefenamic acid</i> CAPS	2	GC
MELOXICAM SUSP	2	GC
<i>meloxicam tabs</i>	1	GC
<i>nabumetone</i> TABS	2	GC
NAPRELAN 750mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen</i> SUSP	2	GC
<i>naproxen</i> TABS; TBEC	1	GC
<i>naproxen sodium</i> TABS 275mg, 550mg	2	GC
NAPROXEN SODIUM TB24	5	
<i>oxaprozin</i>	2	GC
<i>piroxicam</i> CAPS	2	GC
<i>sulindac</i> TABS	1	GC
<i>tolmetin sodium</i>	2	GC
VIVLODEX	4	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine</i> SOLN	2	GC, QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen-caff-dihydrocod</i>	2	GC, QL (360 caps / 30 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAP2 356.4-30-16 MG		GC, QL (360 caps / 30 days)
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	4	QL (120 buccal films / 30 days), PA
BELBUCA 600mcg, 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>butorphanol nasal spray</i>	2	GC, QL (10 mL / 30 days)
<i>butorphanol tartrate</i> SOLN	2	GC
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>nalbuphine hcl</i> SOLN	2	GC
TRAMADOL HCL CP24 100mg	2	GC, QL (90 caps / 30 days)
TRAMADOL HCL CP24 200mg	2	GC, QL (60 caps / 30 days)
TRAMADOL HCL CP24 300mg	2	GC, QL (30 caps / 30 days)
<i>tramadol hcl er</i> TB24 100mg	2	GC, QL (90 tabs / 30 days)
<i>tramadol hcl er</i> TB24 200mg	2	GC, QL (30 tabs / 30 days)
TRAMADOL HCL ER TB24 300mg	2	GC, QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er (biphasic) 100mg</i>	2	GC, QL (90 tabs / 30 days)
<i>tramadol hcl er (biphasic) 200mg</i>	2	GC, QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	GC, QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	GC, QL (240 tabs / 30 days)
<i>trezix</i>	2	GC, QL (360 caps / 30 days)

OPIOID ANALGESICS, CII

ABSTRAL	5	QL (120 tabs / 30 days), PA
CODEINE SULFATE 15mg	2	GC, QL (720 tabs / 30 days)
CODEINE SULFATE 30mg	2	GC, QL (360 tabs / 30 days)
CODEINE SULFATE 60mg	2	GC, QL (180 tabs / 30 days)
DURAMORPH	2	GC, B/D
EMBEDA	4	QL (60 caps / 30 days)
<i>endocet</i>	2	GC, QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	GC, QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	2	GC, QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	2	GC, QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	GC, QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	GC, QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	GC, QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	GC, QL (360 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	GC, QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	GC, QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	GC, QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	GC
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml, 4mg/ml	2	GC, B/D
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	2	GC, B/D
<i>hydromorphone hcl TABS</i>	2	GC, QL (270 tabs / 30 days)
<i>hydromorphone tab 8mg er</i>	2	GC, QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	GC, QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
HYDROMORPHONE TABS 32MG	5	QL (60 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>ibudone tab 5-200mg</i>	2	GC, QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	GC, QL (150 tabs / 30 days)
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN 40mg	4	QL (60 caps / 30 days)
KADIAN 200mg	5	QL (60 caps / 30 days)
LAZANDA 100mcg/act, 400mcg/act	5	QL (30 bottles / 30 days), PA
LAZANDA 300mcg/act	5	QL (30 boxes / 30 days), PA
<i>levorphanol tartrate TABS</i>	5	QL (180 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet plus tab 7.5-325</i>	2	GC, QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>methadone hcl CONC</i>	2	GC, QL (120 mL / 30 days)
<i>methadone hcl SOLN</i>	2	GC, QL (600 mL / 30 days)
<i>methadone hcl 5mg</i>	2	GC, QL (240 tabs / 30 days)
<i>methadone hcl 10mg</i>	2	GC, QL (240 tabs / 30 days)
METHADONE INJ 10MG/ML	4	
MORPHABOND ER 15mg, 30mg	4	QL (60 tabs / 30 days)
MORPHABOND ER 60mg, 100mg	5	QL (60 tabs / 30 days)
MORPHINE SUL 20MG/ML ORAL SOL	2	GC
MORPHINE SUL INJ 1MG/ML	2	GC, B/D
MORPHINE SUL INJ 4MG/ML	2	GC, B/D
MORPHINE SUL INJ 10MG/ML	2	GC, B/D
MORPHINE SUL INJ 15MG/ML	2	GC, B/D
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	GC, QL (60 caps / 30 days)
<i>morphine sulfate CP24 100mg</i>	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	2	GC, B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	2	GC
<i>morphine sulfate SOLN .5mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	GC, B/D
MORPHINE SULFATE TABS	2	GC, QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	GC, QL (60 caps / 30 days)
<i>morphine sulfate ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	GC, QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab 200mg</i>	2	GC, QL (60 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	4	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	4	QL (120 tabs / 30 days)
NUCYNTA ER 150mg	4	QL (60 tabs / 30 days)
NUCYNTA ER 200mg, 250mg	5	QL (60 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OPANA ER (CRUSH RESISTANT) 30mg, 40mg	5	QL (120 tabs / 30 days)
<i>oxycodone hcl</i> CAPS	2	GC, QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	GC
OXYCODONE HCL SOLN	2	GC
<i>oxycodone hcl</i> TABS	2	GC, QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	2	GC, QL (1800 mL / 30 days)
<i>oxycodone-aspirin</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	GC, QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)
<i>oxymorphone hcl</i> TABS	2	GC, QL (180 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	GC, QL (400 tabs / 30 days)
<i>vicodin es</i>	2	GC, QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	GC, QL (400 tabs / 30 days)
XARTEMIS XR	4	QL (120 tabs / 30 days)
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	4	QL (120 caps / 30 days)
XTAMPZA ER 36mg	4	QL (240 caps / 30 days)
<i>xylon tab 10-200mg</i>	2	GC, QL (150 tabs / 30 days)
<i>zamicet</i>	2	GC, QL (5400 mL / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> 4%	2	GC
<i>lidocaine hcl (local anesth.)</i> .5%, 1%	2	GC, B/D
<i>lidocaine inj</i> 0.5%	2	GC, B/D
<i>lidocaine inj</i> 1%	2	GC, B/D
<i>lidocaine inj</i> 1.5%	2	GC, B/D
<i>lidocaine inj</i> 2%	2	GC, B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	2	GC
BETHKIS	5	NM, PA
<i>gentamicin in saline</i>	2	GC
<i>gentamicin sulfate</i> SOLN	2	GC
<i>neomycin sulfate</i> TABS	2	GC
<i>paromomycin sulfate</i> CAPS	2	GC
<i>streptomycin sulfate</i> SOLR	2	GC
<i>sulfadiazine</i> TABS	4	
TOBI PODHALER	5	NM, LA, PA
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj</i> 1.2 gm/30ml	2	GC
<i>tobramycin inj</i> 1.2gm	5	
<i>tobramycin inj</i> 10mg/ml	2	GC
<i>tobramycin inj</i> 40mg/ml	2	GC
<i>tobramycin inj</i> 80mg/2ml	2	GC
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	
ALINIA	4	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	2	GC
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS	1	GC
<i>clindamycin palmitate hydrochloride</i>	2	GC
<i>clindamycin phosphate</i> SOLN	2	GC
<i>clindamycin phosphate in d5w</i>	2	GC
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium</i> SOLR	2	GC
CUBICIN	5	
DALVANCE	5	
<i>dapsone</i> TABS	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin</i>	5	
DORIBAX	4	
DORIPENEM	2	GC
<i>emverm</i>	4	
<i>imipenem-cilastatin</i>	2	GC
INVANZ	4	
<i>ivermectin</i> TABS	2	GC
<i>linezolid</i> SOLN	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
<i>meropenem</i>	2	GC
MEROPENEM/SODIUM CHLORIDE	2	GC
<i>methenamine hippurate</i>	2	GC
METRO IV	3	
<i>metronidazole</i> CAPS	2	GC
<i>metronidazole</i> TABS	1	GC
<i>metronidazole inj</i>	2	GC
NEBUPENT	4	B/D
<i>nitrofurantoin</i> SUSP	2	GC, PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystal</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ORBACTIV	5	
PENTAM 300	4	
<i>polymyxin b sulfate</i> SOLR	2	GC
PRIMSOL	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop</i> SUSP	2	GC
<i>sulfamethoxazole-trimethop</i> TABS	1	GC
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	2	GC
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim</i> TABS	1	GC
TYGACIL	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN NACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	2	GC, B/D
CANCIDAS	5	
CASPOFUNGIN ACETATE	5	
CRESEMBA	5	
ERAXIS	5	
<i>fluconazole</i> SUSR	2	GC
<i>fluconazole</i> TABS	1	GC
<i>fluconazole in dextrose</i>	2	GC
<i>fluconazole inj nacl 100</i>	2	GC
<i>fluconazole inj nacl 200</i>	2	GC
<i>fluconazole inj nacl 400</i>	2	GC
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i>	2	GC
<i>griseofulvin ultramicrosize</i>	2	GC
<i>itraconazole</i> CAPS	2	GC, PA
<i>ketoconazole</i> TABS	2	GC, PA
LAMISIL PACK	4	
MYCAMINE	5	
NOXAFIL	5	
<i>nystatin</i> TABS	2	GC
ONMEL	5	PA
SPORANOX SOL 10MG/ML	5	
<i>terbinafine hcl</i> TABS	1	GC, QL (90 tabs / 365 days)
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj 200mg</i>	2	GC
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	GC
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	GC
<i>chloroquine phosphate</i> TABS	2	GC
COARTEM	4	
<i>mefloquine hcl</i>	2	GC
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	2	GC, PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	2	GC
APTIVUS	5	

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

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN	4	
<i>didanosine</i>	2	GC
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	2	GC
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	2	GC
<i>nevirapine</i> TABS; TB24	2	GC
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	GC
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	GC
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	GC
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	GC
<i>isoniazid</i> SOLN; SYRP	2	GC
<i>isoniazid tabs</i>	1	GC
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	GC
<i>rifabutin</i>	2	GC
<i>rifamate</i>	4	
<i>rifampin</i> CAPS; SOLR	2	GC
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	1	GC
<i>acyclovir</i> SUSP	2	GC
<i>acyclovir sodium</i>	2	GC, B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>cidofovir</i>	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	GC
<i>ganciclovir inj 500mg</i>	2	GC, B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	GC
MAVYRET	5	NM, PA
<i>moderiba pak</i>	5	NM
<i>moderiba tab 200mg</i>	2	GC, NM
<i>oseltamivir phosphate</i>	2	GC
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere</i> CAPS	2	GC, NM
<i>ribasphere</i> TABS 200mg	2	GC, NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin 200mg</i>	2	GC, NM
<i>rimantadine hydrochloride</i>	2	GC
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	2	GC
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

AVYCAZ	5	
<i>cefaclor</i>	2	GC
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil</i> CAPS	1	GC
<i>cefadroxil</i> SUSR; TABS	2	GC
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	GC
<i>cefazolin sodium</i> SOLR 1gm, 20gm	2	GC
<i>cefazolin sodium 1 gm/50ml</i>	3	
<i>cefdinir</i>	2	GC
CEFEPIME 1GM SOLN	4	

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

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME 2GM SOLN	4	
<i>cefepime inj 1gm</i>	2	GC
<i>cefepime inj 2gm</i>	2	GC
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	GC
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	GC
<i>cefotetan disodium</i>	2	GC
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	2	GC
<i>cefpodoxime proxetil</i>	2	GC
<i>cefprozil</i>	2	GC
<i>ceftazidime</i> SOLR	2	GC
CEFTAZIDIME/DEXTROSE	4	
CEFTIBUTEN	2	GC
CEFTIN SUSP	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	GC
<i>cefuroxime axetil</i>	2	GC
<i>cefuroxime sodium</i>	2	GC
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> CAPS 750mg	2	GC
<i>cephalexin</i> SUSR	2	GC
<i>cephalexin</i> TABS	2	GC
MAXIPIME	4	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	GC
<i>tazicef vial</i>	2	GC
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	GC
<i>azithromycin</i> SOLR; SUSR	2	GC
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> SUSR; TABS; TB24	2	GC
DIFICID	5	
<i>e.e.s</i> 400	2	GC
E.E.S. GRANULES	4	
<i>ery-tab</i>	2	GC
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin</i>	4	
<i>erythrocin stearate</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i>	2	GC
<i>erythromycin cap 250mg ec</i>	2	GC
<i>erythromycin ethylsuccinate</i>	2	GC
PCE	4	
ZMAX	4	
FLUOROQUINOLONES		
AVELOX SOLN	4	
<i>ciprofloxacin SOLN 200mg/20ml</i>	2	GC
<i>ciprofloxacin SUSR</i>	2	GC
<i>ciprofloxacin er</i>	2	GC
<i>ciprofloxacin hcl TABS</i>	1	GC
<i>ciprofloxacin in d5w</i>	2	GC
<i>ciprofloxacin inj</i>	2	GC
<i>levofloxacin SOLN</i>	2	GC
<i>levofloxacin TABS</i>	1	GC
<i>levofloxacin in d5w</i>	2	GC
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl TABS</i>	2	GC
PENICILLINS		
<i>amoxicillin</i>	1	GC
<i>amoxicillin & pot clavulanate</i>	2	GC
<i>ampicillin & sulbactam sodium</i>	2	GC
<i>ampicillin cap 250mg</i>	1	GC
<i>ampicillin cap 500 mg</i>	1	GC
<i>ampicillin inj</i>	2	GC
<i>ampicillin sodium</i>	2	GC
<i>ampicillin susp</i>	2	GC
AUGMENTIN SUSR	4	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	GC
NAFCILLIN IN DEXTROSE	4	
<i>nafcillin sodium</i>	2	GC
<i>oxacillin sodium 1gm, 2gm</i>	2	GC
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE	4	
PENICILLIN G POTASSIUM IN	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	GC
<i>penicillin v potassium</i>	1	GC
<i>penicillin gk inj 5mu</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin gk inj 20mu</i>	2	GC
<i>pfizerpen g inj 5mu</i>	2	GC
<i>pfizerpen-g inj 20mu</i>	2	GC
<i>piperacillin sodium-tazobactam sodium</i>	2	GC
<i>piperacillin/tazobactam</i>	2	GC
ZOSYN SOLN	4	

TETRACYCLINES

<i>demeclocycline hcl</i>	2	GC
<i>doxy</i>	2	GC
<i>doxycycline (monohydrate)</i>	2	GC
<i>doxycycline hyclate</i> CAPS	2	GC
<i>doxycycline hyclate</i> SOLR	2	GC
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	GC
<i>doxycycline hyclate</i> TBEC	2	GC
<i>doxycycline hyclate tab 75 mg dr</i>	2	GC
<i>doxycycline hyclate tab 100 mg dr</i>	2	GC
<i>doxycycline hyclate tab 150 mg dr</i>	2	GC
<i>minocycline hcl</i> CAPS; TABS; TB24	2	GC
<i>morgidox cap 1x50mg</i>	2	GC
TETRACYCLINE HCL CAPS	2	GC
VIBRAMYCIN SYRP	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	5	B/D, NM
BICNU	5	B/D
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i>	2	GC, B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	2	GC, B/D
<i>ifosfamide inj 1gm/20ml</i>	2	GC, B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	GC, B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
<i>thiotepa</i> SOLR	5	B/D, NM
TREANDA	5	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
ZANOSAR	4	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	2	GC, B/D
<i>daunorubicin hcl</i>	2	GC, B/D
<i>doxorubicin hcl</i>	2	GC, B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	2	GC, B/D
<i>epirubicin hcl</i>	2	GC, B/D
<i>epirubicin inj 200mg</i>	2	GC, B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	GC, B/D
COSMEGEN	5	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	GC, B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	B/D
CLOLAR	5	B/D
<i>cytarabine inj</i>	2	GC, B/D
<i>decitabine</i>	5	B/D, NM
<i>fludarabine phosphate</i>	2	GC, B/D
<i>fluorouracil SOLN</i>	2	GC, B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl SOLR</i>	5	B/D
<i>mercaptopurine TABS</i>	2	GC
METHOTREXATE SODIUM 50mg/2ml	2	GC, B/D
<i>methotrexate sodium 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml</i>	2	GC, B/D
<i>methotrexate sodium inj</i>	2	GC, B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
DOCETAXEL 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
<i>docetaxel 80mg/4ml, 200mg/10ml</i>	5	B/D

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

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL 20MG/2ML	5	B/D
DOCETAXEL 160MG/16ML	5	B/D
DOCETAXEL SOLN 80MG/8ML	5	B/D
<i>paclitaxel</i>	2	GC, B/D
TAXOTERE 80mg/4ml	5	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	GC, B/D
<i>vincristine sulfate</i>	2	GC, B/D
<i>vinorelbine tartrate</i>	2	GC, B/D

BIOLOGIC RESPONSE MODIFIERS

ARZERRA	5	B/D, NM
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERBITUX	5	B/D, NM
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
ISTODAX (OVERFILL)	5	B/D, NM
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA CAPS	5	NM, LA, PA
NINLARO	5	NM, PA
PERJETA	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	GC
<i>bicalutamide</i>	2	GC
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
<i>exemestane</i>	2	GC
FARESTON	5	
FASLODEX	5	B/D
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	GC
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	2	GC
<i>leuprolide acetate</i> KIT	2	GC, NM, PA
LUPRON DEPOT (1-MONTH)	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (4-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR MIXJECT	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
KINASE INHIBITORS		
AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
DROXIA	3	
HALAVEN	5	B/D, NM
<i>hydroxyurea</i> CAPS	2	GC
IXEMPRA KIT	5	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	GC, B/D, NM
ODOMZO	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin CAPS</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	GC, B/D
<i>cisplatin</i>	2	GC, B/D
<i>oxaliplatin</i>	2	GC, B/D

PROTECTIVE AGENTS

AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
KEPIVANCE	5	B/D
<i>leucovor ca inj</i>	2	GC, B/D
<i>leucovorin calcium SOLR</i>	2	GC, B/D
<i>leucovorin calcium TABS</i>	2	GC
<i>leucovorin calcium 500 mg</i>	2	GC, B/D
<i>levoleucovorin calcium SOLN</i>	5	B/D, NM
<i>levoleucovorin calcium SOLR 50mg</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM SOLR 175mg	5	B/D, NM
<i>mesna</i>	2	GC, B/D
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

CAMPTOSAR 300mg/15ml	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide SOLN</i>	2	GC, B/D
<i>irinotecan inj 40mg/2ml</i>	2	GC, B/D
<i>irinotecan inj 100/5ml</i>	2	GC, B/D
<i>irinotecan inj 500mg/25ml</i>	2	GC, B/D
ONIVYDE	5	B/D, NM
<i>toposar</i>	2	GC, B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl SOLR</i>	5	B/D

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK TEST STRIPS	0	B
-----------------------	---	---

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

Drug Name	Drug Tier	Requirements/Limits
ONE-TOUCH TEST STRIPS	0	B
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
<i>trandolapril-verapamil hcl</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl</i> TABS	1	GC
<i>captopril</i> TABS	1	GC
<i>enalapril maleate</i> TABS	1	GC
EPANED	4	
<i>fosinopril sodium</i>	1	GC
<i>lisinopril</i> TABS	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
QBRELIS	5	
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	GC
<i>spironolactone</i> TABS	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	GC
<i>prazosin hcl</i>	2	GC
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> 1		GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg	1	GC
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	GC
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>telmisartan-amlodipine</i>	1	GC
<i>telmisartan-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	GC
EDARBI	4	
<i>eprosartan mesylate</i>	1	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil</i> TABS	1	GC
<i>telmisartan</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	GC
<i>amiodarone hcl</i> TABS 100mg, 400mg	2	GC
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>amiodarone inj</i> 50mg/ml	2	GC
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	2	GC, NM
<i>flecainide acetate</i>	2	GC
<i>mexiletine hcl</i>	2	GC
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i> 100mg, 400mg	2	GC
<i>pacerone</i> 200mg	1	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hcl</i> 12hr	2	GC
<i>quinidine gluconate</i> TBCR	2	GC
<i>quinidine sulfate</i> TABS	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hcl (afib/afl)</i>	2	GC

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV	4	
<i>atorvastatin calcium</i> TABS	1	GC
FLOLIPID	4	
<i>fluvastatin sodium cap</i> 20 mg	1	GC
<i>fluvastatin sodium cap</i> 40 mg	1	GC
FLUVASTATIN SODIUM TAB SR 24 HR 80 MG	1	GC
LIVALO	4	
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> TABS 80mg	1	GC, QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

