



Mercy Care Advantage (HMO SNP)

2025 Formulary (List of Covered Drugs)

Formulario para 2025 (Lista de Medicamentos Cubiertos)

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

Formulary ID 00025117, Version 9

This formulary was updated on 09/16/2024. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY: **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **MercyCareAZ.org**.

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

Identificación del Formulario 00025117, Versión 9

Este formulario fue actualizado en 09/16/2024. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY: **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **MercyCareAZ.org**.



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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 09/16/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/16/2024. To get updated information about the drugs covered by Mercy Care Advantage please contact us. Our contact information appears on the front and back cover pages. If we update the formulary during 2025 due to a non-maintenance formulary change, an updated version of the formulary and the notice issued to affected members will be posted on our website at **MercyCareAZ.org**. Printed formularies will be updated with the changes using an errata notice.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 60. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

You can ask Mercy Care Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Mercy Care Advantage's formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Mercy Care Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mercy Care Advantage.
- You can ask Mercy Care Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Mercy Care Advantage (HMO SNP) Formulary?

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

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

Generally, Mercy Care Advantage will only approve your request for an exception if the alternative drugs

included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

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

For more information

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

If you have questions about Mercy Care Advantage, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Mercy Care Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Mercy Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

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

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

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

| Category | Cost-sharing amount |
|--|--|
| Generic drugs (including brand drugs treated as generic) | \$0/\$1.60/\$4.90 (each prescription) |
| All other drugs | \$0/\$4.80/\$12.15 (each prescription) |

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

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

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

Mercy Care Advantage (HMO SNP)

Formulario para 2025 (Lista de medicamentos cubiertos)

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

ID del Formulario 00025117, Versión 9

Este formulario se actualizó el 09/16/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Mercy Care Advantage (HMO SNP) al **602-586-1730** o al **1-877-436-5288** (los usuarios de TTY deben llamar al **711**), de 08:00 a. m. a 08:00 p. m., los 7 días de la semana, o visite el sitio web **MercyCareAZ.org**.

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

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

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual estará en vigencia a partir del 09/16/2024. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

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

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

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

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

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

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

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

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

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

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

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

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

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

hagamos una excepción y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le entregamos también incluirá información sobre cómo solicitar una excepción, y además puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario de Mercy Care Advantage (HMO SNP)?”.

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

El formulario adjunto estará vigente a partir del 09/16/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Si actualizamos el formulario durante el 2025 debido a un cambio no relacionado con el mantenimiento del formulario, se publicará una versión actualizada del formulario y el aviso emitido a los miembros afectados en nuestro sitio web **MercyCareAZ.org**. Los formularios impresos se actualizarán con los cambios mediante un aviso de errata.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar un medicamento dentro del formulario:

Afección médica

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

Listado alfabético

Si no está seguro de qué categoría debe consultar, busque su medicamento en el Índice que comienza en la página 60. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran en el Índice. Consulte el Índice y busque su medicamento. Junto al medicamento, verá el número de página en el que puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Para obtener más información

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

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

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

Formulario de Mercy Care Advantage

El formulario que comienza en la página siguiente proporciona información sobre los medicamentos cubiertos por Mercy Care Advantage. Si tiene alguna dificultad para encontrar en la lista el medicamento que toma, consulte el Índice que comienza en la página 60.

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

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

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

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

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

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

| Abreviatura | Requisitos/límites |
|-------------|---|
| B/D | Cubiertos por la Parte B o la Parte D de Medicare. La mayoría de los medicamentos están cubiertos por la Parte D, pero hay algunos medicamentos que pueden estar cubiertos tanto por la Parte B como por la Parte D según para qué se utiliza el medicamento y cómo se administra. |
| EA | Cada uno. Los medicamentos que tienen EA indican el número de píldoras provistas. |
| NDS | Suministro no extendido. Los medicamentos que indican NDS tienen un límite de suministro de 30 días. |
| NM | No disponible para pedido por correo. |
| PA | Autorización previa. Usted o su proveedor deben obtener la autorización de nuestro plan antes de que aceptemos cubrir el medicamento. |
| QL | Límites de cantidad. Se muestra la cantidad por surtido o resurtido. |
| ST | Tratamiento escalonado. Este medicamento con receta requiere que usted haya probado otro medicamento antes, y que no haya funcionado. |

Servicios de interpretación en varios idiomas

Inglés: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-436-5288**. Alguien que habla inglés/idioma puede ayudarlo. Este es un servicio gratuito.

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

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

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

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

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

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

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

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

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

Árabe: اني دلد ةي ودألا لودج وأ ؤحصلاب قلعتت ؤلىسأ يأنع ؤباجإلل ؤي نإجملا يروفلا مچرتملا تامدخ مدقن انن! ثدحتي ام صخش موقسي. **1-877-436-5288** ىلع انب لاصتالا ىوس لكيلىع سيل، يروف مچرتم ىلع لوصحلل ؤي نإجم ؤمدخ هذ. كتدعاسمب ؤيبرعلا

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-436-5288** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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

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

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

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

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

2025 Formulary (List of Covered Drugs)

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| ANALGESICS – DRUGS TO TREAT PAIN AND INFLAMMATION | | |
| GOUT – DRUGS TO TREAT GOUT | | |
| <i>allopurinol</i> TABS 100mg, 300mg | Tier 1 | |
| <i>colchicine</i> CAPS .6mg | Tier 1 | QL (60 caps/30 days) |
| <i>colchicine</i> TABS .6mg | Tier 1 | QL (120 tabs/30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Tier 1 | |
| MITIGARE CAPS .6mg | Tier 1 | QL (60 caps/30 days) |
| <i>probenecid</i> TABS 500mg | Tier 1 | |
| MISCELLANEOUS | | |
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | Tier 1 | B/D |
| NSAIDS – DRUGS TO TREAT PAIN AND INFLAMMATION | | |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | Tier 1 | QL (60 caps/30 days) |
| <i>celecoxib</i> CAPS 400mg | Tier 1 | QL (30 caps/30 days) |
| <i>diclofenac potassium</i> TABS 50mg | Tier 1 | QL (120 tabs/30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | Tier 1 | |
| <i>diflunisal</i> TABS 500mg | Tier 1 | |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | Tier 1 | |
| <i>flurbiprofen</i> TABS 100mg | Tier 1 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | Tier 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | Tier 1 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | Tier 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | Tier 1 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | Tier 1 | |
| <i>naproxen</i> TBEC 375mg | Tier 1 | QL (120 tabs/30 days) |
| <i>naproxen dr</i> TBEC 500mg | Tier 1 | QL (90 tabs/30 days) |
| <i>naproxen sodium</i> TABS 275mg, 550mg | Tier 1 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | Tier 1 | |
| <i>sulindac</i> TABS 150mg, 200mg | Tier 1 | |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | Tier 1 | QL (10 patches/30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg | Tier 1 | QL (30 tabs/30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg | Tier 1 | NDS, QL (30 tabs/30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml | Tier 1 | QL (450 mL/30 days), PA |
| <i>methadone hcl</i> TABS 5mg, 10mg | Tier 1 | QL (90 tabs/30 days), PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml | Tier 1 | QL (90 mL/30 days), PA |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | Tier 1 | QL (90 tabs/30 days), PA |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | Tier 1 | QL (2700 mL/30 days) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | Tier 1 | QL (400 tabs/30 days) |