ANTARA	4	
<i>cholestyramine</i>	2	GC
<i>cholestyramine light</i>	2	GC
<i>choline fenofibrate</i>	2	GC
<i>colestipol hcl</i>	2	GC
<i>ezetimibe</i>	2	GC
<i>ezetimibe-simvastatin</i>	1	GC
FENOFIBRATE CAPS	2	GC
FENOFIBRATE TABS 40mg, 120mg	2	GC
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	GC
<i>fenofibrate micronized</i>	2	GC
FENOFIBRIC ACID	2	GC
<i>gemfibrozil</i> TABS	1	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i>	2	GC
<i>niacor</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters</i>	2	GC
PRALUENT	5	NM, PA
<i>prevalite</i>	2	GC
TRIGLIDE	4	
<i>triklo</i>	2	GC
VASCEPA	4	
VYTORIN	4	ST
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	GC
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
DUTOPROL	4	
<i>metoprolol & hctz tab 50-25mg</i>	2	GC
<i>metoprolol & hctz tab 100-25mg</i>	2	GC
<i>metoprolol & hctz tab 100-50mg</i>	2	GC
<i>nadolol & bendroflumethiazide</i>	2	GC
<i>propranolol & hydrochlorothiazide</i>	2	GC
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	GC
<i>atenolol TABS</i>	1	GC
<i>betaxolol hcl</i>	2	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC	4	
<i>carvedilol</i>	1	GC
COREG CR	4	
<i>labetalol hcl SOLN; TABS</i>	2	GC
<i>metoprolol succinate</i>	2	GC
<i>metoprolol tartrate SOCT</i>	2	GC
<i>metoprolol tartrate SOLN</i>	2	GC
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS</i>	2	GC
<i>pindolol</i>	2	GC
<i>propranolol hcl er</i>	2	GC
<i>propranolol inj 1mg/ml</i>	2	GC
<i>propranolol oral sol</i>	2	GC
<i>propranolol tab</i>	2	GC
SOTYLIZE	4	
<i>timolol maleate TABS</i>	2	GC
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate/atorv</i>	1	GC
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate</i> TABS	1	GC
CARDIZEM LA 120mg	4	
<i>cartia xt</i>	2	GC
<i>dilt-xr cap</i>	2	GC
<i>diltiazem cap 120mg cd</i>	2	GC
<i>diltiazem cap 180mg cd</i>	2	GC
<i>diltiazem cap 240mg cd</i>	2	GC
<i>diltiazem cap 300mg cd</i>	2	GC
DILTIAZEM CAP 360MG CD	2	GC
<i>diltiazem cap er/12hr</i>	2	GC
DILTIAZEM ER TAB 180MG	2	GC
DILTIAZEM ER TAB 240MG	2	GC
DILTIAZEM ER TAB 300MG	2	GC
DILTIAZEM ER TAB 360MG	2	GC
DILTIAZEM ER TAB 420MG	2	GC
<i>diltiazem hcl</i> TABS	2	GC
<i>diltiazem hcl cap sr 24hr</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	GC
<i>diltiazem hcl extended release beads cap sr</i>	2	GC
<i>diltiazem inj 25mg/5ml</i>	2	GC
<i>diltiazem inj 50/10ml</i>	2	GC
<i>diltiazem inj 100mg</i>	4	
<i>diltiazem inj 125/25ml</i>	2	GC
<i>felodipine</i>	2	GC
<i>isradipine</i>	2	GC
<i>matzim la</i>	2	GC
<i>nicardipine hcl</i> CAPS	2	GC
<i>nifedical xl</i>	2	GC
<i>nifedipine</i> TB24	2	GC
<i>nifedipine er</i>	2	GC
<i>nimodipine</i> CAPS	5	
<i>nisoldipine</i>	2	GC
NYMALIZE	5	
<i>taztia xt</i>	2	GC
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	2	GC
VERAPAMIL HCL CP24 360mg	2	GC
<i>verapamil hcl</i> SOLN	2	GC
<i>verapamil hcl</i> TABS	1	GC
<i>verapamil hcl</i> TBCR	1	GC
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> .25mg	2	GC, PA; PA if 65 years and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>digitek</i> .125mg	2	GC, QL (30 tabs / 30 days)
<i>digox</i> 125mcg	2	GC, QL (30 tabs / 30 days)
<i>digox</i> 250mcg	2	GC, PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	2	GC, QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	GC, PA; PA if 65 years and older
<i>digoxin inj</i>	2	GC
DIGOXIN SOL 50MCG/ML	2	GC, PA; PA if 65 years and older
LANOXIN TABS 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN TABS 187.5mcg	4	PA; PA if 65 years and older
LANOXIN PEDIATRIC	4	

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURN	4	
TEKTURN HCT	4	

DIURETICS

<i>acetazolamide</i> CP12; TABS	2	GC
<i>acetazolamide sodium</i>	2	GC
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i> TABS	2	GC
<i>bumetanide</i>	2	GC
<i>chlorothiazide tabs</i>	2	GC
<i>chlorthalidone</i>	2	GC
DIURIL SUS 250/5ML	4	
DYRENIUM	4	
EDECIN	5	
<i>ethacrynic acid</i>	2	GC
<i>furosemide</i> SOLN; TABS	1	GC
<i>furosemide inj</i> 10mg/ml	2	GC
FUROSEMIDE INJ 10mg/ml	2	GC
<i>furosemide oral soln 8 mg/ml</i>	1	GC
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> TABS	2	GC
<i>methyclothiazide</i>	2	GC
<i>metolazone</i>	2	GC
<i>spironolactone & hydrochlorothiazide</i>	2	GC
<i>torsemide tabs</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamt/hctz cap 37.5-25</i>	1	GC
<i>triamt/hctz cap 50-25mg</i>	1	GC
<i>triamt/hctz tab 37.5-25</i>	1	GC
<i>triamt/hctz tab 75-50mg</i>	1	GC
MISCELLANEOUS		
BIDIL	3	
<i>clonidine hcl PTWK</i>	2	GC
<i>clonidine hcl TABS</i>	1	GC
<i>clorpres</i>	2	GC
CORLANOR	4	
DEMSE	5	
<i>hydralazine hcl SOLN; TABS</i>	2	GC
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	GC
<i>minoxidil TABS</i>	2	GC
NORTHERA	5	NM, LA, PA
PHENOXYBENZAMINE HCL CAPS	5	
RANEXA	3	
NITRATES		
DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 40mg	5	
<i>isosorbide dinitrate</i>	2	GC
<i>isosorbide dinitrate er</i>	2	GC
<i>isosorbide mononitrate</i>	2	GC
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i>	2	GC
<i>nitro-bid</i>	3	
NITRO-DUR .3mg/hr, .8mg/hr	4	
<i>nitroglycerin SOLN .4mg/spray</i>	2	GC
<i>nitroglycerin SUBL</i>	2	GC
NITROGLYCERIN LINGUAL	2	GC
<i>nitroglycerin td patch</i>	2	GC
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
ORENITRAM TAB 5MG	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	GC, NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	NM, PA
UPTRAVI	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> CONC	2	GC, QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	GC, QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	GC, QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	GC, QL (480 tabs / 30 days)
<i>buspirone hcl</i> TABS	2	GC
<i>fluvoxamine maleate</i> 25mg, 50mg	2	GC, QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	GC
<i>fluvoxamine maleate er</i> 100mg	2	GC, QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	GC, QL (60 caps / 30 days)
<i>lorazepam</i> CONC	2	GC, QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	GC
<i>lorazepam</i> TABS	1	GC, QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM 200mg	4	
APTIOM 400mg, 600mg, 800mg	5	
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	GC
CELONTIN	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	GC, QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	2	GC, QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	GC, QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	GC, QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	GC, QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	2	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	2	GC, QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> CONC	2	GC, QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	2	GC, QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	2	GC
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	2	GC
<i>dilantin</i>	3	
DILANTIN-125	3	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	GC
<i>epitol</i>	2	GC
<i>ethosuximide</i> CAPS; SOLN	2	GC
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	GC
FYCOMPA	4	PA
<i>gabapentin</i> CAPS 100mg	1	GC, QL (1080 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	GC, QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	GC, QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	GC, QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW; KIT; TB24; TBDP	2	GC
<i>lamotrigine</i> TABS	1	GC
<i>levetiracetam</i> SOLN; TABS; TB24	2	GC
LEVETIRACETAM IN SODIUM CHLORIDE	4	
LEVETIRACETAM IV	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	GC
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i>	2	GC
OXTELLAR XR	4	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	2	GC
<i>phenytoin inj 50mg/ml</i>	2	GC
<i>phenytoin sodium extended</i>	2	GC
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	GC
<i>roweepra</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	GC
<i>topiramate</i> CPSP	2	GC
TOPIRAMATE CS24	2	GC
<i>topiramate</i> TABS	1	GC
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
<i>valproate sodium</i> SOLN	2	GC
<i>valproic acid</i>	2	GC
<i>vigabatrin powd pack</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT	4	
<i>zonisamide</i> CAPS	2	GC

ANTIDEMENTIA

<i>donepezil odt 5mg</i>	2	GC
<i>donepezil odt 10mg</i>	2	GC
<i>donepezil tab hcl 23mg</i>	2	GC
<i>donepezil tabs 5mg</i>	2	GC
<i>donepezil tabs 10mg</i>	2	GC
<i>galantamine hydrobromide</i>	2	GC
<i>galantamine hydrobromide er</i>	2	GC
<i>memantine hcl</i> SOLN	2	GC, PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg	2	GC, PA; PA if < 30 yrs
MEMANTINE HCL TABS 10mg	2	GC, PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	2	GC
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	GC
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	GC
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	GC

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	GC
APLENZIN	5	
<i>bupropion hcl</i> TABS; TB12; TB24	2	GC
<i>citalopram hydrobromide</i> SOLN	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i> TABS	1	GC
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	2	GC
<i>desvenlafaxine succinate</i>	2	GC
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	2	GC, QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	GC, QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	GC, QL (60 caps / 30 days)
EMSAM	5	PA
<i>escitalopram oxalate</i>	2	GC
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	GC
<i>fluoxetine cap 20mg</i>	1	GC
<i>fluoxetine cap 40mg</i>	1	GC
<i>fluoxetine hcl</i> CPDR	2	GC
<i>fluoxetine hcl</i> SOLN	2	GC
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	GC
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	2	GC
MARPLAN	4	
<i>mirtazapine</i> TABS	1	GC
<i>mirtazapine</i> TBDP	2	GC
<i>nefazodone hcl</i>	2	GC
<i>nortriptyline hcl</i> CAPS	1	GC
<i>nortriptyline hcl</i> SOLN	2	GC
<i>paroxetine er tab</i>	2	GC
<i>paroxetine hcl tabs</i>	1	GC
PAXIL SUSP	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	GC
PRISTIQ	3	
<i>protriptyline hcl</i>	2	GC
<i>sertraline hcl</i> CONC	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl</i> TABS	1	GC
<i>tranylcypromine sulfate</i>	2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trazodone hcl</i> TABS 300mg	2	GC
<i>trimipramine maleate</i> CAPS	4	PA; PA if 65 years and older
TRINTELLIX	4	
<i>venlafaxine cap er</i>	2	GC
<i>venlafaxine tab</i>	2	GC
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	2	GC, QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	GC
APOKYN	5	NM, LA, PA
BENZTROPINE MESYLATE SOLN	2	GC
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	GC
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i>	2	GC
CARBIDOPA/LEVODOPA/ENTACAPONE	2	GC
DUOPA	4	B/D, NM
ENTACAPONE	2	GC
MIRAPEX ER 3.75mg	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	GC
<i>pramipexole tab 0.5mg</i>	2	GC
<i>pramipexole tab 0.25mg</i>	2	GC
<i>pramipexole tab 0.75 er</i>	2	GC
<i>pramipexole tab 0.75mg</i>	2	GC
<i>pramipexole tab 0.125mg</i>	2	GC
<i>pramipexole tab 0.375mg</i>	2	GC
<i>pramipexole tab 1.5mg</i>	2	GC
<i>pramipexole tab 1.5mg er</i>	2	GC
<i>pramipexole tab 1mg</i>	2	GC
<i>pramipexole tab 2.25mg</i>	2	GC
<i>pramipexole tab 3mg</i>	2	GC
<i>pramipexole tab 4.5mg</i>	2	GC
<i>rasagiline mesylate</i> TABS	2	GC
<i>ropinirole tab 0.5mg</i>	2	GC
<i>ropinirole tab 0.25mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 1mg</i>	2	GC
<i>ropinirole tab 2mg</i>	2	GC
<i>ropinirole tab 2mg er</i>	2	GC
<i>ropinirole tab 3mg</i>	2	GC
<i>ropinirole tab 4mg</i>	2	GC
<i>ropinirole tab 4mg er</i>	2	GC
<i>ropinirole tab 5mg</i>	2	GC
<i>ropinirole tab 6mg er</i>	2	GC
<i>ropinirole tab 8mg er</i>	2	GC
<i>ropinirole tab 12mg er</i>	2	GC
RYTARY	4	
<i>selegiline hcl</i> CAPS; TABS	2	GC
XADAGO	4	
ZELAPAR	5	

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i> 2mg, 5mg, 10mg, 15mg	2	GC, QL (30 tabs / 30 days)
<i>aripiprazole tab</i> 20mg, 30mg	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 syringe / 56 days)
<i>chlorpromazine hcl</i> TABS	2	GC
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	2	GC, PA
CLOZAPINE ODT 100mg	2	GC, QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	2	GC, QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	GC
<i>clozapine tab 50mg</i>	2	GC
<i>clozapine tab 100mg</i>	2	GC, QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	GC, QL (135 tabs / 30 days)
FANAPT 1mg, 2mg, 4mg	4	QL (60 tabs / 30 days)
FANAPT 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i>	2	GC
GEODON INJ	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	GC
<i>haloperidol decanoate</i> SOLN	2	GC
<i>haloperidol lactate</i>	2	GC
<i>haloperidol lactate inj 5 mg/ml</i>	2	GC
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 syringe / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	GC
<i>molindone hcl 10mg</i>	2	GC
<i>molindone hcl 25mg</i>	2	GC
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	2	GC, QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	GC, QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	GC, QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	2	GC, QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	GC, QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	GC, QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg, 20mg	2	GC, QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	2	GC
<i>pimozide</i>	2	GC
<i>quetiapine fumarate</i> TABS	2	GC, QL (90 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg	2	GC, QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	GC, QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	2	GC, QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	2	GC, QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone odt</i> 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone odt</i> 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	GC
<i>trifluoperazine hcl</i>	2	GC
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days)
VRAYLAR 3mg	5	QL (60 caps / 30 days)
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR THERAPY PACK	4	
ziprasidone hcl 20mg, 40mg	2	GC, QL (60 caps / 30 days)
ziprasidone hcl 60mg, 80mg	2	GC, QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine cap 10mg er	2	GC, QL (90 caps / 30 days)
amphetamine cap 15mg er	2	GC, QL (30 caps / 30 days)
amphetamine cap 20mg er	2	GC, QL (30 caps / 30 days)
amphetamine cap 25mg er	2	GC, QL (30 caps / 30 days)
amphetamine cap 30mg er	2	GC, QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 5 mg	2	GC, QL (90 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	GC, QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	GC, QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	GC, QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	GC, QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	GC, QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	GC, QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	GC, QL (60 tabs / 30 days)
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	2	GC, QL (120 caps / 30 days)
atomoxetine hcl 40mg	2	GC, QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	2	GC, QL (30 caps / 30 days)
COTEMPLA XR-ODT	4	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	2	GC, QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW	2	GC, QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> CP24 20mg	2	GC, QL (60 caps / 30 days)
METHYLPHENIDATE HCL CP24 30mg	2	GC, QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CP24 40mg, 60mg	2	GC, QL (30 caps / 30 days)
<i>methylphenidate hcl</i> CPCR 10mg, 20mg	2	GC, QL (60 caps / 30 days)
METHYLPHENIDATE HCL CPCR 30mg	2	GC, QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	GC, QL (30 caps / 30 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	GC, QL (1800 mL / 30 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	GC, QL (900 mL / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	GC, QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	GC, QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TB24	2	GC, QL (60 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	GC, QL (90 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 18mg, 27mg, 36mg	2	GC, QL (60 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 54mg	2	GC, QL (30 tabs / 30 days)
<i>methylphenidate hcl er</i> 27mg, 36mg	2	GC, QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i> 54mg	2	GC, QL (30 tabs / 30 days)
MYDAYIS CAP 12.5MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days)
QUILLICHEW ER 20mg	4	QL (90 tabs / 30 days)
QUILLICHEW ER 30mg	4	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER 40mg	4	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN LA 10mg	4	QL (180 tabs / 30 days)
RITALIN LA 60mg	4	QL (30 caps / 30 days)
STRATTERA 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)

HYPNOTICS

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
temazepam 7.5mg	2	GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam 15mg	2	GC, QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

almotriptan malate	2	GC, QL (12 tabs / 30 days)
dihydroergotamine mesylate 1mg/ml	2	GC
DIHYDROERGOTAMINE MESYLATE 4mg/ml	5	QL (8 mL / 30 days)
eletriptan hydrobromide	2	GC, QL (12 tabs / 30 days)
ergomar	4	
ergotamine w/ caffeine	2	GC
frovatriptan succinate	2	GC, QL (18 tabs / 30 days)
migergot	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	2	GC, QL (12 tabs / 30 days)
ONZETRA XSAIL	4	QL (8 boxes / 30 days), ST
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	GC, QL (18 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	2	GC, QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	2	GC, QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLN 5mg/act2	2	GC, QL (24 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOLN 20mg/act	2	GC, QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> TABS	2	GC, QL (12 tabs / 30 days)
SUMAVEL DOSEPRO 4mg/0.5ml	5	QL (18 injections / 30 days)
SUMAVEL DOSEPRO 6mg/0.5ml	5	QL (12 injections / 30 days)
TREXIMET TAB 10-60MG	4	QL (9 tabs / 30 days), ST
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days), ST
ZEMBRACE SYMTOUCH	4	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> TABS	2	GC, QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	GC, QL (12 tabs / 30 days)
ZOMIG SOLN	4	QL (12 inhalers / 30 days)
ZOMIG NASAL SPRAY	4	QL (18 inhalers / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	3	QL (180 tabs / 30 days)
GRALISE 600mg	3	QL (90 tabs / 30 days)
GRALISE STARTER	3	
HORIZANT	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS; TABS	1	GC
<i>lithium carbonate</i> TBCR	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
MESTINON SYRUP	5	
NUDEXTA	4	PA
<i>pyridostigmine bromide</i> TBCR	2	GC
<i>pyridostigmine tab 60mg</i>	2	GC
<i>riluzole</i>	2	GC
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	GC
BOTOX INJ 100UNIT	5	NM, PA
BOTOX INJ 200UNIT	5	NM, PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	2	GC
<i>tizanidine</i>	2	GC
XEOMIN 50unit	4	NM, PA
XEOMIN 100unit, 200unit	5	NM, PA
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	2	GC, QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	2	GC, QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
ARMODAFINIL 200mg	2	GC, QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	2	GC, QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	2	GC, QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	GC, QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	2	GC
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine hcl</i> SUBL	2	GC, PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	GC, QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	2	GC
<i>bupropion hcl (smoking deterrent)</i>	2	GC
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	GC
<i>fluoxetine hcl (pmdd)</i>	2	GC; (generic of SARAFEM)
<i>naloxone inj 0.4mg/ml</i>	2	GC
<i>naloxone inj 1mg/ml</i>	2	GC
<i>naltrexone hcl</i> TABS	2	GC
NICOTROL INHALER	4	
NICOTROL NS	4	
SARAFEM	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 0.7-0.18MG	4	QL (90 tabs / 30 days), PA
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 2.9-0.71MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA
ZUBSOLV SUB 11.4-2.9MG	4	QL (60 tabs / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	4	QL (150 grams / 30 days), PA
ANDROGEL 1%	4	QL (300 grams / 30 days), PA
ANDROGEL 1.62%	4	QL (150 grams / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>depo-testosterone</i> 100mg/ml	4	PA
<i>oxandrolone</i> TABS	2	GC, PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 1%	2	GC, QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	GC, QL (120 grams / 30 days), PA
TESTOSTERONE GEL 25mg/2.5gm, 50mg/5gm	2	GC, QL (300 grams / 30 days), PA
<i>testosterone</i> SOLN	2	GC, QL (440 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	GC, PA
<i>testosterone enanthate</i> SOLN	2	GC, PA
VOGELXO	4	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