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

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

ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES – MISCELLANEOUS

| | | |
|--|--------|-----------------------------|
| <i>albendazole TABS 200mg</i> | Tier 1 | NDS, QL (672 tabs/year), PA |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i> | Tier 1 | |
| <i>ARIKAYCE SUSP 590mg/8.4ml</i> | Tier 1 | NDS, NM, PA |
| <i>atovaquone SUSP 750mg/5ml</i> | Tier 1 | QL (300 mL/30 days), PA |
| <i>aztreonam SOLR 1gm, 2gm</i> | Tier 1 | |
| <i>CAYSTON SOLR 75mg</i> | Tier 1 | NDS, NM, PA |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i> | Tier 1 | |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i> | Tier 1 | |
| <i>clindamycin phosphate SOLN 900mg/6ml, 9000mg/60ml</i> | Tier 1 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | Tier 1 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | Tier 1 | |
| CLINDMYC/NAC INJ 300/50ML | Tier 1 | |
| CLINDMYC/NAC INJ 600/50ML | Tier 1 | |
| CLINDMYC/NAC INJ 900/50ML | Tier 1 | |
| <i>colistimethate sodium SOLR 150mg</i> | Tier 1 | |
| <i>dapsone TABS 25mg, 100mg</i> | Tier 1 | |
| DAPTOMYCIN SOLR 350mg | Tier 1 | NDS |
| <i>daptomycin SOLR 350mg, 500mg</i> | Tier 1 | NDS |
| EMVERM CHEW 100mg | Tier 1 | NDS, QL (12 tabs/year) |
| <i>ertapenem sodium SOLR 1gm</i> | Tier 1 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | Tier 1 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | Tier 1 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | Tier 1 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | Tier 1 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | Tier 1 | |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i> | Tier 1 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | Tier 1 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | Tier 1 | |
| IMPAVIDO CAPS 50mg | Tier 1 | NDS, PA |
| <i>ivermectin TABS 3mg</i> | Tier 1 | QL (12 tabs/90 days), PA |
| <i>linezolid SOLN 600mg/300ml</i> | Tier 1 | |
| <i>linezolid SUSR 100mg/5ml</i> | Tier 1 | NDS, QL (1800 mL/30 days) |
| <i>linezolid TABS 600mg</i> | Tier 1 | QL (60 tabs/30 days) |
| LINEZOLID INJ 2MG/ML | Tier 1 | |
| <i>meropenem SOLR 1gm, 500mg</i> | Tier 1 | |
| <i>methenamine hippurate TABS 1gm</i> | Tier 1 | |
| <i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i> | Tier 1 | |
| <i>neomycin sulfate TABS 500mg</i> | Tier 1 | |
| <i>nitazoxanide TABS 500mg</i> | Tier 1 | NDS, QL (6 tabs/30 days) |
| <i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i> | Tier 1 | |
| <i>nitrofurantoin monohyd macro CAPS 100mg</i> | Tier 1 | |
| <i>pentamidine isethionate inh SOLR 300mg</i> | Tier 1 | B/D |
| <i>pentamidine isethionate inj SOLR 300mg</i> | Tier 1 | |
| <i>polymyxin b sulfate SOLR 500000unit</i> | Tier 1 | |
| <i>praziquantel TABS 600mg</i> | Tier 1 | |
| <i>pyrimethamine TABS 25mg</i> | Tier 1 | NDS, QL (90 tabs/30 days), PA |
| <i>streptomycin sulfate SOLR 1gm</i> | Tier 1 | NDS |
| <i>sulfadiazine TABS 500mg</i> | Tier 1 | NDS |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | Tier 1 | |
| <i>tinidazole TABS 250mg, 500mg</i> | Tier 1 | |
| TOBI PODHALER CAPS 28mg | Tier 1 | NDS, NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>tobramycin</i> NEBU 300mg/5ml | Tier 1 | NDS, NM, PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | Tier 1 | |
| <i>trimethoprim</i> TABS 100mg | Tier 1 | |
| <i>vancomycin hcl</i> CAPS 125mg | Tier 1 | QL (80 caps/180 days) |
| <i>vancomycin hcl</i> CAPS 250mg | Tier 1 | QL (160 caps/180 days) |
| <i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | Tier 1 | |
| VANCOMYCIN INJ 1 GM | Tier 1 | |
| VANCOMYCIN INJ 500MG | Tier 1 | |
| VANCOMYCIN INJ 750MG | Tier 1 | |
| ANTIFUNGALS – DRUGS TO TREAT FUNGAL INFECTIONS | | |
| ABELCET SUSP 5mg/ml | Tier 1 | B/D |
| <i>amphotericin b</i> SOLR 50mg | Tier 1 | B/D |
| <i>amphotericin b liposome</i> SUSR 50mg | Tier 1 | NDS, B/D |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg | Tier 1 | |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml | Tier 1 | |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml | Tier 1 | |
| <i>flucytosine</i> CAPS 250mg, 500mg | Tier 1 | NDS, PA |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | Tier 1 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | Tier 1 | |
| <i>itraconazole</i> CAPS 100mg | Tier 1 | PA |
| <i>ketoconazole</i> TABS 200mg | Tier 1 | PA |
| <i>micafungin sodium</i> SOLR 50mg, 100mg | Tier 1 | |
| <i>nystatin</i> TABS 500000unit | Tier 1 | |
| <i>posaconazole</i> SUSP 40mg/ml | Tier 1 | NDS, QL (630 mL/30 days), PA |
| <i>posaconazole</i> TBEC 100mg | Tier 1 | NDS, QL (93 tabs/30 days), PA |
| <i>terbinafine hcl</i> TABS 250mg | Tier 1 | QL (30 tabs/30 days), PA; PA applies after a 90-day supply in a calendar year |
| <i>voriconazole</i> SOLR 200mg | Tier 1 | PA |
| <i>voriconazole</i> SUSR 40mg/ml | Tier 1 | NDS, QL (600 mL/28 days), PA |
| <i>voriconazole</i> TABS 50mg | Tier 1 | QL (480 tabs/30 days) |
| <i>voriconazole</i> TABS 200mg | Tier 1 | QL (120 tabs/30 days) |
| ANTIMALARIALS – DRUGS TO TREAT MALARIA | | |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg | Tier 1 | |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg | Tier 1 | |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | Tier 1 | |
| COARTEM TAB 20-120MG | Tier 1 | |
| <i>mefloquine hcl</i> TABS 250mg | Tier 1 | |
| <i>primaquine phosphate</i> TABS 26.3mg | Tier 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | Tier 1 | |
| <i>quinine sulfate</i> CAPS 324mg | Tier 1 | PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| ANTIRETROVIRAL AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION | | |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | Tier 1 | NM |
| APTIVUS CAPS 250mg | Tier 1 | NDS, NM |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | Tier 1 | NM |
| <i>darunavir</i> TABS 600mg | Tier 1 | NDS, QL (60 tabs/30 days), NM |
| <i>darunavir</i> TABS 800mg | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| EDURANT TABS 25mg | Tier 1 | NDS, NM |
| <i>efavirenz</i> TABS 600mg | Tier 1 | NM |
| <i>emtricitabine</i> CAPS 200mg | Tier 1 | NM |
| EMTRIVA SOLN 10mg/ml | Tier 1 | NM |
| <i>etravirine</i> TABS 100mg, 200mg | Tier 1 | NDS, NM |
| <i>fosamprenavir calcium</i> TABS 700mg | Tier 1 | NDS, NM |
| FUZEON SOLR 90mg | Tier 1 | NDS, NM |
| INTELENCE TABS 25mg | Tier 1 | NM |
| ISENTRESS CHEW 25mg | Tier 1 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | Tier 1 | NDS, NM |
| ISENTRESS HD TABS 600mg | Tier 1 | NDS, NM |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg | Tier 1 | NM |
| <i>maraviroc</i> TABS 150mg, 300mg | Tier 1 | NDS, NM |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | Tier 1 | NM |
| NORVIR PACK 100mg | Tier 1 | NM |
| PIFELTRO TABS 100mg | Tier 1 | NDS, NM |
| PREZISTA SUSP 100mg/ml | Tier 1 | NDS, QL (400 mL/30 days), NM |
| PREZISTA TABS 75mg | Tier 1 | QL (480 tabs/30 days), NM |
| PREZISTA TABS 150mg | Tier 1 | NDS, QL (240 tabs/30 days), NM |
| REYATAZ PACK 50mg | Tier 1 | NDS, NM |
| <i>ritonavir</i> TABS 100mg | Tier 1 | NM |
| RUKOBIA TB12 600mg | Tier 1 | NDS, NM |
| SELZENTRY SOLN 20mg/ml; TABS 75mg | Tier 1 | NDS, NM |
| SELZENTRY TABS 25mg | Tier 1 | NM |
| SUNLENCA TBPK 300mg | Tier 1 | NDS, NM |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | Tier 1 | NM |
| TIVICAY TABS 10mg | Tier 1 | NM |
| TIVICAY TABS 25mg, 50mg | Tier 1 | NDS, NM |
| TIVICAY PD TBSO 5mg | Tier 1 | NDS, NM |
| TROGARZO SOLN 200mg/1.33ml | Tier 1 | NDS, NM |
| TYBOST TABS 150mg | Tier 1 | NM |
| VIRACEPT TABS 250mg, 625mg | Tier 1 | NDS, NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | Tier 1 | NDS, NM |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | Tier 1 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | Tier 1 | NM |
| BIKTARVY TAB 30-120-15 MG | Tier 1 | NDS, NM |
| BIKTARVY TAB 50-200-25 MG | Tier 1 | NDS, NM |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| CIMDUO TAB 300-300 | Tier 1 | NDS, NM |
| COMPLERA TAB | Tier 1 | NDS, NM |
| DELSTRIGO TAB | Tier 1 | NDS, NM |
| DESCOVY TAB 120-15MG | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| DESCOVY TAB 200/25MG | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| DOVATO TAB 50-300MG | Tier 1 | NDS, NM |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | Tier 1 | NDS, NM |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | Tier 1 | NDS, NM |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | Tier 1 | NDS, NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | Tier 1 | QL (30 tabs/30 days), NM |
| EVOTAZ TAB 300-150 | Tier 1 | NDS, NM |
| GENVOYA TAB | Tier 1 | NDS, NM |
| JULUCA TAB 50-25MG | Tier 1 | NDS, NM |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | Tier 1 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | Tier 1 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | Tier 1 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | Tier 1 | NM |
| ODEFSEY TAB | Tier 1 | NDS, NM |
| PREZCOBIX TAB 800-150 | Tier 1 | NDS, NM |
| STRIBILD TAB | Tier 1 | NDS, NM |
| SYMTUZA TAB | Tier 1 | NDS, NM |
| TRIUMEQ PD TAB | Tier 1 | NM |
| TRIUMEQ TAB | Tier 1 | NDS, NM |
| ANTITUBERCULAR AGENTS – DRUGS TO TREAT TUBERCULOSIS | | |
| <i>cycloserine CAPS 250mg</i> | Tier 1 | NDS |
| <i>ethambutol hcl TABS 100mg, 400mg</i> | Tier 1 | |
| <i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i> | Tier 1 | |
| PRIFTIN TABS 150mg | Tier 1 | |
| <i>pyrazinamide TABS 500mg</i> | Tier 1 | |
| <i>rifabutin CAPS 150mg</i> | Tier 1 | |
| <i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i> | Tier 1 | |
| SIRTURO TABS 20mg, 100mg | Tier 1 | NDS, NM, PA |
| TRECTOR TABS 250mg | Tier 1 | |
| ANTIVIRALS – DRUGS TO TREAT VIRAL INFECTIONS | | |
| <i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i> | Tier 1 | |
| <i>acyclovir sodium SOLN 50mg/ml</i> | Tier 1 | B/D |
| <i>adefovir dipivoxil TABS 10mg</i> | Tier 1 | NM |
| BARACLUDE SOLN .05mg/ml | Tier 1 | NDS, NM, ST |
| <i>entecavir TABS .5mg, 1mg</i> | Tier 1 | NM |
| EPCLUSA PAK 150-37.5 | Tier 1 | NDS, NM, PA |
| EPCLUSA PAK 200-50MG | Tier 1 | NDS, NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| EPCLUSA TAB 200-50MG | Tier 1 | NDS, NM, PA |
| EPCLUSA TAB 400-100 | Tier 1 | NDS, NM, PA |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | Tier 1 | |
| <i>ganciclovir sodium</i> SOLR 500mg | Tier 1 | B/D |
| HARVONI PAK 33.75-150MG | Tier 1 | NDS, NM, PA |
| HARVONI PAK 45-200MG | Tier 1 | NDS, NM, PA |
| HARVONI TAB 45-200MG | Tier 1 | NDS, NM, PA |
| HARVONI TAB 90-400MG | Tier 1 | NDS, NM, PA |
| <i>lamivudine (hbv)</i> TABS 100mg | Tier 1 | NM |
| LIVTENCITY TABS 200mg | Tier 1 | NDS, QL (336 tabs/28 days), NM, PA |
| MAVYRET PAK 50-20MG | Tier 1 | NDS, NM, PA |
| MAVYRET TAB 100-40MG | Tier 1 | NDS, NM, PA |
| <i>oseltamivir phosphate</i> CAPS 30mg | Tier 1 | QL (168 caps/year) |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | Tier 1 | QL (84 caps/year) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | Tier 1 | QL (1080 mL/year) |
| PAXLOVID TAB 150-100 | Tier 1 | NDS, QL (40 tabs/90 days) |
| PAXLOVID TAB 300-100 | Tier 1 | NDS, QL (60 tabs/90 days) |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | Tier 1 | NDS, NM, PA |
| PREVYMIS TABS 240mg, 480mg | Tier 1 | NDS, QL (28 tabs/28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister | Tier 1 | QL (6 inhalers/year) |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | Tier 1 | NM |
| <i>rimantadine hydrochloride</i> TABS 100mg | Tier 1 | |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | Tier 1 | |
| <i>valganciclovir hcl</i> SOLR 50mg/ml | Tier 1 | NDS |
| <i>valganciclovir hcl</i> TABS 450mg | Tier 1 | |
| VOSEVI TAB | Tier 1 | NDS, NM, PA |
| XOFLUZA TBPK 40mg, 80mg | Tier 1 | QL (1 tab/180 days) |
| CEPHALOSPORINS – DRUGS TO TREAT INFECTIONS | | |
| <i>cefaclor</i> CAPS 250mg, 500mg | Tier 1 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml | Tier 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | Tier 1 | |
| CEFAZOLIN INJ 1GM/50ML | Tier 1 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | Tier 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | Tier 1 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | Tier 1 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | Tier 1 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | Tier 1 | |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm | Tier 1 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | Tier 1 | |
| <i>cefprozil proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | Tier 1 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 1 | |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | Tier 1 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | Tier 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | Tier 1 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | Tier 1 | |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | Tier 1 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | Tier 1 | |
| TEFLARO SOLR 400mg, 600mg | Tier 1 | NDS |
| ERYTHROMYCINS/MACROLIDES – DRUGS TO TREAT INFECTIONS | | |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | Tier 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | Tier 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | Tier 1 | NDS |
| <i>e.e.s. 400</i> TABS 400mg | Tier 1 | |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | Tier 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | Tier 1 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | Tier 1 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | Tier 1 | |
| <i>erythromycin lactobionate</i> SOLR 500mg | Tier 1 | |
| FLUOROQUINOLONES – DRUGS TO TREAT INFECTIONS | | |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w | Tier 1 | |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w | Tier 1 | |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg | Tier 1 | |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | Tier 1 | |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml | Tier 1 | |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml | Tier 1 | |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml | Tier 1 | |
| <i>moxifloxacin hcl</i> TABS 400mg | Tier 1 | |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj | Tier 1 | |
| PENICILLINS – DRUGS TO TREAT INFECTIONS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | Tier 1 | |
| <i>amoxicillin & k clavulanate chew tab</i> 400-57 mg | Tier 1 | |
| <i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml | Tier 1 | |
| <i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml | Tier 1 | |
| <i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml | Tier 1 | |
| <i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml | Tier 1 | |
| <i>amoxicillin & k clavulanate tab</i> 250-125 mg | Tier 1 | |
| <i>amoxicillin & k clavulanate tab</i> 500-125 mg | Tier 1 | |
| <i>amoxicillin & k clavulanate tab</i> 875-125 mg | Tier 1 | |
| <i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg | Tier 1 | |
| <i>ampicillin</i> CAPS 500mg | Tier 1 | |
| <i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm | Tier 1 | |
| <i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm | Tier 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | Tier 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | Tier 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | Tier 1 | |
| <i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg | Tier 1 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | Tier 1 | |
| <i>dicloxacillin sodium</i> CAPS 250mg, 500mg | Tier 1 | |
| <i>nafcillin sodium</i> SOLR 1gm, 2gm | Tier 1 | |
| <i>nafcillin sodium</i> SOLR 10gm | Tier 1 | NDS |
| <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm | Tier 1 | |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit | Tier 1 | |
| <i>penicillin g sodium</i> SOLR 5000000unit | Tier 1 | |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 1 | |
| <i>pfizerpen</i> SOLR 5000000unit, 20000000unit | Tier 1 | |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | Tier 1 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | Tier 1 | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | Tier 1 | |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | Tier 1 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | Tier 1 | |
| TETRACYCLINES – DRUGS TO TREAT INFECTIONS | | |
| <i>doxy 100</i> SOLR 100mg | Tier 1 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg | Tier 1 | |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg | Tier 1 | |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg | Tier 1 | |
| NUZYRA SOLR 100mg | Tier 1 | NDS, NM |
| NUZYRA TABS 150mg | Tier 1 | NDS, QL (30 tabs/14 days), NM |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | Tier 1 | |
| <i>tigecycline</i> SOLR 50mg | Tier 1 | NDS |
| ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER | | |
| ALKYLATING AGENTS | | |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | Tier 1 | NDS, B/D, NM |
| BENDEKA SOLN 100mg/4ml | Tier 1 | NDS, B/D, NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | Tier 1 | B/D |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | Tier 1 | B/D |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg | Tier 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | Tier 1 | NDS, B/D |
| <i>cyclophosphamide</i> SOLR 2gm | Tier 1 | NDS, B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | Tier 1 | B/D |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | Tier 1 | NDS, B/D |
| GLEOSTINE CAPS 10mg, 40mg | Tier 1 | NM |
| GLEOSTINE CAPS 100mg | Tier 1 | NDS, NM |
| oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg | Tier 1 | B/D |
| oxaliplatin SOLR 100mg | Tier 1 | NDS, B/D |
| ANTIMETABOLITES | | |
| azacitidine SUSR 100mg | Tier 1 | NDS, B/D, NM |
| cytarabine SOLN 20mg/ml | Tier 1 | B/D |
| fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | Tier 1 | B/D |
| gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | Tier 1 | B/D |
| INQOVI TAB 35-100MG | Tier 1 | NDS, QL (5 tabs/28 days), NM, PA |
| LONSURF TAB 15-6.14 | Tier 1 | NDS, QL (100 tabs/28 days), NM, PA |
| LONSURF TAB 20-8.19 | Tier 1 | NDS, QL (80 tabs/28 days), NM, PA |
| mercaptopurine TABS 50mg | Tier 1 | |
| methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | Tier 1 | B/D |
| ONUREG TABS 200mg, 300mg | Tier 1 | NDS, QL (14 tabs/28 days), NM, PA |
| pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg | Tier 1 | NDS, B/D |
| PURIXAN SUSP 2000mg/100ml | Tier 1 | NDS, NM |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| abiraterone acetate TABS 250mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| abiraterone acetate TABS 500mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| AKEEGA TAB 50/500MG | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| AKEEGA TAB 100/500 | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| anastrozole TABS 1mg | Tier 1 | |
| bicalutamide TABS 50mg | Tier 1 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | Tier 1 | NM, PA |
| ERLEADA TABS 60mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| ERLEADA TABS 240mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| EULEXIN CAPS 125mg | Tier 1 | NDS |
| exemestane TABS 25mg | Tier 1 | |
| FIRMAGON SOLR 80mg | Tier 1 | NM, PA |
| FIRMAGON SOLR 120mg/vial | Tier 1 | NDS, NM, PA |
| fulvestrant SOSY 250mg/5ml | Tier 1 | NDS, B/D |
| letrozole TABS 2.5mg | Tier 1 | |
| leuprolide acetate KIT 1mg/0.2ml | Tier 1 | NM, PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | Tier 1 | NDS, NM, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | Tier 1 | NDS, NM, PA |
| LYSODREN TABS 500mg | Tier 1 | NDS, NM |
| megestrol acetate TABS 20mg, 40mg | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>nilutamide</i> TABS 150mg | Tier 1 | NDS |
| NUBEQA TABS 300mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| ORGOVYX TABS 120mg | Tier 1 | NDS, NM, PA |
| ORSERDU TABS 86mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| ORSERDU TABS 345mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| SOLTAMOX SOLN 10mg/5ml | Tier 1 | NDS |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | Tier 1 | |
| <i>toremifene citrate</i> TABS 60mg | Tier 1 | PA |
| XTANDI CAPS 40mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| XTANDI TABS 40mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| XTANDI TABS 80mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | Tier 1 | NDS, QL (28 caps/28 days), NM, PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg | Tier 1 | NDS, QL (21 caps/28 days), NM, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | Tier 1 | NDS, QL (21 caps/28 days), NM, PA |
| THALOMID CAPS 50mg | Tier 1 | NDS, QL (84 caps/28 days), NM, PA |
| THALOMID CAPS 100mg | Tier 1 | NDS, QL (112 caps/28 days), NM, PA |
| THALOMID CAPS 150mg, 200mg | Tier 1 | NDS, QL (56 caps/28 days), NM, PA |
| MISCELLANEOUS | | |
| BESREMI SOSY 500mcg/ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| <i>bexarotene</i> CAPS 75mg | Tier 1 | NDS, QL (300 caps/30 days), NM, PA |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | Tier 1 | B/D |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | Tier 1 | NDS, B/D |
| <i>hydroxyurea</i> CAPS 500mg | Tier 1 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | Tier 1 | B/D |
| IWILFIN TABS 192mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, PA |
| MATULANE CAPS 50mg | Tier 1 | NDS, NM |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | Tier 1 | NDS |
| WELIREG TABS 40mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| MITOTIC INHIBITORS | | |
| <i>docetaxel</i> CONC 20mg/ml | Tier 1 | B/D |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | Tier 1 | NDS, B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | Tier 1 | NDS, B/D |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | Tier 1 | B/D |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | Tier 1 | B/D |
| <i>vincristine sulfate</i> SOLN 1mg/ml | Tier 1 | B/D |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | Tier 1 | B/D |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| MOLECULAR TARGET AGENTS | | |
| ALECENSA CAPS 150mg | Tier 1 | NDS, QL (240 caps/30 days), NM, PA |
| ALUNBRIG TABS 30mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| ALUNBRIG TABS 90mg, 180mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| ALUNBRIG PAK | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| AUGTYRO CAPS 40mg | Tier 1 | NDS, QL (240 caps/30 days), NM, PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| BALVERSA TABS 3mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| BALVERSA TABS 4mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| BALVERSA TABS 5mg | Tier 1 | NDS, QL (28 tabs/28 days), NM, PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | Tier 1 | NM, PA |
| <i>bortezomib</i> SOLR 3.5mg | Tier 1 | NDS, NM, PA |
| BOSULIF CAPS 50mg | Tier 1 | NDS, QL (360 caps/30 days), NM, PA |
| BOSULIF CAPS 100mg | Tier 1 | NDS, QL (150 caps/25 days), NM, PA |
| BOSULIF TABS 100mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| BOSULIF TABS 400mg, 500mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| BRAFTOVI CAPS 75mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| BRUKINSA CAPS 80mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| CALQUENCE CAPS 100mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| CALQUENCE TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| CAPRELSA TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| CAPRELSA TABS 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| COMETRIQ (60MG DOSE) KIT 20mg | Tier 1 | NDS, QL (84 caps/28 days), NM, PA |
| COMETRIQ KIT 100MG | Tier 1 | NDS, QL (56 caps/28 days), NM, PA |
| COMETRIQ KIT 140MG | Tier 1 | NDS, QL (112 caps/28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg | Tier 1 | NDS, QL (56 caps/28 days), NM, PA |
| COTELLIC TABS 20mg | Tier 1 | NDS, QL (63 tabs/28 days), NM, PA |
| DAURISMO TABS 25mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| DAURISMO TABS 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| ERIVEDGE CAPS 150mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 25mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| <i>everolimus</i> TBSO 2mg | Tier 1 | NDS, QL (150 tabs/30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| <i>everolimus</i> TBSO 5mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| FOTIVDA CAPS .89mg, 1.34mg | Tier 1 | NDS, QL (21 caps/28 days), NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| FRUZAQLA CAPS 1mg | Tier 1 | NDS, QL (84 caps/28 days), NM, PA |
| FRUZAQLA CAPS 5mg | Tier 1 | NDS, QL (21 caps/28 days), NM, PA |
| GAVRETO CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| GILOTRIF TABS 20mg, 30mg, 40mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| HERCEP HYLEC SOL 60-10000 | Tier 1 | NDS, NM, PA |
| HERCEPTIN SOLR 150mg | Tier 1 | NDS, NM, PA |
| HERZUMA SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | Tier 1 | NDS, QL (21 caps/28 days), NM, PA |
| IBRANCE TABS 75mg, 100mg, 125mg | Tier 1 | NDS, QL (21 tabs/28 days), NM, PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| IDHIFA TABS 50mg, 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 100mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 400mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| IMBRUVICA CAPS 70mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| IMBRUVICA CAPS 140mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml | Tier 1 | NDS, QL (216 mL/27 days), NM, PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| INLYTA TABS 1mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| INLYTA TABS 5mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| INREBIC CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| JAYPIRCA TABS 50mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| JAYPIRCA TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| KADCYLA SOLR 100mg, 160mg | Tier 1 | NDS, B/D, NM |
| KANJINTI SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| KEYTRUDA SOLN 100mg/4ml | Tier 1 | NDS, NM, PA |
| KISQALI 200 DOSE TBPK 200mg | Tier 1 | NDS, QL (21 tabs/28 days), NM, PA |
| KISQALI 200 PAK FEMARA | Tier 1 | NDS, QL (49 tabs/28 days), NM, PA |
| KISQALI 400 DOSE TBPK 200mg | Tier 1 | NDS, QL (42 tabs/28 days), NM, PA |
| KISQALI 400 PAK FEMARA | Tier 1 | NDS, QL (70 tabs/28 days), NM, PA |
| KISQALI 600 DOSE TBPK 200mg | Tier 1 | NDS, QL (63 tabs/28 days), NM, PA |
| KISQALI 600 PAK FEMARA | Tier 1 | NDS, QL (91 tabs/28 days), NM, PA |
| KOSELUGO CAPS 10mg | Tier 1 | NDS, QL (240 caps/30 days), NM, PA |
| KOSELUGO CAPS 25mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| KRAZATI TABS 200mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|------------------------------------|
| LENVIMA 12MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| LENVIMA CAP 14 MG | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| LENVIMA CAP 18 MG | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| LENVIMA CAP 24 MG | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| LORBRENA TABS 25mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| LORBRENA TABS 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| LUMAKRAS TABS 120mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, PA |
| LUMAKRAS TABS 320mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| LYNPARZA TABS 100mg, 150mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (140 tabs/28 days), NM, PA |
| MEKINIST SOLR .05mg/ml | Tier 1 | NDS, QL (1260 mL/30 days), NM, PA |
| MEKINIST TABS 2mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| MEKINIST TABS .5mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| MEKTOVI TABS 15mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| MONJUVI SOLR 200mg | Tier 1 | NDS, NM, PA |
| NERLYNX TABS 40mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | Tier 1 | NDS, QL (3 caps/28 days), NM, PA |
| ODOMZO CAPS 200mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| OGIVRI SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| OGSIVEO TABS 50mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| OGSIVEO TABS 100mg, 150mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| OJEMDA SUSR 25mg/ml | Tier 1 | NDS, QL (96 mL/28 days), NM, PA |
| OJEMDA TABS 100mg | Tier 1 | NDS, QL (24 tabs/28 days), NM, PA |
| OJJAARA TABS 100mg, 150mg, 200mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| ONTRUZANT SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| <i>pazopanib hcl</i> TABS 200mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | Tier 1 | NDS, QL (28 tabs/28 days), NM, PA |
| PHESGO SOL | Tier 1 | NDS, NM, PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | Tier 1 | NDS, QL (28 tabs/28 days), NM, PA |
| PIQRAY 250MG TAB DOSE | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| QINLOCK TABS 50mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| RETEVMO CAPS 40mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| RETEVMO CAPS 80mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| RETEVMO TABS 40mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| RETEVMO TABS 80mg, 120mg, 160mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| REZLIDHIA CAPS 150mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| ROZLYTREK CAPS 100mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| ROZLYTREK CAPS 200mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| ROZLYTREK PACK 50mg | Tier 1 | NDS, QL (336 packets/28 days), NM, PA |
| RUBRACA TABS 200mg, 250mg, 300mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| RYDAPT CAPS 25mg | Tier 1 | NDS, QL (224 caps/28 days), NM, PA |
| SCSEMBLIX TABS 20mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| SCSEMBLIX TABS 40mg | Tier 1 | NDS, QL (300 tabs/30 days), NM, PA |
| SCSEMBLIX TABS 100mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| <i>sorafenib tosylate</i> TABS 200mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| SPRYCEL TABS 20mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| STIVARGA TABS 40mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| TABRECTA TABS 150mg, 200mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| TAFINLAR CAPS 50mg, 75mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| TAFINLAR TBSO 10mg | Tier 1 | NDS, QL (900 tabs/30 days), NM, PA |
| TAGRISSO TABS 40mg, 80mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| TALZENNA CAPS .25mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| TASIGNA CAPS 50mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| TASIGNA CAPS 150mg, 200mg | Tier 1 | NDS, QL (112 caps/28 days), NM, PA |
| TAZVERIK TABS 200mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | Tier 1 | NDS, NM, PA |
| TEPMETKO TABS 225mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| TIBSOVO TABS 250mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| TRAZIMERA SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| TRUQAP TABS 160mg, 200mg | Tier 1 | NDS, QL (64 tabs/28 days), NM, PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | Tier 1 | NDS, NM, PA |
| TUKYSA TABS 50mg, 150mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| TURALIO CAPS 125mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| VENCLEXTA TABS 10mg | Tier 1 | QL (112 tabs/28 days), NM, PA |
| VENCLEXTA TABS 50mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| VENCLEXTA TABS 100mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| VENCLEXTA TAB START PK | Tier 1 | NDS, QL (42 tabs/28 days), NM, PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| VITRAKVI CAPS 25mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| VITRAKVI CAPS 100mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| VITRAKVI SOLN 20mg/ml | Tier 1 | NDS, QL (300 mL/30 days), NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| VIZIMPRO TABS 15mg, 30mg, 45mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| VONJO CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| XALKORI CPSP 20mg | Tier 1 | NDS, QL (240 caps/30 days), NM, PA |
| XALKORI CPSP 150mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| XOSPATA TABS 40mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg | Tier 1 | NDS, QL (4 tabs/28 days), NM, PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg | Tier 1 | NDS, QL (4 tabs/28 days), NM, PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg | Tier 1 | NDS, QL (24 tabs/28 days), NM, PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg | Tier 1 | NDS, QL (32 tabs/28 days), NM, PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, PA |
| ZEJULA TABS 100mg, 200mg, 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| ZELBORAF TABS 240mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | Tier 1 | NDS, NM, PA |
| ZOLINZA CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| ZYKADIA TABS 150mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | Tier 1 | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | Tier 1 | |
| MESNEX TABS 400mg | Tier 1 | NDS |
| CARDIOVASCULAR – DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS | | |
| ACE INHIBITOR COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | Tier 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | Tier 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | Tier 1 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | Tier 1 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | Tier 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | Tier 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | Tier 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | Tier 1 | |
| ACE INHIBITORS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | Tier 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | Tier 1 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | Tier 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | Tier 1 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | Tier 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | Tier 1 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | Tier 1 | |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | Tier 1 | |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i> | Tier 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>eplerenone TABS 25mg, 50mg</i> | Tier 1 | |
| KERENDIA TABS 10mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i> | Tier 1 | |
| ALPHA BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i> | Tier 1 | |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i> | Tier 1 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | Tier 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| ENTRESTO CAP 6-6MG | Tier 1 | QL (240 caps/30 days) |
| ENTRESTO CAP 15-16MG | Tier 1 | QL (240 caps/30 days) |
| ENTRESTO TAB 24-26MG | Tier 1 | QL (60 tabs/30 days) |
| ENTRESTO TAB 49-51MG | Tier 1 | QL (60 tabs/30 days) |
| ENTRESTO TAB 97-103MG | Tier 1 | QL (60 tabs/30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | Tier 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | Tier 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | Tier 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>candesartan cilexetil TABS 32mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | Tier 1 | |
| <i>olmesartan medoxomil TABS 5mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>valsartan TABS 40mg, 80mg, 160mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>valsartan TABS 320mg</i> | Tier 1 | QL (30 tabs/30 days) |
| ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM | | |
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i> | Tier 1 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | Tier 1 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | Tier 1 | NM |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i> | Tier 1 | |
| <i>MULTAQ TABS 400mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>pacerone TABS 100mg, 200mg, 400mg</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| <i>proprafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | Tier 1 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | Tier 1 | |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | Tier 1 | |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg | Tier 1 | |
| ANTIPEMICS, FIBRATES | | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | Tier 1 | |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | Tier 1 | |
| <i>gemfibrozil</i> TABS 600mg | Tier 1 | |
| ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS – DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | Tier 1 | QL (60 tabs/30 days) |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | QL (30 tabs/30 days) |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| ANTIPEMICS, MISCELLANEOUS – DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | Tier 1 | |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | Tier 1 | |
| <i>colestevlam hcl</i> PACK 3.75gm; TABS 625mg | Tier 1 | |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm | Tier 1 | |
| <i>ezetimibe</i> TABS 10mg | Tier 1 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| NEXLETOL TABS 180mg | Tier 1 | QL (30 tabs/30 days) |
| NEXLIZET TAB 180/10MG | Tier 1 | QL (30 tabs/30 days) |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | Tier 1 | QL (60 tabs/30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | Tier 1 | PA |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose | Tier 1 | |
| REPATHA SOSY 140mg/ml | Tier 1 | NM, PA |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | Tier 1 | NM, PA |
| REPATHA SURECLICK SOAJ 140mg/ml | Tier 1 | NM, PA |
| VASCEPA CAPS .5gm, 1gm | Tier 1 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | Tier 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | Tier 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | Tier 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | Tier 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | Tier 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | Tier 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | Tier 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| BETA-BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | Tier 1 | |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg | Tier 1 | |
| <i>betaxolol hcl</i> TABS 10mg, 20mg | Tier 1 | |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg | Tier 1 | |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg | Tier 1 | |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg | Tier 1 | |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg | Tier 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | Tier 1 | |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| <i>nebivolol hcl</i> TABS 20mg | Tier 1 | QL (60 tabs/30 days) |
| <i>pindolol</i> TABS 5mg, 10mg | Tier 1 | |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | Tier 1 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | Tier 1 | |
| CALCIUM CHANNEL BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | Tier 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | Tier 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg | Tier 1 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | Tier 1 | |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 1 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | Tier 1 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | Tier 1 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | Tier 1 | |
| <i>nimodipine</i> CAPS 30mg | Tier 1 | |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 1 | |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | Tier 1 | |
| DIURETICS – DRUGS TO TREAT HEART CONDITIONS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | Tier 1 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | Tier 1 | |
| <i>amiloride hcl</i> TABS 5mg | Tier 1 | |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | Tier 1 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | Tier 1 | |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | Tier 1 | |
| <i>furosemide inj</i> SOLN 10mg/ml | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | Tier 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | Tier 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | Tier 1 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | Tier 1 | |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg | Tier 1 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | Tier 1 | |
| MISCELLANEOUS | | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | Tier 1 | |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | Tier 1 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | Tier 1 | |
| CORLANOR SOLN 5mg/5ml | Tier 1 | QL (450 mL/30 days) |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml | Tier 1 | |
| <i>digoxin</i> TABS 125mcg, 250mcg | Tier 1 | QL (30 tabs/30 days) |
| <i>droxidopa</i> CAPS 100mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| <i>droxidopa</i> CAPS 200mg, 300mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | Tier 1 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg | Tier 1 | PA; PA applies if 70 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg | Tier 1 | QL (60 tabs/30 days) |
| <i>metyrosine</i> CAPS 250mg | Tier 1 | NDS, NM, PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | Tier 1 | |
| <i>ranolazine</i> TB12 500mg, 1000mg | Tier 1 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | Tier 1 | QL (30 tabs/30 days), PA |
| NITRATES – DRUGS TO TREAT HEART CONDITIONS | | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | Tier 1 | |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | Tier 1 | |
| NITRO-BID OINT 2% | Tier 1 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | Tier 1 | |
| PULMONARY ARTERIAL HYPERTENSION – DRUGS TO TREAT PULMONARY HYPERTENSION | | |
| <i>alyq</i> TABS 20mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | Tier 1 | QL (360 tabs/30 days), NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| <i>tadalafil (pulmonary hypertension) TABS 20mg</i> | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| <i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i> | Tier 1 | NDS, NM, PA |

CENTRAL NERVOUS SYSTEM – DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY – DRUGS TO TREAT ANXIETY

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

ANTIDEMENTIA – DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

| | | |
|--|--------|--|
| <i>donepezil hydrochloride TABS 5mg; TBP 5mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>donepezil hydrochloride TABS 10mg; TBP 10mg</i> | Tier 1 | |
| <i>galantamine hydrobromide CP24 8mg, 16mg, 24mg</i> | Tier 1 | QL (30 caps/30 days) |
| <i>galantamine hydrobromide SOLN 4mg/ml</i> | Tier 1 | QL (200 mL/30 days) |
| <i>galantamine hydrobromide TABS 4mg, 8mg, 12mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg</i> | Tier 1 | PA; PA applies if 29 years and younger |
| <i>memantine hcl tab 28x5 mg & 21x10 mg titration pack</i> | Tier 1 | PA; PA applies if 29 years and younger |

| | | |
|--|--------|-------------------------|
| NAMZARIC CAP 7-10MG | Tier 1 | |
| NAMZARIC CAP 14-10MG | Tier 1 | |
| NAMZARIC CAP 21-10MG | Tier 1 | |
| NAMZARIC CAP 28-10MG | Tier 1 | |
| NAMZARIC CAP PACK | Tier 1 | |
| <i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | Tier 1 | QL (30 patches/30 days) |
| <i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i> | Tier 1 | QL (60 caps/30 days) |

ANTIDEPRESSANTS – DRUGS TO TREAT DEPRESSION

| | | |
|---|--------|--------------------------|
| <i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i> | Tier 1 | |
| <i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i> | Tier 1 | |
| AUVELITY TAB 45-105MG | Tier 1 | QL (60 tabs/30 days), PA |
| <i>bupropion hcl TABS 75mg, 100mg</i> | Tier 1 | |
| <i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i> | Tier 1 | QL (60 tabs/30 days) |
| <i>bupropion hcl TB24 300mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i> | Tier 1 | |
| <i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i> | Tier 1 | PA |
| <i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i> | Tier 1 | |
| <i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i> | Tier 1 | QL (30 tabs/30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | Tier 1 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | Tier 1 | QL (60 caps/30 days), PA |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | Tier 1 | QL (60 caps/30 days) |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | Tier 1 | NDS, QL (30 patches/30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | Tier 1 | |
| FETZIMA CP24 20mg, 40mg | Tier 1 | QL (60 caps/30 days), PA |
| FETZIMA CP24 80mg, 120mg | Tier 1 | QL (30 caps/30 days), PA |
| FETZIMA CAP TITRATIO | Tier 1 | QL (2 packs/year), PA |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | Tier 1 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | Tier 1 | |
| MARPLAN TABS 10mg | Tier 1 | QL (180 tabs/30 days) |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | Tier 1 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | Tier 1 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | Tier 1 | |
| <i>paroxetine hcl</i> SUSP 10mg/5ml | Tier 1 | QL (900 mL/30 days), PA |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | Tier 1 | |
| <i>phenelzine sulfate</i> TABS 15mg | Tier 1 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | Tier 1 | |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | Tier 1 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | Tier 1 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | Tier 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg | Tier 1 | QL (120 caps/30 days) |
| <i>trimipramine maleate</i> CAPS 100mg | Tier 1 | QL (60 caps/30 days) |
| TRINTELLIX TABS 5mg, 10mg, 20mg | Tier 1 | QL (30 tabs/30 days), PA |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | Tier 1 | |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | Tier 1 | QL (30 tabs/30 days) |
| ZURZUVAE CAPS 20mg, 25mg | Tier 1 | NDS, QL (28 caps/14 days), NM, PA |
| ZURZUVAE CAPS 30mg | Tier 1 | NDS, QL (14 caps/14 days), NM, PA |
| ANTIPARKINSONIAN AGENTS – DRUGS TO TREAT PARKINSONS DISEASE | | |
| <i>amantadine hcl</i> CAPS 100mg | Tier 1 | QL (120 caps/30 days) |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg | Tier 1 | |
| <i>benztropine mesylate</i> SOLN 1mg/ml | Tier 1 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | Tier 1 | PA; PA applies if 70 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | Tier 1 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | Tier 1 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | Tier 1 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | Tier 1 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | Tier 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | Tier 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| <i>carbidopa & levodopa tab er 25-100 mg</i> | Tier 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | Tier 1 | |
| <i>entacapone TABS 200mg</i> | Tier 1 | |
| INBRIJA CAPS 42mg | Tier 1 | NDS, QL (300 caps/30 days), NM, PA |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | Tier 1 | |
| <i>rasagiline mesylate TABS .5mg, 1mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | Tier 1 | |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i> | Tier 1 | |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i> | Tier 1 | PA; PA applies if 70 years and older |
| ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES | | |
| <i>aripiprazole SOLN 1mg/ml</i> | Tier 1 | QL (900 mL/30 days) |
| <i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i> | Tier 1 | QL (30 tabs/30 days) |
| <i>aripiprazole TBDP 10mg, 15mg</i> | Tier 1 | QL (60 tabs/30 days), ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | Tier 1 | NDS, QL (1 syringe/28 days) |
| ARISTADA PRSY 1064mg/3.9ml | Tier 1 | NDS, QL (1 syringe/56 days) |
| ARISTADA INITIO PRSY 675mg/2.4ml | Tier 1 | NDS |
| <i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i> | Tier 1 | QL (60 tabs/30 days) |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | Tier 1 | NDS, QL (30 caps/30 days) |
| <i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i> | Tier 1 | |
| <i>clozapine TABS 25mg, 50mg</i> | Tier 1 | |
| <i>clozapine TABS 100mg</i> | Tier 1 | QL (270 tabs/30 days) |
| <i>clozapine TABS 200mg</i> | Tier 1 | QL (120 tabs/30 days) |
| <i>clozapine TBDP 12.5mg, 25mg</i> | Tier 1 | PA |
| <i>clozapine TBDP 100mg</i> | Tier 1 | QL (270 tabs/30 days), PA |
| <i>clozapine TBDP 150mg</i> | Tier 1 | QL (180 tabs/30 days), PA |
| <i>clozapine TBDP 200mg</i> | Tier 1 | QL (120 tabs/30 days), PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| FANAPT PAK | Tier 1 | QL (2 packs/year), PA |
| <i>fluphenazine decanoate SOLN 25mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg</i> | Tier 1 | |
| <i>haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i> | Tier 1 | |
| <i>haloperidol decanoate SOLN 50mg/ml, 100mg/ml</i> | Tier 1 | |
| <i>haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | Tier 1 | NDS, QL (1 injection/180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | Tier 1 | QL (1 syringe/28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | Tier 1 | NDS, QL (1 syringe/28 days) |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | Tier 1 | NDS, QL (1 syringe/90 days) |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | Tier 1 | |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg | Tier 1 | QL (30 tabs/30 days) |
| <i>lurasidone hcl</i> TABS 80mg | Tier 1 | QL (60 tabs/30 days) |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | Tier 1 | |
| NUPLAZID CAPS 34mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| NUPLAZID TABS 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| <i>olanzapine</i> SOLR 10mg | Tier 1 | QL (3 vials/1 day) |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | QL (60 tabs/30 days) |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg | Tier 1 | QL (30 tabs/30 days), ST |
| <i>olanzapine</i> TBDP 10mg | Tier 1 | QL (60 tabs/30 days), ST |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg | Tier 1 | QL (30 tabs/30 days) |
| <i>paliperidone</i> TB24 6mg | Tier 1 | QL (60 tabs/30 days) |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | Tier 1 | |
| <i>pimozide</i> TABS 1mg, 2mg | Tier 1 | |
| <i>quetiapine fumarate</i> TABS 25mg | Tier 1 | QL (180 tabs/30 days) |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | QL (90 tabs/30 days) |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg | Tier 1 | QL (60 tabs/30 days) |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg | Tier 1 | QL (60 tabs/30 days), PA |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg | Tier 1 | QL (30 tabs/30 days), PA |
| REXULTI TABS 3mg, 4mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| <i>risperidone</i> SOLN 1mg/ml | Tier 1 | QL (240 mL/30 days) |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | Tier 1 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | Tier 1 | QL (60 tabs/30 days), ST |
| <i>risperidone</i> TBDP 4mg | Tier 1 | QL (120 tabs/30 days), ST |
| <i>risperidone</i> TBDP .25mg, .5mg | Tier 1 | QL (90 tabs/30 days), ST |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg | Tier 1 | QL (2 injections/28 days) |
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg | Tier 1 | NDS, QL (2 injections/28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | Tier 1 | NDS, QL (30 patches/30 days) |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| VERSACLOZ SUSP 50mg/ml | Tier 1 | NDS, QL (600 mL/30 days), PA |
| VRAYLAR CAPS 1.5mg | Tier 1 | NDS, QL (60 caps/30 days) |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg | Tier 1 | NDS, QL (30 caps/30 days) |
| VRAYLAR CAP 1.5-3MG | Tier 1 | QL (2 packs/year) |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | Tier 1 | QL (60 caps/30 days) |
| <i>ziprasidone mesylate</i> SOLR 20mg | Tier 1 | QL (6 injections/3 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ZYPREXA RELPREVV SUSR 210mg | Tier 1 | QL (2 vials/28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 300mg | Tier 1 | NDS, QL (2 vials/28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg | Tier 1 | NDS, QL (1 vial/28 days), NM, PA |
| ANTIEPILEPTIC AGENTS | | |
| APTIOM TABS 200mg, 400mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| APTIOM TABS 600mg, 800mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| BRIVIACT SOLN 10mg/ml | Tier 1 | NDS, QL (600 mL/30 days), PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | Tier 1 | |
| clobazam SUSP 2.5mg/ml | Tier 1 | QL (480 mL/30 days), PA |
| clobazam TABS 10mg, 20mg | Tier 1 | QL (60 tabs/30 days), PA |
| clonazepam TABS 2mg; TBDP 2mg | Tier 1 | QL (300 tabs/30 days) |
| clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg | Tier 1 | QL (90 tabs/30 days) |
| clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg | Tier 1 | QL (180 tabs/30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg | Tier 1 | NDS, QL (360 caps/30 days), NM, PA |
| DIACOMIT CAPS 500mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| DIACOMIT PACK 250mg | Tier 1 | NDS, QL (360 packets/30 days), NM, PA |
| DIACOMIT PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, PA |
| diazepam SOLN 5mg/5ml | Tier 1 | QL (1200 mL/30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| diazepam TABS 2mg, 5mg, 10mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg | Tier 1 | |
| diazepam inj SOLN 5mg/ml | Tier 1 | |
| diazepam intensol CONC 5mg/ml | Tier 1 | QL (240 mL/30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAPS 30mg | Tier 1 | |
| divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | Tier 1 | |
| EPIDIOLEX SOLN 100mg/ml | Tier 1 | NDS, QL (600 mL/30 days), NM, PA |
| epitol TABS 200mg | Tier 1 | |
| EPRONTIA SOLN 25mg/ml | Tier 1 | QL (480 mL/30 days), PA |
| ethosuximide CAPS 250mg; SOLN 250mg/5ml | Tier 1 | |
| felbamate SUSP 600mg/5ml; TABS 400mg, 600mg | Tier 1 | |
| FINTEPLA SOLN 2.2mg/ml | Tier 1 | NDS, QL (360 mL/30 days), NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| FYCOMPA SUSP .5mg/ml | Tier 1 | NDS, QL (720 mL/30 days), PA |
| FYCOMPA TABS 2mg | Tier 1 | QL (60 tabs/30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | Tier 1 | NDS, QL (30 tabs/30 days), PA |
| <i>gabapentin</i> CAPS 100mg, 300mg | Tier 1 | QL (360 caps/30 days) |
| <i>gabapentin</i> CAPS 400mg | Tier 1 | QL (270 caps/30 days) |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml | Tier 1 | QL (2160 mL/30 days) |
| <i>gabapentin</i> TABS 600mg | Tier 1 | QL (180 tabs/30 days) |
| <i>gabapentin</i> TABS 800mg | Tier 1 | QL (120 tabs/30 days) |
| <i>lacosamide</i> SOLN 200mg/20ml | Tier 1 | |
| <i>lacosamide</i> TABS 50mg | Tier 1 | QL (120 tabs/30 days) |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg | Tier 1 | QL (60 tabs/30 days) |
| <i>lacosamide oral</i> SOLN 10mg/ml | Tier 1 | QL (1200 mL/30 days) |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | Tier 1 | ST |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | Tier 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | Tier 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml | Tier 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml | Tier 1 | |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg | Tier 1 | QL (10 buccal films/30 days) |
| <i>methsuximide</i> CAPS 300mg | Tier 1 | |
| NAYZILAM SOLN 5mg/0.1ml | Tier 1 | QL (10 nasal units per 30 days) |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | Tier 1 | |
| <i>phenobarbital</i> ELIX 20mg/5ml | Tier 1 | QL (1500 mL/30 days), PA; PA applies if 70 years and older |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml | Tier 1 | PA; PA applies if 70 years and older |
| <i>phenytek</i> CAPS 200mg, 300mg | Tier 1 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | Tier 1 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | Tier 1 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | Tier 1 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg | Tier 1 | QL (120 caps/30 days), PA |
| <i>pregabalin</i> CAPS 200mg | Tier 1 | QL (90 caps/30 days), PA |
| <i>pregabalin</i> CAPS 225mg, 300mg | Tier 1 | QL (60 caps/30 days), PA |
| <i>pregabalin</i> SOLN 20mg/ml | Tier 1 | QL (900 mL/30 days), PA |
| <i>primidone</i> TABS 50mg, 125mg, 250mg | Tier 1 | |
| <i>roweepra</i> TABS 500mg | Tier 1 | |
| <i>rufinamide</i> SUSP 40mg/ml | Tier 1 | NDS, QL (2400 mL/30 days), PA |
| <i>rufinamide</i> TABS 200mg | Tier 1 | QL (480 tabs/30 days), PA |
| <i>rufinamide</i> TABS 400mg | Tier 1 | NDS, QL (240 tabs/30 days), PA |
| SPRITAM TB3D 250mg | Tier 1 | QL (360 tabs/30 days) |
| SPRITAM TB3D 500mg | Tier 1 | QL (180 tabs/30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| SPRITAM TB3D 750mg | Tier 1 | QL (120 tabs/30 days) |
| SPRITAM TB3D 1000mg | Tier 1 | QL (90 tabs/30 days) |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg | Tier 1 | NDS, QL (60 films/30 days), PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | Tier 1 | |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | Tier 1 | |
| <i>valproic acid</i> CAPS 250mg | Tier 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | Tier 1 | QL (10 blister packs per 30 days) |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | Tier 1 | QL (10 blister packs per 30 days) |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | Tier 1 | QL (10 blister packs per 30 days) |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | Tier 1 | QL (10 blister packs per 30 days) |
| <i>vigabatrin</i> PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, PA |
| <i>vigabatrin</i> TABS 500mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| <i>vigadrone</i> PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, PA |
| <i>vigadrone</i> TABS 500mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| VIGAFYDE SOLN 100mg/ml | Tier 1 | NDS, QL (900 mL/30 days), NM, PA |
| <i>vigpoder</i> PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, PA |
| XCOPRI TABS 25mg, 50mg, 100mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| XCOPRI TABS 150mg, 200mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| XCOPRI PAK 12.5-25 | Tier 1 | QL (28 tabs/28 days) |
| XCOPRI PAK 50-100MG | Tier 1 | NDS, QL (28 tabs/28 days) |
| XCOPRI PAK 100-150 | Tier 1 | NDS, QL (56 tabs/28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | Tier 1 | NDS, QL (56 tabs/28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | Tier 1 | NDS, QL (28 tabs/28 days) |
| ZONISADE SUSP 100mg/5ml | Tier 1 | NDS, QL (900 mL/30 days), PA |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | Tier 1 | |
| ZTALMY SUSP 50mg/ml | Tier 1 | NDS, QL (1100 mL/30 days), NM, PA |