ADLYXIN	4	QL (2 pens / 28 days)
---------	---	-----------------------

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

Drug Name	Drug Tier	Requirements/Limits
ADLYXIN STARTER PACK	4	QL (2 pens / 28 days)
ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2X2	3	
HUMALOG	4	
HUMALOG JUNIOR KWIKPEN	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SOLIQUA 100/33	4	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	2	GC
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
ALOGLIPTIN BENZOATE 6.25mg	1	GC, QL (120 tabs / 30 days)
ALOGLIPTIN BENZOATE 12.5mg	1	GC, QL (60 tabs / 30 days)
ALOGLIPTIN BENZOATE 25mg	1	GC, QL (30 tabs / 30 days)
ALOGLIPTIN-METFORMIN HCL	1	GC, QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG	1	GC, QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	1	GC, QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG	1	GC, QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	1	GC, QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	1	GC, QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	1	GC, QL (30 tabs / 30 days)
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide er</i> 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide er</i> 10mg	1	GC, QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GLIPIZIDE XL TB24 2.5MG	1	GC, QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI	4	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
KAZANO	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	GC, QL (90 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (150 tabs / 30 days); (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	1	GC, QL (75 tabs / 30 days); (generic of FORTAMET)
<i>miglitol</i>	2	GC
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
NESINA 6.25mg	4	QL (120 tabs / 30 days)
NESINA 12.5mg	4	QL (60 tabs / 30 days)
NESINA 25mg	4	QL (30 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-15MG	4	QL (60 tabs / 30 days)
OSENI TAB 12.5-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-45MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-15MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-45MG	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	GC, QL (90 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
<i>repaglinide-metformin hcl</i>	1	GC, QL (150 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)
SYNJARDY TAB 5-500MG	4	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000 MG	4	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> SOLN	2	GC
<i>alendronate sodium</i> TABS	1	GC
BINOSTO	4	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i>	2	GC, B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</i>	2	GC, B/D
<i>pamidronate disodium</i>	2	GC, B/D
<i>risedronate sodium</i>	2	GC
<i>zoledronic acid</i> SOLR	2	GC, B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	GC, B/D, NM
<i>zoledronic inj 5/100ml</i>	2	GC, B/D, NM
ZOMETA SOLN	5	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
JADENU	5	NM, PA
JADENU SPRINKLE	5	NM, PA
<i>kionex</i>	2	GC
<i>sodium polystyrene sulfonate</i>	2	GC
<i>sps susp 15gm/60ml</i>	2	GC
SYPRINE	5	
VELTASSA	4	NM, LA
CONTRACEPTIVES		
<i>altavera tab</i>	2	GC
<i>alyacen 1/35</i>	2	GC
<i>amethia 91 day</i>	2	GC
AMETHIA LO	2	GC
<i>apri 28 day</i>	2	GC
<i>aranelle 28</i>	2	GC
<i>ashlyna 91 day</i>	2	GC
<i>aubra 28 day</i>	2	GC
<i>aviane 28</i>	2	GC
<i>balziva 28 day</i>	2	GC
<i>bekyree 28 day</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
BEYAZ	4	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	GC
<i>blisovi 21 fe 1/20 28 day pack</i>	2	GC
<i>blisovi 24 fe 1/20 28 day</i>	2	GC
<i>briellyn 28 day</i>	2	GC
<i>camila 28 day</i>	2	GC
CAMRESE LO TAB	2	GC
<i>caziant pak</i>	2	GC
<i>cryselle 28</i>	2	GC
<i>cyclafem 1/35 28 day</i>	2	GC
<i>cyclafem 7/7/7 28 day</i>	2	GC
<i>cyred tab</i>	2	GC
<i>deblitane 28 day</i>	2	GC
<i>delyla 28 day</i>	2	GC
DEPO-SUBQ PROVERA 104	4	
<i>desogestrel & ethinyl estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	GC
<i>drospirenone-ethinyl estradiol</i>	2	GC
DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE CALCIUM	2	GC
ELLA	4	
<i>emoquette</i>	2	GC
<i>enpresse 28 day</i>	2	GC
<i>errin 28 day</i>	2	GC
<i>estarylla tab 0.25-35</i>	2	GC
<i>ethynodiol tab 1-50</i>	2	GC
<i>falmina 28 day</i>	2	GC
<i>fayosim tab</i>	2	GC
<i>femynor 28 day</i>	2	GC
GIANVI TAB 3-0.02MG	2	GC
<i>gildagia</i>	2	GC
<i>gildess 24 tab fe 1/20</i>	2	GC
<i>gildess tab 1.5/30</i>	2	GC
<i>heather</i>	2	GC
<i>introvale 91 day</i>	2	GC
<i>isibloom 28 day</i>	2	GC
JOLESSA TAB 0.15-0.03 MG	2	GC
JOLIVETTE	2	GC
<i>juleber 28 day</i>	2	GC
<i>junel 1.5/30 21 day</i>	2	GC
<i>junel 1/20 21 day</i>	2	GC
<i>junel fe 1.5/30 28 day</i>	2	GC
<i>junel fe 1/20 28 day</i>	2	GC
<i>junel fe 24 1/20 28 day</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>kaitlib fe 28 day</i>	2	GC
<i>kariva 28 day</i>	2	GC
<i>kelnor 1/35 28 day</i>	2	GC
<i>kimidess 28 day</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia tab</i>	2	GC
<i>layolis fe chw</i>	2	GC
LEENA TAB	2	GC
<i>lessina 28 day</i>	2	GC
<i>levonest 28 day</i>	2	GC
<i>levonor/ethi tab</i>	2	GC
<i>levonorgestrel & eth estradiol</i>	2	GC
<i>levonorgestrel (emergency oc)</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	GC
<i>levora 0.15/30 28 day</i>	2	GC
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	GC
<i>loryna 28 day</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutra 28 day</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa 28 day</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP</i>	2	GC
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSY	2	GC
<i>mibelas 24 chw fe</i>	2	GC
MICROGESTIN 1.5/30	2	GC
MICROGESTIN 1/20	2	GC
MICROGESTIN FE 1.5/30	2	GC
MICROGESTIN FE 1/20	2	GC
MINASTRIN 24 FE	4	
<i>mono-lynyah tab 0.25-35</i>	2	GC
MONONESSA	2	GC
<i>myzilra</i>	2	GC
NATAZIA	4	
<i>necon 0.5/35 28 day</i>	2	GC
NECON 7/7/7	2	GC
<i>necon 10/11-28</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>necon tab 1/35</i>	2	GC
NECON TAB 1/50-28	2	GC
<i>nikki 28 day</i>	2	GC
NORA-BE TAB	2	GC
NORETHIN ACET & ESTRAD-FE CHEW	2	GC
<i>norethin acet & estrad-fe TABS</i>	2	GC
<i>norethindrone & ethinyl estradiol-fe</i>	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet & eth estra</i>	2	GC
<i>norgest/ethi tab 0.25/35</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	GC
<i>norlyroc 28 day</i>	2	GC
<i>nortrel 0.5/35 28 day</i>	2	GC
<i>nortrel 1/35 21 day</i>	2	GC
<i>nortrel 1/35 28 day</i>	2	GC
<i>nortrel 7/7/7 28 day</i>	2	GC
NUVARING	4	
OCELLA TAB 3-0.03MG	2	GC
<i>ogestrel 28 day</i>	2	GC
<i>orsythia 28 day</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea pack</i>	2	GC
<i>pirmella 1/35 28 day</i>	2	GC
<i>portia 28 day</i>	2	GC
<i>previfem 28 day</i>	2	GC
QUARTETTE	4	
<i>quasense 91 day</i>	2	GC
<i>reclipsen 28 day</i>	2	GC
RIVELSA TAB	2	GC
SAFYRAL	4	
<i>setlakin tab</i>	2	GC
<i>sharobel 28 day</i>	2	GC
<i>sprintec 28 day</i>	2	GC
<i>sronyx 28 day</i>	2	GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20 28 day</i>	2	GC
TAYTULLA	4	
TILIA FE	2	GC
<i>tri-legest 28 day</i>	2	GC
<i>tri-linyah</i>	2	GC
<i>tri-lo- tab marzia</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-sprintec 28 day</i>	2	GC
<i>tri-previfem 28 day</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec 28 day</i>	2	GC
TRINESSA	2	GC
TRINESSA LO TAB	2	GC
<i>trivora 28 day</i>	2	GC
<i>velivet 28 day</i>	2	GC
<i>vestura</i>	2	GC
<i>vienva 28 day</i>	2	GC
<i>viorele</i>	2	GC
<i>vyfemla 28 day</i>	2	GC
<i>wymzya fe</i>	2	GC
<i>xulane dis 150-35</i>	2	GC
<i>zarah</i>	2	GC
<i>zenchent fe 28 day</i>	2	GC
<i>zenchent tab</i>	2	GC
<i>zovia 1/35e 28 day</i>	2	GC
<i>zovia 1/50e 28 day</i>	2	GC
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	GC
LUPANETA PACK	5	NM, PA
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	GC, B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ALORA	4	PA; PA if 65 years and older
DELESTROGEN 10mg/ml	4	
<i>depo-estradiol</i>	4	
<i>estrace</i> CREA	4	
<i>estradiol</i> PTTW; PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	2	GC
<i>estradiol valerate</i> OIL	2	GC
ESTRING	4	
FEMRING	4	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol 1mg-5mcg</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	
PREMARIN INJ	4	
<i>yuvafer vaginal tablet 10 mcg</i>	2	GC
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	2	GC
DEPO-MEDROL INJ 20MG/ML	4	B/D
<i>dexamethasone</i> CONC; ELIX; SOLN	2	GC
<i>dexamethasone</i> TABS	1	GC
<i>dexamethasone sodium phosphate</i>	2	GC
<i>dexpak 6 day</i>	4	
<i>dexpak 10 day</i>	4	
<i>dexpak taperpak 13 day</i>	4	
<i>fludrocortisone acetate</i> TABS	2	GC
<i>hydrocortisone</i> TABS	2	GC
MEDROL TAB 2MG	4	B/D
<i>methylpr ace inj 40mg/ml</i>	2	GC, B/D
<i>methylpr ace inj 80mg/ml</i>	2	GC, B/D
<i>methylpr ss inj 1gm</i>	2	GC, B/D
<i>methylpr ss inj 40mg</i>	2	GC, B/D
<i>methylpr ss inj 125 mg</i>	2	GC, B/D
<i>methylpred pak 4mg</i>	2	GC
<i>methylpred tab 4mg</i>	2	GC, B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>methypred tab 8mg</i>	2	GC, B/D
<i>methypred tab 16mg</i>	2	GC, B/D
<i>methypred tab 32mg</i>	2	GC, B/D
<i>millipred</i>	4	B/D
<i>millipred dp</i>	4	
<i>pred sod pho sol 5mg/5ml</i>	2	GC, B/D
<i>prednisolone sodium phosphate</i>	2	GC, B/D
<i>prednisolone sol 10mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 15mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 20mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 25mg/5ml</i>	2	GC, B/D
<i>prednisolone syrup 15 mg/5ml</i>	2	GC, B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	GC
<i>prednisone pak 10mg</i>	2	GC
<i>prednisone sol 5mg/5ml</i>	2	GC, B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D
<i>veripred</i>	4	B/D

GLUCOSE ELEVATING AGENTS

GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	

HUMAN GROWTH HORMONES

GENOTROPIN	5	NM, PA
GENOTROPIN MINIUICK .2mg	4	NM, PA
GENOTROPIN MINIUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXP	5	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA
ZOMACTON 5mg	4	NM, PA
ZOMACTON 10mg	5	NM, PA
ZORBTIVE	5	NM, PA

MISCELLANEOUS

AFREZZA 8unit	4	
AFREZZA 12unit	5	
AFREZZA POW 4UNIT	4	
<i>cabergoline</i>	2	GC
<i>calcitonin (salmon) nasal spray</i>	2	GC, B/D
CHORIONIC GONADOTROPIN SOLR	2	GC, NM, PA
EGRIFTA	5	NM, LA, PA
FORTICAL	3	B/D
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	2	GC
<i>methylergonovine maleate TABS</i>	2	GC
MIACALCIN 200 UNIT/ML	5	B/D
NOVAREL INJ 10000UNT	2	GC, NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	GC, NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PREGNYL W/DILUENT BENZYL	2	GC, NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	2	GC
SAMSCA	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	NM, PA
NATPARA	5	NM, PA
TYMLOS	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	GC
FOSRENOL	5	
<i>lanthanum carbonate chew tab</i>	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
REVELA PAK	3	
REVELA TAB 800MG	3	
VELPHORO	5	
PROGESTINS		
CRINONE	4	PA
<i>medroxyprogesterone acetate</i>	1	GC
<i>norethindrone acetate TABS</i>	2	GC
<i>progesterone micronized CAPS</i>	2	GC
THYROID AGENTS		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	GC
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	GC
LEVOXYL	2	GC
<i>liothyronine sodium SOLN; TABS</i>	2	GC
<i>methimazole TABS</i>	1	GC
<i>propylthiouracil TABS</i>	2	GC
SYNTHROID	4	
TIROSINT	4	
UNITHROID	2	GC
VASOPRESSINS		
DESMOPRESSIN ACETATE SOLN	2	GC
<i>desmopressin acetate TABS</i>	2	GC
<i>desmopressin acetate inj</i>	2	GC
<i>desmopressin acetate spray</i>	2	GC
<i>desmopressin acetate spray refrigerated</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
STIMATE	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO	4	B/D
ALOXI	5	
<i>aprepitant</i>	2	GC, B/D
CESAMET	5	B/D, QL (60 caps / 30 days)
<i>compro supp</i>	2	GC
<i>dronabinol</i>	2	GC, B/D, QL (60 caps / 30 days)
EMEND SOLR	4	
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl SOLN</i>	2	GC
<i>granisetron hcl TABS</i>	2	GC, B/D
<i>meclizine hcl TABS</i>	2	GC
<i>metoclopramide hcl SOLN; TABS</i>	1	GC
<i>metoclopramide hcl TBDP</i>	2	GC
<i>metoclopramide hcl inj 5 mg/ml</i>	2	GC
<i>metoclopramide odt</i>	2	GC
<i>ondansetron hcl TABS</i>	2	GC, B/D
<i>ondansetron hcl inj</i>	2	GC
<i>ondansetron hcl oral soln</i>	2	GC, B/D
<i>ondansetron odt</i>	2	GC, B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan SUPP</i>	4	PA; PA if 65 years and older
<i>prochlorperazine inj 5 mg/ml</i>	2	GC
<i>prochlorperazine maleate TABS</i>	1	GC
<i>prochlorperazine supp</i>	2	GC
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
SANCUSO	5	QL (4 patches / 30 days)
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older

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

Drug Name	Drug Tier	Requirements/Limits
SUSTOL	4	
SYNDROS	5	B/D
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
VARUBI	4	B/D
ZUPLENZ	4	B/D

ANTISPASMODICS

ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	2	GC
BENTYL SOLN	4	
CUVPOSA	4	
<i>dicyclomine hcl</i> CAPS; TABS	1	GC
<i>dicyclomine hcl</i> SOLN	2	GC
<i>glycopyrrolate</i> SOLN; TABS	2	GC
<i>methscopolamine bromide</i> TABS	2	GC

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS	2	GC
<i>cimetidine sol</i> 300/5ml	2	GC
<i>famotidine</i> SOLN	2	GC
<i>famotidine</i> SUSR	2	GC
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	GC
<i>nizatidine</i>	2	GC
<i>ranitidine hcl</i> CAPS	2	GC
<i>ranitidine hcl</i> SYRP	2	GC
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	GC
<i>ranitidine hcl inj</i>	2	GC

INFLAMMATORY BOWEL DISEASE

APRISO	3	
<i>balsalazide disodium</i>	2	GC
<i>budesonide</i> CPEP	5	
CANASA	5	
<i>colocort</i>	2	GC
DELZICOL	4	
DIPENTUM	5	
ENTYVIO	5	NM, PA
GIAZO	5	
HYDROCORTISONE (ENEMA)	2	GC
LIALDA	4	
<i>mesalamine</i> TBEC 1.2gm	2	GC
MESALAMINE TBEC 800mg	2	GC
<i>mesalamine enema</i>	2	GC
PENTASA	4	

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

Drug Name	Drug Tier	Requirements/Limits
SF-ROWASA	5	
<i>sulfasalazine dr</i>	2	GC
<i>sulfasalazine ir</i>	2	GC
UCERIS TAB	5	
UCERISFOAM	4	

LAXATIVES

<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-h</i>	2	GC
<i>gavilyte-n</i>	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i>	2	GC
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	GC
<i>polyethylene glycol 3350</i> PACK; POWD	2	GC
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	GC

MISCELLANEOUS

<i>alosetron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	GC
CARAFATE SUSP	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	2	GC
GATTEX	5	NM, LA, PA
LINZESS	3	
<i>loperamide hcl</i> CAPS	2	GC
<i>misoprostol</i> TABS	2	GC
MOVANTIK	3	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
TRULANCE	4	
<i>ursodiol</i> CAPS; TABS	2	GC
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA

PANCREATIC ENZYMES

CREON	3	
PANCREAZE	4	
PERTZYE	4	
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	

PROTON PUMP INHIBITORS

ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	GC, QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	GC
<i>lansoprazole</i> CPDR	2	GC, QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium</i> SOLR	2	GC
<i>pantoprazole sodium</i> TBEC	1	GC, QL (30 tabs / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
<i>rabeprazole sodium</i>	2	GC, QL (30 tabs / 30 days)

GENITOURINARY

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

Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	GC
CARDURA XL	4	
<i>dutasteride</i>	2	GC
<i>dutasteride-tamsulosin hcl</i>	2	GC
<i>finasteride</i> TABS 5mg	1	GC
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	GC
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	2	GC
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	2	GC
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	2	GC
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	GC
GELNIQUE	4	ST
MYRBETRIQ	4	
<i>oxybutynin chloride</i> SYRP	1	GC
<i>oxybutynin chloride</i> TABS; TB24	2	GC
OXYTROL	4	
<i>tolterodine tartrate er</i>	2	GC
<i>tolterodine tartrate tab 1 mg</i>	2	GC
<i>tolterodine tartrate tab 2 mg</i>	2	GC
TOVIAZ	3	
<i>trospium chloride</i>	2	GC
<i>trospium chloride er</i>	2	GC
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
AVC	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	GC
CLINDESSE	4	
<i>metronidazole vaginal</i>	2	GC
<i>miconazole 3 sup 200mg</i>	2	GC
NUVESSA	4	
<i>terconazole vaginal</i>	2	GC
VANDAZOLE	2	GC
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS TAB 2.5MG	4	
ELIQUIS TAB 5MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	GC
ENOXAPARIN SODIUM 300mg/3ml	2	GC
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	GC
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000	3	
<i>heparin (porcine) in sodium chloride</i> 100u/ml	3	
<i>heparin sod inj</i> 1000u/ml	2	GC, B/D
<i>heparin sod inj</i> 5000u/0.5ml	2	GC, B/D
<i>heparin sod inj</i> 5000u/ml	2	GC, B/D
<i>heparin sod inj</i> 10000u/ml	2	GC, B/D
<i>heparin sod inj</i> 20000u/ml	2	GC, B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	3	
SAVAYSA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml, 300mcg/ml	5	NM, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml	3	NM, PA
ARANESP ALBUMIN FREE SOSY 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
MIRCERA 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 200mcg/0.3ml	4	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEULASTA ONPRO KIT	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	2	GC
<i>cilostazol</i>	2	GC
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
HAEGARDA	5	NM, LA, PA
<i>pentoxifylline</i> TBCR	2	GC
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST	5	NM, PA
<i>tranexamic acid</i> SOLN; TABS	2	GC

PLATELET AGGREGATION INHIBITORS

ASPIRIN-DIPYRIDAMOLE	2	GC
BRILINTA	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>clopidogrel bisulfate</i> TABS 300mg	2	GC
DURLAZA	4	
EFFIENT	4	
<i>prasugrel hcl</i>	2	GC
YOSPRALA	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS STARTER KIT	5	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	GC
<i>leflunomide TABS</i>	2	GC
<i>methotrexate sodium tabs</i>	2	GC
REMICADE	5	NM, PA
RHEUMATREX	4	
<i>trexall</i>	4	B/D
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
GRASTEK	4	PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
ORALAIR	4	NM, PA
POMALYST	5	NM, LA, PA
RAGWITEK	4	PA
REVLIMID	5	NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID	5	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	5	B/D
<i>azasan</i>	4	B/D
<i>azathioprine</i> SOLR; TABS	2	GC, B/D
BENLYSTA SOLR	5	NM, PA
CELLCEPT INTRAVENOUS	4	B/D
<i>cyclosporine</i> CAPS; SOLN	2	GC, B/D
<i>cyclosporine modified (for microemulsion)</i>	2	GC, B/D
ENVARUSUS XR	4	B/D
<i>engraf</i>	2	GC, B/D
<i>mycophenolate inj 500mg</i>	2	GC, B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	GC, B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	2	GC, B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN	3	B/D
SIMULECT 10mg	4	B/D
SIMULECT 20mg	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	GC, B/D
<i>tacrolimus</i> CAPS	2	GC, B/D
THYMOGLOBULIN	5	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	

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

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	2	GC
KLOR-CON 10	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con spr cap 8meq</i>	2	GC
<i>klor-con spr cap 10meq</i>	2	GC
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 50%2		GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in d5w</i>	2	GC
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJ 50%	2	GC
POTASSIUM CHLORIDE PACK	2	GC
POTASSIUM CHLORIDE SOLN 10%, 20%	2	GC
<i>potassium chloride TBCR</i>	2	GC
<i>potassium chloride caps er</i>	2	GC
<i>potassium chloride microencapsulated crystals er</i>	2	GC
SODIUM CHLORIDE SOLN 2.5meq/ml	2	GC
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
TPN ELECTROLYTES	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN II 8.5%	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN II 10%	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol 15</i>	2	GC, B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>plenamine</i>	2	GC, B/D
<i>premasol 6%</i>	2	GC, B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE SOLN	2	GC
DEXTROSE 2.5%/NACL 0.45%	2	GC
DEXTROSE 5%	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	GC
DEXTROSE 5%/NACL 0.2%	2	GC
DEXTROSE 5%/NACL 0.3%	2	GC
DEXTROSE 5%/NACL 0.9%	2	GC
DEXTROSE 5%/NACL 0.33%	2	GC
DEXTROSE 5%/NACL 0.45%	2	GC
DEXTROSE 5%/NACL 0.225%	2	GC
DEXTROSE 5%/POTASSIUM CHL	2	GC
DEXTROSE 10% FLEX CONTAIN	2	GC
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	GC
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	2	GC
KCL0.15%/D5W/NACL0.225%	3	
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/NACL 0.9%	2	GC
KCL 0.3%/D5W/NACL 0.45%	2	GC
KCL 0.15%/D5W/LR	4	
KCL 0.15%/D5W/NACL 0.9%	2	GC
KCL 0.075%/D5W/NACL 0.45%	2	GC
KCL IN NACL INJ .15-0.45	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
KCL/D5W/NACL INJ 0.22%/0.45%	2	GC
KCL/D5W/NACL INJ .15/.33%	2	GC
KCL/D5W/NACL INJ .15/.45%	2	GC
KCL/NACL INJ 0.15%-0.9%	2	GC
LACTATED RINGERS VIAFLEX	2	GC
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	GC
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	GC
POTASSIUM CHLORIDE 0.3%/D	2	GC
<i>potassium chloride in nacl</i>	2	GC
POTASSIUM CHLORIDE IN NACL	2	GC
RINGER'S	2	GC
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	GC
SODIUM CHLORIDE 0.45% VIA	2	GC

VITAMINS

<i>calcitriol</i> CAPS; SOLN	2	GC, B/D
<i>doxercalciferol</i> CAPS 1mcg, 2.5mcg	5	B/D
<i>doxercalciferol</i> CAPS .5mcg	2	GC, B/D
<i>doxercalciferol</i> SOLN	2	GC, B/D
HECTOROL SOLN 2mcg/ml	4	B/D
<i>paricalcitol</i> CAPS	2	GC, B/D
PARICALCITOL SOLN	2	GC, B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	GC
RAYALDEE	4	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	GC
<i>blephamide</i> OINT	4	
BLEPHAMIDE SUSP	4	
<i>neomycin-polymy-dexameth</i>	2	GC
<i>neomycin-polymyxin-hc (ophth)</i>	2	GC
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	GC
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	GC
ZYLET	3	

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	GC
<i>bacitracin-polymyxin b (ophth)</i>	2	GC
BESIVANCE	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl (ophth)</i>	1	GC
<i>erythromycin (ophth)</i>	1	GC
<i>gatifloxacin (ophth)</i>	2	GC
<i>gentak</i>	1	GC
<i>gentamicin sulfate (ophth)</i>	1	GC
<i>levofloxacin (ophth)</i>	2	GC
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	GC
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	GC
<i>neomycin-polymyxin-gramicidin</i>	2	GC
<i>ofloxacin (ophth)</i>	2	GC
<i>polymyxin b-trimethoprim</i>	1	GC
<i>sulfacet sod oin 10% op</i>	2	GC
<i>sulfacetamide sodium (ophth)</i>	2	GC
<i>tobramycin (ophth)</i>	1	GC
TOBREX OINT 0.3%	4	
<i>trifluridine SOLN</i>	2	GC
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	GC
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	GC
<i>diclofenac sodium (ophth)</i>	2	GC
DUREZOL	3	
FLAREX	4	
FLUOROMETHOLONE (OPHTH)	2	GC
<i>flurbiprofen sodium</i>	1	GC
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	GC
LOTEMAX	3	
MAXIDEX	3	