ATTENTION DEFICIT HYPERACTIVITY DISORDER – DRUGS TO TREAT ADHD

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| QULIPTA TABS 10mg, 30mg, 60mg | Tier 1 | QL (30 tabs/30 days), PA |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBP 5mg, 10mg | Tier 1 | QL (18 tabs/30 days) |
| <i>sumatriptan</i> SOLN 5mg/act | Tier 1 | QL (24 units/30 days) |
| <i>sumatriptan</i> SOLN 20mg/act | Tier 1 | QL (12 units/30 days) |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml | Tier 1 | QL (18 injections/30 days) |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | Tier 1 | QL (12 injections/30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg | Tier 1 | QL (12 tabs/30 days) |
| UBRELVY TABS 50mg, 100mg | Tier 1 | QL (16 tabs/30 days), PA |
| MISCELLANEOUS | | |
| AUSTEDO TABS 6mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| AUSTEDO TABS 9mg, 12mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| AUSTEDO XR TB24 6mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| AUSTEDO XR TB24 12mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| AUSTEDO XR TB24 18mg, 24mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| AUSTEDO XR TAB TITR KIT | Tier 1 | NDS, QL (2 packs/year), NM, PA |
| <i>lithium</i> SOLN 8meq/5ml | Tier 1 | |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | Tier 1 | |
| NUDEXTA CAP 20-10MG | Tier 1 | NDS, QL (60 caps/30 days), PA |
| <i>pyridostigmine bromide</i> TABS 60mg | Tier 1 | |
| <i>riluzole</i> TABS 50mg | Tier 1 | |
| <i>tetrabenazine</i> TABS 12.5mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| <i>tetrabenazine</i> TABS 25mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| MULTIPLE SCLEROSIS AGENTS – DRUGS TO TREAT MULTIPLE SCLEROSIS | | |
| BAFIERTAM CPDR 95mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| BETASERON KIT .3mg | Tier 1 | NDS, QL (14 syringes/28 days), NM, PA |
| COPAXONE SOSY 20mg/ml | Tier 1 | NDS, QL (30 syringes/30 days), NM, PA |
| COPAXONE SOSY 40mg/ml | Tier 1 | NDS, QL (12 syringes/28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg | Tier 1 | QL (60 tabs/30 days), NM, PA |
| <i>fingolimod hcl</i> CAPS .5mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml | Tier 1 | NDS, QL (30 syringes/30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml | Tier 1 | NDS, QL (12 syringes/28 days), NM, PA |
| <i>glatopa</i> SOSY 20mg/ml | Tier 1 | NDS, QL (30 syringes/30 days), NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>glatopa</i> SOSY 40mg/ml | Tier 1 | NDS, QL (12 syringes/28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml | Tier 1 | NDS, QL (16 pens/365 days), NM, PA |
| MUSCULOSKELETAL THERAPY AGENTS – DRUGS TO TREAT MUSCLE SPASMS | | |
| <i>baclofen</i> TABS 5mg | Tier 1 | QL (90 tabs/30 days) |
| <i>baclofen</i> TABS 10mg, 20mg | Tier 1 | |
| <i>carisoprodol</i> TABS 350mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | Tier 1 | QL (90 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | Tier 1 | |
| <i>methocarbamol</i> TABS 500mg | Tier 1 | QL (360 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| <i>methocarbamol</i> TABS 750mg | Tier 1 | QL (240 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | Tier 1 | |
| NARCOLEPSY/CATAPLEXY – DRUGS FOR SLEEP DISORDERS | | |
| <i>armodafinil</i> TABS 50mg | Tier 1 | QL (60 tabs/30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | Tier 1 | QL (30 tabs/30 days), PA |
| <i>modafinil</i> TABS 100mg | Tier 1 | QL (30 tabs/30 days), PA |
| <i>modafinil</i> TABS 200mg | Tier 1 | QL (60 tabs/30 days), PA |
| SODIUM OXYBATE SOLN 500mg/ml | Tier 1 | NDS, QL (540 mL/30 days), NM, PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | Tier 1 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | Tier 1 | QL (90 tabs/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | Tier 1 | QL (60 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | Tier 1 | QL (90 tabs/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | Tier 1 | QL (90 tabs/30 days) |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | Tier 1 | QL (60 tabs/30 days) |
| <i>disulfiram</i> TABS 250mg, 500mg | Tier 1 | |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | Tier 1 | |
| <i>naltrexone hcl</i> TABS 50mg | Tier 1 | |
| NICOTROL INHALER INHA 10mg | Tier 1 | |
| NICOTROL NS SOLN 10mg/ml | Tier 1 | |
| <i>varenicline tartrate</i> TABS .5mg, 1mg | Tier 1 | QL (56 tabs/28 days) |
| <i>varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack</i> | Tier 1 | QL (2 packs/year) |
| VIVITROL SUSR 380mg | Tier 1 | NDS, NM |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ENDOCRINE AND METABOLIC – DRUGS TO TREAT DIABETES AND REGULATE HORMONES | | |
| ANDROGENS – DRUGS TO REGULATE MALE HORMONES | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | Tier 1 | |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | Tier 1 | PA |
| <i>methyltestosterone</i> CAPS 10mg | Tier 1 | NDS, QL (600 caps/30 days), PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm | Tier 1 | QL (300 gm/30 days), PA |
| <i>testosterone</i> GEL 1.62% | Tier 1 | QL (150 gm/30 days), PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | Tier 1 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | Tier 1 | PA |
| ANTIDIABETICS | | |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | Tier 1 | |
| FARXIGA TABS 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| <i>glimepiride</i> TABS 1mg, 2mg | Tier 1 | QL (90 tabs/30 days) |
| <i>glimepiride</i> TABS 4mg | Tier 1 | QL (60 tabs/30 days) |
| <i>glipizide</i> TABS 5mg | Tier 1 | QL (240 tabs/30 days) |
| <i>glipizide</i> TABS 10mg | Tier 1 | QL (120 tabs/30 days) |
| <i>glipizide</i> TB24 2.5mg, 5mg | Tier 1 | QL (90 tabs/30 days) |
| <i>glipizide</i> TB24 10mg | Tier 1 | QL (60 tabs/30 days) |
| <i>glipizide xl</i> TB24 2.5mg, 5mg | Tier 1 | QL (90 tabs/30 days) |
| <i>glipizide xl</i> TB24 10mg | Tier 1 | QL (60 tabs/30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | Tier 1 | QL (240 tabs/30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | Tier 1 | QL (120 tabs/30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | Tier 1 | QL (120 tabs/30 days) |
| GLYXAMBI TAB 10-5 MG | Tier 1 | QL (30 tabs/30 days) |
| GLYXAMBI TAB 25-5 MG | Tier 1 | QL (30 tabs/30 days) |
| JANUMET TAB 50-500MG | Tier 1 | QL (60 tabs/30 days) |
| JANUMET TAB 50-1000 | Tier 1 | QL (60 tabs/30 days) |
| JANUMET XR TAB 50-500MG | Tier 1 | QL (60 tabs/30 days) |
| JANUMET XR TAB 50-1000 | Tier 1 | QL (60 tabs/30 days) |
| JANUMET XR TAB 100-1000 | Tier 1 | QL (30 tabs/30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | Tier 1 | QL (30 tabs/30 days) |
| JARDIANCE TABS 10mg, 25mg | Tier 1 | QL (30 tabs/30 days) |
| JENTADUETO TAB 2.5-500 | Tier 1 | QL (60 tabs/30 days) |
| JENTADUETO TAB 2.5-850 | Tier 1 | QL (60 tabs/30 days) |
| JENTADUETO TAB 2.5-1000 | Tier 1 | QL (60 tabs/30 days) |
| JENTADUETO TAB XR 2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| JENTADUETO TAB XR 5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| <i>metformin hcl</i> TABS 500mg | Tier 1 | QL (150 tabs/30 days) |
| <i>metformin hcl</i> TABS 850mg | Tier 1 | QL (90 tabs/30 days) |
| <i>metformin hcl</i> TABS 1000mg | Tier 1 | QL (75 tabs/30 days) |
| <i>metformin hcl</i> TB24 500mg | Tier 1 | QL (120 tabs/30 days); (generic of GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg | Tier 1 | QL (60 tabs/30 days); (generic of GLUCOPHAGE XR) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | Tier 1 | QL (4 pens/28 days), PA |
| <i>nateglinide</i> TABS 60mg, 120mg | Tier 1 | QL (90 tabs/30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml | Tier 1 | QL (1 pen/28 days), PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | Tier 1 | QL (1 pen/28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | Tier 1 | QL (1 pen/28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | Tier 1 | QL (1 pen/28 days), PA |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | Tier 1 | QL (30 tabs/30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | Tier 1 | QL (90 tabs/30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | Tier 1 | QL (90 tabs/30 days) |
| <i>repaglinide</i> TABS 2mg | Tier 1 | QL (240 tabs/30 days) |
| <i>repaglinide</i> TABS .5mg, 1mg | Tier 1 | QL (120 tabs/30 days) |
| RYBELSUS TABS 3mg, 7mg, 14mg | Tier 1 | QL (30 tabs/30 days), PA |
| SYNJARDY TAB 5-500MG | Tier 1 | QL (120 tabs/30 days) |
| SYNJARDY TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY TAB 12.5-500 | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY TAB 12.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY XR TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY XR TAB 10-1000 | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY XR TAB 12.5-1000 | Tier 1 | QL (60 tabs/30 days) |
| SYNJARDY XR TAB 25-1000 | Tier 1 | QL (30 tabs/30 days) |
| TRADJENTA TABS 5mg | Tier 1 | QL (30 tabs/30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | Tier 1 | QL (4 pens/28 days), PA |
| XIGDUO XR TAB 2.5-1000 | Tier 1 | QL (60 tabs/30 days) |
| XIGDUO XR TAB 5-500MG | Tier 1 | QL (60 tabs/30 days) |
| XIGDUO XR TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| XIGDUO XR TAB 10-500MG | Tier 1 | QL (30 tabs/30 days) |
| XIGDUO XR TAB 10-1000 | Tier 1 | QL (30 tabs/30 days) |
| ANTIDIABETICS, INSULINS | | |
| ADMELOG SOLN 100unit/ml | Tier 1 | |
| ADMELOG SOLOSTAR SOPN 100unit/ml | Tier 1 | |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY | Tier 1 | PA |
| BASAGLAR KWIKPEN SOPN 100unit/ml | Tier 1 | |
| FIASP SOLN 100unit/ml | Tier 1 | |
| FIASP FLEXTOUCH SOPN 100unit/ml | Tier 1 | |
| FIASP PENFILL SOCT 100unit/ml | Tier 1 | |
| FIASP PUMPCART SOCT 100unit/ml | Tier 1 | B/D |
| GAUZE PADS 2"x2" | Tier 1 | PA |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml) | Tier 1 | NDS, B/D |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | Tier 1 | NDS |
| INSULIN PEN NEEDLES: BD-EMBECTA | Tier 1 | PA |
| INSULIN SAFETY NEEDLES: BD-EMBECTA | Tier 1 | PA |
| INSULIN SYRINGES: BD-EMBECTA | Tier 1 | PA |
| NOVOLIN INJ 70/30 | Tier 1 | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | Tier 1 | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml | Tier 1 | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | Tier 1 | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml | Tier 1 | (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | Tier 1 | (brand RELION not covered) |
| NOVOLOG MIX INJ 70/30 | Tier 1 | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN | Tier 1 | (brand RELION not covered) |
| OMNIPOD 5 G6 KIT INTRO | Tier 1 | QL (1 kit/year), PA |
| OMNIPOD 5 G6 MIS PODS | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD 5 G7 KIT INTRO | Tier 1 | QL (1 kit/year), PA |
| OMNIPOD 5 G7 MIS PODS | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD DASH KIT INTRO | Tier 1 | QL (1 kit/year), PA |
| OMNIPOD DASH MIS PODS | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 10UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 15UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 20UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 25UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 30UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 35UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD GO KIT 40UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| OMNIPOD MIS CLASSIC | Tier 1 | QL (15 pods/30 days), PA |
| SOLIQUA INJ 100/33 | Tier 1 | QL (5 pens/25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | Tier 1 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | Tier 1 | |
| TRESIBA SOLN 100unit/ml | Tier 1 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | Tier 1 | |
| XULTOPHY INJ 100/3.6 | Tier 1 | QL (5 pens/30 days) |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml | Tier 1 | ST |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg | Tier 1 | |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | Tier 1 | B/D |
| <i>ibandronate sodium</i> TABS 150mg | Tier 1 | B/D |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | Tier 1 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | Tier 1 | B/D |
| PROLIA SOSY 60mg/ml | Tier 1 | QL (1 syringe/180 days), NM |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg | Tier 1 | |
| <i>risedronate sodium</i> TBEC 35mg | Tier 1 | ST |
| TERIPARATIDE SOPN 620mcg/2.48ml | Tier 1 | NDS, NM, PA |
| XGEVA SOLN 120mg/1.7ml | Tier 1 | NDS, NM, PA |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | Tier 1 | B/D, NM |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | Tier 1 | NDS |
| deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg | Tier 1 | NM, PA |
| deferasirox TBSO 250mg, 500mg | Tier 1 | NDS, NM, PA |
| kionex SUSP 15gm/60ml | Tier 1 | |
| LOKELMA PACK 5gm, 10gm | Tier 1 | |
| penicillamine TABS 250mg | Tier 1 | NDS, NM |
| sodium polystyrene sulfonate powder | Tier 1 | |
| sps SUSP 15gm/60ml | Tier 1 | |
| trientine hcl CAPS 250mg | Tier 1 | NDS, NM, PA |
| CONTRACEPTIVES – DRUGS FOR BIRTH CONTROL | | |
| afirmelle | Tier 1 | |
| altavera | Tier 1 | |
| alyacen 1/35 | Tier 1 | |
| alyacen 7/7/7 | Tier 1 | |
| amethia | Tier 1 | |
| amethyst | Tier 1 | |
| apri | Tier 1 | |
| aranelle | Tier 1 | |
| ashlyna | Tier 1 | |
| abra eq | Tier 1 | |
| aurovela 1/20 | Tier 1 | |
| aurovela 24 fe | Tier 1 | |
| aurovela fe 1.5/30 | Tier 1 | |
| aurovela fe 1/20 | Tier 1 | |
| aviane | Tier 1 | |
| ayuna | Tier 1 | |
| azurette | Tier 1 | |
| balziva | Tier 1 | |
| blisovi 24 fe | Tier 1 | |
| blisovi fe 1.5/30 | Tier 1 | |
| briellyn | Tier 1 | |
| camila TABS .35mg | Tier 1 | |
| camrese | Tier 1 | |
| camrese lo | Tier 1 | |
| chateal eq | Tier 1 | |
| cryselle-28 | Tier 1 | |
| cyred eq | Tier 1 | |
| dasetta 1/35 | Tier 1 | |
| dasetta 7/7/7 | Tier 1 | |
| daysee | Tier 1 | |
| deblitane TABS .35mg | Tier 1 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | Tier 1 | |
| <i>dolishale</i> | Tier 1 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | Tier 1 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | Tier 1 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | Tier 1 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | Tier 1 | |
| <i>elinest</i> | Tier 1 | |
| <i>eluryng</i> | Tier 1 | |
| <i>emzahh TABS .35mg</i> | Tier 1 | |
| <i>enilloring</i> | Tier 1 | |
| <i>enpresse-28</i> | Tier 1 | |
| <i>enskyce</i> | Tier 1 | |
| <i>errin TABS .35mg</i> | Tier 1 | |
| <i>estarylla</i> | Tier 1 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | Tier 1 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | Tier 1 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> | Tier 1 | |
| <i>falmina</i> | Tier 1 | |
| <i>finzala</i> | Tier 1 | |
| <i>hailey 1.5/30</i> | Tier 1 | |
| <i>hailey 24 fe</i> | Tier 1 | |
| <i>haloette</i> | Tier 1 | |
| <i>heather TABS .35mg</i> | Tier 1 | |
| <i>iclevia</i> | Tier 1 | |
| <i>incassia TABS .35mg</i> | Tier 1 | |
| <i>introvale</i> | Tier 1 | |
| <i>isibloom</i> | Tier 1 | |
| <i>jasmiel</i> | Tier 1 | |
| <i>jolessa</i> | Tier 1 | |
| <i>juleber</i> | Tier 1 | |
| <i>junel 1.5/30</i> | Tier 1 | |
| <i>junel 1/20</i> | Tier 1 | |
| <i>junel fe 1.5/30</i> | Tier 1 | |
| <i>junel fe 1/20</i> | Tier 1 | |
| <i>junel fe 24</i> | Tier 1 | |
| <i>kaitlib fe</i> | Tier 1 | |
| <i>kariva</i> | Tier 1 | |
| <i>kelnor 1/35</i> | Tier 1 | |
| <i>kelnor 1/50</i> | Tier 1 | |
| <i>kurvelo</i> | Tier 1 | |
| <i>larin 1.5/30</i> | Tier 1 | |
| <i>larin 1/20</i> | Tier 1 | |
| <i>larin 24 fe</i> | Tier 1 | |
| <i>larin fe 1.5/30</i> | Tier 1 | |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>larin fe 1/20</i> | Tier 1 | |
| <i>layolis fe</i> | Tier 1 | |
| <i>leena</i> | Tier 1 | |
| <i>lessina</i> | Tier 1 | |
| <i>levonest</i> | Tier 1 | |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | Tier 1 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | Tier 1 | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | Tier 1 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | Tier 1 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | Tier 1 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | Tier 1 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | Tier 1 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | Tier 1 | |
| <i>levora 0.15/30-28</i> | Tier 1 | |
| LILETTA IUD 20.1mcg/day | Tier 1 | NM |
| <i>loestrin 1.5/30-21</i> | Tier 1 | |
| <i>loestrin 1/20-21</i> | Tier 1 | |
| <i>loestrin fe 1.5/30</i> | Tier 1 | |
| <i>loestrin fe 1/20</i> | Tier 1 | |
| <i>loryna</i> | Tier 1 | |
| <i>low-ogestrel</i> | Tier 1 | |
| <i>lutera</i> | Tier 1 | |
| <i>lyleq TABS .35mg</i> | Tier 1 | |
| <i>lyza TABS .35mg</i> | Tier 1 | |
| <i>marlissa</i> | Tier 1 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | Tier 1 | |
| <i>mibelas 24 fe</i> | Tier 1 | |
| <i>microgestin 1.5/30</i> | Tier 1 | |
| <i>microgestin 1/20</i> | Tier 1 | |
| <i>microgestin 24 fe</i> | Tier 1 | |
| <i>microgestin fe 1.5/30</i> | Tier 1 | |
| <i>microgestin fe 1/20</i> | Tier 1 | |
| <i>mili</i> | Tier 1 | |
| <i>mono-linyah</i> | Tier 1 | |
| <i>necon 0.5/35-28</i> | Tier 1 | |
| NEXPLANON IMPL 68mg | Tier 1 | NM |
| <i>nikki</i> | Tier 1 | |
| <i>nora-be TABS .35mg</i> | Tier 1 | |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | Tier 1 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | Tier 1 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | Tier 1 | |
| <i>norethindrone (contraceptive) TABS .35mg</i> | Tier 1 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | Tier 1 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | Tier 1 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | Tier 1 | |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | Tier 1 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | Tier 1 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | Tier 1 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | Tier 1 | |
| <i>norlyroc TABS .35mg</i> | Tier 1 | |
| <i>nortrel 0.5/35 (28)</i> | Tier 1 | |
| <i>nortrel 1/35 (21)</i> | Tier 1 | |
| <i>nortrel 1/35 (28)</i> | Tier 1 | |
| <i>nortrel 7/7/7</i> | Tier 1 | |
| <i>nylia 1/35</i> | Tier 1 | |
| <i>nylia 7/7/7</i> | Tier 1 | |
| <i>nymyo</i> | Tier 1 | |
| <i>ocella</i> | Tier 1 | |
| <i>philith</i> | Tier 1 | |
| <i>pimtrea</i> | Tier 1 | |
| <i>portia-28</i> | Tier 1 | |
| <i>reclipsen</i> | Tier 1 | |
| <i>rivelsa</i> | Tier 1 | |
| <i>setlakin</i> | Tier 1 | |
| <i>sharobel TABS .35mg</i> | Tier 1 | |
| <i>simliya</i> | Tier 1 | |
| <i>simpesse</i> | Tier 1 | |
| <i>sprintec 28</i> | Tier 1 | |
| <i>sronyx</i> | Tier 1 | |
| <i>syeda</i> | Tier 1 | |
| <i>tarina 24 fe</i> | Tier 1 | |
| <i>tarina fe 1/20 eq</i> | Tier 1 | |
| <i>tilia fe</i> | Tier 1 | |
| <i>tri-estarylla</i> | Tier 1 | |
| <i>tri-legest fe</i> | Tier 1 | |
| <i>tri-linyah</i> | Tier 1 | |
| <i>tri-lo-estarylla</i> | Tier 1 | |
| <i>tri-lo-marzia</i> | Tier 1 | |
| <i>tri-lo-mili</i> | Tier 1 | |
| <i>tri-lo-sprintec</i> | Tier 1 | |
| <i>tri-mili</i> | Tier 1 | |
| <i>tri-nymyo</i> | Tier 1 | |
| <i>tri-sprintec</i> | Tier 1 | |
| <i>tri-vylibra</i> | Tier 1 | |
| <i>tri-vylibra lo</i> | Tier 1 | |
| <i>trivora-28</i> | Tier 1 | |
| <i>turqoz</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>tydemy</i> | Tier 1 | |
| <i>velivet</i> | Tier 1 | |
| <i>vestura</i> | Tier 1 | |
| <i>vienva</i> | Tier 1 | |
| <i>viorele</i> | Tier 1 | |
| <i>vyfemla</i> | Tier 1 | |
| <i>vylibra</i> | Tier 1 | |
| <i>wera</i> | Tier 1 | |
| <i>wymzya fe</i> | Tier 1 | |
| <i>xulane</i> | Tier 1 | |
| <i>zafemy</i> | Tier 1 | |
| <i>zovia 1/35</i> | Tier 1 | |
| <i>zumandimine</i> | Tier 1 | |
| ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES | | |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | Tier 1 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | Tier 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | Tier 1 | |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg | Tier 1 | |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml | Tier 1 | |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | Tier 1 | |
| <i>fyavolv tab 1mg-5mcg</i> | Tier 1 | |
| <i>jinteli</i> | Tier 1 | |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| <i>mimvey</i> | Tier 1 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | Tier 1 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | Tier 1 | |
| <i>yuvafem</i> TABS 10mcg | Tier 1 | |
| GLUCOCORTICOIDS – DRUGS TO TREAT INFLAMMATORY RESPONSE | | |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | Tier 1 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | Tier 1 | |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml | Tier 1 | |
| <i>fludrocortisone acetate</i> TABS .1mg | Tier 1 | |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | Tier 1 | |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg | Tier 1 | B/D |
| <i>methylprednisolone</i> TBPK 4mg | Tier 1 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | Tier 1 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg | Tier 1 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml | Tier 1 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | Tier 1 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | Tier 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | Tier 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | Tier 1 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | Tier 1 | |
| GLUCOSE ELEVATING AGENTS – DRUGS TO TREAT LOW BLOOD SUGAR | | |
| <i>diazoxide</i> SUSP 50mg/ml | Tier 1 | NDS |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | Tier 1 | |
| MISCELLANEOUS | | |
| ALDURAZYME SOLN 2.9mg/5ml | Tier 1 | NDS, NM, PA |
| <i>betaine powder for oral solution</i> | Tier 1 | NDS, NM |
| <i>cabergoline</i> TABS .5mg | Tier 1 | |
| <i>carglumic acid</i> TBSO 200mg | Tier 1 | NDS, NM, PA |
| CERDELGA CAPS 84mg | Tier 1 | NDS, NM, PA |
| CEREZYME SOLR 400unit | Tier 1 | NDS, NM, PA |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg | Tier 1 | B/D, QL (60 tabs/30 days), NM |
| <i>cinacalcet hcl</i> TABS 90mg | Tier 1 | NDS, B/D, QL (120 tabs/30 days), NM |
| CYSTAGON CAPS 50mg, 150mg | Tier 1 | NM, PA |
| <i>desmopressin acetate</i> SOLN 4mcg/ml | Tier 1 | NDS |
| <i>desmopressin acetate</i> TABS .1mg, .2mg | Tier 1 | |
| <i>desmopressin acetate spray</i> SOLN .01% | Tier 1 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | Tier 1 | |
| FABRAZYME SOLR 5mg, 35mg | Tier 1 | NDS, NM, PA |
| GENOTROPIN CART 5mg, 12mg | Tier 1 | NDS, NM, PA |
| GENOTROPIN MINIQUICK PRSY .2mg | Tier 1 | NM, PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | Tier 1 | NDS, NM, PA |
| INCRELEX SOLN 40mg/4ml | Tier 1 | NDS, NM, PA |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | Tier 1 | NDS, NM, PA |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml | Tier 1 | NDS, NM, PA |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | Tier 1 | B/D |
| LUMIZYME SOLR 50mg | Tier 1 | NDS, NM, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | Tier 1 | NDS, NM, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | Tier 1 | NDS, NM, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | Tier 1 | NDS, NM, PA |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg | Tier 1 | NDS, NM, PA |
| NAGLAZYME SOLN 1mg/ml | Tier 1 | NDS, NM, PA |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | Tier 1 | NDS, NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; <i>SOSY</i> 50mcg/ml, 100mcg/ml | Tier 1 | NM, PA |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; <i>SOSY</i> 500mcg/ml | Tier 1 | NDS, NM, PA |
| <i>raloxifene hcl</i> TABS 60mg | Tier 1 | |
| sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg | Tier 1 | NDS, NM, PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | Tier 1 | NDS, NM, PA |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg | Tier 1 | NDS, NM, PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | Tier 1 | NDS, NM, PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | Tier 1 | NDS, NM, PA |
| SYNAREL SOLN 2mg/ml | Tier 1 | NDS, PA |
| VEOZAH TABS 45mg | Tier 1 | PA |
| PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES | | |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| <i>megestrol acetate</i> SUSP 40mg/ml | Tier 1 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | Tier 1 | PA |
| <i>norethindrone acetate</i> TABS 5mg | Tier 1 | |
| <i>progesterone</i> CAPS 100mg, 200mg | Tier 1 | |
| THYROID AGENTS – DRUGS TO REGULATE THYROID LEVELS | | |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | Tier 1 | |
| <i>methimazole</i> TABS 5mg, 10mg | Tier 1 | |
| <i>propylthiouracil</i> TABS 50mg | Tier 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg | Tier 1 | B/D |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml | Tier 1 | B/D |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | Tier 1 | B/D |
| GASTROINTESTINAL – DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS | | |
| ANTIEMETICS – DRUGS FOR NAUSEA AND VOMITING | | |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg | Tier 1 | B/D |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | Tier 1 | B/D |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>compro</i> SUPP 25mg | Tier 1 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | Tier 1 | B/D, QL (60 caps/30 days) |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | Tier 1 | |
| <i>granisetron hcl</i> TABS 1mg | Tier 1 | B/D |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | Tier 1 | |
| metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | Tier 1 | |
| <i>ondansetron</i> TBP 4mg, 8mg | Tier 1 | B/D |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | Tier 1 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg | Tier 1 | B/D |
| <i>prochlorperazine</i> SUPP 25mg | Tier 1 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | Tier 1 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | Tier 1 | |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | Tier 1 | PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| <i>scopolamine</i> PT72 1mg/3days | Tier 1 | QL (10 patches/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| ANTISPASMODICS – DRUGS FOR STOMACH SPASMS | | |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | Tier 1 | |
| <i>glycopyrrolate</i> TABS 1mg | Tier 1 | QL (90 tabs/30 days) |
| <i>glycopyrrolate</i> TABS 2mg | Tier 1 | QL (120 tabs/30 days) |
| H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID | | |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg | Tier 1 | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | Tier 1 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | Tier 1 | |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> CAPS 750mg | Tier 1 | |
| <i>budesonide</i> CPEP 3mg | Tier 1 | QL (90 caps/30 days), PA |
| <i>budesonide</i> TB24 9mg | Tier 1 | NDS, QL (30 tabs/30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | Tier 1 | |
| <i>mesalamine</i> CP24 .375gm | Tier 1 | QL (120 caps/30 days) |
| <i>mesalamine</i> CPDR 400mg | Tier 1 | QL (180 caps/30 days) |
| <i>mesalamine</i> ENEM 4gm | Tier 1 | QL (1680 mL/28 days) |
| <i>mesalamine</i> SUPP 1000mg | Tier 1 | QL (30 suppositories/30 days) |
| <i>mesalamine</i> TBEC 1.2gm | Tier 1 | QL (120 tabs/30 days) |
| <i>mesalamine w/ cleanser</i> KIT 4gm | Tier 1 | QL (28 bottles/28 days) |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | Tier 1 | |
| LAXATIVES | | |
| <i>constulose</i> SOLN 10gm/15ml | Tier 1 | |
| <i>enulose</i> SOLN 10gm/15ml | Tier 1 | |
| <i>gavilyte-c</i> | Tier 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| <i>gavilyte-g</i> | Tier 1 | |
| <i>gavilyte-n/flavor pack</i> | Tier 1 | |
| <i>generlac SOLN 10gm/15ml</i> | Tier 1 | |
| <i>lactulose SOLN 10gm/15ml</i> | Tier 1 | |
| <i>lactulose (encephalopathy) SOLN 10gm/15ml</i> | Tier 1 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | Tier 1 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | Tier 1 | |
| PLENVU SOL | Tier 1 | |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml | Tier 1 | |
| MISCELLANEOUS | | |
| <i>alose tron hcl TABS 1mg</i> | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| <i>alose tron hcl TABS .5mg</i> | Tier 1 | QL (60 tabs/30 days), PA |
| CREON CAP 3000UNIT | Tier 1 | |
| CREON CAP 6000UNIT | Tier 1 | |
| CREON CAP 12000UNT | Tier 1 | |
| CREON CAP 24000UNT | Tier 1 | |
| CREON CAP 36000UNT | Tier 1 | |
| <i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i> | Tier 1 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | Tier 1 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | Tier 1 | |
| GATTEX KIT 5mg | Tier 1 | NDS, NM, PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | Tier 1 | QL (30 caps/30 days) |
| <i>loperamide hcl CAPS 2mg</i> | Tier 1 | |
| <i>misoprostol TABS 100mcg, 200mcg</i> | Tier 1 | |
| MOVANTIK TABS 12.5mg, 25mg | Tier 1 | QL (30 tabs/30 days) |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | Tier 1 | NDS, QL (28 syringes/28 days), PA |
| <i>sucralfate TABS 1gm</i> | Tier 1 | |
| <i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i> | Tier 1 | |
| VOWST CAP | Tier 1 | NDS, QL (12 caps/30 days), NM, PA |
| XERMELO TABS 250mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| XIFAXAN TABS 550mg | Tier 1 | NDS, PA |
| ZENPEP CAP 3000UNIT | Tier 1 | |
| ZENPEP CAP 5000UNIT | Tier 1 | |
| ZENPEP CAP 10000UNT | Tier 1 | |
| ZENPEP CAP 15000UNT | Tier 1 | |
| ZENPEP CAP 20000UNT | Tier 1 | |
| ZENPEP CAP 25000UNT | Tier 1 | |
| ZENPEP CAP 40000UNT | Tier 1 | |
| ZENPEP CAP 60000UNT | Tier 1 | |
| PROTON PUMP INHIBITORS – DRUGS FOR ULCERS AND STOMACH ACID | | |
| <i>esomeprazole magnesium CPDR 20mg, 40mg</i> | Tier 1 | QL (30 caps/30 days), ST |
| <i>lansoprazole CPDR 15mg, 30mg</i> | Tier 1 | QL (60 caps/30 days) |
| <i>omeprazole CPDR 10mg, 20mg, 40mg</i> | Tier 1 | |
| <i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i> | Tier 1 | |
| <i>rabeprazole sodium TBEC 20mg</i> | Tier 1 | QL (30 tabs/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

GENITOURINARY – DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA – DRUGS TO TREAT ENLARGED PROSTATE

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS – DRUGS TO TREAT URINARY INCONTINENCE

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

VAGINAL ANTI-INFECTIVES

| | | |
|---|--------|--|
| <i>clindamycin phosphate vaginal</i> CREA 2% | Tier 1 | |
| <i>metronidazole vaginal</i> GEL .75% | Tier 1 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | Tier 1 | |

HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS – BLOOD THINNERS

| | | |
|---|--------|-----------------------|
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg | Tier 1 | QL (60 caps/30 days) |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg | Tier 1 | QL (120 caps/30 days) |
| ELIQUIS TABS 2.5mg | Tier 1 | QL (60 tabs/30 days) |
| ELIQUIS TABS 5mg | Tier 1 | QL (74 tabs/30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | Tier 1 | QL (74 tabs/30 days) |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | Tier 1 | |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | Tier 1 | |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | Tier 1 | NDS |
| HEP SOD/NACL INJ 25000UNT | Tier 1 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | Tier 1 | B/D |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| XARELTO SUSR 1mg/ml | Tier 1 | QL (620 mL/30 days) |
| XARELTO TABS 2.5mg | Tier 1 | QL (60 tabs/30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| XARELTO STAR TAB 15/20MG | Tier 1 | QL (51 tabs/30 days) |
| HEMATOPOIETIC GROWTH FACTORS | | |
| FULPHILA SOSY 6mg/0.6ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | Tier 1 | NM, PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | Tier 1 | NDS, NM, PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | Tier 1 | NDS, NM, PA |
| MISCELLANEOUS | | |
| ALVAIZ TABS 9mg, 54mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| ALVAIZ TABS 18mg, 36mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | Tier 1 | |
| BERINERT KIT 500unit | Tier 1 | NDS, QL (24 boxes/30 days), NM, PA |
| <i>cilostazol</i> TABS 50mg, 100mg | Tier 1 | |
| DOPTELET TABS 20mg | Tier 1 | NDS, NM, PA |
| DROXIA CAPS 200mg, 300mg, 400mg | Tier 1 | |
| HAEGARDA SOLR 2000unit | Tier 1 | NDS, QL (30 vials/30 days), NM, PA |
| HAEGARDA SOLR 3000unit | Tier 1 | NDS, QL (20 vials/30 days), NM, PA |
| <i>icatibant acetate</i> SOSY 30mg/3ml | Tier 1 | NDS, QL (9 syringes/30 days), NM, PA |
| <i>l-glutamine (sickle cell)</i> PACK 5gm | Tier 1 | NDS, NM, PA |
| <i>pentoxifylline</i> TBCR 400mg | Tier 1 | |
| <i>sajazir</i> SOSY 30mg/3ml | Tier 1 | NDS, QL (9 syringes/30 days), NM, PA |
| TAVNEOS CAPS 10mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg | Tier 1 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | Tier 1 | |
| BRILINTA TABS 60mg, 90mg | Tier 1 | |
| <i>clopidogrel bisulfate</i> TABS 75mg | Tier 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | Tier 1 | PA; PA applies if 70 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | Tier 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| IMMUNOLOGIC AGENTS – DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM | | |
| AUTOIMMUNE AGENTS | | |
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml | Tier 1 | NDS, QL (56 pens/365 days), NM, PA |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml | Tier 1 | NDS, QL (56 syringes/365 days), NM, PA |
| COSENTYX SOLN 125mg/5ml | Tier 1 | NDS, NM, PA |
| COSENTYX SOSY 75mg/0.5ml | Tier 1 | NDS, QL (16 syringes/365 days), NM, PA |
| COSENTYX SOSY 150mg/ml | Tier 1 | NDS, QL (32 syringes/365 days), NM, PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml | Tier 1 | NDS, QL (32 pens/365 days), NM, PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml | Tier 1 | NDS, QL (16 pens/365 days), NM, PA |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| DUPIXENT SOSY 100mg/0.67ml | Tier 1 | NDS, NM, PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | Tier 1 | NDS, QL (4 syringes/28 days), NM, PA |
| ENBREL SOLN 25mg/0.5ml | Tier 1 | NDS, QL (16 vials/28 days), NM, PA |
| ENBREL SOSY 25mg/0.5ml | Tier 1 | NDS, QL (16 syringes/28 days), NM, PA |
| ENBREL SOSY 50mg/ml | Tier 1 | NDS, QL (8 syringes/28 days), NM, PA |
| ENBREL MINI SOCT 50mg/ml | Tier 1 | NDS, QL (8 cartridges/28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml | Tier 1 | NDS, QL (8 pens/28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| HUMIRA PSKT 20mg/0.2ml | Tier 1 | NDS, QL (4 syringes/28 days), NM, PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | Tier 1 | NDS, QL (6 syringes/28 days), NM, PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml | Tier 1 | NDS, QL (6 pens/28 days), NM, PA |
| HUMIRA PEN PNKT 80mg/0.8ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| HUMIRA PEN KIT PS/UV | Tier 1 | NDS, QL (3 pens/28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml | Tier 1 | NDS, QL (3 pens/28 days), NM, PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| IDACIO (2 PEN) AJKT 40mg/0.8ml | Tier 1 | NDS, QL (56 pens/365 days), NM, PA |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml | Tier 1 | NDS, QL (56 syringes/365 days), NM, PA |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml | Tier 1 | NDS, QL (2 packs/year), NM, PA |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml | Tier 1 | NDS, QL (2 packs/year), NM, PA |
| INFLIXIMAB SOLR 100mg | Tier 1 | NDS, NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| REMICADE SOLR 100mg | Tier 1 | NDS, NM, PA |
| RENFLEXIS SOLR 100mg | Tier 1 | NDS, NM, PA |
| RINVOQ TB24 15mg, 30mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| RINVOQ TB24 45mg | Tier 1 | NDS, QL (168 tabs/year), NM, PA |
| RINVOQ LQ SOLN 1mg/ml | Tier 1 | NDS, QL (360 mL/30 days), NM, PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | Tier 1 | NDS, QL (1 cartridge/56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml | Tier 1 | NDS, NM, PA |
| SKYRIZI SOSY 150mg/ml | Tier 1 | NDS, QL (6 syringes/365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml | Tier 1 | NDS, QL (6 pens/365 days), NM, PA |
| SOTYKTU TABS 6mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| STELARA SOLN 45mg/0.5ml | Tier 1 | NDS, QL (1 vial/28 days), NM, PA |
| STELARA SOLN 130mg/26ml | Tier 1 | NDS, NM, PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | Tier 1 | NDS, QL (1 syringe/28 days), NM, PA |
| TREMFYA SOPN 100mg/ml | Tier 1 | NDS, QL (1 pen/28 days), NM, PA |
| TREMFYA SOSY 100mg/ml | Tier 1 | NDS, QL (1 syringe/28 days), NM, PA |
| TYENNE SOAJ 162mg/0.9ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | Tier 1 | NDS, NM, PA |
| TYENNE SOSY 162mg/0.9ml | Tier 1 | NDS, QL (4 syringes/28 days), NM, PA |
| VELSIPITY TABS 2mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| XELJANZ SOLN 1mg/ml | Tier 1 | NDS, QL (480 mL/24 days), NM, PA |
| XELJANZ TABS 5mg, 10mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| XELJANZ XR TB24 11mg, 22mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) – DRUGS TO TREAT RHEUMATOID ARTHRITIS | | |
| <i>hydroxychloroquine sulfate</i> TABS 200mg | Tier 1 | |
| JYLAMVO SOLN 2mg/ml | Tier 1 | B/D |
| <i>leflunomide</i> TABS 10mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg | Tier 1 | |
| XATMEP SOLN 2.5mg/ml | Tier 1 | B/D |
| IMMUNOGLOBULINS | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 1 | NDS, PA |
| BIVIGAM SOLN 5gm/50ml, 10% | Tier 1 | NDS, NM, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | Tier 1 | NDS, NM, PA |
| GAMASTAN INJ | Tier 1 | B/D, NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 1 | NDS, NM, PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | Tier 1 | NDS, NM, PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 1 | NDS, NM, PA |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| DAPTACEL INJ | Tier 1 | |
| DENGVAXIA SUS | Tier 1 | |
| DIP/TET PED INJ 25-5LFU | Tier 1 | B/D |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | Tier 1 | B/D |
| GARDASIL 9 INJ | Tier 1 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | Tier 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | Tier 1 | B/D |
| HIBERIX SOLR 10mcg | Tier 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | Tier 1 | B/D |
| INFANRIX INJ | Tier 1 | |
| IPOL INJ INACTIVE | Tier 1 | |
| IXCHIQ INJ | Tier 1 | |
| IXIARO INJ | Tier 1 | |
| JYNNEOS SUSP .5ml | Tier 1 | B/D |
| KINRIX INJ | Tier 1 | |
| M-M-R II INJ | Tier 1 | |
| MENACTRA INJ | Tier 1 | |
| MENQUADFI INJ | Tier 1 | |
| MENVEO INJ | Tier 1 | |
| MENVEO SOL | Tier 1 | |
| MRESVIA SUSY 50mcg/0.5ml | Tier 1 | |
| PEDIARIX INJ 0.5ML | Tier 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | Tier 1 | |
| PENBRAYA INJ | Tier 1 | |
| PENTACEL INJ | Tier 1 | |
| PREHEVBRIO SUSP 10mcg/ml | Tier 1 | B/D |
| PRIORIX INJ | Tier 1 | |
| PROQUAD INJ | Tier 1 | |
| QUADRACEL INJ | Tier 1 | |
| QUADRACEL INJ 0.5ML | Tier 1 | |
| RABAVERT INJ | Tier 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | Tier 1 | B/D |
| ROTARIX SUS | Tier 1 | |
| ROTATEQ SOL | Tier 1 | |
| SHINGRIX SUSR 50mcg/0.5ml | Tier 1 | QL (2 vials per lifetime) |
| TDVAX INJ 2-2 LF | Tier 1 | B/D |
| TENIVAC INJ 5-2LF | Tier 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | Tier 1 | |
| TRUMENBA INJ | Tier 1 | |
| TWINRIX INJ | Tier 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | Tier 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | Tier 1 | |
| VARIVAX INJ 1350pfu/0.5ml | Tier 1 | |
| YF-VAX INJ | Tier 1 | |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS | | |
| ELECTROLYTES/MINERALS, INJECTABLE | | |
| D2.5W/NACL INJ 0.45% | Tier 1 | |
| D10W/NACL INJ 0.2% | Tier 1 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | Tier 1 | |
| <i>dextrose 5% in lactated ringers</i> | Tier 1 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | Tier 1 | |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | Tier 1 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | Tier 1 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | Tier 1 | |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | Tier 1 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | Tier 1 | |
| ISOLYTE-P INJ /D5W | Tier 1 | |
| ISOLYTE-S INJ PH 7.4 | Tier 1 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | Tier 1 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | Tier 1 | |
| KCL/D5W/NACL INJ 0.3/0.9% | Tier 1 | |
| <i>lactated ringer's solution</i> | Tier 1 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | Tier 1 | |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | Tier 1 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | Tier 1 | |
| <i>multiple electrolytes ph 5.5</i> | Tier 1 | |
| <i>multiple electrolytes ph 7.4</i> | Tier 1 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | Tier 1 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | Tier 1 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | Tier 1 | |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | Tier 1 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | Tier 1 | |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i> | Tier 1 | |
| TPN ELECTROL INJ | Tier 1 | B/D |
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| <i>klor-con PACK 20meq</i> | Tier 1 | |
| <i>klor-con 8 TBCR 8meq</i> | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>klor-con 10</i> TBCR 10meq | Tier 1 | |
| <i>klor-con m10</i> TBCR 10meq | Tier 1 | |
| <i>klor-con m15</i> TBCR 15meq | Tier 1 | |
| <i>klor-con m20</i> TBCR 20meq | Tier 1 | |
| M-NATAL PLUS TAB | Tier 1 | |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq | Tier 1 | |
| <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq | Tier 1 | |
| PRENATAL TAB 27-1MG | Tier 1 | |
| PRENATAL TAB PLUS | Tier 1 | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | Tier 1 | |
| WESTAB PLUS TAB 27-1MG | Tier 1 | |
| IV NUTRITION | | |
| CLINIMIX INJ 4.25/D5W | Tier 1 | B/D |
| CLINIMIX INJ 4.25/D10 | Tier 1 | B/D |
| CLINIMIX INJ 5%/D15W | Tier 1 | B/D |
| CLINIMIX INJ 5%/D20W | Tier 1 | B/D |
| CLINIMIX INJ 6/5 | Tier 1 | B/D |
| CLINIMIX INJ 8/10 | Tier 1 | B/D |
| CLINIMIX INJ 8/14 | Tier 1 | B/D |
| <i>clinisol sf 15%</i> | Tier 1 | B/D |
| CLINOLIPID EMU 20% | Tier 1 | B/D |
| <i>dextrose</i> SOLN 5%, 10% | Tier 1 | |
| <i>dextrose</i> SOLN 50%, 70% | Tier 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | Tier 1 | B/D |
| NUTRILIPID EMUL 20gm/100ml | Tier 1 | B/D |
| <i>plenamine</i> | Tier 1 | B/D |
| PREMASOL SOL 10% | Tier 1 | NDS, B/D |
| PROSOL INJ 20% | Tier 1 | B/D |
| TRAVASOL INJ 10% | Tier 1 | B/D |
| TROPHAMINE INJ 10% | Tier 1 | B/D |
| OPHTHALMIC – DRUGS TO TREAT EYE CONDITIONS | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY – DRUGS TO TREAT INFECTIONS AND INFLAMMATION | | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | Tier 1 | |
| <i>neo-polycin hc ophth oint 1%</i> | Tier 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | Tier 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | Tier 1 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10- 0.23(0.25)%</i> | Tier 1 | |
| TOBRADEX OIN 0.3-0.1% | Tier 1 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | Tier 1 | |
| ZYLET SUS 0.5-0.3% | Tier 1 | |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS | | |
| <i>bacitracin (ophthalmic)</i> OINT 500unit/gm | Tier 1 | |
| <i>bacitracin-polymyxin b ophth oint</i> | Tier 1 | |
| BESIVANCE SUSP .6% | Tier 1 | |
| CILOXAN OINT .3% | Tier 1 | |
| <i>ciprofloxacin hcl (ophth)</i> SOLN .3% | Tier 1 | |
| <i>erythromycin (ophth)</i> OINT 5mg/gm | Tier 1 | |
| <i>gatifloxacin (ophth)</i> SOLN .5% | Tier 1 | |
| <i>gentamicin sulfate (ophth)</i> SOLN .3% | Tier 1 | |
| <i>moxifloxacin hcl (ophth)</i> SOLN .5% | Tier 1 | QL (12 mL/30 days) |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | Tier 1 | |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin | Tier 1 | |
| neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | Tier 1 | |
| <i>ofloxacin (ophth)</i> SOLN .3% | Tier 1 | |
| <i>polycin ophth oint</i> | Tier 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | Tier 1 | |
| <i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10% | Tier 1 | |
| <i>tobramycin (ophth)</i> SOLN .3% | Tier 1 | |
| <i>trifluridine</i> SOLN 1% | Tier 1 | |
| XDEMVA SOLN .25% | Tier 1 | NDS, NM, PA |
| ZIRGAN GEL .15% | Tier 1 | |
| ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION | | |
| <i>bromfenac sodium (ophth)</i> SOLN .07%, .075% | Tier 1 | |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | Tier 1 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | Tier 1 | |
| <i>difluprednate</i> EMUL .05% | Tier 1 | |
| FLAREX SUSP .1% | Tier 1 | |
| <i>fluorometholone (ophth)</i> SUSP .1% | Tier 1 | |
| <i>flurbiprofen sodium</i> SOLN .03% | Tier 1 | |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | Tier 1 | |
| LOTEMAX OINT .5% | Tier 1 | |
| <i>loteprednol etabonate</i> SUSP .2% | Tier 1 | |
| <i>prednisolone acetate (ophth)</i> SUSP 1% | Tier 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | Tier 1 | |
| ANTIALLERGICS – DRUGS TO TREAT ALLERGIES | | |
| <i>azelastine hcl (ophth)</i> SOLN .05% | Tier 1 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | Tier 1 | |
| ANTIGLAUCOMA – DRUGS TO TREAT GLAUCOMA | | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | Tier 1 | |
| BETOPTIC-S SUSP .25% | Tier 1 | |
| <i>brimonidine tartrate</i> SOLN .15%, .2% | Tier 1 | |
| <i>brinzolamide</i> SUSP 1% | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>carteolol hcl (ophth)</i> SOLN 1% | Tier 1 | |
| COMBIGAN SOL 0.2/0.5% | Tier 1 | |
| <i>dorzolamide hcl</i> SOLN 2% | Tier 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% | Tier 1 | |
| <i>latanoprost</i> SOLN .005% | Tier 1 | |
| <i>levobunolol hcl</i> SOLN .5% | Tier 1 | |
| LUMIGAN SOLN .01% | Tier 1 | |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4% | Tier 1 | |
| RHOPRESSA SOLN .02% | Tier 1 | |
| ROCKLATAN DRO | Tier 1 | |
| SIMBRINZA SUS 1-0.2% | Tier 1 | |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | Tier 1 | |
| VYZULTA SOLN .024% | Tier 1 | |
| MISCELLANEOUS | | |
| ATROPINE SULFATE SOLN 1% | Tier 1 | |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1% | Tier 1 | |
| CYSTADROPS SOLN .37% | Tier 1 | NDS, NM, PA |
| CYSTARAN SOLN .44% | Tier 1 | NDS, NM, PA |
| EYSUVIS SUSP .25% | Tier 1 | |
| MIEBO SOLN 1.338gm/ml | Tier 1 | |
| <i>proparacaine hcl</i> SOLN .5% | Tier 1 | |
| RESTASIS EMUL .05% | Tier 1 | |
| RESTASIS MULTIDOSE EMUL .05% | Tier 1 | |
| XIIDRA SOLN 5% | Tier 1 | |
| OTIC – DRUGS TO TREAT CONDITIONS OF THE EAR | | |
| OTIC AGENTS | | |
| <i>acetic acid (otic)</i> SOLN 2% | Tier 1 | |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% | Tier 1 | |
| <i>flac</i> OIL .01% | Tier 1 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | Tier 1 | |
| <i>neomycin-polymyxin-hc otic soln</i> 1% | Tier 1 | |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | Tier 1 | |
| <i>ofloxacin (otic)</i> SOLN .3% | Tier 1 | |
| RESPIRATORY – DRUGS TO TREAT BREATHING DISORDERS | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS – DRUGS TO TREAT COPD | | |
| ANORO ELLIPT AER 62.5-25 | Tier 1 | QL (60 blisters/30 days) |
| BEVESPI AER 9-4.8MCG | Tier 1 | QL (1 inhaler/30 days) |
| BREZTRI AERO AER SPHERE | Tier 1 | QL (1 inhaler/30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | Tier 1 | QL (4 inhalers/28 days) |
| COMBIVENT AER 20-100 | Tier 1 | QL (2 inhalers/30 days) |
| <i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml | Tier 1 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | Tier 1 | QL (60 blisters/30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | Tier 1 | QL (60 blisters/30 days) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| BRONCHITOL CAPS 40mg | Tier 1 | NDS, QL (560 caps/28 days), NM, PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | Tier 1 | B/D |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | Tier 1 | (generic of EpiPen) |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | Tier 1 | (generic of Adrenaclick) |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml | Tier 1 | NDS, QL (1 syringe/28 days), NM, PA |
| FASENRA PEN SOAJ 30mg/ml | Tier 1 | NDS, QL (1 pen/28 days), NM, PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg | Tier 1 | NDS, QL (56 packets/28 days), NM, PA |
| KALYDECO TABS 150mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| OFEV CAPS 100mg, 150mg | Tier 1 | NDS, QL (60 caps/30 days), NM, PA |
| ORKAMBI GRA 75-94MG | Tier 1 | NDS, QL (56 packets/28 days), NM, PA |
| ORKAMBI GRA 100-125 | Tier 1 | NDS, QL (56 packets/28 days), NM, PA |
| ORKAMBI GRA 150-188 | Tier 1 | NDS, QL (56 packets/28 days), NM, PA |
| ORKAMBI TAB 100-125 | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| ORKAMBI TAB 200-125 | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| <i>pirfenidone</i> CAPS 267mg | Tier 1 | NDS, QL (270 caps/30 days), NM, PA |
| <i>pirfenidone</i> TABS 267mg | Tier 1 | NDS, QL (270 tabs/30 days), NM, PA |
| <i>pirfenidone</i> TABS 534mg, 801mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| PROLASTIN-C SOLN 1000mg/20ml | Tier 1 | NDS, NM, PA |
| PULMOZYME SOLN 2.5mg/2.5ml | Tier 1 | NDS, NM, PA |
| <i>roflumilast</i> TABS 250mcg | Tier 1 | QL (56 tabs/year) |
| <i>roflumilast</i> TABS 500mcg | Tier 1 | QL (30 tabs/30 days) |
| SYMDEKO TAB 50-75MG | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| SYMDEKO TAB 100-150 | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | Tier 1 | |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | Tier 1 | |
| TRIKAFTA PAK 59.5MG | Tier 1 | NDS, QL (56 packs/28 days), NM, PA |
| TRIKAFTA PAK 75MG | Tier 1 | NDS, QL (56 packs/28 days), NM, PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | Tier 1 | NDS, QL (84 tabs/28 days), NM, PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| XOLAIR SOAJ 150mg/ml | Tier 1 | NDS, QL (8 pens/28 days), NM, PA |
| XOLAIR SOLR 150mg | Tier 1 | NDS, QL (8 vials/28 days), NM, PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml | Tier 1 | NDS, QL (4 syringes/28 days), NM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| XOLAIR SOSY 150mg/ml | Tier 1 | NDS, QL (8 syringes/28 days), NM, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | Tier 1 | NDS, NM, PA |
| NASAL STEROIDS – DRUGS TO TREAT ALLERGIES | | |
| <i>flunisolide (nasal) SOLN .025%</i> | Tier 1 | QL (3 bottles/30 days) |
| <i>fluticasone propionate (nasal) SUSP 50mcg/act</i> | Tier 1 | QL (1 bottle/30 days) |
| XHANCE EXHU 93mcg/act | Tier 1 | QL (32 mL/30 days), PA |
| STERIOD INHALANTS – DRUGS TO TREAT ASTHMA | | |
| ALVESCO AERS 80mcg/act | Tier 1 | QL (3 inhalers/30 days) |
| ALVESCO AERS 160mcg/act | Tier 1 | QL (2 inhalers/30 days) |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | Tier 1 | QL (30 inhalations/30 days) |
| <i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i> | Tier 1 | B/D |
| STERIOD/BETA-AGONIST COMBINATIONS – DRUGS TO TREAT ASTHMA AND COPD | | |
| ADVAIR HFA AER 45/21 | Tier 1 | QL (1 inhaler/30 days) |
| ADVAIR HFA AER 115/21 | Tier 1 | QL (1 inhaler/30 days) |
| ADVAIR HFA AER 230/21 | Tier 1 | QL (1 inhaler/30 days) |
| BREO ELLIPTA INH 50-25MCG | Tier 1 | QL (60 blisters/30 days) |
| BREO ELLIPTA INH 100-25 | Tier 1 | QL (60 blisters/30 days) |
| BREO ELLIPTA INH 200-25 | Tier 1 | QL (60 blisters/30 days) |
| <i>brey-na</i> | Tier 1 | QL (3 inhalers/30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | Tier 1 | QL (3 inhalers/30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | Tier 1 | QL (3 inhalers/30 days) |
| DULERA AER 50-5MCG | Tier 1 | QL (3 inhalers/30 days) |
| DULERA AER 100-5MCG | Tier 1 | QL (3 inhalers/30 days) |
| DULERA AER 200-5MCG | Tier 1 | QL (3 inhalers/30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i> | Tier 1 | QL (60 inhalations/30 days) |
| TOPICAL – DRUGS TO TREAT EAR AND SKIN CONDITIONS | | |
| DERMATOLOGY, ACNE | | |
| <i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| <i>amne-teem CAPS 10mg, 20mg, 40mg</i> | Tier 1 | PA |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | Tier 1 | QL (46.6 gm/30 days) |
| <i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| <i>clindamycin phosphate (topical) GEL 1%</i> | Tier 1 | QL (75 mL/30 days) |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> | Tier 1 | QL (60 mL/30 days) |
| <i>ery PADS 2%</i> | Tier 1 | QL (60 pledgets/30 days) |
| <i>erythromycin (acne aid) GEL 2%</i> | Tier 1 | QL (60 gm/30 days) |
| <i>erythromycin (acne aid) SOLN 2%</i> | Tier 1 | QL (60 mL/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| isotretinoin CAPS 10mg, 20mg, 30mg, 40mg | Tier 1 | PA |
| sulfacetamide sodium (acne) LOTN 10% | Tier 1 | QL (118 mL/30 days) |
| tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% | Tier 1 | QL (45 gm/30 days), PA |
| twice-daily clindamycin phosphate (topical) GEL 1% | Tier 1 | QL (75 gm/30 days) |
| zenatane CAPS 10mg, 20mg, 30mg, 40mg | Tier 1 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| gentamicin sulfate (topical) CREA .1%; OINT .1% | Tier 1 | QL (30 gm/30 days) |
| mupirocin OINT 2% | Tier 1 | QL (220 gm/30 days) |
| silver sulfadiazine CREA 1% | Tier 1 | |
| ssd CREA 1% | Tier 1 | |
| SULFAMYLON CREA 85mg/gm | Tier 1 | QL (453.6 gm/30 days) |
| DERMATOLOGY, ANTIFUNGALS | | |
| ciclopirox SHAM 1% | Tier 1 | QL (120 mL/30 days) |
| ciclopirox olamine CREA .77% | Tier 1 | QL (90 gm/30 days) |
| ciclopirox olamine SUSP .77% | Tier 1 | QL (60 mL/30 days) |
| clotrimazole (topical) CREA 1% | Tier 1 | QL (45 gm/30 days) |
| clotrimazole (topical) SOLN 1% | Tier 1 | QL (60 mL/30 days) |
| clotrimazole w/ betamethasone cream 1-0.05% | Tier 1 | QL (45 gm/30 days) |
| econazole nitrate CREA 1% | Tier 1 | QL (85 gm/30 days) |
| ketoconazole (topical) CREA 2% | Tier 1 | QL (60 gm/30 days) |
| ketoconazole (topical) SHAM 2% | Tier 1 | QL (120 mL/30 days) |
| klayesta POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| nyamyc POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm | Tier 1 | QL (30 gm/30 days) |
| nystatin (topical) POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| nystop POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| selenium sulfide LOTN 2.5% | Tier 1 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| acitretin CAPS 10mg, 17.5mg, 25mg | Tier 1 | PA |
| calcipotriene CREA .005%; OINT .005% | Tier 1 | QL (120 gm/30 days), PA |
| calcipotriene SOLN .005% | Tier 1 | QL (120 mL/30 days), PA |
| calcitrene OINT .005% | Tier 1 | QL (120 gm/30 days), PA |
| ENSTILAR AER | Tier 1 | NDS, QL (120 gm/30 days), PA |
| tazarotene CREA .1% | Tier 1 | QL (60 gm/30 days), PA |
| TAZORAC CREA .05% | Tier 1 | QL (60 gm/30 days), PA |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| ala-cort CREA 1% | Tier 1 | |
| alclometasone dipropionate CREA .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| betamethasone dipropionate (topical) CREA .05%; OINT .05% | Tier 1 | QL (120 gm/30 days) |
| betamethasone dipropionate (topical) LOTN .05% | Tier 1 | QL (120 mL/30 days) |
| betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% | Tier 1 | QL (120 gm/30 days) |
| betamethasone dipropionate augmented LOTN .05% | Tier 1 | QL (120 mL/30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>betamethasone valerate</i> CREA .1%; OINT .1% | Tier 1 | QL (120 gm/30 days) |
| <i>betamethasone valerate</i> LOTN .1% | Tier 1 | QL (120 mL/30 days) |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| <i>clobetasol propionate</i> SOLN .05% | Tier 1 | QL (50 mL/30 days) |
| <i>clobetasol propionate e</i> CREA .05% | Tier 1 | QL (60 gm/30 days) |
| <i>fluocinolone acetonide</i> CREA .01% | Tier 1 | QL (60 gm/30 days) |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025% | Tier 1 | QL (120 gm/30 days) |
| <i>fluocinolone acetonide</i> OIL .01% | Tier 1 | QL (118.28 mL/30 days) |
| <i>fluocinolone acetonide</i> SOLN .01% | Tier 1 | QL (60 mL/30 days) |
| <i>fluocinonide</i> CREA .05% | Tier 1 | QL (120 gm/30 days) |
| <i>fluocinonide</i> GEL .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| <i>fluocinonide</i> SOLN .05% | Tier 1 | QL (60 mL/30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | Tier 1 | QL (120 gm/30 days) |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | Tier 1 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | Tier 1 | QL (50 gm/30 days) |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | Tier 1 | |
| <i>hydrocortisone (topical)</i> OINT 1% | Tier 1 | QL (30 gm/30 days) |
| <i>hydrocortisone valerate</i> CREA .2% | Tier 1 | QL (60 gm/30 days) |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | Tier 1 | |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | Tier 1 | QL (454 gm/30 days) |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | Tier 1 | |
| <i>triderm</i> CREA .5% | Tier 1 | QL (454 gm/30 days) |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>glydo</i> PRSY 2% | Tier 1 | QL (60 mL/30 days), PA |
| <i>lidocaine</i> OINT 5% | Tier 1 | QL (50 gm/30 days), PA |
| <i>lidocaine</i> PTCH 5% | Tier 1 | QL (3 patches/1 day), PA |
| <i>lidocaine hcl</i> SOLN 4% | Tier 1 | QL (50 mL/30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | Tier 1 | B/D, QL (30 gm/30 days) |
| <i>lidocan</i> PTCH 5% | Tier 1 | QL (3 patches/1 day), PA |
| <i>tridacaine ii</i> PTCH 5% | Tier 1 | QL (3 patches/1 day), PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>bexarotene (topical)</i> GEL 1% | Tier 1 | NDS, QL (60 gm/30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5% | Tier 1 | QL (300 mL/28 days) |
| <i>fluorouracil (topical)</i> CREA 5% | Tier 1 | QL (40 gm/30 days) |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | Tier 1 | QL (10 mL/30 days) |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5% | Tier 1 | |
| <i>imiquimod</i> CREA 5% | Tier 1 | QL (24 packets/30 days) |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | Tier 1 | |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75% | Tier 1 | QL (45 gm/30 days) |
| <i>metronidazole (topical)</i> LOTN .75% | Tier 1 | QL (59 mL/30 days) |
| <i>nitroglycerin (intra-anal)</i> OINT .4% | Tier 1 | QL (30 gm/30 days) |
| PANRETIN GEL .1% | Tier 1 | NDS, QL (60 gm/30 days), PA |
| <i>pimecrolimus</i> CREA 1% | Tier 1 | QL (100 gm/30 days), PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>podofilox</i> SOLN .5% | Tier 1 | QL (7 mL/28 days) |
| <i>procto-med hc</i> CREA 2.5% | Tier 1 | |
| <i>proctocort</i> CREA 1% | Tier 1 | |
| <i>proctosol hc</i> CREA 2.5% | Tier 1 | |
| <i>proctozone-hc</i> CREA 2.5% | Tier 1 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | Tier 1 | QL (100 gm/30 days), PA |
| VALCHLOR GEL .016% | Tier 1 | NDS, QL (60 gm/30 days), NM, PA |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> LOTN .5% | Tier 1 | QL (59 mL/30 days) |
| <i>permethrin</i> CREA 5% | Tier 1 | QL (60 gm/30 days) |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REG GRANEX GEL .01% | Tier 1 | NDS, QL (30 gm/30 days), PA |
| SANTYL OINT 250unit/gm | Tier 1 | QL (180 gm/30 days) |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | Tier 1 | |
| <i>water for irrigation, sterile irrigation soln</i> | Tier 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl</i> CAPS 30mg | Tier 1 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | Tier 1 | |
| <i>clotrimazole</i> TROC 10mg | Tier 1 | QL (150 lozenges/30 days) |
| <i>kourzeq</i> PSTE .1% | Tier 1 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | Tier 1 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | Tier 1 | |
| <i>periogard</i> SOLN .12% | Tier 1 | |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | Tier 1 | |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1% | Tier 1 | |