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

Drug Name	Drug Tier	Requirements/Limits
PRED MILD	4	
PREDNISOLONE ACETATE (OPHTH)	2	GC
<i>prednisolone sodium phosphate (ophth)</i>	3	
VEXOL	4	
ANTIALLERGICS		
ALOCRIIL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	GC
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	GC
LASTACFT	4	
<i>olopatadine hcl</i>	2	GC
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	GC
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	GC
BRIMONIDINE SOL 0.15%	2	GC
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	GC
<i>dorzolamide hcl-timolol maleate</i>	2	GC
ISTALOL	3	
<i>latanoprost SOLN</i>	1	GC
<i>levobunolol hcl</i>	2	GC
LUMIGAN	3	
<i>metipranolol</i>	2	GC
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	2	GC
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth) soln</i>	1	GC
TIMOLOL MALEATE GEL	2	GC
TIMOPTIC OCUDOSE	4	
TRAVATAN Z	3	
ZIOPTAN	4	ST
MISCELLANEOUS		

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

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>naphazoline hcl</i> SOLN	1	GC
PROLENSA	3	
<i>proparacaine hcl</i> SOLN	2	GC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
XIIDRA	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	2	GC, B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide (nasal)</i>	2	GC
<i>ipratropium sol inhal</i>	2	GC, B/D
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)

ANTI-HISTAMINE COMBINATIONS

CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	2	GC
<i>azelastine spr 0.15%</i>	2	GC
<i>cetirizine syrup</i>	2	GC
CLARINEX SYRP	4	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>desloratadine</i>	2	GC
<i>diphenhydram inj 50mg/ml</i>	2	GC
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS	4	PA; PA if 65 years and older
<i>levocetirizine soln 2.5mg/5ml</i>	2	GC
<i>levocetirizine tab 5 mg</i>	2	GC
<i>olopatadine hcl (nasal)</i>	2	GC
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	GC, B/D
<i>albuterol sulfate</i> SYRP	1	GC
<i>albuterol sulfate</i> TABS	2	GC
<i>albuterol sulfate er</i>	2	GC
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	4	B/D
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	GC, B/D
<i>levalbuterol hcl</i> NEBU	2	GC, B/D
LEVALBUTEROL TARTRATE HFA	2	GC, QL (2 inhalers / 30 days)
PERFOROMIST	4	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	GC
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	2	GC
<i>zafirlukast</i>	2	GC
<i>zileuton</i>	5	
ZYFLO CR	5	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	2	GC, B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	GC, B/D
ARALAST NP	5	NM, LA, PA
CINQAIR	5	NM, LA, PA
DALIRESP	4	
EPINEPHRINE (ANAPHYLAXIS) .15mg/0.15ml, .3mg/0.3ml	2	GC; (generic of ADRENACLICK)

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

Drug Name	Drug Tier	Requirements/Limits
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
GLASSIA	5	NM, LA, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>budesonide (nasal)</i>	2	GC, QL (2 bottles / 30 days)
<i>flunisolide (nasal)</i>	2	GC, QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	GC, QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	2	GC, QL (2 bottles / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
VERAMYST	4	QL (1 bottle / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)
STERIOD INHALANTS		
AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	2	GC, B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 80

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
QVAR 40mcg/act	4	QL (1 inhaler / 30 days)
QVAR 80mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	2	GC
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline</i>	2	GC

TOPICAL

DERMATOLOGY, ACNE

ACANYA	4	
ACZONE	4	
<i>adapalene</i> CREA; GEL	2	GC
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	2	GC
<i>amnesteem</i>	2	GC, PA
AVITA	2	GC, PA
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	GC
<i>claravis</i>	2	GC, PA
<i>clindacin-p pad 1%</i>	2	GC
CLINDAGEL	5	
<i>clindamycin phosphate (topical)</i>	2	GC
<i>clindamycin phosphate-benzoyl peroxide</i>	2	GC
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	GC
<i>clindamycin phosphate-tretinoin</i>	2	GC
DIFFERIN LOTN	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery pad 2%</i>	2	GC
<i>erythromycin (acne aid)</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
FABIOR	4	
<i>myorisan</i>	2	GC, PA
<i>neuac gel 1.2-5%</i>	2	GC
ONEXTON	4	
RETIN-A MICRO PUMP .08%	4	PA
<i>sulfacetamide sodium (acne)</i>	2	GC
<i>tretin-x cre 0.075%</i>	4	PA
<i>tretinoin CREA</i>	2	GC, PA
TRETINOIN GEL .01%, .05%	2	GC, PA
<i>tretinoin GEL .025%</i>	2	GC, PA
<i>tretinoin microsphere .1%</i>	2	GC, PA
TRETINOIN MICROSPHERE .04%	2	GC, PA
<i>zenatane</i>	2	GC, PA
ZIANA	4	

DERMATOLOGY, ANTIBIOTICS

BACTROBAN NASAL	4	
CENTANY	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	GC
<i>mupirocin OINT</i>	1	GC
<i>mupirocin calcium (topical)</i>	2	GC
SILVER SULFADIAZINE CREA	2	GC
SSD	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox GEL</i>	2	GC
<i>ciclopirox cre 0.77%</i>	2	GC
<i>ciclopirox shampoo 1%</i>	2	GC
<i>ciclopirox sus 0.77%</i>	2	GC
<i>clotrimazole (topical)</i>	2	GC
ERTACZO	5	
EXELDERM	4	
<i>ketoconazole (topical)</i>	2	GC
<i>ketodan aer 2%</i>	2	GC
LUZU	4	
MENTAX	4	
NAFTIFINE HCL	2	GC
NAFTIN GEL	4	
<i>nyamyc</i>	2	GC
<i>nyata</i>	2	GC
<i>nystatin (topical)</i>	2	GC
<i>nystatin pow 100000</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	2	GC
OXICONAZOLE NITRATE	2	GC
OXISTAT LOTN	4	
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM	4	
DOXEPIN HCL (ANTIPRURITIC)	2	GC
<i>procto-med</i>	2	GC
<i>procto-pak</i>	2	GC
<i>proctosol hc 2.5 %</i>	2	GC
<i>proctozone hc</i>	2	GC
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA	2	GC
<i>calcipotriene</i> SOLN	2	GC
CALCITRIOL OINT	2	GC
<i>methoxsalen rapid</i>	5	
8-MOP	4	
SORILUX	4	
<i>tazarotene</i> CREA	2	GC, PA
TAZORAC	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	GC
<i>selenium sulfide</i> LOTN	1	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	2	GC
<i>amcinonide</i> CREA; LOTN	2	GC
<i>amcinonide</i> OINT	4	
<i>betamethasone dipropionate (topical)</i>	2	GC
<i>betamethasone dipropionate augmented</i> CREA; GEL; LOTN	2	GC
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	2	GC
<i>betamethasone valerate</i> CREA; FOAM; LOTN; OINT	2	GC
<i>calcipotriene/betamethasone</i>	2	GC
CAPEX	4	
CLOCORTOLONE PIVALATE	2	GC
CORDRAN TAPE	4	
DESONATE	4	
DESONIDE CREA	2	GC
<i>desonide</i> LOTN; OINT	2	GC
<i>desoximetasone</i> CREA	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone</i> GEL	2	GC
DESOXIMETASONE OINT .05%	2	GC
<i>desoximetasone</i> OINT .25%	2	GC
ENSTILAR	5	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	GC
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>flurandrenolide</i> CREA; OINT	2	GC
FLURANDRENOLIDE LOTN	2	GC
<i>fluticasone propionate</i> CREA	2	GC
<i>fluticasone propionate</i> LOTN	2	GC
<i>fluticasone propionate</i> OINT	2	GC
<i>halobetasol propionate</i>	2	GC
HALOG	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	GC
<i>hydrocortisone (topical)</i> LOTN	2	GC
<i>hydrocortisone butyrate</i>	2	GC
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	GC
<i>hydrocortisone valerate</i>	2	GC
LOCOID LOTN	4	
<i>micort-hc</i>	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	GC
<i>nolix</i>	2	GC
PANDEL	4	
PREDNICARBATE CREA	2	GC
<i>prednicarbate</i> OINT	2	GC
SERNIVO	5	
TACLONEX SUSP	5	
<i>texacort</i>	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	GC
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	GC
<i>trianex</i>	4	
<i>triderm</i>	1	GC
ULTRAVATE LOTN	4	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> OINT; PTCH	2	GC, PA
<i>lidocaine hcl</i> GEL	2	GC, PA
<i>lidocaine hcl</i> SOLN 4%	1	GC, PA
<i>lidocaine-prilocaine</i>	2	GC, PA

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

Drug Name	Drug Tier	Requirements/Limits
SYNERA	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	2	GC
<i>ammonium lactate</i> CREA; LOTN	2	GC
CONDYLOX GEL	4	
DENAVIR	5	
<i>diclofenac sodium (topical) 1% gel</i>	2	GC, PA
<i>diclofenac sodium (topical) 1.5% soln</i>	2	GC
DOXYCYCLINE (ROSACEA)	2	GC
EUCRISA	4	PA
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil (topical)</i> CREA 5%	2	GC
FLUOROURACIL (TOPICAL) CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	2	GC
<i>imiquimod</i> CREA	2	GC
<i>metronidazole (topical)</i>	2	GC
NORITATE	5	
PANRETIN	5	
PENNSAID	5	
PICATO	3	
<i>podofilox</i> SOLN	2	GC
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	GC
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	GC
TARGRETIN GEL	5	NM, PA
TOLAK	4	
VALCHLOR	5	NM, LA, PA
XERESE	5	
ZOVIRAX CREA	5	
ZYCLARA	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	2	GC
<i>permethrin</i>	2	GC
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	1	GC
<i>neomycin/polymyxin b gu</i>	2	GC
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
STERILE WATER IRRIGATION	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	GC
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole TROC</i>	2	GC
<i>lidocaine hcl (mouth-throat)</i>	1	GC
<i>nystatin (mouth-throat)</i>	2	GC
ORAVIG	5	
<i>paroex sol 0.12%</i>	1	GC
<i>perio gard soln 0.12%</i>	1	GC
PILOCARPINE HCL (ORAL) 5mg	2	GC
<i>pilocarpine hcl (oral) 7.5mg</i>	2	GC
<i>triamcinolone acetonide (mouth)</i>	2	GC
OTIC		
<i>acetasol hc</i>	2	GC
ACETIC ACID (OTIC)	2	GC
<i>acetic acid sol/hc</i>	2	GC
<i>acetic acid-aluminum acetate</i>	2	GC
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>fluocinolone acetonide (otic)</i>	2	GC
<i>neomycin-polymyxin-hc (otic)</i>	2	GC
<i>ofloxacin (otic)</i>	2	GC
OTOVEL	4	

Index

8

8-MOP83

A

abacavir sulfate15

ABACAVIR SULFATE-LAMIVUDINE.....16

*abacavir sulfate-lamivudine-zidovudine*17

ABELCET15

ABILIFY MAINTENA.....40

ABRAXANE22

ABSTRAL..... 9

acamprosate calcium48

ACANYA81

acarbose51

ACCU-CHEK TEST STRIPS.....26

acebutolol hcl30

acetaminophen w/ codeine 8

acetaminophen-caff-dihydrocod..... 8

acetazol hc.....86

acetazolamide.....32

acetazolamide sodium.....32

ACETIC ACID85

ACETIC ACID (OTIC).....86

acetic acid sol/hc.....86

acetic acid-aluminum acetate86

acetylcysteine79

ACIPHEX SPR CAP 10MG66

ACIPHEX SPR CAP 5MG66

acitretin83

ACTHIB.....71

ACTIMMUNE70

ACTOPLUS MET XR 15-1000MG51

ACTOPLUS MET XR 30-1000MG51

ACUVAIL76

acyclovir17

acyclovir sodium17

acyclovir topical85

ACZONE.....81

ADACEL71

ADAGEN.....58

adapalene81

ADAPALENE-BENZOYL PEROXIDE GEL

0.1-2.5%81

ADCIRCA.....33

adefovir dipivoxil17

ADEMPAS.....33

ADLYXIN49

ADLYXIN STARTER PACK 50

adriamycin 22

adrucil 22

ADVAIR DISKUS 81

ADVAIR HFA 81

AEROSPAN 80

afeditab cr..... 30

AFINITOR 24

AFINITOR DISPERZ 24

AFREZZA..... 61

AFREZZA POW 4UNIT..... 61

AKYNZEO 63

ala-cort 83

ALBENZA..... 13

albuterol sulfate 79

albuterol sulfate er 79

alclometasone dipropionate..... 83

ALCOHOL SWABS 50

ALDACTAZIDE TAB 50/50 32

ALDURAZYME..... 58

ALECENSA 24

alendronate sodium 54

alfuzosin hcl..... 67

ALIMTA 22

ALINIA 13

allopurinol sodium 7

allopurinol tab..... 7

almotriptan malate 45

ALOCRIIL 77

ALOGLIPTIN BENZOATE..... 51

ALOGLIPTIN-METFORMIN HCL 51

ALOGLIPTIN-PIOGLITAZONE TAB 12.5-

15 MG..... 51

ALOGLIPTIN-PIOGLITAZONE TAB 12.5-

30 MG..... 51

ALOGLIPTIN-PIOGLITAZONE TAB 12.5-

45 MG..... 51

ALOGLIPTIN-PIOGLITAZONE TAB 25-15

MG 51

ALOGLIPTIN-PIOGLITAZONE TAB 25-30

MG 51

ALOGLIPTIN-PIOGLITAZONE TAB 25-45

MG 51

ALOMIDE..... 77

ALOPRIM 7

ALORA 59

<i>alose tron hcl</i>	65	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
ALOXI.....	63	10-160-12.5mg.....	28
ALPHAGAN P 0.1%	77	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>alprazolam</i>	34	10-160-25mg	28
ALREX	76	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>altavera tab</i>	54	10-320-25mg	28
ALTOPREV	29	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
ALUNBRIG.....	24	5-160-12.5mg	28
ALVESCO	80	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>alyacen 1/35</i>	54	5-160-25mg	28
<i>amantadine hcl</i>	39	<i>ammonium lactate</i>	85
AMBISOME	15	<i>amnestem</i>	81
<i>amcinonide</i>	83	<i>amoxapine</i>	37
<i>amethia 91 day</i>	54	<i>amoxicillin</i>	20
AMETHIA LO	54	<i>amoxicillin & pot clavulanate</i>	20
AMIFOSTINE.....	26	<i>amoxicillin-clarithromycin w/</i>	
<i>amikacin sulfate</i>	13	<i>lansoprazole</i>	65
<i>amiloride & hydrochlorothiazide</i>	32	<i>amphetamine cap 10mg er</i>	43
<i>amiloride hcl</i>	32	<i>amphetamine cap 15mg er</i>	43
<i>aminophylline inj</i>	81	<i>amphetamine cap 20mg er</i>	43
AMINOSYN	73	<i>amphetamine cap 25mg er</i>	43
AMINOSYN 7%/ELECTROLYTES	73	<i>amphetamine cap 30mg er</i>	43
AMINOSYN II 10%	73	<i>amphetamine-dextroamphetamine cap sr</i>	
AMINOSYN II 8.5%	73	24hr 5 mg	43
AMINOSYN II 8.5%/ELECTROL	73	<i>amphetamine-dextroamphetamine tab</i>	
AMINOSYN INJ 8.5/LYTE	73	10 mg.....	43
AMINOSYN M.....	73	<i>amphetamine-dextroamphetamine tab</i>	
AMINOSYN-HBC	73	12.5 mg	43
AMINOSYN-PF 7%	73	<i>amphetamine-dextroamphetamine tab</i>	
AMINOSYN-PF INJ 10%	73	15 mg.....	43
AMINOSYN-RF	73	<i>amphetamine-dextroamphetamine tab</i>	
<i>amiodarone hcl</i>	28	20 mg.....	43
<i>amiodarone inj 50mg/ml</i>	28	<i>amphetamine-dextroamphetamine tab</i>	
AMITIZA	65	30 mg.....	43
<i>amitriptyline hcl</i>	37	<i>amphetamine-dextroamphetamine tab</i>	
<i>amlodipine besylate</i>	31	5 mg	43
<i>amlodipine besylate/atorv</i>	30	<i>amphetamine-dextroamphetamine tab</i>	
<i>amlodipine besylate-benazepril hcl</i>	27	7.5 mg.....	43
<i>amlodipine besylate-olmesartan</i>		<i>amphotericin b</i>	15
<i>medoxomil</i>	27	<i>ampicillin & sulbactam sodium</i>	20
<i>amlodipine besylate-valsartan tab 10-</i>		<i>ampicillin cap 250mg</i>	20
<i>160 mg</i>	27	<i>ampicillin cap 500 mg</i>	20
<i>amlodipine besylate-valsartan tab 10-</i>		<i>ampicillin inj</i>	20
<i>320 mg</i>	27	<i>ampicillin sodium</i>	20
<i>amlodipine besylate-valsartan tab 5-160</i>		<i>ampicillin susp</i>	20
<i>mg</i>	27	AMPYRA	47
<i>amlodipine besylate-valsartan tab 5-320</i>		ANADROL-50	49
<i>mg</i>	27	<i>anagrelide hcl</i>	69

<i>anastrozole</i>	24	ATRIPLA	17
ANDRODERM	49	ATROPINE SULFATE	64
ANDROGEL	49	ATROVENT HFA	78
ANDROGEL 1%	49	<i>aubra 28 day</i>	54
ANDROGEL 1.62%	49	AUGMENTIN	20
ANORO ELLIPT AER 62.5-25	78	AURYXIA	62
ANTARA	29	AUSTEDO	46
APIDRA	50	AVASTIN	23
APIDRA SOLOSTAR	50	AVC	67
APLENZIN	37	AVELOX	20
APOKYN	39	<i>aviane 28</i>	54
<i>aprepitant</i>	63	AVITA	81
<i>apri 28 day</i>	54	AVYCAZ	18
APRISO	64	AXIRON	49
APTENSIO XR	43	<i>azacitidine</i>	22
APTIOM	34	AZACTAM IN ISO-OSMOTIC DE	13
APTIVUS	15	AZACTAM/DEX INJ 2GM	13
ARALAST NP	79	<i>azasan</i>	71
<i>aranelle 28</i>	54	AZASITE	76
ARANESP ALBUMIN FREE	68	<i>azathioprine</i>	71
ARCALYST	70	<i>azelastine drop 0.05%</i>	77
ARCAPTA NEOHALER	79	<i>azelastine spr 0.1%</i>	78
<i>aripiprazole odt</i>	40	<i>azelastine spr 0.15%</i>	78
<i>aripiprazole oral solution 1 mg/ml</i>	40	AZELEX	81
<i>aripiprazole tab</i>	40	<i>azithromycin</i>	19
ARISTADA	40	AZITHROMYCIN	19
<i>armodafinil</i>	47, 48	AZOPT	77
ARMODAFINIL	48	<i>aztreonam</i>	13
ARNUITY ELLIPTA	80	B	
ARRANON	22	<i>bacitracin (ophthalmic)</i>	76
ARZERRA	23	<i>bacitracin-polymyxin b (ophth)</i>	76
<i>ashlyna 91 day</i>	54	<i>bacitracin-poly-neomycin-hc</i>	75
ASMANEX	80	<i>baclofen</i>	47
ASMANEX HFA	80	BACTOCILL INJ DEX 1GM	20
ASPIRIN-CAFFEINE-DIHYDROCODEINE		BACTOCILL INJ DEX 2GM	20
CAP 356.4-30-16 MG	8	BACTROBAN NASAL	82
ASPIRIN-DIPYRIDAMOLE	69	<i>balsalazide disodium</i>	64
ASTAGRAF XL	71	<i>balziva 28 day</i>	54
<i>atenolol</i>	30	BANZEL SUS 40MG/ML	34
<i>atenolol & chlorthalidone</i>	30	BANZEL TAB 200MG	34
ATGAM	71	BANZEL TAB 400MG	34
<i>atomoxetine hcl</i>	43	BARACLUDE	17
<i>atorvastatin calcium</i>	29	BCG VACCINE	71
<i>atovaquone</i>	13	BECONASE AQ	80
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>bekyree 28 day</i>	54
<i>mg</i>	15	BELBUCA	8
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BELEODAQ	23
<i>mg</i>	15	<i>benazepril & hydrochlorothiazide</i>	27

<i>benazepril hcl</i>	27	BRILINTA	69
BENDEKA	21	BRIMONIDINE SOL 0.15%	77
BENLYSTA	71	<i>brimonidine sol 0.2%</i>	77
BENTYL.....	64	BRISDELLE	46
<i>benzoyl peroxide-erythromycin</i>	81	BRIVIACT	34
<i>benztropine mesylate</i>	39	<i>bromfenac sodium (ophth)</i>	76
BENZTROPINE MESYLATE	39	<i>bromocriptine mesylate</i>	39
BEPREVE.....	77	BROMSITE.....	76
BESIVANCE	76	BROVANA.....	79
<i>betamethasone dipropionate (topical)</i> .	83	<i>budesonide</i>	64
<i>betamethasone dipropionate augmented</i>	83	<i>budesonide (inhalation)</i>	80
BETAMETHASONE DIPROPIONATE AUGMENTED.....	83	<i>budesonide (nasal)</i>	80
<i>betamethasone valerate</i>	83	<i>bumetanide</i>	32
BETASERON	47	BUNAVAIL MIS 2.1-0.3MG	48
<i>betaxolol hcl</i>	30	BUNAVAIL MIS 4.2-0.7MG	48
<i>betaxolol hcl (ophth)</i>	77	BUNAVAIL MIS 6.3-1MG	48
<i>bethanechol chloride</i>	67	BUPHENYL.....	58
BETHKIS	13	<i>buprenorphine hcl</i>	48
BETIMOL.....	77	<i>buprenorphine hcl-naloxone hcl sl</i>	48
BETOPTIC-S	77	<i>buproban tab 150mg</i>	48
BEVESPI AEROSPHERE.....	78	<i>bupropion hcl</i>	37
<i>bexarotene</i>	25	<i>bupropion hcl (smoking deterrent)</i>	48
BEXSERO	71	<i>buspirone hcl</i>	34
BEYAZ	55	<i>busulfan</i>	21
<i>bicalutamide</i>	24	BUSULFEX	21
BICILLIN C-R	20	<i>butorphanol nasal spray</i>	8
BICILLIN L-A	20	<i>butorphanol tartrate</i>	8
BICNU	21	BUTRANS	8
BIDIL	33	BYDUREON INJ.....	50
BILTRICIDE	13	BYDUREON PEN.....	50
BINOSTO	54	BYETTA.....	50
<i>bisoprolol & hydrochlorothiazide</i>	30	BYSTOLIC.....	30
<i>bisoprolol fumarate</i>	30	BYVALSON.....	28
BIVIGAM	70	C	
<i>bleomycin sulfate</i>	22	<i>cabergoline</i>	61
<i>blephamide</i>	75	CABOMETYX	24
BLEPHAMIDE	75	<i>calcipotriene</i>	83
<i>blisovi 21 fe 1.5/30 28 day pack</i>	55	<i>calcipotriene/betamethasone</i>	83
<i>blisovi 21 fe 1/20 28 day pack</i>	55	<i>calcitonin (salmon) nasal spray</i>	61
<i>blisovi 24 fe 1/20 28 day</i>	55	<i>calcitriol</i>	75
BOOSTRIX.....	71	CALCITRIOL.....	83
BOSULIF	24	<i>calcium acetate (phosphate binder)</i>	62
BOTOX INJ 100UNIT	47	<i>camila 28 day</i>	55
BOTOX INJ 200UNIT	47	CAMPTOSAR	26
BREO ELLIPTA.....	81	CAMRESE LO TAB	55
<i>briellyn 28 day</i>	55	CANASA	64
		CANCIDAS.....	15
		<i>candesartan cilexetil</i>	28

<i>candesartan cilexetil-hydrochlorothiazide</i>	28	<i>ceftriaxone sodium</i>	19
CAPASTAT SULFATE.....	17	<i>cefuroxime axetil</i>	19
CAPEX	83	<i>cefuroxime sodium</i>	19
CAPRELSA	25	<i>celecoxib</i>	7
<i>captopril</i>	27	CELLCEPT INTRAVENOUS.....	71
<i>captopril & hydrochlorothiazide</i>	27	CELONTIN	34
CARAFATE	65	CENTANY.....	82
CARBAGLU	58	<i>cephalexin</i>	19
<i>carbamazepine</i>	34	CERDELGA.....	58
<i>carbidopa</i>	39	CEREZYME.....	58
CARBIDOPA/LEVODOPA/ENTACAPONE	39	CESAMET	63
<i>carbidopa-levodopa</i>	39	<i>cetirizine syrup</i>	78
<i>carboplatin</i>	26	<i>cevimeline hcl</i>	86
CARDIZEM LA	31	CHANTIX	48
CARDURA XL	67	CHANTIX CONTINUING MONTH	48
CARIMUNE NANOFILTERED	70	CHANTIX STARTER PACK	48
<i>carteolol hcl (ophth)</i>	77	CHEMET	54
<i>cartia xt</i>	31	<i>chlorhexidine gluconate (mouth-throat)</i>	86
<i>carvedilol</i>	30	<i>chloroquine phosphate</i>	15
CASPOFUNGIN ACETATE	15	<i>chlorothiazide tabs</i>	32
CAYSTON	13	<i>chlorpromazine hcl</i>	40
<i>caziant pak</i>	55	<i>chlorpromazine inj</i>	40
<i>cefaclor</i>	18	<i>chlorthalidone</i>	32
<i>cefaclor er tab 500mg</i>	18	<i>cholestyramine</i>	29
<i>cefadroxil</i>	18	<i>cholestyramine light</i>	29
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%.....	18	<i>choline fenofibrate</i>	29
<i>cefazolin inj</i>	18	CHORIONIC GONADOTROPIN	61
<i>cefazolin sodium</i>	18	<i>ciclopirox</i>	82
<i>cefazolin sodium 1 gm/50ml</i>	18	<i>ciclopirox cre 0.77%</i>	82
<i>cefdinir</i>	18	<i>ciclopirox shampoo 1%</i>	82
CEFEPIME 1GM SOLN	18	<i>ciclopirox sus 0.77%</i>	82
CEFEPIME 2GM SOLN	19	<i>cidofovir</i>	17
<i>cefepime inj 1gm</i>	19	<i>cilostazol</i>	69
<i>cefepime inj 2gm</i>	19	CILOXAN OIN 0.3% OP	76
CEFEPIME/DEXTROSE	19	<i>cimetidine</i>	64
<i>cefixime</i>	19	<i>cimetidine sol 300/5ml</i>	64
<i>cefotaxime sodium</i>	19	CINQAIR	79
<i>cefotetan disodium</i>	19	CINRYZE	69
<i>cefoxitin sodium</i>	19	CIPRO HC.....	86
CEFOXITIN SODIUM	19	CIPRODEX	86
<i>cefpodoxime proxetil</i>	19	<i>ciprofloxacin</i>	20
<i>cefprozil</i>	19	<i>ciprofloxacin er</i>	20
<i>ceftazidime</i>	19	<i>ciprofloxacin hcl</i>	20
CEFTAZIDIME/DEXTROSE	19	<i>ciprofloxacin hcl (ophth)</i>	76
CEFTIBUTEN	19	<i>ciprofloxacin in d5w</i>	20
CEFTIN SUSP.....	19	<i>ciprofloxacin inj</i>	20
		<i>cisplatin</i>	26

<i>citalopram hydrobromide</i>	37, 38	<i>clotrimazole</i>	86
<i>cladribine</i>	22	<i>clotrimazole (topical)</i>	82
<i>claravis</i>	81	CLOZAPINE ODT	40
CLARINEX	78	<i>clozapine tab 100mg</i>	40
CLARINEX-D TAB 2.5-120.....	78	<i>clozapine tab 200mg</i>	40
<i>clarithromycin</i>	19	<i>clozapine tab 25mg</i>	40
CLEOCIN VAG SUPP 100MG	67	<i>clozapine tab 50mg</i>	40
<i>clindacin-p pad 1%</i>	81	COARTEM	15
CLINDAGEL	81	CODEINE SULFATE	9
<i>clindamycin cre 2% vag</i>	67	<i>colchicine w/ probenecid</i>	7
<i>clindamycin hcl</i>	13	COLCRYS.....	7
<i>clindamycin palmitate hydrochloride</i> ...	13	<i>colestipol hcl</i>	29
<i>clindamycin phosphate</i>	13	<i>colistimethate sodium</i>	13
<i>clindamycin phosphate (topical)</i>	81	<i>colocort</i>	64
<i>clindamycin phosphate in d5w</i>	13	COLY-MYCIN S	86
CLINDAMYCIN PHOSPHATE IN NACL ...	13	COMBIGAN	77
<i>clindamycin phosphate-benzoyl peroxide</i>	81	COMBIVENT RESPIMAT.....	78
<i>clindamycin phosphate-benzoyl peroxide</i> (refrigerate)	81	COMETRIQ.....	25
<i>clindamycin phosphate-tretinoin</i>	81	COMPLERA	17
CLINDESSE	67	<i>compro supp</i>	63
CLINIMIX 2.75%/DEXTROSE 5%	73	CONDYLOX GEL.....	85
CLINIMIX 4.25%/DEXTROSE 10%	73	<i>constulose</i>	65
CLINIMIX 4.25%/DEXTROSE 20%	73	COPAXONE INJ 40MG/ML.....	47
CLINIMIX 4.25%/DEXTROSE 25%	73	CORDRAN.....	83
CLINIMIX 4.25%/DEXTROSE 5%	73	COREG CR.....	30
CLINIMIX 5%/DEXTROSE 15%.....	73	CORLANOR	33
CLINIMIX 5%/DEXTROSE 20%.....	73	CORTIFOAM.....	83
CLINIMIX 5%/DEXTROSE 25%.....	73	<i>cortisone acetate</i>	59
CLINIMIX E 2.75%/DEXTROSE 10%....	73	CORTISPORIN	82
CLINIMIX E 2.75%/DEXTROSE 5%	73	COSMEGEN	22
CLINIMIX E 4.25%/D10	73	COSOPT PF	77
CLINIMIX E 4.25%/DEXTROSE 25%....	73	COTELLIC	25
CLINIMIX E 4.25%/DEXTROSE 5%	73	COTEMPLA XR-ODT	43
CLINIMIX E 5%/DEXTROSE 15%	73	COUMADIN	67
CLINIMIX E 5%/DEXTROSE 20%	73	CREON	66
CLINIMIX E 5%/DEXTROSE 25%	73	CRESEMBA	15
<i>clinisol 15</i>	73	CRINONE.....	62
CLOCORTOLONE PIVALATE	83	CRIXIVAN.....	16
<i>clofarabine</i>	22	<i>cromolyn sodium</i>	79
CLOLAR	22	<i>cromolyn sodium (mastocytosis)</i>	65
<i>clomipramine hcl</i>	38	<i>cromolyn sodium (ophth)</i>	77
<i>clonazepam</i>	35	<i>cryselle 28</i>	55
<i>clonidine hcl</i>	33	CUBICIN	13
<i>clopidogrel bisulfate</i>	69	CUVPOSA	64
<i>clorazepate dipotassium</i>	35	<i>cyclafem 1/35 28 day</i>	55
<i>clorpres</i>	33	<i>cyclafem 7/7/7 28 day</i>	55
		<i>cyclobenzaprine hcl</i>	47
		<i>cyclophosphamide</i>	21

CYCLOPHOSPHAMIDE	21	<i>desogestrel-ethinyl estradiol (biphasic)</i>	55
<i>cycloserine</i>	17	DESONATE	83
<i>cyclosporine</i>	71	<i>desonide</i>	83
<i>cyclosporine modified (for</i>		DESONIDE.....	83
<i>microemulsion)</i>	71	<i>desoximetasone</i>	83, 84
<i>cyproheptadine hcl</i>	78	DESOXIMETASONE	84
<i>cyred tab</i>	55	<i>desvenlafaxine succinate</i>	38
CYSTADANE	58	<i>dexamethasone</i>	59
CYSTAGON	58	<i>dexamethasone sodium phosphate</i>	59
CYSTARAN	78	<i>dexamethasone sodium phosphate</i>	
<i>cytarabine inj</i>	22	<i>(ophth)</i>	76
D		DEXILANT.....	66
<i>dacarbazine</i>	21	<i>dexpak 10 day</i>	59
DAKLINZA	17	<i>dexpak 6 day</i>	59
DALIRESP	79	<i>dexpak taperpak 13 day</i>	59
DALVANCE	13	<i>dexrazoxane</i>	26
<i>danazol</i>	58	DEXTROSE	74
<i>dantrolene sodium</i>	47	DEXTROSE 10% FLEX CONTAIN.....	74
<i>dapsone</i>	13	DEXTROSE 10% W/ SODIUM CHLORIDE	
DAPTACEL	71	0.2%	74
<i>daptomycin</i>	14	DEXTROSE 10%/NACL 0.45%	74
<i>darifenacin hydrobromide</i>	67	DEXTROSE 2.5%/NACL 0.45%	74
<i>daunorubicin hcl</i>	22	DEXTROSE 5%	74
DAYTRANA	44	DEXTROSE 5% /ELECTROLYTE	74
<i>deblitane 28 day</i>	55	DEXTROSE 5%/LACTATED RING	74
<i>decitabine</i>	22	DEXTROSE 5%/NACL 0.2%	74
DELESTROGEN.....	59	DEXTROSE 5%/NACL 0.225%	74
<i>delyla 28 day</i>	55	DEXTROSE 5%/NACL 0.3%	74
DELZICOL	64	DEXTROSE 5%/NACL 0.33%	74
<i>demeclocycline hcl</i>	21	DEXTROSE 5%/NACL 0.45%	74
DEMSEER.....	33	DEXTROSE 5%/NACL 0.9%	74
DENAVIR.....	85	DEXTROSE 5%/POTASSIUM CHL.....	74
DEPEN TITRATABS	54	DIASTAT ACUDIAL.....	35
<i>depo-estradiol</i>	59	DIASTAT PEDIATRIC	35
DEPO-MEDROL INJ 20MG/ML	59	<i>diazepam</i>	35
DEPO-PROVERA INJ 400/ML.....	24	DIAZEPAM GEL.....	35
DEPO-SUBQ PROVERA 104	55	<i>diclofenac potassium</i>	7
<i>depo-testosterone</i>	49	<i>diclofenac sodium</i>	7
DESCOVY	17	<i>diclofenac sodium (ophth)</i>	76
<i>desipramine hcl</i>	38	<i>diclofenac sodium (topical) 1% gel</i>	85
<i>desloratadine</i>	78	<i>diclofenac sodium (topical) 1.5% soln</i>	85
<i>desmopressin acetate</i>	62	<i>diclofenac w/ misoprostol</i>	7
DESMOPRESSIN ACETATE	62	<i>dicloxacillin sodium</i>	20
<i>desmopressin acetate inj</i>	62	<i>dicyclomine hcl</i>	64
<i>desmopressin acetate spray</i>	62	<i>didanosine</i>	16
<i>desmopressin acetate spray refrigerated</i>		DIFFERIN	81
.....	62	DIFICID	19
<i>desogestrel & ethinyl estradiol</i>	55	<i>diflunisal</i>	7

<i>digitek</i>	31, 32	<i>donepezil tab hcl 23mg</i>	37
<i>digox</i>	32	<i>donepezil tabs 10mg</i>	37
<i>digoxin</i>	32	<i>donepezil tabs 5mg</i>	37
<i>digoxin inj</i>	32	DORIBAX.....	14
DIGOXIN SOL 50MCG/ML	32	DORIPENEM.....	14
<i>dihydroergotamine mesylate</i>	45	<i>dorzolamide hcl</i>	77
DIHYDROERGOTAMINE MESYLATE	45	<i>dorzolamide hcl-timolol maleate</i>	77
<i>dilantin</i>	35	<i>doxazosin mesylate</i>	27
DILANTIN-125	35	<i>doxepin hcl</i>	38
DILATRATE SR	33	DOXEPIN HCL (ANTIPRURITIC).....	83
<i>diltiazem cap 120mg cd</i>	31	<i>doxercalciferol</i>	75
<i>diltiazem cap 180mg cd</i>	31	<i>doxorubicin hcl</i>	22
<i>diltiazem cap 240mg cd</i>	31	<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>diltiazem cap 300mg cd</i>	31	<i>infusion) 2 mg/ml</i>	22
DILTIAZEM CAP 360MG CD	31	<i>doxorubicin inj 50mg</i>	22
<i>diltiazem cap er/12hr</i>	31	<i>doxy</i>	21
DILTIAZEM ER TAB 180MG	31	<i>doxycycline (monohydrate)</i>	21
DILTIAZEM ER TAB 240MG	31	DOXYCYCLINE (ROSACEA)	85
DILTIAZEM ER TAB 300MG	31	<i>doxycycline hyclate</i>	21
DILTIAZEM ER TAB 360MG	31	<i>doxycycline hyclate tab 100 mg dr</i>	21
DILTIAZEM ER TAB 420MG	31	<i>doxycycline hyclate tab 150 mg dr</i>	21
<i>diltiazem hcl</i>	31	<i>doxycycline hyclate tab 75 mg dr</i>	21
<i>diltiazem hcl cap sr 24hr</i>	31	<i>dronabinol</i>	63
<i>diltiazem hcl coated beads cap sr 24hr</i>	31	<i>drospirenone-ethinyl estradiol</i>	55
<i>diltiazem hcl extended release beads cap</i>		DROSPIRENONE-ETHINYL ESTRADIOL-	
<i>sr</i>	31	LEVOMEFOLATE CALCIUM	55
<i>diltiazem inj 100mg</i>	31	DROXIA	25
<i>diltiazem inj 125/25ml</i>	31	DUEXIS.....	7
<i>diltiazem inj 25mg/5ml</i>	31	DULERA	81
<i>diltiazem inj 50/10ml</i>	31	<i>duloxetine hcl</i>	38
<i>dilt-xr cap</i>	31	DUOPA.....	39
DIPENTUM.....	64	DURAMORPH.....	9
<i>diphenhydram inj 50mg/ml</i>	78	DUREZOL	76
<i>diphenoxylate w/ atropine</i>	65	DURLAZA	69
DIPHThERIA/TETANUS TOXOID.....	71	<i>dutasteride</i>	67
<i>disopyramide phosphate</i>	28	<i>dutasteride-tamsulosin hcl</i>	67
<i>disulfiram</i>	48	DUTOPROL	30
DIURIL SUS 250/5ML.....	32	DYMISTA SPR 137-50.....	78
<i>divalproex sodium</i>	35	DYRENIUM.....	32
DOCEFREZ	22	E	
<i>docetaxel</i>	22	<i>e.e.s 400</i>	19
DOCETAXEL.....	22	E.E.S. GRANULES	19
DOCETAXEL 160MG/16ML	23	EDARBI.....	28
DOCETAXEL 20MG/2ML	23	EDARBYCLOR.....	28
DOCETAXEL SOLN 80MG/8ML	23	EDECRIIN	32
DOFETILIDE	28	EDURANT	16
<i>donepezil odt 10mg</i>	37	EFFIENT	69
<i>donepezil odt 5mg</i>	37	EGRIFTA	61

ELAPRASE	58	EPIPEN-JR 2-PAK	80
ELECTROLYTE-R IN DEXTROSE	74	<i>epirubicin hcl</i>	22
ELELYSO	58	<i>epirubicin inj 200mg</i>	22
<i>eletriptan hydrobromide</i>	45	<i>epitol</i>	35
ELIGARD INJ 22.5MG	24	EPIVIR HBV	18
ELIGARD INJ 30MG	24	<i>eplerenone</i>	27
ELIGARD INJ 45MG	24	EPOGEN	68
ELIGARD INJ 7.5MG	24	<i>eprosartan mesylate</i>	28
ELIQUIS TAB 2.5MG	67	EQUETRO	46
ELIQUIS TAB 5MG	67	ERAXIS	15
ELITEK	26	ERBITUX	23
<i>elixophyllin</i>	81	<i>ergomar</i>	45
ELLA	55	<i>ergotamine w/ caffeine</i>	45
ELMIRON	67	ERIVEDGE	23
EMADINE	77	<i>errin 28 day</i>	55
EMBEDA	9	ERTACZO	82
EMCYT	21	<i>ery pad 2%</i>	81
EMEND	63	ERYPED 200	19
EMEND CAP 125MG	63	ERYPED 400	19
EMEND CAP 40MG	63	<i>ery-tab</i>	19
EMEND CAP 80MG	63	<i>erythrocin</i>	19
EMEND PAK 80 & 125	63	<i>erythrocin stearate</i>	19
<i>emoquette</i>	55	<i>erythromycin (acne aid)</i>	81
EMSAM	38	<i>erythromycin (ophth)</i>	76
EMTRIVA	16	<i>erythromycin base</i>	20
<i>emverm</i>	14	<i>erythromycin cap 250mg ec</i>	20
<i>enalapril maleate</i>	27	<i>erythromycin ethylsuccinate</i>	20
<i>enalapril maleate & hydrochlorothiazide</i>	27	ESBRIET	80
<i>endocet</i>	9	<i>escitalopram oxalate</i>	38
ENGERIX-B	71	<i>esomeprazole magnesium</i>	66
<i>enoxaparin sodium</i>	68	<i>esomeprazole sodium inj</i>	66
ENOXAPARIN SODIUM	68	<i>estarylla tab 0.25-35</i>	55
<i>enpresse 28 day</i>	55	<i>estrace</i>	59
ENSTILAR	84	<i>estradiol</i>	59
ENTACAPONE	39	<i>estradiol vaginal tab 10 mcg</i>	59
<i>entecavir</i>	17	<i>estradiol valerate</i>	59
ENTRESTO	28	ESTRING	59
ENTYVIO	64	<i>ethacrynic acid</i>	32
<i>enulose</i>	65	<i>ethambutol hcl</i>	17
ENVARUSUS XR	71	<i>ethosuximide</i>	35
EPANED	27	<i>ethynodiol tab 1-50</i>	55
EPCLUSA	18	<i>etodolac</i>	7
EPIDUO	81	<i>etodolac er</i>	7
EPIDUO FORTE	81	ETOPOPHOS	26
<i>epinastine hcl (ophth)</i>	77	<i>etoposide</i>	26
EPINEPHRINE (ANAPHYLAXIS)	79	EUCRISA	85
EPIPEN 2-PAK	80	EURAX	85
		EVOTAZ	17

EXELDERM	82	FLOVENT DISKUS	80
<i>exemestane</i>	24	FLOVENT HFA	81
EXJADE	54	<i>fluconazole</i>	15
<i>ezetimibe</i>	29	<i>fluconazole in dextrose</i>	15
<i>ezetimibe-simvastatin</i>	29	<i>fluconazole inj nacl 100</i>	15
F		<i>fluconazole inj nacl 200</i>	15
FABIOR	82	<i>fluconazole inj nacl 400</i>	15
FABRAZYME	58	<i>flucytosine</i>	15
<i>falmina 28 day</i>	55	<i>fludarabine phosphate</i>	22
<i>famciclovir</i>	18	<i>fludrocortisone acetate</i>	59
<i>famotidine</i>	64	<i>flunisolide (nasal)</i>	80
<i>famotidine inj</i>	64	<i>fluocinolone acetonide</i>	84
FANAPT	40	<i>fluocinolone acetonide (otic)</i>	86
FANAPT TITRATION PACK	40	<i>fluocinonide</i>	84
FARESTON	24	<i>fluocinonide emulsified base</i>	84
FARXIGA	51	FLUOROMETHOLONE (OPHTH)	76
FARYDAK	23	<i>fluorouracil</i>	22
FASLODEX	24	<i>fluorouracil (topical)</i>	85
<i>fayosim tab</i>	55	FLUOROURACIL (TOPICAL)	85
<i>felbamate</i>	35	<i>fluoxetine cap 10mg</i>	38
<i>felodipine</i>	31	<i>fluoxetine cap 20mg</i>	38
FEMRING	59	<i>fluoxetine cap 40mg</i>	38
<i>femynor 28 day</i>	55	<i>fluoxetine hcl</i>	38
<i>fenofibrate</i>	29	FLUOXETINE HCL	38
FENOFIBRATE	29	<i>fluoxetine hcl (pmdd)</i>	48
<i>fenofibrate micronized</i>	29	<i>fluphenazine decanoate</i>	40
FENOFIBRIC ACID	29	<i>fluphenazine hcl</i>	41
<i>fenoprofen calcium</i>	7	<i>flurandrenolide</i>	84
FENOPROFEN CALCIUM	7	FLURANDRENOLIDE	84
<i>fentanyl citrate</i>	9	<i>flurbiprofen</i>	7
<i>fentanyl patch 100 mcg/hr</i>	9	<i>flurbiprofen sodium</i>	76
<i>fentanyl patch 12 mcg/hr</i>	9	<i>flutamide</i>	24
<i>fentanyl patch 25 mcg/hr</i>	9	<i>fluticasone propionate</i>	84
<i>fentanyl patch 50 mcg/hr</i>	9	<i>fluticasone propionate (nasal)</i>	80
<i>fentanyl patch 75 mcg/hr</i>	9	<i>fluvastatin sodium cap 20 mg</i>	29
FENTORA	9	<i>fluvastatin sodium cap 40 mg</i>	29
FERRIPROX	54	FLUVASTATIN SODIUM TAB SR 24 HR 80	
FETZIMA	38	MG	29
FETZIMA TITRATION PACK	38	<i>fluvoxamine maleate</i>	34
FINACEA AER 15%	85	<i>fluvoxamine maleate er</i>	34
FINACEA GEL 15%	85	FML	76
<i>finasteride</i>	67	FML FORTE	76
FIRAZYR	69	<i>fondaparinux sodium</i>	68
FIRMAGON	24	FORFIVO XL	38
FLAREX	76	FORTEO	62
FLEBOGAMMA DIF	70	FORTICAL	61
<i>flecainide acetate</i>	28	FOSAMAX PLUS D	54
FLOLIPID	29	<i>fosinopril sodium</i>	27