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Index

A

| | | | |
|--|----|--|----|
| <i>abacavir sulfate</i> | 5 | ALUNBRIG..... | 12 |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 5 | ALUNBRIG PAK..... | 12 |
| ABELCET | 4 | ALVAIZ..... | 45 |
| <i>abiraterone acetate</i> | 10 | ALVESCO..... | 56 |
| ABRYSVO | 48 | <i>alyacen 1/35</i> | 35 |
| <i>acamprosate calcium</i> | 31 | <i>alyacen 7/7/7</i> | 35 |
| <i>acarbose</i> | 32 | ALYGLO..... | 47 |
| <i>accutane</i> | 56 | <i>alyq</i> | 21 |
| <i>acebutolol hcl</i> | 20 | <i>amantadine hcl</i> | 23 |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 | <i>ambrisentan</i> | 21 |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 1 | <i>amethia</i> | 35 |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 2 | <i>amethyst</i> | 35 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 2 | <i>amikacin sulfate</i> | 2 |
| <i>acetazolamide</i> | 20 | <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 20 |
| <i>acetic acid</i> | 44 | <i>amiloride hcl</i> | 20 |
| <i>acetic acid (otic)</i> | 53 | <i>amiodarone hcl</i> | 18 |
| <i>acetylcysteine</i> | 54 | <i>amitriptyline hcl</i> | 22 |
| <i>acitretin</i> | 57 | <i>amlodipine besylate</i> | 20 |
| ACTHIB INJ..... | 48 | <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> 16 | |
| ACTIMMUNE | 48 | <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> 16 | |
| <i>acyclovir</i> | 6 | <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> 16 | |
| <i>acyclovir sodium</i> | 6 | <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .. 16 | |
| ADACEL INJ..... | 48 | <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .. 16 | |
| ADALIMUMAB-AACF (2 PEN) | 46 | <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .. 16 | |
| ADALIMUMAB-AACF (2 SYRING) | 46 | <i>amlodipine besylate-olmesartan medoxomil</i> | |
| <i>adefovir dipivoxil</i> | 6 | <i>tab 10-20 mg</i> | 17 |
| ADMELOG | 33 | <i>amlodipine besylate-olmesartan medoxomil</i> | |
| ADMELOG SOLOSTAR | 33 | <i>tab 10-40 mg</i> | 17 |
| ADVAIR HFA AER 115/21 | 56 | <i>amlodipine besylate-olmesartan medoxomil</i> | |
| ADVAIR HFA AER 230/21 | 56 | <i>tab 5-20 mg</i> | 17 |
| ADVAIR HFA AER 45/21 | 56 | <i>amlodipine besylate-olmesartan medoxomil</i> | |
| <i>afirmelle</i> | 35 | <i>tab 5-40 mg</i> | 17 |
| AIMOVIG | 29 | <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 17 |
| AKEEGA TAB 100/500 | 10 | <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 17 |
| AKEEGA TAB 50/500MG | 10 | <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 17 |
| <i>ala-cort</i> | 57 | <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 17 |
| <i>albendazole</i> | 2 | <i>amnesteam</i> | 56 |
| <i>albuterol sulfate</i> | 54 | <i>amoxapine</i> | 22 |
| <i>alclometasone dipropionate</i> | 57 | <i>amoxicillin</i> | 8 |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY..... | 33 | <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 8 |
| ALDURAZYME..... | 40 | <i>amoxicillin & k clavulanate for susp</i> | |
| ALECENSA..... | 12 | <i>200-28.5 mg/5ml</i> | 8 |
| <i>alendronate sodium</i> | 34 | <i>amoxicillin & k clavulanate for susp</i> | |
| <i>alfuzosin hcl</i> | 44 | <i>250-62.5 mg/5ml</i> | 8 |
| <i>aliskiren fumarate</i> | 21 | <i>amoxicillin & k clavulanate for susp</i> | |
| <i>allopurinol</i> | 1 | <i>400-57 mg/5ml</i> | 8 |
| <i>alose tron hcl</i> | 43 | <i>amoxicillin & k clavulanate for susp</i> | |
| <i>alprazolam</i> | 22 | <i>600-42.9 mg/5ml</i> | 8 |
| <i>altavera</i> | 35 | <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 8 |

| | |
|--|----|
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 8 |
| <i>amoxicillin & k clavulanate tab er 12hr</i> | |
| 1000-62.5 mg..... | 8 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 10 mg..... | 28 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 15 mg..... | 28 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 20 mg..... | 28 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 25 mg..... | 28 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 30 mg..... | 28 |
| <i>amphetamine-dextroamphetamine cap er 24hr</i> | |
| 5 mg..... | 28 |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 28 |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> ... | 28 |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 28 |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 28 |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 29 |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 28 |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 28 |
| <i>amphotericin b</i> | 4 |
| <i>amphotericin b liposome</i> | 4 |
| <i>ampicillin</i> | 8 |
| <i>ampicillin & sulbactam sodium for inj</i> | |
| 1.5 (1-0.5) gm..... | 8 |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 8 |
| <i>ampicillin & sulbactam sodium for iv soln</i> | |
| 1.5 (1-0.5) gm..... | 9 |
| <i>ampicillin & sulbactam sodium for iv soln</i> | |
| 15 (10-5) gm..... | 9 |
| <i>ampicillin & sulbactam sodium for iv soln</i> | |
| 3 (2-1) gm | 9 |
| <i>ampicillin sodium</i> | 9 |
| <i>anagrelide hcl</i> | 45 |
| <i>anastrozole</i> | 10 |
| ANORO ELLIPTA AER 62.5-25 | 53 |
| <i>aprepitant</i> | 41 |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 41 |
| <i>apri</i> | 35 |
| APTIOM..... | 26 |
| APTIVUS | 5 |
| ARALAST NP | 54 |
| <i>aranella</i> | 35 |
| ARCALYST | 48 |
| AREXVY | 48 |
| ARIKAYCE | 2 |
| <i>aripiprazole</i> | 24 |
| ARISTADA | 24 |
| ARISTADA INITIO | 24 |
| <i>armodafinil</i> | 31 |

| | |
|--|----|
| ARNUITY ELLIPTA | 56 |
| <i>asenapine maleate</i> | 24 |
| <i>ashlyna</i> | 35 |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 45 |
| ASTAGRAF XL..... | 48 |
| <i>atazanavir sulfate</i> | 5 |
| <i>atenolol</i> | 20 |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 19 |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 19 |
| <i>atomoxetine hcl</i> | 29 |
| <i>atorvastatin calcium</i> | 19 |
| <i>atovaquone</i> | 2 |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 4 |
| ATROPINE SULFATE..... | 53 |
| <i>atropine sulfate (ophthalmic)</i> | 53 |
| ATROVENT HFA..... | 54 |
| <i>aubra eq</i> | 35 |
| AUGTYRO | 12 |
| <i>aurovela 1/20</i> | 35 |
| <i>aurovela 24 fe</i> | 35 |
| <i>aurovela fe 1.5/30</i> | 35 |
| <i>aurovela fe 1/20</i> | 35 |
| AUSTEDO..... | 30 |
| AUSTEDO XR..... | 30 |
| AUSTEDO XR TAB TITR KIT..... | 30 |
| AUVELITY TAB 45-105MG | 22 |
| <i>aviane</i> | 35 |
| <i>ayuna</i> | 35 |
| AYVAKIT..... | 12 |
| <i>azacitidine</i> | 10 |
| <i>azathioprine</i> | 48 |
| <i>azelastine hcl</i> | 54 |
| <i>azelastine hcl (ophth)</i> | 52 |
| <i>azithromycin</i> | 8 |
| <i>aztreonam</i> | 2 |
| <i>azurette</i> | 35 |

B

| | |
|---|----|
| <i>bacitracin (ophthalmic)</i> | 52 |
| <i>bacitracin-polymyxin b ophth oint</i> | 52 |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 51 |
| <i>baclofen</i> | 31 |
| BAFIERTAM..... | 30 |
| <i>balsalazide disodium</i> | 42 |
| BALVERSA..... | 12 |
| <i>balziva</i> | 35 |
| BARACLUDGE | 6 |
| BASAGLAR KWIKPEN..... | 33 |
| BCG VACCINE..... | 48 |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 16 |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 16 |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> .. | 16 |

| | |
|--|----|
| <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | 16 |
| <i>benazepril hcl</i> | 17 |
| BENDAMUSTINE HYDROCHLORID | 9 |
| BENDEKA..... | 9 |
| BENLYSTA..... | 48 |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 56 |
| <i>benztropine mesylate</i> | 23 |
| BERINERT | 45 |
| BESIVANCE | 52 |
| BESREMI..... | 11 |
| <i>betaine powder for oral solution</i> | 40 |
| <i>betamethasone dipropionate (topical)</i> | 57 |
| <i>betamethasone dipropionate augmented</i> | 57 |
| <i>betamethasone valerate</i> | 58 |
| BETASERON | 30 |
| <i>betaxolol hcl</i> | 20 |
| <i>betaxolol hcl (ophth)</i> | 52 |
| <i>bethanechol chloride</i> | 44 |
| BETOPTIC-S..... | 52 |
| BEVESPI AER 9-4.8MCG | 53 |
| <i>bexarotene</i> | 11 |
| <i>bexarotene (topical)</i> | 58 |
| BEXSERO INJ | 48 |
| <i>bicalutamide</i> | 10 |
| BICILLIN L-A | 9 |
| BIKTARVY TAB 30-120-15 MG | 5 |
| BIKTARVY TAB 50-200-25 MG | 5 |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> .. | 19 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> .. | 19 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 19 |
| <i>bisoprolol fumarate</i> | 20 |
| BIVIGAM..... | 47 |
| <i>blisovi 24 fe</i> | 35 |
| <i>blisovi fe 1.5/30</i> | 35 |
| BOOSTRIX INJ | 48 |
| <i>bortezomib</i> | 12 |
| BORTEZOMIB..... | 12 |
| <i>bosentan</i> | 21 |
| BOSULIF | 12 |
| BRAFTOVI | 12 |
| BREO ELLIPTA INH 100-25..... | 56 |
| BREO ELLIPTA INH 200-25..... | 56 |
| BREO ELLIPTA INH 50-25MCG | 56 |
| <i>breyna</i> | 56 |
| BREZTRI AERO AER SPHERE..... | 53 |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 53 |
| <i>briellyn</i> | 35 |
| BRILINTA | 45 |
| <i>brimonidine tartrate</i> | 52 |
| <i>brinzolamide</i> | 52 |
| BRIVIACT | 26 |

| | |
|--|----|
| <i>bromfenac sodium (ophth)</i> | 52 |
| <i>bromocriptine mesylate</i> | 23 |
| BRONCHITOL | 55 |
| BRUKINSA..... | 12 |
| <i>budesonide</i> | 42 |
| <i>budesonide (inhalation)</i> | 56 |
| <i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act..... | 56 |
| <i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act..... | 56 |
| <i>bumetanide</i> | 20 |
| <i>buprenorphine hcl</i> | 31 |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv)..... | 31 |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) | 31 |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv)..... | 31 |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv)..... | 31 |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv) | 31 |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv)..... | 31 |
| <i>bupropion hcl</i> | 22 |
| <i>bupropion hcl (smoking deterrent)</i> | 31 |
| <i>buspirone hcl</i> | 22 |
| <i>butorphanol tartrate</i> | 2 |