<i>fosinopril sodium & hydrochlorothiazide</i>	76
.....	27
FOSRENOL	62
FRAGMIN	68
FREAMINE HBC 6.9%	73
FREAMINE III.....	73
<i>frovatriptan succinate</i>	45
<i>furosemide</i>	32
<i>furosemide inj.</i>	32
FUROSEMIDE INJ	32
<i>furosemide oral soln 8 mg/ml</i>	32
FUSILEV.....	26
FUZEON	16
<i>fyavolv tab 1-5mg</i>	59
FYCOMPA	35
G	
<i>gabapentin</i>	35, 36
GABITRIL	36
<i>galantamine hydrobromide</i>	37
<i>galantamine hydrobromide er</i>	37
GAMASTAN S/D	70
GAMMAGARD LIQUID.....	70
GAMMAGARD S/D.....	70
GAMMAKED	70
GAMMAPLEX	70
GAMMAPLEX 10GM/100ML	70
GAMUNEX-C	70
<i>ganciclovir inj 500mg</i>	18
GARDASIL.....	71
GARDASIL 9	72
<i>gatifloxacin (ophth)</i>	76
GATTEX	65
GAUZE PADS 2X2.....	50
<i>gavilyte-c</i>	65
<i>gavilyte-g</i>	65
<i>gavilyte-h</i>	65
<i>gavilyte-n</i>	65
GELNIQUE	67
<i>gemcitabine hcl</i>	22
GEMCITABINE HCL	22
<i>gemfibrozil</i>	29
<i>generlac</i>	65
<i>gengraf</i>	71
GENOTROPIN	60
GENOTROPIN MINISQUICK.....	60
<i>gentak</i>	76
<i>gentamicin in saline</i>	13
<i>gentamicin sulfate</i>	13
<i>gentamicin sulfate (ophth)</i>	76
<i>gentamicin sulfate (topical)</i>	82
GENVOYA	17
GEODON INJ.....	41
GIANVI TAB 3-0.02MG	55
GIAZO	64
<i>gildagia</i>	55
<i>gildess 24 tab fe 1/20</i>	55
<i>gildess tab 1.5/30</i>	55
GILENYA CAP 0.5MG	47
GILOTRIF TAB 20MG	25
GILOTRIF TAB 30MG	25
GILOTRIF TAB 40MG	25
GLASSIA	80
<i>glatopa</i>	47
GLEOSTINE	21
<i>glimepiride</i>	51
<i>glipizide</i>	51
<i>glipizide er</i>	51
GLIPIZIDE XL TB24 2.5MG.....	52
GLIPIZIDE XL TB24 5MG.....	52
<i>glipizide-metformin 2.5-250 mg</i>	52
<i>glipizide-metformin 2.5-500 mg</i>	52
<i>glipizide-metformin 5-500mg</i>	52
GLUCAGEN HYPOKIT	60
GLUCAGON EMERGENCY KIT	60
<i>glycopyrrolate</i>	64
GLYXAMBI	52
GOLYTELY	65
GONITRO	33
GRALISE	46
GRALISE STARTER.....	46
<i>granisetron hcl</i>	63
GRANIX.....	68
GRASTEK	70
<i>griseofulvin microsize</i>	15
<i>griseofulvin ultramicrosize</i>	15
<i>guanfacine er (adhd)</i>	44
H	
HAEGARDA	69
HALAVEN.....	25
<i>halobetasol propionate</i>	84
HALOG	84
<i>haloperidol</i>	41
<i>haloperidol decanoate</i>	41
<i>haloperidol lactate</i>	41
<i>haloperidol lactate inj 5 mg/ml</i>	41
HARVONI	18

HAVRIX.....	72	<i>hydrocodone-acetaminophen 5-300mg . 9</i>	
<i>heather</i>	55	<i>hydrocodone-acetaminophen 5-325mg . 9</i>	
HECTOROL	75	<i>hydrocodone-acetaminophen 7.5-300mg</i>	
HEP SOD/NACL INJ 25000	68		10
<i>heparin (porcine) in sodium chloride</i>		<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>100u/ml</i>	68	<i>mg/15ml</i>	10
<i>heparin sod inj 10000u/ml</i>	68	<i>hydrocodone-acetaminophen 7.5-325mg</i>	
<i>heparin sod inj 1000u/ml</i>	68		10
<i>heparin sod inj 20000u/ml</i>	68	<i>hydrocodone-acetaminophen tab 10-</i>	
<i>heparin sod inj 5000u/0.5ml</i>	68	<i>325mg</i>	10
<i>heparin sod inj 5000u/ml</i>	68	<i>hydrocodone-ibuprofen tab 10-200mg</i>	10
HEPARIN SODIUM/D5W	68	<i>hydrocodone-ibuprofen tab 5-200mg..</i>	10
HEPARIN SODIUM/NACL 0.45%.....	68	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
HEPATAMINE	74		10
HERCEPTIN	23	<i>hydrocortisone</i>	59
HETLIOZ	45	HYDROCORTISONE (ENEMA).....	64
HEXALEN	21	<i>hydrocortisone (topical)</i>	84
HIBERIX.....	72	<i>hydrocortisone butyrate</i>	84
HORIZANT.....	46	<i>hydrocortisone butyrate hydrophilic lipo</i>	
HUMALOG	50	<i>base</i>	84
HUMALOG JUNIOR KWIKPEN.....	50	<i>hydrocortisone valerate</i>	84
HUMALOG KWIKPEN	50	<i>hydromorphone hcl</i>	10
HUMALOG MIX 50/50	50	HYDROMORPHONE HCL	10
HUMALOG MIX 50/50 KWIKPEN.....	50	<i>hydromorphone tab 12mg er</i>	10
HUMALOG MIX 75/25	50	<i>hydromorphone tab 16mg er</i>	10
HUMALOG MIX 75/25 KWIKPEN.....	50	<i>hydromorphone tab 8mg er</i>	10
HUMATROPE	60	HYDROMORPHONE TABS 32MG	10
HUMATROPE COMBO PACK	60	<i>hydroxychloroquine sulfate</i>	70
HUMIRA INJ 10MG/0.2ML	69	<i>hydroxyprogesterone caproate</i>	
HUMIRA KIT 20MG/0.4ML.....	69	(antineoplastic)	24
HUMIRA KIT 40MG/0.8ML.....	69	<i>hydroxyurea</i>	25
HUMIRA PEDIATRIC CROHNS DISEASE	70	<i>hydroxyzine hcl</i>	78
HUMIRA PEN.....	70	<i>hydroxyzine pamoate</i>	79
HUMIRA PEN-CROHNS STARTER KIT ...	70	HYSINGLA ER.....	10
HUMIRA PEN-PSORIASIS STARTER KIT	70	I	
HUMULIN 70/30	50	<i>ibandronate sodium</i>	54
HUMULIN 70/30 KWIKPEN	50	<i>ibandronate tab 150mg</i>	54
HUMULIN N	50	IBRANCE	23
HUMULIN N KWIKPEN	50	<i>ibudone tab 10-200mg</i>	10
HUMULIN R	50	<i>ibudone tab 5-200mg</i>	10
HUMULIN R U-500 (CONCENTRATE)....	50	<i>ibuprofen</i>	7
HUMULIN R U-500 KWIKPEN.....	50	ICLUSIG	25
<i>hydralazine hcl</i>	33	<i>idarubicin hcl</i>	22
<i>hydrochlorothiazide</i>	32	IDHIFA.....	23
<i>hydrocodone-acetaminophen 10-300mg</i>		IFEX INJ 3GM.....	21
.....	10	<i>ifosfamide inj 1gm</i>	21
<i>hydrocodone-acetaminophen 2.5-325mg</i>		<i>ifosfamide inj 1gm/20ml</i>	21
.....	9	IFOSFAMIDE INJ 3GM	21

<i>ifosfamide inj 3gm/60ml</i>	21	<i>ipratropium bromide (nasal)</i>	78
ILEVRO	76	<i>ipratropium sol inhal</i>	78
<i>imatinib mesylate</i>	25	<i>ipratropium-albuterol</i>	78
IMBRUVICA CAP 140MG	25	<i>irbesartan</i>	28
<i>imipenem-cilastatin</i>	14	<i>irbesartan-hydrochlorothiazide</i>	28
<i>imipramine hcl</i>	38	IRESSA	25
<i>imipramine pamoate</i>	38	<i>irinotecan inj 100/5ml</i>	26
<i>imiquimod</i>	85	<i>irinotecan inj 40mg/2ml</i>	26
IMOVAX RABIES (H.D.C.V.)	72	<i>irinotecan inj 500mg/25ml</i>	26
INCRELEX	61	ISENTRESS.....	16
INCRUSE ELLIPTA.....	78	ISENTRESS HD.....	16
<i>indapamide</i>	32	<i>isibloom 28 day</i>	55
INFANRIX.....	72	ISOLYTE P	74
INFUMORPH 200	10	ISOLYTE S	74
INFUMORPH 500	10	<i>isoniazid</i>	17
INLYTA	25	<i>isoniazid tabs</i>	17
INSULIN PEN NEEDLES	50	ISORDIL TITRADOSE.....	33
INSULIN SAFETY NEEDLES	50	<i>isosorbide dinitrate</i>	33
INSULIN SYRINGES	50	<i>isosorbide dinitrate er</i>	33
INTELENCE.....	16	<i>isosorbide mononitrate</i>	33
INTRALIPID INJ 20%	74	<i>isosorbide mononitrate er</i>	33
INTRALIPID INJ 30%	74	<i>isradipine</i>	31
INTRON-A INJ 10MU	70	ISTALOL.....	77
INTRON-A INJ 18MU	70	ISTODAX (OVERFILL).....	23
INTRON-A INJ 25MU	70	<i>itraconazole</i>	15
INTRON-A INJ 50MU	70	<i>ivermectin</i>	14
<i>introvale 91 day</i>	55	IXEMPRA KIT	25
INVANZ	14	IXIARO	72
INVEGA SUST INJ 117 MG/0.75 ML.....	41	J	
INVEGA SUST INJ 156MG/ML	41	JADENU.....	54
INVEGA SUST INJ 234 MG/1.5 ML.....	41	JADENU SPRINKLE.....	54
INVEGA SUST INJ 39 MG/0.25 ML.....	41	JAKAFI	25
INVEGA SUST INJ 78 MG/0.5 ML	41	<i>jantoven</i>	68
INVEGA TRINZA	41	JANUMET.....	52
INVIRASE.....	16	JANUMET XR TAB 100-1000	52
INVOKAMET TAB 150-1000MG	52	JANUMET XR TAB 50-1000.....	52
INVOKAMET TAB 150-500MG	52	JANUMET XR TAB 50-500MG	52
INVOKAMET TAB 50-1000MG	52	JANUVIA	52
INVOKAMET TAB 50-500MG.....	52	JARDIANCE.....	52
INVOKAMET XR TAB 150-1000MG.....	52	JENTADUETO	52
INVOKAMET XR TAB 150-500MG	52	JENTADUETO TAB XR 2.5-1000 MG ...	52
INVOKAMET XR TAB 50-1000MG	52	JENTADUETO TAB XR 5-1000 MG.....	52
INVOKAMET XR TAB 50-500MG	52	<i>jinteli</i>	59
INVOKANA TAB 100MG	52	JOLESSA TAB 0.15-0.03 MG.....	55
INVOKANA TAB 300MG	52	JOLIVETTE.....	55
IONOSOL-B/DEXTROSE 5%	74	<i>juleber 28 day</i>	55
IONOSOL-MB/DEXTROSE 5%	74	<i>junel 1.5/30 21 day</i>	55
IPOL INACTIVATED IPV	72	<i>junel 1/20 21 day</i>	55

<i>junel fe 1.5/30 28 day</i>	55	<i>klor-con m20</i>	72
<i>junel fe 1/20 28 day</i>	55	<i>klor-con spr cap 10meq</i>	72
<i>junel fe 24 1/20 28 day</i>	55	<i>klor-con spr cap 8meq</i>	72
JUXTAPID	29	KOMBIGLYZE XR 2.5-1000MG	52
K		KOMBIGLYZE XR 5-1000MG	52
KADCYLA	23	KOMBIGLYZE XR 5-500MG	52
KADIAN	10	KORLYM	61
<i>kaitlib fe 28 day</i>	56	<i>kristalose</i>	65
KALETRA SOL	17	KUVAN	58
KALETRA TAB 100-25MG	17	KYNAMRO	29
KALETRA TAB 200-50MG	17	L	
KALYDECO	80	<i>labetalol hcl</i>	30
<i>kariva 28 day</i>	56	LACRISERT	78
KAZANO	52	LACTATED RINGERS VIAFLEX	75
KCL 0.075%/D5W/NACL 0.45%	74	<i>lactulose</i>	65
KCL 0.15%/D5W/LR	74	<i>lactulose (encephalopathy)</i>	65
KCL 0.15%/D5W/NACL 0.9%	74	LAMICTAL STARTER	36
KCL 0.3%/D5W/LR	74	LAMICTAL XR	36
KCL 0.3%/D5W/NACL 0.45%	74	LAMISIL	15
KCL 0.3%/D5W/NACL 0.9%	74	<i>lamivudine</i>	16
KCL IN NACL INJ .15-0.45	74	<i>lamivudine (hbv)</i>	18
KCL/D5W/NACL INJ .15/.33%	75	<i>lamivudine-zidovudine</i>	17
KCL/D5W/NACL INJ .15/.45%	75	<i>lamotrigine</i>	36
KCL/D5W/NACL INJ 0.22%/0.45%	75	LANOXIN	32
KCL/NACL INJ 0.15%-0.9%	75	LANOXIN PEDIATRIC	32
KCL0.15%/D5W/NACL0.2%	74	<i>lansoprazole</i>	66
KCL0.15%/D5W/NACL0.225%	74	<i>lanthanum carbonate chew tab</i>	62
<i>kelnor 1/35 28 day</i>	56	LANTUS	50
KEPIVANCE	26	LANTUS SOLOSTAR	50
<i>ketoconazole</i>	15	<i>larin 1.5/30</i>	56
<i>ketoconazole (topical)</i>	82	<i>larin 1/20</i>	56
<i>ketoconazole shampoo</i>	83	<i>larin fe 1.5/30</i>	56
<i>ketodan aer 2%</i>	82	<i>larin fe 1/20</i>	56
<i>ketoprofen</i>	7	<i>larissia tab</i>	56
<i>ketorolac tromethamine (ophth)</i>	76	LASTACFT	77
KEVEYIS	33	<i>latanoprost</i>	77
KEYTRUDA	23	LATUDA	41
<i>kimidess 28 day</i>	56	<i>layolis fe chw</i>	56
KINRIX	72	LAZANDA	10
<i>kionex</i>	54	LEENA TAB	56
KISQALI	23	<i>leflunomide</i>	70
KISQALI FEMARA 200 DOSE	23	LENVIMA 10 MG DAILY DOSE	25
KISQALI FEMARA 400 DOSE	23	LENVIMA 14 MG DAILY DOSE	25
KISQALI FEMARA 600 DOSE	23	LENVIMA 18 MG DAILY DOSE	25
KLOR-CON 10	72	LENVIMA 20 MG DAILY DOSE	25
KLOR-CON 8	72	LENVIMA 24 MG DAILY DOSE	25
<i>klor-con m10</i>	72	LENVIMA 8 MG DAILY DOSE	25
<i>klor-con m15</i>	72	<i>lessina 28 day</i>	56

LETAIRIS	33	<i>lidocaine inj 1.5%</i>	13
<i>letrozole</i>	24	<i>lidocaine inj 2%</i>	13
<i>leucovor ca inj</i>	26	<i>lidocaine-prilocaine</i>	84
<i>leucovorin calcium</i>	26	<i>linezolid</i>	14
<i>leucovorin calcium 500 mg</i>	26	LINEZOLID	14
LEUKERAN.....	21	LINEZOLID IN SODIUM CHLORIDE	14
LEUKINE	68	LINZESS	65
<i>leuprolide acetate</i>	24	<i>liothyronine sodium</i>	62
<i>levalbuterol conc 1.25mg/0.5ml</i>	79	<i>lisinopril</i>	27
<i>levalbuterol hcl</i>	79	<i>lisinopril & hydrochlorothiazide</i>	27
LEVALBUTEROL TARTRATE HFA	79	<i>lithium carbonate</i>	47
LEVEMIR	50	LITHIUM SOLN 8MEQ/5ML	47
LEVEMIR FLEXTOUCH.....	50	LIVALO	29
<i>levetiracetam</i>	36	LO LOESTRIN FE.....	56
LEVETIRACETAM IN SODIUM CHLORIDE	36	LOCOID.....	84
LEVETIRACETAM IV	36	<i>lomedia 24 fe</i>	56
<i>levetiracetam oral soln 100 mg/ml</i>	36	LONSURF	26
<i>levobunolol hcl</i>	77	<i>loperamide hcl</i>	65
<i>levocarnitine (metabolic modifiers)</i>	58	<i>lopinavir-ritonavir</i>	17
<i>levocetirizine soln 2.5mg/5ml</i>	79	<i>lorazepam</i>	34
<i>levocetirizine tab 5 mg</i>	79	<i>lorcet hd tab 10-325mg</i>	10
<i>levofloxacin</i>	20	<i>lorcet plus tab 7.5-325</i>	11
<i>levofloxacin (ophth)</i>	76	<i>lorcet tab 5-325mg</i>	11
<i>levofloxacin in d5w</i>	20	<i>loryna 28 day</i>	56
<i>levoleucovorin calcium</i>	26	<i>losartan potassium</i>	28
LEVOLEUCOVORIN CALCIUM	26	<i>losartan-hydrochlorothiazide</i>	28
<i>levonest 28 day</i>	56	LOTEMAX	76
<i>levonor/ethi tab</i>	56	<i>lovastatin</i>	29
<i>levonorgestrel & eth estradiol</i>	56	<i>low-ogestrel</i>	56
<i>levonorgestrel (emergency oc)</i>	56	<i>loxapine succinate</i>	41
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	56	LUMIGAN	77
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	56	LUMIZYME	58
<i>levora 0.15/30 28 day</i>	56	LUPANETA PACK	58
<i>levorphanol tartrate</i>	10	LUPRON DEPOT (1-MONTH)	24
<i>levothyroxine sodium</i>	62	LUPRON DEPOT INJ 11.25MG (3-MONTH)	24
LEVOTHYROXINE SODIUM	62		24
LEVOXYL	62	LUPRON DEPOT INJ 22.5MG (3-MONTH)	24
LEXIVA	16		24
LIALDA	64	LUPRON DEPOT INJ 30MG (4-MONTH)	24
<i>lidocaine</i>	84	LUPRON DEP-PED INJ 11.25MG	61
<i>lidocaine hcl</i>	84	LUPRON DEP-PED INJ 11.25MG (3-MONTH)	61
<i>lidocaine hcl (local anesth.)</i>	13	LUPRON DEP-PED INJ 15MG.....	61
<i>lidocaine hcl (mouth-throat)</i>	86	LUPRON DEP-PED INJ 30MG (3-MONTH)	61
<i>lidocaine inj 0.5%</i>	13		61
<i>lidocaine inj 1%</i>	13	LUPRON DEP-PED INJ 7.5MG.....	61
		<i>lutera 28 day</i>	56
		LUZU	82

LYNPARZA	23	<i>mesalamine enema</i>	64
LYRICA	36	<i>mesna</i>	26
LYSODREN	24	MESNEX	26
<i>lyza</i>	56	MESTINON SYRUP	47
M		<i>metadate er tab 20mg</i>	44
<i>magnesium sulfate</i>	72	<i>metformin er</i>	52
MAGNESIUM SULFATE	72	<i>metformin hcl</i>	52, 53
<i>magnesium sulfate in d5w</i>	73	<i>methadone hcl</i>	11
MAGNESIUM SULFATE IN D5W	73	<i>methadone hcl 10mg</i>	11
MAGNESIUM SULFATE INJ 50%	73	<i>methadone hcl 5mg</i>	11
<i>malathion</i>	85	METHADONE INJ 10MG/ML	11
<i>maprotiline hcl</i>	38	<i>methazolamide</i>	32
<i>marlissa 28 day</i>	56	<i>methenamine hippurate</i>	14
MARPLAN	38	<i>methergine 0.2 mg tab</i>	61
MATULANE	26	<i>methimazole</i>	62
<i>matzim la</i>	31	<i>methotrexate sodium</i>	22
MAVYRET	18	METHOTREXATE SODIUM	22
MAXIDEX	76	<i>methotrexate sodium inj</i>	22
MAXIPIME	19	<i>methotrexate sodium tabs</i>	70
<i>meclizine hcl</i>	63	<i>methoxsalen rapid</i>	83
MEDROL TAB 2MG	59	<i>methscopolamine bromide</i>	64
<i>medroxyprogesterone acetate</i>	62	<i>methyclothiazide</i>	32
<i>medroxyprogesterone acetate</i>		<i>methylergonovine maleate</i>	61
(contraceptive)	56	<i>methylphenidate hcl</i>	44
MEDROXYPROGESTERONE ACETATE		METHYLPHENIDATE HCL	44
(CONTRACEPTIVE)	56	<i>methylphenidate hcl er</i>	44
<i>mefenamic acid</i>	7	<i>methylpr ace inj 40mg/ml</i>	59
<i>mefloquine hcl</i>	15	<i>methylpr ace inj 80mg/ml</i>	59
<i>megestrol ac sus 40mg/ml</i>	24	<i>methylpr ss inj 125 mg</i>	59
<i>megestrol ac tab 20mg</i>	24	<i>methylpr ss inj 1gm</i>	59
<i>megestrol ac tab 40mg</i>	24	<i>methylpr ss inj 40mg</i>	59
MEGESTROL SUS 625MG/5ML	24	<i>methylpred pak 4mg</i>	59
MEKINIST	25	<i>methylpred tab 16mg</i>	60
MELOXICAM	7	<i>methylpred tab 32mg</i>	60
<i>meloxicam tabs</i>	7	<i>methylpred tab 4mg</i>	59
<i>melphalan hcl</i>	21	<i>methylpred tab 8mg</i>	60
<i>memantine hcl</i>	37	<i>metipranolol</i>	77
MEMANTINE HCL	37	<i>metoclopramide hcl</i>	63
MENACTRA	72	<i>metoclopramide hcl inj 5 mg/ml</i>	63
MENOMUNE-A/C/Y/W-135	72	<i>metoclopramide odt</i>	63
MENOSTAR	59	<i>metolazone</i>	32
MENTAX	82	<i>metoprolol & hctz tab 100-25mg</i>	30
MENVEO	72	<i>metoprolol & hctz tab 100-50mg</i>	30
<i>mercaptopurine</i>	22	<i>metoprolol & hctz tab 50-25mg</i>	30
<i>meropenem</i>	14	<i>metoprolol succinate</i>	30
MEROPENEM/SODIUM CHLORIDE	14	<i>metoprolol tartrate</i>	30
<i>mesalamine</i>	64	METRO IV	14
MESALAMINE	64	<i>metronidazole</i>	14

<i>metronidazole (topical)</i>	85	<i>morphine sulfate</i>	11
<i>metronidazole inj</i>	14	MORPHINE SULFATE	11
<i>metronidazole vaginal</i>	67	<i>morphine sulfate beads</i>	11
<i>mexiletine hcl</i>	28	<i>morphine sulfate ext-rel tab</i>	11
MIACALCIN 200 UNIT/ML	61	MOVANTIK.....	65
<i>mibelas 24 chw fe</i>	56	MOVIPREP	65
<i>miconazole 3 sup 200mg</i>	67	MOXEZA.....	76
<i>micort-hc</i>	84	<i>moxifloxacin hcl</i>	20
MICROGESTIN 1.5/30	56	MOXIFLOXACIN HCL	20
MICROGESTIN 1/20.....	56	<i>moxifloxacin hcl (ophth)</i>	76
MICROGESTIN FE 1.5/30.....	56	MOZOBIL	69
MICROGESTIN FE 1/20.....	56	MULTAQ.....	28
<i>midodrine hcl</i>	33	<i>mupirocin</i>	82
<i>migergot</i>	45	<i>mupirocin calcium (topical)</i>	82
<i>miglitol</i>	53	MUSTARGEN	21
<i>millipred</i>	60	MYCAMINE.....	15
<i>millipred dp</i>	60	<i>mycophenolate inj 500mg</i>	71
MINASTRIN 24 FE.....	56	<i>mycophenolate mofetil</i>	71
<i>minitran</i>	33	<i>mycophenolate sodium</i>	71
MINIVELLE	59	MYDAYIS CAP 12.5MG.....	44
<i>minocycline hcl</i>	21	MYDAYIS CAP 25MG.....	44
<i>minoxidil</i>	33	MYDAYIS CAP 37.5MG.....	44
MIRAPEX ER	39	MYDAYIS CAP 50MG.....	44
MIRCERA	69	<i>myorisan</i>	82
<i>mirtazapine</i>	38	MYRBETRIQ	67
<i>misoprostol</i>	65	<i>myzilra</i>	56
<i>mitomycin</i>	22	N	
<i>mitoxantrone hcl</i>	26	<i>nabumetone</i>	7
M-M-R II	72	<i>nadolol</i>	30
<i>modafinil</i>	48	<i>nadolol & bendroflumethiazide</i>	30
<i>moderiba pak</i>	18	NAFCILLIN IN DEXTROSE	20
<i>moderiba tab 200mg</i>	18	<i>nafcillin sodium</i>	20
<i>moexipril hcl</i>	27	NAFTIFINE HCL	82
<i>moexipril-hydrochlorothiazide</i>	27	NAFTIN	82
<i>molindone hcl 10mg</i>	41	NAGLAZYME	58
<i>molindone hcl 25mg</i>	41	<i>nalbuphine hcl</i>	8
<i>mometasone furoate</i>	84	<i>naloxone inj 0.4mg/ml</i>	48
<i>mometasone furoate (nasal)</i>	80	<i>naloxone inj 1mg/ml</i>	48
<i>mono-lynyah tab 0.25-35</i>	56	<i>naltrexone hcl</i>	48
MONONESSA	56	NAMENDA XR.....	37
<i>montelukast sodium</i>	79	NAMENDA XR TITRATION PACK	37
<i>morgidox cap 1x50mg</i>	21	NAMZARIC.....	37
MORPHABOND ER.....	11	<i>naphazoline hcl</i>	78
MORPHINE SUL 20MG/ML ORAL SOL...11		NAPRELAN	7
MORPHINE SUL INJ 10MG/ML.....11		<i>naproxen</i>	8
MORPHINE SUL INJ 15MG/ML.....11		<i>naproxen sodium</i>	8
MORPHINE SUL INJ 1MG/ML	11	NAPROXEN SODIUM.....	8
MORPHINE SUL INJ 4MG/ML	11	<i>naratriptan hcl</i>	46

NATACYN	76	<i>nisoldipine</i>	31
NATAZIA	56	<i>nitro-bid</i>	33
<i>nateglinide</i>	53	NITRO-DUR	33
NATPARA	62	<i>nitrofurantoin</i>	14
NEBUPENT	14	<i>nitrofurantoin macrocrystal</i>	14
<i>necon 0.5/35 28 day</i>	56	<i>nitrofurantoin monohyd macro</i>	14
<i>necon 10/11-28</i>	56	<i>nitroglycerin</i>	33
NECON 7/7/7	56	NITROGLYCERIN LINGUAL	33
<i>necon tab 1/35</i>	57	<i>nitroglycerin td patch</i>	33
NECON TAB 1/50-28	57	<i>nizatidine</i>	64
<i>nefazodone hcl</i>	38	<i>nolix</i>	84
<i>neomycin sulfate</i>	13	NORA-BE TAB	57
<i>neomycin/polymyxin b gu</i>	85	NORDITROPIN FLEXPEN	60
<i>neomycin-bacitracin zn-polymyxin</i>	76	<i>norethin acet & estrad-fe</i>	57
<i>neomycin-polymy-dexameth</i>	75	NORETHIN ACET & ESTRAD-FE	57
<i>neomycin-polymyxin-gramicidin</i>	76	<i>norethindrone & ethinyl estradiol-fe</i> ...	57
<i>neomycin-polymyxin-hc (ophth)</i>	75	<i>norethindrone (contraceptive)</i>	57
<i>neomycin-polymyxin-hc (otic)</i>	86	<i>norethindrone acet & eth estra</i>	57
NEORAL	71	<i>norethindrone acetate</i>	62
NEPHRAMINE	74	<i>norethindrone acetate-ethinyl estradiol</i>	
NERLYNX	25	<i>1mg-5mcg</i>	59
NESINA	53	<i>norgest/ethi tab 0.25/35</i>	57
<i>neuac gel 1.2-5%</i>	82	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
NEULASTA	69		57
NEULASTA ONPRO KIT	69	NORITATE	85
NEUPOGEN	69	<i>norlyroc 28 day</i>	57
NEUPRO	39	NORMOSOL-M IN D5W	75
<i>nevirapine</i>	16	NORMOSOL-R	75
NEVIRAPINE	16	NORPACE CR	28
NEXAVAR	25	NORTHERA	33
NEXIUM GRA 10MG DR	66	<i>nortrel 0.5/35 28 day</i>	57
NEXIUM GRA 2.5MG DR	66	<i>nortrel 1/35 21 day</i>	57
NEXIUM GRA 20MG DR	66	<i>nortrel 1/35 28 day</i>	57
NEXIUM GRA 40MG DR	66	<i>nortrel 7/7/7 28 day</i>	57
NEXIUM GRA 5MG DR	66	<i>nortriptyline hcl</i>	38
<i>niacin er (antihyperlipidemic)</i>	29	NORVIR	16
<i>niacor</i>	29	NOVAREL INJ 10000UNT	61
<i>nicardipine hcl</i>	31	NOVOLIN 70/30	50
NICOTROL INHALER	48	NOVOLIN 70/30 RELION	50
NICOTROL NS	48	NOVOLIN N	50
<i>nifedical xl</i>	31	NOVOLIN N RELION	50
<i>nifedipine</i>	31	NOVOLIN R	50
<i>nifedipine er</i>	31	NOVOLIN R RELION	50
<i>nikki 28 day</i>	57	NOVOLOG	50
<i>nilutamide</i>	24	NOVOLOG FLEXPEN	50
<i>nimodipine</i>	31	NOVOLOG MIX 70/30	50
NINLARO	23	NOVOLOG MIX 70/30 PREFILL	50
NIPENT	22	NOVOLOG PENFILL	50

NOXAFIL	15	OMNITROPE 5MG.....	61
NUCALA	80	<i>ondansetron hcl</i>	63
NUCYNTA	11	<i>ondansetron hcl inj</i>	63
NUCYNTA ER	11	<i>ondansetron hcl oral soln</i>	63
NUEDEXTA	47	<i>ondansetron odt</i>	63
NULOJIX	71	ONE-TOUCH TEST STRIPS	27
NULYTELY/FLAVOR PACKS	65	ONEXTON	82
NUPLAZID	41	ONFI.....	36
<i>nutrilipid inj 20%</i>	74	ONGLYZA	53
NUTROPIN AQ NUSPIN 10	61	ONIVYDE.....	26
NUTROPIN AQ NUSPIN 20	61	ONMEL.....	15
NUTROPIN AQ NUSPIN 5	61	ONZETRA XSAIL	46
NUVARING	57	OPANA ER (CRUSH RESISTANT) ...	11, 12
NUVESSA	67	OPSUMIT.....	33
<i>nyamyc</i>	82	ORALAIR	70
<i>nyata</i>	82	ORAVIG	86
NYMALIZE	31	ORBACTIV	14
<i>nystatin</i>	15	ORENITRAM TAB 0.125MG	33
<i>nystatin (mouth-throat)</i>	86	ORENITRAM TAB 0.25MG.....	33
<i>nystatin (topical)</i>	82	ORENITRAM TAB 1MG	33
<i>nystatin pow 100000</i>	82	ORENITRAM TAB 2.5MG	33
<i>nystop</i>	83	ORENITRAM TAB 5MG	33
O		ORFADIN.....	58
OCELLA TAB 3-0.03MG.....	57	ORKAMBI	80
OCTAGAM	70	<i>orsythia 28 day</i>	57
<i>octreotide acetate</i>	61	<i>oseltamivir phosphate</i>	18
ODEFSEY	17	OSENI TAB 12.5-15MG.....	53
ODOMZO.....	26	OSENI TAB 12.5-30MG.....	53
OFEV	80	OSENI TAB 12.5-45MG.....	53
<i>ofloxacin (ophth)</i>	76	OSENI TAB 25-15MG.....	53
<i>ofloxacin (otic)</i>	86	OSENI TAB 25-30MG.....	53
<i>ogestrel 28 day</i>	57	OSENI TAB 25-45MG.....	53
<i>olanzapine</i>	41	OSMOPREP	65
<i>olanzapine odt</i>	41	OTOVEL	86
<i>olmesartan medoxomil</i>	28	<i>oxacillin sodium</i>	20
<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	28	<i>oxaliplatin</i>	26
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	28	<i>oxandrolone</i>	49
<i>olopatadine hcl</i>	77	<i>oxaprozin</i>	8
<i>olopatadine hcl (nasal)</i>	79	<i>oxcarbazepine</i>	36
<i>omega-3-acid ethyl esters</i>	30	OXICONAZOLE NITRATE	83
<i>omeprazole cap 10mg</i>	66	OXISTAT	83
<i>omeprazole cap 20mg</i>	66	OXTELLAR XR.....	36
<i>omeprazole cap 40mg</i>	66	<i>oxybutynin chloride</i>	67
OMNARIS	80	<i>oxycodone hcl</i>	12
OMNITROPE 10MG.....	61	OXYCODONE HCL	12
OMNITROPE 5.8MG.....	61	<i>oxycodone w/ acetaminophen 10-325mg</i>	12
		<i>oxycodone w/ acetaminophen 2.5-325mg</i>	12

.....12	PENTACEL 72
<i>oxycodone w/ acetaminophen 5-325mg</i>12	PENTAM 300 14
.....12	PENTASA..... 64
<i>oxycodone w/ acetaminophen 7.5-325mg</i>12	<i>pentoxifylline</i> 69
.....12	PERFOROMIST 79
<i>oxycodone w/ acetaminophen soln</i>12	<i>perindopril erbumine</i> 27
<i>oxycodone-aspirin</i>12	<i>periogard soln 0.12%</i> 86
<i>oxycodone-ibuprofen</i>12	PERJETA..... 23
OXYCONTIN.....12	<i>permethrin</i> 85
<i>oxymorphone hcl</i>12	<i>perphenazine</i> 41
OXYTROL67	PERTZYE 66
P	PEXEVA..... 38
<i>pacerone</i>29	<i>pfizerpen g inj 5mu</i> 21
<i>paclitaxel</i>23	<i>pfizerpen-g inj 20mu</i> 21
<i>paliperidone</i>41	<i>phenadoz</i> 63
<i>pamidronate disodium</i>54	<i>phenelzine sulfate</i> 38
PANCREAZE.....66	<i>phenegan</i> 63
PANDEL84	<i>phenobarbital</i> 36
PANRETIN85	<i>phenobarbital sodium</i> 36
<i>pantoprazole sodium</i>66	PHENOBARBITAL SODIUM..... 36
<i>paricalcitol</i>75	PHENOXYBENZAMINE HCL 33
PARICALCITOL75	<i>phenytek</i> 36
<i>paroex sol 0.12%</i>86	<i>phenytoin</i> 36
<i>paromomycin sulfate</i>13	<i>phenytoin inj 50mg/ml</i> 36
<i>paroxetine er tab</i>38	<i>phenytoin sodium extended</i> 36
<i>paroxetine hcl tabs</i>38	<i>philith</i> 57
<i>paser d/r</i>17	PHOSLYRA..... 62
PATADAY.....77	PHOSPHOLINE IODIDE 77
PAXIL38	PICATO 85
PAZEO77	PILOCARPINE HCL 77
PCE20	<i>pilocarpine hcl (oral)</i> 86
PEDIARIX.....72	PILOCARPINE HCL (ORAL) 86
PEDVAX HIB72	<i>pimozide</i> 41
PEG 3350-KCL-SOD BICARB-SOD	<i>pimtrea pack</i> 57
CHLORIDE-SOD SULFATE65	<i>pindolol</i> 30
<i>peg 3350-potassium chloride-sod</i>	<i>pioglitazone hcl</i> 53
<i>bicarbonate-sod chloride</i>65	<i>pioglitazone hcl-glimepiride</i> 53
PEGANONE36	<i>pioglitazone hcl-metformin hcl</i> 53
PEGASYS18	<i>piperacillin sodium-tazobactam sodium</i> 21
PEGASYS PROCLICK18	<i>piperacillin/tazobactam</i> 21
PENICILLIN G POT IN DEXTROSE.....20	<i>pirmella 1/35 28 day</i> 57
PENICILLIN G POTASSIUM IN.....20	<i>piroxicam</i> 8
<i>penicillin g procaine</i>20	PLASMA-LYTE A..... 75
<i>penicillin g sodium</i>20	PLASMA-LYTE-148 75
<i>penicillin v potassium</i>20	<i>plenamine</i> 74
<i>penicillin gk inj 20mu</i>21	<i>podofilox</i> 85
<i>penicillin gk inj 5mu</i>20	<i>polyethylene glycol 3350</i> 65
PENNSAID85	<i>polymyxin b sulfate</i> 14

<i>polymyxin b-trimethoprim</i>	76	<i>prednisone con 5mg/ml</i>	60
POMALYST	70	<i>prednisone pak 10mg</i>	60
<i>portia 28 day</i>	57	<i>prednisone pak 5mg</i>	60
<i>pot chloride inj 2meq/ml</i>	75	<i>prednisone sol 5mg/5ml</i>	60
<i>potassium chloride</i>	73	<i>prednisone tab 10mg</i>	60
POTASSIUM CHLORIDE	73, 75	<i>prednisone tab 1mg</i>	60
POTASSIUM CHLORIDE 0.3%/D	75	<i>prednisone tab 2.5mg</i>	60
<i>potassium chloride caps er</i>	73	<i>prednisone tab 20mg</i>	60
<i>potassium chloride in nacl</i>	75	<i>prednisone tab 50mg</i>	60
POTASSIUM CHLORIDE IN NACL	75	<i>prednisone tab 5mg</i>	60
<i>potassium chloride microencapsulated</i>		PREGNYL W/DILUENT BENZYL	61
<i>crystals er</i>	73	PREMARIN CREAM	59
<i>potassium citrate (alkalinizer)</i>	67	PREMARIN INJ	59
POTASSIUM CITRATE (ALKALINIZER) ..	67	<i>premasol 10%</i>	74
POTIGA	36	<i>premasol 6%</i>	74
PRADAXA	68	<i>prenatal vitamin/folic acid > 0.8 mg</i>	
PRALUENT	30	<i>(generic)</i>	75
<i>pramipexole dihydrochloride</i>	39	PREPOPIK	65
<i>pramipexole tab 0.125mg</i>	39	PREVACID SOLUTAB	66
<i>pramipexole tab 0.25mg</i>	39	<i>prevalite</i>	30
<i>pramipexole tab 0.375mg</i>	39	<i>previfem 28 day</i>	57
<i>pramipexole tab 0.5mg</i>	39	PREZCOBIX	17
<i>pramipexole tab 0.75 er</i>	39	PREZISTA	16
<i>pramipexole tab 0.75mg</i>	39	PRIFTIN	17
<i>pramipexole tab 1.5mg</i>	39	PRIOSEC	66
<i>pramipexole tab 1.5mg er</i>	39	PRIMAQUINE PHOSPHATE	15
<i>pramipexole tab 1mg</i>	39	<i>primidone</i>	36
<i>pramipexole tab 2.25mg</i>	39	PRIMSOL	14
<i>pramipexole tab 3mg</i>	39	PRISTIQ	38
<i>pramipexole tab 4.5mg</i>	39	PRIVIGEN	70
<i>prasugrel hcl</i>	69	PROAIR HFA	79
<i>pravastatin sodium</i>	29	PROAIR RESPICLICK	79
<i>prazosin hcl</i>	27	<i>probenecid</i>	7
PRED MILD	77	PROCALAMINE	74
<i>pred sod pho sol 5mg/5ml</i>	60	<i>prochlorperazine inj 5 mg/ml</i>	63
PRED-G	75	<i>prochlorperazine maleate</i>	63
PRED-G S.O.P.	75	<i>prochlorperazine supp</i>	63
<i>prednicarbate</i>	84	PROCRIT	69
PREDNICARBATE	84	<i>procto-med</i>	83
PREDNISOLONE ACETATE (OPHTH)	77	<i>procto-pak</i>	83
<i>prednisolone sodium phosphate</i>	60	<i>proctosol hc 2.5 %</i>	83
<i>prednisolone sodium phosphate (ophth)</i>		<i>proctozone hc</i>	83
.....	77	PROCYSBI	58
<i>prednisolone sol 10mg/5ml</i>	60	<i>progesterone micronized</i>	62
<i>prednisolone sol 15mg/5ml</i>	60	PROGLYCEM SUS 50MG/ML	60
<i>prednisolone sol 20mg/5ml</i>	60	PROGRAF	71
<i>prednisolone sol 25mg/5ml</i>	60	PROLASTIN-C	80
<i>prednisolone syrup 15 mg/5ml</i>	60	PROLENSA	78

PROLEUKIN	23	RANEXA	33
PROLIA	61	<i>ranitidine hcl</i>	64
PROMACTA	69	<i>ranitidine hcl inj</i>	64
<i>promethazine hcl</i>	63	RAPAFLO	67
<i>promethegan</i>	63	RAPAMUNE	71
<i>propafenone hcl</i>	29	<i>rasagiline mesylate</i>	39
<i>propafenone hcl 12hr</i>	29	RAVICTI	58
<i>proparacaine hcl</i>	78	RAYALDEE	75
<i>propranolol & hydrochlorothiazide</i>	30	RAYOS TAB 1MG	60
<i>propranolol hcl er</i>	30	RAYOS TAB 2MG	60
<i>propranolol inj 1mg/ml</i>	30	RAYOS TAB 5MG	60
<i>propranolol oral sol</i>	30	REBETOL	18
<i>propranolol tab</i>	30	<i>reclipsen 28 day</i>	57
<i>propylthiouracil</i>	62	RECOMBIVAX HB	72
PROQUAD	72	RECTIV	85
PROSOL	74	REGRANEX	85
PROTONIX	66	RELENZA DISKHALER	18
<i>protriptyline hcl</i>	38	RELISTOR	65
PROVENTIL HFA	79	RELPAK	46
PULMICORT FLEXHALER	81	REMICADE	70
PULMOZYME	80	REMODULIN	34
PURIXAN	22	RENAGEL	62
PYLERA	65	REVELA PAK	62
<i>pyrazinamide</i>	17	REVELA TAB 800MG	62
<i>pyridostigmine bromide</i>	47	<i>repaglinide</i>	53
<i>pyridostigmine tab 60mg</i>	47	<i>repaglinide-metformin hcl</i>	53
Q		RESCRIPTOR	16
QBRELIS	27	RESTASIS	78
QNASL	80	RESTASIS MULTIDOSE	78
QNASL CHILDRENS	80	RETIN-A MICRO PUMP	82
QUADRACEL	72	RETROVIR IV INFUSION	16
QUARTETTE	57	REVATIO	34
<i>quasense 91 day</i>	57	REVLIMID	70
<i>quetiapine fumarate</i>	41, 42	REXULTI	42
QUILLICHEW ER	44, 45	REYATAZ	16
QUILLIVANT XR	45	RHEUMATREX	70
<i>quinapril hcl</i>	27	<i>ribapak mis 600/day</i>	18
<i>quinapril-hydrochlorothiazide</i>	27	<i>ribasphere</i>	18
<i>quinidine gluconate</i>	29	<i>ribasphere ribapak 1000</i>	18
<i>quinidine sulfate</i>	29	<i>ribasphere ribapak 1200</i>	18
<i>quinine sulfate</i>	15	<i>ribasphere ribapak 800</i>	18
QVAR	81	<i>ribavirin 200mg</i>	18
R		<i>rifabutin</i>	17
RABAVERT	72	<i>rifamate</i>	17
<i>rabeprazole sodium</i>	66	<i>rifampin</i>	17
RAGWITEK	70	RIFATER	17
<i>raloxifene hcl</i>	61	<i>riluzole</i>	47
<i>ramipril</i>	27	<i>rimantadine hydrochloride</i>	18