C

| | |
|--|----|
| <i>cabergoline</i> | 40 |
| CABOMETYX | 12 |
| <i>calcipotriene</i> | 57 |
| <i>calcitonin (salmon) spray</i> | 34 |
| <i>calcitrene</i> | 57 |
| <i>calcitriol</i> | 41 |
| <i>calcitriol (oral)</i> | 41 |
| CALQUENCE..... | 12 |
| <i>camila</i> | 35 |
| <i>camrese</i> | 35 |
| <i>camrese lo</i> | 35 |
| <i>candesartan cilexetil</i> | 18 |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg | 17 |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg | 17 |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg | 17 |
| CAPLYTA | 24 |
| CAPRELSA | 12 |
| <i>captopril</i> | 17 |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 16 |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 16 |

| | |
|--|----|
| <i>captpril & hydrochlorothiazide tab 50-15 mg</i> | 16 |
| <i>captpril & hydrochlorothiazide tab 50-25 mg</i> | 17 |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 23 |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 23 |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 23 |
| <i>carbamazepine</i> | 26 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 23 |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 23 |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 23 |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 24 |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i> | 24 |
| <i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i> | 24 |
| <i>carboplatin</i> | 9 |
| <i>carglumic acid</i> | 40 |
| <i>carisoprodol</i> | 31 |
| <i>carteolol hcl (ophth)</i> | 53 |
| <i>cartia xt</i> | 20 |
| <i>carvedilol</i> | 20 |
| <i>caspofungin acetate</i> | 4 |
| <i>CAYSTON</i> | 2 |
| <i>cefaclor</i> | 7 |
| <i>cefadroxil</i> | 7 |
| <i>CEFAZOLIN</i> | 7 |
| <i>CEFAZOLIN INJ 1GM/50ML</i> | 7 |
| <i>cefazolin sodium</i> | 7 |
| <i>CEFAZOLIN SOLN 2GM/100ML-4%</i> | 7 |
| <i>cefdinir</i> | 7 |
| <i>cefepime hcl</i> | 7 |
| <i>cefixime</i> | 7 |
| <i>cefotetan disodium</i> | 7 |
| <i>cefoxitin sodium</i> | 7 |
| <i>cefpodoxime proxetil</i> | 7 |
| <i>cefprozil</i> | 7 |
| <i>ceftazidime</i> | 7 |
| <i>ceftriaxone sodium</i> | 7 |
| <i>cefuroxime axetil</i> | 8 |
| <i>cefuroxime sodium</i> | 8 |
| <i>celecoxib</i> | 1 |
| <i>cephalexin</i> | 8 |
| <i>CERDELGA</i> | 40 |
| <i>CEREZYME</i> | 40 |

| | |
|--|----|
| <i>cetirizine hcl</i> | 54 |
| <i>cevimeline hcl</i> | 59 |
| <i>chateal eq</i> | 35 |
| <i>CHEMET</i> | 35 |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 59 |
| <i>chloroquine phosphate</i> | 4 |
| <i>chlorpromazine hcl</i> | 24 |
| <i>chlorthalidone</i> | 20 |
| <i>cholestyramine</i> | 19 |
| <i>cholestyramine light</i> | 19 |
| <i>ciclopirox</i> | 57 |
| <i>ciclopirox olamine</i> | 57 |
| <i>cilostazol</i> | 45 |
| <i>CILOXAN</i> | 52 |
| <i>CIMDUO TAB 300-300</i> | 6 |
| <i>cinacalcet hcl</i> | 40 |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 8 |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 8 |
| <i>ciprofloxacin hcl</i> | 8 |
| <i>ciprofloxacin hcl (ophth)</i> | 52 |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .. | 53 |
| <i>cisplatin</i> | 9 |
| <i>citalopram hydrobromide</i> | 22 |
| <i>claravis</i> | 56 |
| <i>clarithromycin</i> | 8 |
| <i>clindamycin hcl</i> | 2 |
| <i>clindamycin palmitate hydrochloride</i> | 2 |
| <i>clindamycin phosphate</i> | 2 |
| <i>clindamycin phosphate (topical)</i> | 56 |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 2 |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 2 |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 3 |
| <i>clindamycin phosphate vaginal</i> | 44 |
| <i>CLINDMYC/NAC INJ 300/50ML</i> | 3 |
| <i>CLINDMYC/NAC INJ 600/50ML</i> | 3 |
| <i>CLINDMYC/NAC INJ 900/50ML</i> | 3 |
| <i>CLINIMIX INJ 4.25/D10</i> | 51 |
| <i>CLINIMIX INJ 4.25/D5W</i> | 51 |
| <i>CLINIMIX INJ 5%/D15W</i> | 51 |
| <i>CLINIMIX INJ 5%/D20W</i> | 51 |
| <i>CLINIMIX INJ 6/5</i> | 51 |
| <i>CLINIMIX INJ 8/10</i> | 51 |
| <i>CLINIMIX INJ 8/14</i> | 51 |
| <i>clinisol sf 15%</i> | 51 |
| <i>CLINOLIPID EMU 20%</i> | 51 |
| <i>clobazam</i> | 26 |
| <i>clobetasol propionate</i> | 58 |
| <i>clobetasol propionate e</i> | 58 |
| <i>clomipramine hcl</i> | 22 |
| <i>clonazepam</i> | 26 |
| <i>clonidine</i> | 21 |
| <i>clonidine hcl</i> | 21 |

| | |
|--|----|
| <i>clopidogrel bisulfate</i> | 45 |
| <i>clorazepate dipotassium</i> | 26 |
| <i>clotrimazole</i> | 59 |
| <i>clotrimazole (topical)</i> | 57 |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> ... | 57 |
| <i>clozapine</i> | 24 |
| COARTEM TAB 20-120MG | 4 |
| <i>colchicine</i> | 1 |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |
| <i>colesevelam hcl</i> | 19 |
| <i>colestipol hcl</i> | 19 |
| <i>colistimethate sodium</i> | 3 |
| COMBIGAN SOL 0.2/0.5% | 53 |
| COMBIVENT AER 20-100..... | 53 |
| COMETRIQ (60MG DOSE) | 12 |
| COMETRIQ KIT 100MG | 12 |
| COMETRIQ KIT 140MG | 12 |
| COMPLERA TAB | 6 |
| <i>compro</i> | 42 |
| <i>constulose</i> | 42 |
| COPAXONE | 30 |
| COPIKTRA..... | 12 |
| CORLANOR | 21 |
| COSENTYX | 46 |
| COSENTYX SENSOREADY PEN..... | 46 |
| COSENTYX UNOREADY..... | 46 |
| COTELLIC..... | 12 |
| CREON CAP 12000UNT | 43 |
| CREON CAP 24000UNT | 43 |
| CREON CAP 3000UNIT | 43 |
| CREON CAP 36000UNT | 43 |
| CREON CAP 6000UNIT | 43 |
| <i>cromolyn sodium</i> | 55 |
| <i>cromolyn sodium (mastocytosis)</i> | 43 |
| <i>cromolyn sodium (ophth)</i> | 52 |
| <i>cryselle-28</i> | 35 |
| <i>cyclobenzaprine hcl</i> | 31 |
| <i>cyclophosphamide</i> | 9 |
| CYCLOPHOSPHAMIDE | 9 |
| CYCLOPHOSPHAMIDE MONOHYDR..... | 10 |
| <i>cycloserine</i> | 6 |
| <i>cyclosporine</i> | 48 |
| <i>cyclosporine modified (for microemulsion)</i> | 48 |
| <i>cyproheptadine hcl</i> | 54 |
| <i>cyred eq</i> | 35 |
| CYSTADROPS | 53 |
| CYSTAGON | 40 |
| CYSTARAN | 53 |
| <i>cytarabine</i> | 10 |
| D | |
| D10W/NACL INJ 0.2% | 50 |
| D2.5W/NACL INJ 0.45% | 50 |

| | |
|---|----|
| <i>dabigatran etexilate mesylate</i> | 44 |
| <i>dalfampridine</i> | 30 |
| <i>danazol</i> | 32 |
| <i>dantrolene sodium</i> | 31 |
| <i>dapsone</i> | 3 |
| DAPTACEL INJ | 49 |
| <i>daptomycin</i> | 3 |
| DAPTOMYCIN | 3 |
| <i>darunavir</i> | 5 |
| <i>dasetta 1/35</i> | 35 |
| <i>dasetta 7/7/7</i> | 35 |
| DAURISMO | 12 |
| <i>daysee</i> | 35 |
| DAYVIGO | 29 |
| <i>deblitane</i> | 35 |
| <i>deferasirox</i> | 35 |
| DELSTRIGO TAB | 6 |
| DENGVAXIA SUS | 49 |
| DEPO-SUBQ PROVERA 104..... | 35 |
| <i>depo-testosterone</i> | 32 |
| DESCOVY TAB 120-15MG | 6 |
| DESCOVY TAB 200/25MG..... | 6 |
| <i>desipramine hcl</i> | 22 |
| <i>desmopressin acetate</i> | 40 |
| <i>desmopressin acetate spray</i> | 40 |
| <i>desmopressin acetate spray refrigerated</i> | 40 |
| <i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> | 36 |
| <i>desvenlafaxine succinate</i> | 22 |
| <i>dexamethasone</i> | 39 |
| DEXAMETHASONE INTENSOL..... | 39 |
| <i>dexamethasone sodium phosphate</i> | 39 |
| <i>dexamethasone sodium phosphate (ophth)</i> | 52 |
| <i>dexmethylphenidate hcl</i> | 29 |
| <i>dextrose</i> | 51 |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 50 |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 50 |
| <i>dextrose 5% in lactated ringers</i> | 50 |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 50 |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 50 |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | 50 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 50 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 50 |
| DIACOMIT..... | 26 |
| <i>diazepam</i> | 26 |
| <i>diazepam (anticonvulsant)</i> | 26 |
| <i>diazepam inj</i> | 26 |
| <i>diazepam intensol</i> | 26 |
| <i>diazoxide</i> | 40 |
| <i>diclofenac potassium</i> | 1 |
| <i>diclofenac sodium</i> | 1 |
| <i>diclofenac sodium (ophth)</i> | 52 |

| | |
|---|----|
| <i>diclofenac sodium (topical)</i> | 58 |
| <i>dicloxacillin sodium</i> | 9 |
| <i>dicyclomine hcl</i> | 42 |
| DIFICID | 8 |
| <i>diflunisal</i> | 1 |
| <i>difluprednate</i> | 52 |
| <i>digoxin</i> | 21 |
| <i>dihydroergotamine mesylate</i> | 29 |
| DILANTIN..... | 26 |
| <i>diltiazem hcl</i> | 20 |
| <i>diltiazem hcl coated beads</i> | 20 |
| <i>diltiazem hcl extended release beads</i> | 20 |
| <i>dilt-xr</i> | 20 |
| DIP/TET PED INJ 25-5LFU | 49 |
| <i>diphenhydramine hcl</i> | 54 |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .. | 43 |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 43 |
| <i>dipyridamole</i> | 45 |
| <i>disopyramide phosphate</i> | 18 |
| <i>disulfiram</i> | 31 |
| <i>divalproex sodium</i> | 26 |
| <i>docetaxel</i> | 11 |
| DOCETAXEL | 11 |
| <i>dofetilide</i> | 18 |
| <i>dolishale</i> | 36 |
| <i>donepezil hydrochloride</i> | 22 |
| DOPTELET | 45 |
| <i>dorzolamide hcl</i> | 53 |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 53 |
| <i>dotti</i> | 39 |
| DOVATO TAB 50-300MG..... | 6 |
| <i>doxazosin mesylate</i> | 17 |
| <i>doxepin hcl</i> | 23 |
| <i>doxepin hcl (sleep)</i> | 29 |
| <i>doxorubicin hcl</i> | 11 |
| <i>doxorubicin hcl liposomal</i> | 11 |
| <i>doxy 100</i> | 9 |
| <i>doxycycline (monohydrate)</i> | 9 |
| <i>doxycycline hyclate</i> | 9 |
| DRIZALMA SPRINKLE..... | 23 |
| <i>dronabinol</i> | 42 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 36 |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 36 |
| <i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.02-0.451 mg</i> | 36 |
| <i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.03-0.451 mg</i> | 36 |
| DROXIA..... | 45 |
| <i>droxidopa</i> | 21 |
| DULERA AER 100-5MCG..... | 56 |
| DULERA AER 200-5MCG..... | 56 |

| | |
|---|----|
| DULERA AER 50-5MCG..... | 56 |
| <i>duloxetine hcl</i> | 23 |
| DUPIXENT..... | 46 |
| <i>dutasteride</i> | 44 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 44 |
| E | |
| <i>e.e.s. 400</i> | 8 |
| <i>econazole nitrate</i> | 57 |
| EDURANT..... | 5 |
| <i>efavirenz</i> | 5 |
| <i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i> | 6 |
| <i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i> | 6 |
| <i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i> | 6 |
| ELIGARD | 10 |
| <i>elinest</i> | 36 |
| ELIQUIS..... | 44 |
| ELIQUIS STARTER PACK..... | 44 |
| <i>eluryng</i> | 36 |
| EMGALITY..... | 29 |
| EMSAM..... | 23 |
| <i>emtricitabine</i> | 5 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>100-150 mg</i> | 6 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>133-200 mg</i> | 6 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>167-250 mg</i> | 6 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>200-300 mg</i> | 6 |
| EMTRIVA | 5 |
| EMVERM | 3 |
| <i>emzahn</i> | 36 |
| <i>enalapril maleate</i> | 17 |
| <i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i> | 17 |
| <i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i> | 17 |
| ENBREL..... | 46 |
| ENBREL MINI | 46 |
| ENBREL SURECLICK | 46 |
| <i>endocet tab 10-325mg</i> | 2 |
| <i>endocet tab 2.5-325mg</i> | 2 |
| <i>endocet tab 5-325mg</i> | 2 |
| <i>endocet tab 7.5-325mg</i> | 2 |
| ENGERIX-B..... | 49 |
| <i>enilloring</i> | 36 |
| <i>enoxaparin sodium</i> | 44 |
| <i>enpresse-28</i> | 36 |
| <i>enskyce</i> | 36 |

| | |
|---|--------|
| ENSTILAR AER..... | 57 |
| <i>entacapone</i> | 24 |
| <i>entecavir</i> | 6 |
| ENTRESTO CAP 15-16MG | 17 |
| ENTRESTO CAP 6-6MG | 17 |
| ENTRESTO TAB 24-26MG | 17 |
| ENTRESTO TAB 49-51MG | 17 |
| ENTRESTO TAB 97-103MG | 17 |
| <i>enulose</i> | 42 |
| EPCLUSA PAK 150-37.5 | 6 |
| EPCLUSA PAK 200-50MG | 6 |
| EPCLUSA TAB 200-50MG | 7 |
| EPCLUSA TAB 400-100 | 7 |
| EPIDIOLEX..... | 26 |
| <i>epinephrine (anaphylaxis)</i> | 21, 55 |
| <i>epitol</i> | 26 |
| <i>eplerenone</i> | 17 |
| EPRONTIA..... | 26 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 29 |
| ERIVEDGE | 12 |
| ERLEADA | 10 |
| <i>erlotinib hcl</i> | 12 |
| <i>errin</i> | 36 |
| <i>ertapenem sodium</i> | 3 |
| <i>ery</i> | 56 |
| <i>ery-tab</i> | 8 |
| ERYTHROCIN LACTOBIONATE | 8 |
| <i>erythromycin (acne aid)</i> | 56 |
| <i>erythromycin (ophth)</i> | 52 |
| <i>erythromycin base</i> | 8 |
| <i>erythromycin ethylsuccinate</i> | 8 |
| <i>erythromycin lactobionate</i> | 8 |
| <i>escitalopram oxalate</i> | 23 |
| <i>esomeprazole magnesium</i> | 43 |
| <i>estarylla</i> | 36 |
| <i>estradiol</i> | 39 |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> .. | 39 |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ... | 39 |
| <i>estradiol vaginal</i> | 39 |
| <i>estradiol valerate</i> | 39 |
| <i>eszopiclone</i> | 29 |
| <i>ethambutol hcl</i> | 6 |
| <i>ethosuximide</i> | 26 |
| <i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i> | 36 |
| <i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i> | 36 |
| <i>etodolac</i> | 1 |
| <i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i> | 36 |
| <i>etoposide</i> | 11 |
| <i>etravirine</i> | 5 |

| | |
|---|----|
| EULEXIN..... | 10 |
| <i>euthyrox</i> | 41 |
| <i>everolimus</i> | 12 |
| <i>everolimus (immunosuppressant)</i> | 48 |
| EVOTAZ TAB 300-150..... | 6 |
| <i>exemestane</i> | 10 |
| EYSUVIS..... | 53 |
| <i>ezetimibe</i> | 19 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 19 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 19 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 19 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 19 |
| F | |
| FABRAZYME..... | 40 |
| <i>falmina</i> | 36 |
| <i>famciclovir</i> | 7 |
| <i>famotidine</i> | 42 |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 42 |
| FANAPT | 24 |
| FANAPT PAK | 24 |
| FARXIGA | 32 |
| FASENRA..... | 55 |
| FASENRA PEN | 55 |
| <i>felbamate</i> | 26 |
| <i>felodipine</i> | 20 |
| <i>fenofibrate</i> | 19 |
| <i>fenofibrate micronized</i> | 19 |
| <i>fentanyl</i> | 1 |
| <i>fentanyl citrate</i> | 2 |
| <i>fesoterodine fumarate</i> | 44 |
| FETZIMA | 23 |
| FETZIMA CAP TITRATIO..... | 23 |
| FIASP | 33 |
| FIASP FLEXTOUCH..... | 33 |
| FIASP PENFILL | 33 |
| FIASP PUMPCART..... | 33 |
| <i>finasteride</i> | 44 |
| <i>fingolimod hcl</i> | 30 |
| FINTEPLA | 26 |
| <i>finzala</i> | 36 |
| FIRMAGON | 10 |
| <i>flac</i> | 53 |
| FLAREX | 52 |
| FLEBOGAMMA DIF..... | 47 |
| <i>flecainide acetate</i> | 18 |
| <i>fluconazole</i> | 4 |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 4 |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 4 |
| <i>flucytosine</i> | 4 |
| <i>fludrocortisone acetate</i> | 39 |
| <i>flunisolide (nasal)</i> | 56 |
| <i>fluocinolone acetonide</i> | 58 |

| | |
|---|----|
| <i>fluocinolone acetonide (otic)</i> | 53 |
| <i>fluocinonide</i> | 58 |
| <i>fluocinonide emulsified base</i> | 58 |
| <i>fluorometholone (ophth)</i> | 52 |
| <i>fluorouracil</i> | 10 |
| <i>fluorouracil (topical)</i> | 58 |
| <i>fluoxetine hcl</i> | 23 |
| <i>fluphenazine decanoate</i> | 24 |
| <i>fluphenazine hcl</i> | 24 |
| <i>flurbiprofen</i> | 1 |
| <i>flurbiprofen sodium</i> | 52 |
| <i>fluticasone propionate</i> | 58 |
| <i>fluticasone propionate (nasal)</i> | 56 |
| <i>fluticasone-salmeterol aer powder ba 100-50</i> <i>mcg/act</i> | 56 |
| <i>fluticasone-salmeterol aer powder ba 250-50</i> <i>mcg/act</i> | 56 |
| <i>fluticasone-salmeterol aer powder ba 500-50</i> <i>mcg/act</i> | 56 |
| <i>fluvoxamine maleate</i> | 22 |
| <i>fondaparinux sodium</i> | 44 |
| <i>fosamprenavir calcium</i> | 5 |
| <i>fosinopril sodium</i> | 17 |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5</i> <i>mg</i> | 17 |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5</i> <i>mg</i> | 17 |
| FOTIVDA..... | 12 |
| FRUZAQLA..... | 13 |
| FULPHILA..... | 45 |
| <i>fulvestrant</i> | 10 |
| <i>furosemide</i> | 20 |
| <i>furosemide inj</i> | 20 |
| FUZEON..... | 5 |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 39 |
| <i>fyavolv tab 1mg-5mcg</i> | 39 |
| FYCOMPA..... | 27 |

G

| | |
|---------------------------------------|----|
| <i>gabapentin</i> | 27 |
| <i>galantamine hydrobromide</i> | 22 |
| GAMASTAN INJ..... | 47 |
| GAMMAGARD LIQUID..... | 47 |
| GAMMAGARD S/D IGA LESS TH..... | 47 |
| GAMMAKED..... | 47 |
| GAMMAPLEX..... | 48 |
| GAMUNEX-C..... | 48 |
| <i>ganciclovir sodium</i> | 7 |
| GARDASIL 9 INJ..... | 49 |
| <i>gatifloxacin (ophth)</i> | 52 |
| GATTEX..... | 43 |
| GAUZE PADS 2..... | 33 |
| <i>gavilyte-c</i> | 42 |

| | |
|---|--------|
| <i>gavilyte-g</i> | 43 |
| <i>gavilyte-n/ flavor pack</i> | 43 |
| GAVRETO..... | 13 |
| <i>gefitinib</i> | 13 |
| <i>gemcitabine hcl</i> | 10 |
| <i>gemfibrozil</i> | 19 |
| <i>generlac</i> | 43 |
| <i>engraf</i> | 48 |
| GENOTROPIN..... | 40 |
| GENOTROPIN MINIQUICK..... | 40 |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 3 |
| <i>gentamicin in saline inj 1 mg/ml</i> | 3 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 3 |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 3 |
| <i>gentamicin in saline inj 2 mg/ml</i> | 3 |
| <i>gentamicin sulfate</i> | 3 |
| <i>gentamicin sulfate (ophth)</i> | 52 |
| <i>gentamicin sulfate (topical)</i> | 57 |
| GENVOYA TAB..... | 6 |
| GILOTRIF..... | 13 |
| <i>glatiramer acetate</i> | 30 |
| <i>glatopa</i> | 30, 31 |
| GLEOSTINE..... | 10 |
| <i>glimepiride</i> | 32 |
| <i>glipizide</i> | 32 |
| <i>glipizide xl</i> | 32 |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 32 |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 32 |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 32 |
| <i>glycopyrrolate</i> | 42 |
| <i>glydo</i> | 58 |
| GLYXAMBI TAB 10-5 MG..... | 32 |
| GLYXAMBI TAB 25-5 MG..... | 32 |
| <i>granisetron hcl</i> | 42 |
| <i>griseofulvin microsize</i> | 4 |
| <i>griseofulvin ultramicrosize</i> | 4 |
| <i>guanfacine hcl</i> | 21 |
| <i>guanfacine hcl (adhd)</i> | 29 |