RINGER'S.....	75	SANCUSO.....	63
RIOMET	53	SANDIMMUNE SOLN	71
<i>risedronate sodium</i>	54	SANDOSTATIN LAR DEPOT.....	61
RISPERDAL INJ 12.5MG.....	42	SANTYL.....	85
RISPERDAL INJ 25MG	42	SAPHRIS	42
RISPERDAL INJ 37.5MG.....	42	SARAFEM	48
RISPERDAL INJ 50MG	42	SAVAYSA.....	68
<i>risperidone</i>	42	SAVELLA	47
<i>risperidone odt</i>	42	SAVELLA TITRATION PACK.....	47
RITALIN LA.....	45	<i>scopolamine</i>	63
RITUXAN.....	23	<i>selegiline hcl</i>	40
RITUXAN HYCELA.....	23	<i>selenium sulfide</i>	83
<i>rivastigmine tartrate</i>	37	SELZENTRY	16
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	37	SEMPREX-D	78
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	37	SENSIPAR	54
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	37	SEREVENT DISKUS	79
RIVELSA TAB	57	SERNIVO.....	84
<i>rizatriptan benzoate</i>	46	SEROSTIM.....	61
<i>ropinirole tab 0.25mg</i>	39	<i>sertraline hcl</i>	38, 39
<i>ropinirole tab 0.5mg</i>	39	<i>setlakin tab</i>	57
<i>ropinirole tab 12mg er</i>	40	SF-ROWASA	65
<i>ropinirole tab 1mg</i>	40	<i>sharobel 28 day</i>	57
<i>ropinirole tab 2mg</i>	40	SIGNIFOR.....	61
<i>ropinirole tab 2mg er</i>	40	SIGNIFOR LAR	61
<i>ropinirole tab 3mg</i>	40	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	34
<i>ropinirole tab 4mg</i>	40	SILENOR	45
<i>ropinirole tab 4mg er</i>	40	SILVER SULFADIAZINE.....	82
<i>ropinirole tab 5mg</i>	40	SIMBRINZA SUS 1-0.2%	77
<i>ropinirole tab 6mg er</i>	40	SIMULECT	71
<i>ropinirole tab 8mg er</i>	40	<i>simvastatin</i>	29
<i>rosadan cre 0.75%</i>	85	<i>sirolimus</i>	71
<i>rosuvastatin calcium</i>	29	SIRTURO.....	17
ROTARIX.....	72	SIVEXTRO	14
ROTATEQ.....	72	SKLICE	85
<i>roweepra</i>	36	SMOFLIPID	74
RUBRACA.....	23	SODIUM CHLORIDE	73, 75
RUCONEST	69	SODIUM CHLORIDE 0.45% VIA	75
RYDAPT	25	SODIUM CHLORIDE 0.9%	85
RYTARY.....	40	sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	73
S		<i>sodium phenylbutyrate</i>	58
SABRIL	37	<i>sodium polystyrene sulfonate</i>	54
SAFYRAL	57	SOLQUA 100/33.....	50
SAIZEN.....	61	SOLTAMOX	24
SAIZEN CLICK.EASY	61	SOLU-CORTEF 1000MG	60
SAMSCA.....	61	SOLU-CORTEF 100MG	60
		SOLU-CORTEF 250MG	60

SOLU-CORTEF 500MG	60	<i>sulfasalazine dr</i>	65
SOLU-MEDROL INJ 2GM	60	<i>sulfasalazine ir</i>	65
SOMATULINE DEPOT.....	62	<i>sulindac</i>	8
SOMAVERT	62	SUMATRIPTAN INJ 4MG/0.5ML	46
SOOLANTRA	85	<i>sumatriptan inj 6mg/0.5ml</i>	46
SORILUX.....	83	<i>sumatriptan succinate</i>	46
<i>sorine</i>	29	SUMATRIPTAN SUCCINATE	46
<i>sotalol hcl</i>	29	SUMAVEL DOSEPRO.....	46
<i>sotalol hcl (afib/af)</i>	29	<i>suprax</i>	19
SOTYLIZE.....	30	SUPRAX	19
SOVALDI.....	18	SUPREP BOWEL PREP KIT	65
SPIRIVA HANDIHALER.....	78	SUSTIVA	16
SPIRIVA RESPIMAT.....	78	SUSTOL	64
<i>spironolactone</i>	27	SUTENT	25
<i>spironolactone & hydrochlorothiazide</i> ..	32	<i>syeda</i>	57
SPORANOX SOL 10MG/ML	15	SYLATRON KIT 200MCG.....	26
<i>sprintec 28 day</i>	57	SYLATRON KIT 300MCG.....	26
SPRITAM	37	SYLATRON KIT 600MCG.....	26
SPRYCEL	25	SYMBICORT	81
<i>sps susp 15gm/60ml</i>	54	SYMLINPEN 120	50
<i>sronyx 28 day</i>	57	SYMLINPEN 60	50
SSD	82	SYNAGIS	72
<i>stavudine</i>	16	SYNAREL.....	58
STERILE WATER IRRIGATION.....	86	SYNDROS	64
STIMATE	63	SYNERA	85
STIOLTO RESPIMAT	78	SYNERCID	14
STIVARGA	25	SYNJARDY TAB 12.5-1000	53
STRATTERA	45	SYNJARDY TAB 12.5-500	53
<i>streptomycin sulfate</i>	13	SYNJARDY TAB 5-1000MG	53
STRIANT	49	SYNJARDY TAB 5-500MG	53
STRIBILD	17	SYNJARDY XR TAB 10-1000 MG.....	53
STRIVERDI RESPIMAT.....	79	SYNJARDY XR TAB 12.5-1000 MG	53
SUBOXONE MIS 12-3MG	48	SYNJARDY XR TAB 25-1000 MG.....	53
SUBOXONE MIS 2-0.5MG	48	SYNJARDY XR TAB 5-1000 MG.....	53
SUBOXONE MIS 4-1MG	48	SYNRIBO	26
SUBOXONE MIS 8-2MG	48	SYNTHROID	62
SUBSYS	12	SYPRINE	54
SUCRAID	65	T	
<i>sucrafate</i>	65	TABLOID	22
<i>sulfacet sod oin 10% op</i>	76	TACLONEX.....	84
<i>sulfacetamide sodium (acne)</i>	82	<i>tacrolimus</i>	71
<i>sulfacetamide sodium (ophth)</i>	76	<i>tacrolimus (topical)</i>	85
<i>sulfacetamide sod-prednisolone</i>	75	TAFINLAR.....	25
<i>sulfadiazine</i>	13	TAGRISSO	25
<i>sulfamethoxazole-trimethop</i>	14	TAMIFLU SUSR.....	18
<i>sulfamethoxazole-trimethop ds</i>	14	<i>tamoxifen citrate</i>	24
<i>sulfamethoxazole-trimethoprim inj</i>	14	<i>tamsulosin hcl</i>	67
SULFAMYLON.....	82	TANZEUM	50

TARCEVA	25	TIMOPTIC OCUDOSE	77
TARGRETIN	85	TIROSINT	62
<i>tarina fe 1/20 28 day</i>	57	TIVICAY	16
TASIGNA	25	<i>tizanidine</i>	47
TAXOTERE	23	TOBI PODHALER	13
TAYTULLA	57	TOBRADEX	75
<i>tazarotene</i>	83	TOBRADEX ST	75
<i>tazicef</i>	19	<i>tobramycin</i>	13
<i>tazicef vial</i>	19	<i>tobramycin (ophth)</i>	76
TAZORAC	83	<i>tobramycin inj 1.2 gm/30ml</i>	13
<i>taztia xt</i>	31	<i>tobramycin inj 1.2gm</i>	13
TECENTRIQ	23	<i>tobramycin inj 10mg/ml</i>	13
TEFLARO	19	<i>tobramycin inj 40mg/ml</i>	13
TEGRETOL	37	<i>tobramycin inj 80mg/2ml</i>	13
TEGRETOL-XR	37	<i>tobramycin-dexamethasone</i>	75
TEKTURNA	32	TOBREX OINT 0.3%	76
TEKTURNA HCT	32	TOLAK	85
<i>telmisartan</i>	28	<i>tolmetin sodium</i>	8
<i>telmisartan-amlodipine</i>	28	<i>tolterodine tartrate er</i>	67
<i>telmisartan-hydrochlorothiazide</i>	28	<i>tolterodine tartrate tab 1 mg</i>	67
<i>temazepam</i>	45	<i>tolterodine tartrate tab 2 mg</i>	67
TENIVAC	72	TOPICORT SPRAY 0.25%	84
<i>terazosin hcl</i>	27	<i>topiramate</i>	37
<i>terbinafine hcl</i>	15	TOPIRAMATE	37
<i>terbutaline sulfate</i>	79	<i>toposar</i>	26
<i>terconazole vaginal</i>	67	<i>topotecan hcl</i>	26
TESTIM	49	TOPOTECAN HCL	26
<i>testosterone</i>	49	TORISEL	23
TESTOSTERONE	49	<i>torse mide tabs</i>	32
<i>testosterone cypionate</i>	49	TOUJEO SOLOSTAR	51
<i>testosterone enanthate</i>	49	TOVIAZ	67
TETANUS/DIPHThERIA TOXOID	72	TPN ELECTROLYTES	73
TETRABENAZINE	47	TRACLEER	34
TETRACYCLINE HCL	21	TRADJENTA	53
<i>texacort</i>	84	TRAMADOL HCL	8
THALOMID	71	<i>tramadol hcl er</i>	8
<i>theo-24</i>	81	TRAMADOL HCL ER	8
<i>theophylline</i>	81	<i>tramadol hcl er (biphasic) 100mg</i>	9
<i>thioridazine hcl</i>	42	<i>tramadol hcl er (biphasic) 200mg</i>	9
<i>thiotepa</i>	21	<i>tramadol hcl er (biphasic) 300mg</i>	9
<i>thiothixene</i>	42	<i>tramadol hcl tab 50 mg</i>	9
THYMOGLOBULIN	71	<i>tramadol-acetaminophen</i>	9
<i>tiagabine hcl</i>	37	<i>trandolapril</i>	27
TIGECYCLINE	14	<i>trandolapril-verapamil hcl</i>	27
TILIA FE	57	<i>tranexamic acid</i>	69
<i>timolol maleate</i>	30	TRANSDERM-SCOP	64
<i>timolol maleate (ophth) soln</i>	77	<i>tranylcypromine sulfate</i>	39
TIMOLOL MALEATE GEL	77	TRAVASOL	74

TRAVATAN Z.....	77	TRULICITY.....	51
<i>trazodone hcl</i>	39	TRUMENBA	72
TREANDA	21	TRUVADA TAB 100-150	17
TRECATOR	17	TRUVADA TAB 133-200	17
TRELSTAR MIXJECT	24	TRUVADA TAB 167-250	17
TRESIBA FLEXTOUCH.....	51	TRUVADA TAB 200-300	17
<i>tretinoin</i>	26, 82	TUDORZA PRESSAIR.....	78
TRETINOIN.....	82	TUDORZA PRESSAIR (INSTITUTIONAL PACK)	78
<i>tretinoin microsphere</i>	82	TWINRIX INJ.....	72
TRETINOIN MICROSPHERE	82	TYBOST.....	16
<i>tretin-x cre 0.075%</i>	82	TYGACIL.....	14
<i>trexall</i>	70	TYKERB.....	25
TREXIMET TAB 10-60MG	46	TYMLOS	62
TREXIMET TAB 85-500MG	46	TYPHIM VI	72
<i>trezix</i>	9	TYSABRI	47
<i>triamcinolone acetonide (mouth)</i>	86	TYVASO	34
<i>triamcinolone acetonide (topical)</i>	84	TYZEKA.....	18
<i>triamt/hctz cap 37.5-25</i>	33	U	
<i>triamt/hctz cap 50-25mg</i>	33	UCERIS TAB.....	65
<i>triamt/hctz tab 37.5-25</i>	33	UCERISFOAM	65
<i>triamt/hctz tab 75-50mg</i>	33	ULORIC.....	7
<i>trianex</i>	84	ULTRAVATE	84
<i>triderm</i>	84	UNITHROID	62
<i>trifluoperazine hcl</i>	42	UPTRAVI	34
<i>trifluridine</i>	76	<i>ursodiol</i>	66
TRIGLIDE.....	30	V	
<i>triklo</i>	30	<i>valacyclovir hcl</i>	18
<i>tri-legest 28 day</i>	57	VALCHLOR.....	85
<i>tri-lynyah</i>	57	VALCYTE	18
<i>tri-lo- tab marzia</i>	57	<i>valganciclovir hcl</i>	18
<i>tri-lo-estarylla</i>	57	<i>valproate sodium</i>	37
<i>tri-lo-sprintec 28 day</i>	57	<i>valproic acid</i>	37
<i>trilyte</i>	65	<i>valsartan</i>	28
<i>trimethoprim</i>	14	<i>valsartan-hydrochlorothiazide</i>	28
<i>trimipramine maleate</i>	39	<i>vancomycin hcl</i>	14
TRINESSA	58	VANCOMYCIN IN NACL	15
TRINESSA LO TAB	58	VANDAZOLE	67
TRINTELLIX.....	39	VAQTA	72
<i>tri-previfem 28 day</i>	57	VARIVAX	72
TRISENOX	26	VARUBI.....	64
<i>tri-sprintec 28 day</i>	58	VASCEPA.....	30
TRIUMEQ	17	VECTIBIX	23
<i>trivora 28 day</i>	58	VELCADE.....	23
TROKENDI XR.....	37	<i>velivet 28 day</i>	58
TROPHAMINE INJ 10%.....	74	VELPHORO	62
<i>trospium chloride</i>	67	VELTASSA	54
<i>trospium chloride er</i>	67	VEMLIDY	18
TRULANCE.....	66		

VENCLEXTA	23	VRAYLAR	42
VENCLEXTA STARTING PACK	23	VRAYLAR THERAPY PACK	43
<i>venlafaxine cap er</i>	39	<i>vyfemla 28 day</i>	58
<i>venlafaxine tab</i>	39	VYTORIN	30
VENTAVIS	34	VYVANSE CAPS	45
VENTOLIN HFA.....	79	VYVANSE CHEW	45
VERAMYST	80	W	
<i>verapamil hcl</i>	31	<i>warfarin sodium</i>	68
VERAPAMIL HCL	31	WELCHOL	30
<i>veripred</i>	60	<i>wymzya fe</i>	58
VERSACLOZ.....	42	X	
VESICARE	67	XADAGO.....	40
<i>vestura</i>	58	XALKORI	25
VEXOL	77	XARELTO	68
VIBATIV	15	XARELTO STARTER PACK.....	68
VIBERZI.....	66	XARTEMIS XR	12
VIBRAMYCIN.....	21	XATMEP	70
<i>vicodin</i>	12	XELJANZ	70
<i>vicodin es</i>	12	XELJANZ XR.....	70
<i>vicodin hp</i>	12	XEOMIN	47
VICTOZA.....	51	XERESE.....	85
VIDEX PEDIATRIC	16	XGEVA	62
<i>vienva 28 day</i>	58	XIFAXAN TAB 200MG	15
<i>vigabatrin powd pack</i>	37	XIFAXAN TAB 550MG	66
VIGAMOX	76	XIGDUO XR TAB 10-1000MG.....	54
VIIBRYD STARTER PACK.....	39	XIGDUO XR TAB 10-500MG.....	54
VIIBRYD TAB	39	XIGDUO XR TAB 5-1000MG.....	53
VIMIZIM	58	XIGDUO XR TAB 5-500MG	53
VIMOVO.....	7	XIIDRA	78
VIMPAT.....	37	XOLAIR	80
<i>vinblastine sulfate</i>	23	XTAMPZA ER.....	12
<i>vincasar</i>	23	XTANDI.....	24
<i>vincristine sulfate</i>	23	<i>xulane dis 150-35</i>	58
<i>vinorelbine tartrate</i>	23	<i>xylon tab 10-200mg</i>	12
VIOKACE 10	66	XYREM	48
VIOKACE 20	66	Y	
<i>viorele</i>	58	YERVOY	23
VIRACEPT	16	YF-VAX	72
VIRAMUNE	16	YOSPRALA	69
VIREAD.....	16	<i>yuvaferm vaginal tablet 10 mcg</i>	59
VIVITROL	48	Z	
VIVLODEX	8	<i>zafirlukast</i>	79
VOGELXO.....	49	<i>zamicet</i>	12
<i>voriconazole</i>	15	ZANOSAR.....	22
<i>voriconazole inj 200mg</i>	15	<i>zarah</i>	58
VOSEVI.....	18	ZAVESCA.....	58
VOTRIENT	25	ZEJULA	23
VPRIV	58	ZELAPAR	40

ZELBORAF.....	25	ZOMIG.....	46
ZEMAIRA.....	80	ZOMIG NASAL SPRAY.....	46
ZEMBRACE SYMTOUCH	46	<i>zonisamide</i>	37
<i>zenatane</i>	82	ZONTIVITY	69
<i>zenchent fe 28 day</i>	58	ZORBTIVE	61
<i>zenchent tab</i>	58	ZORTRESS TAB 0.25MG	71
ZENPEP.....	66	ZORTRESS TAB 0.5MG	71
ZEPATIER.....	18	ZORTRESS TAB 0.75MG	71
ZERBAXA	19	ZOSTAVAX	72
ZERIT	16	ZOSYN.....	21
ZETONNA.....	80	<i>zovia 1/35e 28 day</i>	58
ZIAGEN	16	<i>zovia 1/50e 28 day</i>	58
ZIANA	82	ZOVIRAX.....	85
<i>zidovudine</i>	16	ZUBSOLV SUB 0.7-0.18MG	49
<i>zileuton</i>	79	ZUBSOLV SUB 1.4-0.36MG	49
ZIOPTAN.....	77	ZUBSOLV SUB 11.4-2.9MG	49
<i>ziprasidone hcl</i>	43	ZUBSOLV SUB 2.9-0.71MG	49
ZIRGAN	76	ZUBSOLV SUB 5.7-1.4MG	49
ZMAX	20	ZUBSOLV SUB 8.6-2.1MG	49
ZOHYDRO ER (ABUSE DETERRENT)	12	ZUPLENZ.....	64
<i>zoledronic acid</i>	54	ZURAMPIC.....	7
<i>zoledronic inj 4mg/5ml</i>	54	ZYCLARA.....	85
<i>zoledronic inj 5/100ml</i>	54	ZYDELIG	25
ZOLINZA.....	24	ZYFLO CR.....	79
<i>zolmitriptan</i>	46	ZYKADIA	25
<i>zolmitriptan odt</i>	46	ZYLET	75
<i>zolpidem tartrate</i>	45	ZYPREXA RELPREVV.....	43
ZOMACTON	61	ZYPREXA RELPREVV INJ 210MG.....	43
ZOMETA.....	54	ZYTIGA	24

Este formulario se actualizó en 10/24/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicios para los miembros de Clover Health al 1-888-657-1207. (Los usuarios de TTY deben llamar al 711). Desde el 1 de octubre hasta el 14 de febrero, el horario de atención del centro de atención al cliente es de 8:00 a.m. a 8:00 p.m., los siete días de la semana. Desde el 15 de febrero hasta el 30 de septiembre, el horario de atención es de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Después del horario de atención y durante los feriados, nuestro sistema de correo de voz recibirá su llamada. El Servicio al cliente también ofrece servicios de interpretación gratuitos disponibles para las personas que no hablan inglés; o bien, puede visitar <http://cloverhealth.com>.

Clover Health es un plan de Organización de proveedores preferidos (PPO) que tiene un contrato con Medicare. La inscripción en Clover Health depende de la renovación del contrato.

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente al (888) 657-1207, los usuarios TTY deben llamar al 711, durante las 24 horas, los 7 días de la semana.

Clover Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-479-3657 (TTY: 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-855-479-3657 (TTY: 711).

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-855-479-3657 (TTY: 711).

Este formulario se actualizó en el 24 de octubre 2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al 1-888-657-1207 (TTY 711), los 7 días de la semana de 8 am a 8 pm (hora del este). Desde el 15 de febrero hasta el 30 de septiembre, se usarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los feriados o visite **cloverhealth.com/medicines**.

Clover Health es un plan de Organización de Proveedores Preferidos (Preferred Provider Organization, PPO) que tiene un contrato con Medicare. La inscripción en Clover Health depende de la renovación del contrato. Esta información no es una descripción completa de los beneficios. Póngase en contacto con el plan para obtener más información. Pueden aplicarse limitaciones, copagos y restricciones. Los beneficios, las primas o los copagos/coseguros pueden cambiar el 1 de enero de cada año. El formulario, la red de farmacias o la red de proveedores pueden cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

Tenga en cuenta que los proveedores fuera de la red/sin contrato no tienen la obligación de tratar a los miembros de Clover. Si desea saber si cubriremos un servicio fuera de la red, le recomendamos que usted o su proveedor solicite una determinación de la organización previa al servicio antes de recibir el servicio. Llame al Servicio al Cliente o consulte la Evidencia de cobertura para obtener más información, incluidos los costos compartidos que se aplican a los servicios fuera de la red.

Clover Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-657-1207 (TTY 711).

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-657-1207 (TTY 711).

H5141_6MX010D2_SP_Approved

Clover
está aquí
para ayudarlo.