H

| | |
|-------------------------------------|----|
| HAEGARDA..... | 45 |
| <i>hailey 1.5/30</i> | 36 |
| <i>hailey 24 fe</i> | 36 |
| <i>halobetasol propionate</i> | 58 |
| <i>haloette</i> | 36 |
| <i>haloperidol</i> | 24 |
| <i>haloperidol decanoate</i> | 24 |
| <i>haloperidol lactate</i> | 24 |
| HARVONI PAK 33.75-150MG..... | 7 |
| HARVONI PAK 45-200MG..... | 7 |
| HARVONI TAB 45-200MG..... | 7 |
| HARVONI TAB 90-400MG..... | 7 |
| HAVRIX..... | 49 |

| | |
|--|----|
| <i>heather</i> | 36 |
| HEP SOD/NACL INJ 25000UNT | 44 |
| <i>heparin sodium (porcine)</i> | 44 |
| HEPLISAV-B | 49 |
| HERCEP HYLEC SOL 60-10000 | 13 |
| HERCEPTIN | 13 |
| HERZUMA..... | 13 |
| HIBERIX | 49 |
| HUMIRA | 46 |
| HUMIRA PEN | 46 |
| HUMIRA PEN KIT PS/UV..... | 46 |
| HUMIRA PEN-CD/UC/HS START | 46 |
| HUMIRA PEN-PEDIATRIC UC S..... | 46 |
| HUMULIN R U-500 (CONCENTR | 33 |
| HUMULIN R U-500 KWIKPEN | 34 |
| <i>hydralazine hcl</i> | 21 |
| <i>hydrochlorothiazide</i> | 21 |
| <i>hydrocodone bitartrate</i> | 1 |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 2 |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 2 |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 2 |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 2 |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 2 |
| <i>hydrocortisone</i> | 39 |
| <i>hydrocortisone (intrarectal)</i> | 42 |
| <i>hydrocortisone (rectal)</i> | 58 |
| <i>hydrocortisone (topical)</i> | 58 |
| <i>hydrocortisone valerate</i> | 58 |
| <i>hydromorphone hcl</i> | 2 |
| <i>hydroxychloroquine sulfate</i> | 47 |
| <i>hydroxyurea</i> | 11 |
| <i>hydroxyzine hcl</i> | 54 |
| <i>hydroxyzine pamoate</i> | 54 |
| I | |
| <i>ibandronate sodium</i> | 34 |
| IBRANCE | 13 |
| <i>ibu</i> | 1 |
| <i>ibuprofen</i> | 1 |
| <i>icatibant acetate</i> | 45 |
| <i>iclevia</i> | 36 |
| ICLUSIG | 13 |
| IDACIO (2 PEN) | 46 |
| IDACIO (2 SYRINGE)..... | 46 |
| IDACIO CROHN INJ DISEASE | 46 |
| IDACIO PLAQU INJ PSORIASIS..... | 46 |
| IDHIFA | 13 |
| <i>imatinib mesylate</i> | 13 |
| IMBRUVICA | 13 |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 3 |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 3 |
| <i>imipramine hcl</i> | 23 |

| | |
|--|----|
| <i>imiquimod</i> | 58 |
| IMOVAX RABIES (H.D.C.V.)..... | 49 |
| IMPAVIDO | 3 |
| INBRIJA..... | 24 |
| <i>incassia</i> | 36 |
| INCRELEX..... | 40 |
| INCRUSE ELLIPTA | 54 |
| <i>indapamide</i> | 21 |
| INFANRIX INJ | 49 |
| INFLIXIMAB..... | 46 |
| INLYTA..... | 13 |
| INQOVI TAB 35-100MG..... | 10 |
| INREBIC | 13 |
| INSULIN PEN NEEDLES: BD-EMBECTA..... | 34 |
| INSULIN SAFETY NEEDLES: BD-EMBECTA..... | 34 |
| INSULIN SYRINGES: BD-EMBECTA..... | 34 |
| INTELENCE..... | 5 |
| INTRALIPID | 51 |
| <i>introvale</i> | 36 |
| INVEGA HAFYERA..... | 25 |
| INVEGA SUSTENNA | 25 |
| INVEGA TRINZA..... | 25 |
| IPOL INJ INACTIVE..... | 49 |
| <i>ipratropium bromide</i> | 54 |
| <i>ipratropium bromide (nasal)</i> | 54 |
| <i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i> | 53 |
| <i>irbesartan</i> | 18 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> . | 18 |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> . | 18 |
| <i>irinotecan hcl</i> | 11 |
| ISENTRESS..... | 5 |
| ISENTRESS HD | 5 |
| <i>isibloom</i> | 36 |
| ISOLYTE-P INJ /D5W..... | 50 |
| ISOLYTE-S INJ PH 7.4 | 50 |
| <i>isoniazid</i> | 6 |
| <i>isosorbide dinitrate</i> | 21 |
| <i>isosorbide mononitrate</i> | 21 |
| <i>isotretinoin</i> | 57 |
| <i>isradipine</i> | 20 |
| <i>itraconazole</i> | 4 |
| <i>ivabradine hcl</i> | 21 |
| <i>ivermectin</i> | 3 |
| IWILFIN..... | 11 |
| IXCHIQ INJ | 49 |
| IXIARO INJ..... | 49 |
| J | |
| JAKAFI..... | 13 |
| <i>jantoven</i> | 45 |
| JANUMET TAB 50-1000..... | 32 |
| JANUMET TAB 50-500MG | 32 |

| | |
|--|----|
| JANUMET XR TAB 100-1000 | 32 |
| JANUMET XR TAB 50-1000 | 32 |
| JANUMET XR TAB 50-500MG | 32 |
| JANUVIA | 32 |
| JARDIANCE | 32 |
| <i>jasmiel</i> | 36 |
| <i>javygtor</i> | 40 |
| JAYPIRCA | 13 |
| JENTADUETO TAB 2.5-1000 | 32 |
| JENTADUETO TAB 2.5-500 | 32 |
| JENTADUETO TAB 2.5-850 | 32 |
| JENTADUETO TAB XR 2.5-1000MG | 32 |
| JENTADUETO TAB XR 5-1000MG | 32 |
| <i>jinteli</i> | 39 |
| <i>jolessa</i> | 36 |
| <i>juleber</i> | 36 |
| JULUCA TAB 50-25MG | 6 |
| <i>junel 1.5/30</i> | 36 |
| <i>junel 1/20</i> | 36 |
| <i>junel fe 1.5/30</i> | 36 |
| <i>junel fe 1/20</i> | 36 |
| <i>junel fe 24</i> | 36 |
| JYLAMVO | 47 |
| JYNNEOS | 49 |
| K | |
| KADCYLA | 13 |
| <i>kaitlib fe</i> | 36 |
| KALYDECO | 55 |
| KANJINTI | 13 |
| <i>kariva</i> | 36 |
| <i>kcl 10 meq/l (0.075%) in dextrose</i> | |
| 5% & nacl 0.45% inj | 50 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 50 |
| <i>kcl 20 meq/l (0.15%) in dextrose</i> | |
| 5% & nacl 0.2% inj | 50 |
| <i>kcl 20 meq/l (0.15%) in dextrose</i> | |
| 5% & nacl 0.45% inj | 50 |
| <i>kcl 20 meq/l (0.15%) in dextrose</i> | |
| 5% & nacl 0.9% inj | 50 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 50 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 50 |
| <i>kcl 30 meq/l (0.224%) in dextrose</i> | |
| 5% & nacl 0.45% inj | 50 |
| <i>kcl 40 meq/l (0.3%) in dextrose</i> | |
| 5% & nacl 0.45% inj | 50 |
| <i>kcl 40 meq/l (0.3%) in dextrose</i> | |
| 5% & nacl 0.9% inj | 50 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 50 |
| KCL/D5W/NACL INJ 0.3/0.9% | 50 |
| <i>kelnor 1/35</i> | 36 |
| <i>kelnor 1/50</i> | 36 |
| KERENDIA | 17 |

09/16/2024

| | |
|---|----|
| KESIMPTA | 31 |
| <i>ketoconazole</i> | 4 |
| <i>ketoconazole (topical)</i> | 57 |
| <i>ketorolac tromethamine (ophth)</i> | 52 |
| KEYTRUDA | 13 |
| KINRIX INJ | 49 |
| <i>kionex</i> | 35 |
| KISQALI 200 DOSE | 13 |
| KISQALI 200 PAK FEMARA | 13 |
| KISQALI 400 DOSE | 13 |
| KISQALI 400 PAK FEMARA | 13 |
| KISQALI 600 DOSE | 13 |
| KISQALI 600 PAK FEMARA | 13 |
| <i>klayesta</i> | 57 |
| <i>klor-con</i> | 50 |
| <i>klor-con 10</i> | 51 |
| <i>klor-con 8</i> | 50 |
| <i>klor-con m10</i> | 51 |
| <i>klor-con m15</i> | 51 |
| <i>klor-con m20</i> | 51 |
| KOSELUGO | 13 |
| <i>kourzeq</i> | 59 |
| KRAZATI | 13 |
| <i>kurvelo</i> | 36 |
| L | |
| <i>labetalol hcl</i> | 20 |
| <i>lacosamide</i> | 27 |
| <i>lacosamide oral</i> | 27 |
| <i>lactated ringer's solution</i> | 50 |
| <i>lactic acid (ammonium lactate)</i> | 58 |
| <i>lactulose</i> | 43 |
| <i>lactulose (encephalopathy)</i> | 43 |
| <i>lamivudine</i> | 5 |
| <i>lamivudine (hbv)</i> | 7 |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 6 |
| <i>lamotrigine</i> | 27 |
| <i>lanreotide acetate</i> | 40 |
| <i>lansoprazole</i> | 43 |
| <i>lapatinib ditosylate</i> | 13 |
| <i>larin 1.5/30</i> | 36 |
| <i>larin 1/20</i> | 36 |
| <i>larin 24 fe</i> | 36 |
| <i>larin fe 1.5/30</i> | 36 |
| <i>larin fe 1/20</i> | 37 |
| <i>latanoprost</i> | 53 |
| <i>layolis fe</i> | 37 |
| <i>leena</i> | 37 |
| <i>leflunomide</i> | 47 |
| <i>lenalidomide</i> | 11 |
| LENVIMA 10 MG DAILY DOSE | 13 |
| LENVIMA 12MG DAILY DOSE | 14 |
| LENVIMA 20 MG DAILY DOSE | 14 |

Formulary ID 00025117 v9

| | | | |
|--|----|--|----|
| LENVIMA 4 MG DAILY DOSE..... | 13 | <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 58 |
| LENVIMA 8 MG DAILY DOSE..... | 13 | <i>lidocan</i> | 58 |
| LENVIMA CAP 14 MG..... | 14 | LILETTA..... | 37 |
| LENVIMA CAP 18 MG..... | 14 | <i>linezolid</i> | 3 |
| LENVIMA CAP 24 MG..... | 14 | LINEZOLID INJ 2MG/ML..... | 3 |
| <i>lessina</i> | 37 | LINZESS..... | 43 |
| <i>letrozole</i> | 10 | <i>liothyronine sodium</i> | 41 |
| <i>leucovorin calcium</i> | 16 | <i>lisinopril</i> | 17 |
| <i>leuprolide acetate</i> | 10 | <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> ... | 17 |
| <i>levabuterol hcl</i> | 54 | <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> ... | 17 |
| <i>levabuterol tartrate</i> | 54 | <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 17 |
| <i>levetiracetam</i> | 27 | <i>lithium</i> | 30 |
| <i>levetiracetam in sodium chloride iv soln</i> | | <i>lithium carbonate</i> | 30 |
| 1000 mg/100ml..... | 27 | LIVTENCITY..... | 7 |
| <i>levetiracetam in sodium chloride iv soln</i> | | <i>loestrin 1.5/30-21</i> | 37 |
| 1500 mg/100ml..... | 27 | <i>loestrin 1/20-21</i> | 37 |
| <i>levetiracetam in sodium chloride iv soln</i> | | <i>loestrin fe 1.5/30</i> | 37 |
| 500 mg/100ml..... | 27 | <i>loestrin fe 1/20</i> | 37 |
| <i>levobunolol hcl</i> | 53 | LOKELMA..... | 35 |
| <i>levocarnitine (metabolic modifiers)</i> | 40 | LONSURF TAB 15-6.14..... | 10 |
| <i>levocetirizine dihydrochloride</i> | 54 | LONSURF TAB 20-8.19..... | 10 |
| <i>levofloxacin</i> | 8 | <i>loperamide hcl</i> | 43 |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 8 | <i>lopinavir-ritonavir soln 400-100 mg/5ml</i> | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 8 | (80-20 mg/ml)..... | 6 |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 8 | <i>lopinavir-ritonavir tab 100-25 mg</i> | 6 |
| <i>levonest</i> | 37 | <i>lopinavir-ritonavir tab 200-50 mg</i> | 6 |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &</i> | | <i>lorazepam</i> | 22 |
| <i>eth est 0.01 mg</i> | 37 | <i>lorazepam intensol</i> | 22 |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab</i> | | LORBRENA..... | 14 |
| 0.15-0.03 mg..... | 37 | <i>loryna</i> | 37 |
| <i>levonorgestrel & ethinyl estradiol tab</i> | | <i>losartan potassium</i> | 18 |
| 0.1 mg-20 mcg..... | 37 | <i>losartan potassium & hydrochlorothiazide tab</i> | |
| <i>levonorgestrel & ethinyl estradiol tab</i> | | 100-12.5 mg..... | 18 |
| 0.15 mg-30 mcg..... | 37 | <i>losartan potassium & hydrochlorothiazide tab</i> | |
| <i>levonorgestrel-eth estra tab</i> | | 100-25 mg..... | 18 |
| 0.05-30/0.075-40/0.125-30mg-mcg..... | 37 | <i>losartan potassium & hydrochlorothiazide tab</i> | |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i> | | 50-12.5 mg..... | 18 |
| <i>tab 90-20 mcg</i> | 37 | LOTEMAX..... | 52 |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est</i> | | <i>loteprednol etabonate</i> | 52 |
| <i>tab 0.01mg(7)</i> | 37 | <i>lovastatin</i> | 19 |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est</i> | | <i>low-ogestrel</i> | 37 |
| <i>tab 0.01mg(7)</i> | 37 | <i>loxapine succinate</i> | 25 |
| <i>levora 0.15/30-28</i> | 37 | LUMAKRAS..... | 14 |
| <i>levo-t</i> | 41 | LUMIGAN..... | 53 |
| <i>levothyroxine sodium</i> | 41 | LUMIZYME..... | 40 |
| <i>levoxyl</i> | 41 | LUPRON DEPOT (1-MONTH)..... | 10 |
| <i>l-glutamine (sickle cell)</i> | 45 | LUPRON DEPOT (3-MONTH)..... | 10 |
| LIBERVANT..... | 27 | LUPRON DEPOT-PED (1-MONTH..... | 40 |
| <i>lidocaine</i> | 58 | LUPRON DEPOT-PED (3-MONTH..... | 40 |
| <i>lidocaine hcl</i> | 58 | LUPRON DEPOT-PED (6-MONTH..... | 40 |
| <i>lidocaine hcl (local anesth.)</i> | 1 | <i>lurasidone hcl</i> | 25 |
| <i>lidocaine hcl (mouth-throat)</i> | 59 | <i>lutera</i> | 37 |

| | |
|---------------------------------|----|
| <i>lyleq</i> | 37 |
| <i>lyllana</i> | 39 |
| LYNPARZA | 14 |
| LYSODREN | 10 |
| LYTGOBI (12 MG DAILY DOSE)..... | 14 |
| LYTGOBI (16 MG DAILY DOSE)..... | 14 |
| LYTGOBI (20 MG DAILY DOSE)..... | 14 |
| <i>lyza</i> | 37 |

M

| | |
|--|--------|
| <i>magnesium sulfate</i> | 50 |
| MAGNESIUM SULFATE..... | 50 |
| <i>magnesium sulfate in dextrose 5% iv soln</i> 1 gm/100ml | 50 |
| <i>malathion</i> | 59 |
| <i>maraviroc</i> | 5 |
| <i>marlissa</i> | 37 |
| MARPLAN..... | 23 |
| MATULANE..... | 11 |
| MAVYRET PAK 50-20MG | 7 |
| MAVYRET TAB 100-40MG | 7 |
| <i>meclizine hcl</i> | 42 |
| <i>medroxyprogesterone acetate</i> | 41 |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 37 |
| <i>mefloquine hcl</i> | 4 |
| <i>megestrol acetate</i> | 10, 41 |
| <i>megestrol acetate (appetite)</i> | 41 |
| MEKINIST..... | 14 |
| MEKTOVI | 14 |
| <i>meloxicam</i> | 1 |
| <i>memantine hcl</i> | 22 |
| <i>memantine hcl tab 28x5 mg & 21x10 mg</i> <i>titration pack</i> | 22 |
| MENACTRA INJ | 49 |
| MENQUADFI INJ | 49 |
| MENVEO INJ | 49 |
| MENVEO SOL..... | 49 |
| <i>mercaptopurine</i> | 10 |
| <i>meropenem</i> | 3 |
| <i>mesalamine</i> | 42 |
| <i>mesalamine w/ cleanser</i> | 42 |
| MESNEX | 16 |
| <i>metformin hcl</i> | 32 |
| <i>methadone hcl</i> | 1 |
| <i>methadone hydrochloride i</i> | 1 |
| <i>methazolamide</i> | 21 |
| <i>methenamine hippurate</i> | 3 |
| <i>methimazole</i> | 41 |
| <i>methocarbamol</i> | 31 |
| <i>methotrexate sodium</i> | 10, 47 |
| <i>methsuximide</i> | 27 |
| <i>methylphenidate hcl</i> | 29 |
| <i>methylprednisolone</i> | 39 |

| | |
|--|------|
| <i>methylprednisolone acetate</i> | 39 |
| <i>methylprednisolone sod succ</i> | 40 |
| <i>methyltestosterone</i> | 32 |
| <i>metoclopramide hcl</i> | 42 |
| <i>metolazone</i> | 21 |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 19 |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 19 |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> .. | 19 |
| <i>metoprolol succinate</i> | 20 |
| <i>metoprolol tartrate</i> | 20 |
| <i>metronidazole</i> | 3 |
| <i>metronidazole (topical)</i> | 58 |
| <i>metronidazole vaginal</i> | 44 |
| <i>metyrosine</i> | 21 |
| <i>mibelas 24 fe</i> | 37 |
| <i>micafungin sodium</i> | 4 |
| <i>microgestin 1.5/30</i> | 37 |
| <i>microgestin 1/20</i> | 37 |
| <i>microgestin 24 fe</i> | 37 |
| <i>microgestin fe 1.5/30</i> | 37 |
| <i>microgestin fe 1/20</i> | 37 |
| <i>midodrine hcl</i> | 21 |
| MIEBO | 53 |
| <i>mifepristone (hyperglycemia)</i> | 40 |
| <i>mili</i> | 37 |
| <i>mimvey</i> | 39 |
| <i>minocycline hcl</i> | 9 |
| <i>minoxidil</i> | 21 |
| <i>mirtazapine</i> | 23 |
| <i>misoprostol</i> | 43 |
| MITIGARE | 1 |
| M-M-R II INJ..... | 49 |
| M-NATAL PLUS TAB | 51 |
| <i>modafinil</i> | 31 |
| <i>moexipril hcl</i> | 17 |
| <i>molindone hcl</i> | 25 |
| <i>mometasone furoate</i> | 58 |
| MONJUVI..... | 14 |
| <i>mono-linyah</i> | 37 |
| <i>montelukast sodium</i> | 54 |
| <i>morphine sulfate</i> | 1, 2 |
| MOUNJARO | 33 |
| MOVANTIK | 43 |
| <i>moxifloxacin hcl</i> | 8 |
| <i>moxifloxacin hcl (ophth)</i> | 52 |
| <i>moxifloxacin hcl 400 mg/250ml</i> <i>in sodium chloride 0.8% inj</i> | 8 |
| MRESVIA..... | 49 |
| MULTAQ..... | 18 |
| <i>multiple electrolytes ph 5.5</i> | 50 |
| <i>multiple electrolytes ph 7.4</i> | 50 |
| <i>mupirocin</i> | 57 |

| | |
|---|----|
| <i>mycophenolate mofetil</i> | 48 |
| <i>mycophenolate sodium</i> | 48 |
| MYRBETRIQ..... | 44 |
| N | |
| <i>nabumetone</i> | 1 |
| <i>nadolol</i> | 20 |
| <i>nafticillin sodium</i> | 9 |
| NAGLAZYME..... | 40 |
| <i>nalbuphine hcl</i> | 2 |
| <i>naloxone hcl</i> | 31 |
| <i>naltrexone hcl</i> | 31 |
| NAMZARIC CAP 14-10MG..... | 22 |
| NAMZARIC CAP 21-10MG..... | 22 |
| NAMZARIC CAP 28-10MG..... | 22 |
| NAMZARIC CAP 7-10MG..... | 22 |
| NAMZARIC CAP PACK..... | 22 |
| <i>naproxen</i> | 1 |
| <i>naproxen dr</i> | 1 |
| <i>naproxen sodium</i> | 1 |
| <i>naratriptan hcl</i> | 29 |
| <i>nateglinide</i> | 33 |
| NAYZILAM..... | 27 |
| <i>nebivolol hcl</i> | 20 |
| <i>necon 0.5/35-28</i> | 37 |
| <i>nefazodone hcl</i> | 23 |
| <i>neomycin sulfate</i> | 3 |
| <i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin..... | 52 |
| <i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml..... | 52 |
| <i>neomycin-polymyxin-dexamethasone ophth</i> <i>oint 0.1%</i> | 51 |
| <i>neomycin-polymyxin-dexamethasone ophth</i> <i>susp 0.1%</i> | 51 |
| <i>neomycin-polymyxin-hc ophth susp</i> | 51 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 53 |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%..... | 53 |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 52 |
| <i>neo-polycin hc ophth oint 1%</i> | 51 |
| NERLYNX..... | 14 |
| <i>nevirapine</i> | 5 |
| NEXLETOL..... | 19 |
| NEXLIZET TAB 180/10MG..... | 19 |
| NEXPLANON..... | 37 |
| <i>niacin (antihyperlipidemic)</i> | 19 |
| <i>nicardipine hcl</i> | 20 |
| NICOTROL INHALER..... | 31 |
| NICOTROL NS..... | 31 |
| <i>nifedipine</i> | 20 |
| <i>nikki</i> | 37 |
| <i>nilutamide</i> | 11 |

| | |
|--|----|
| <i>nimodipine</i> | 20 |
| NINLARO..... | 14 |
| <i>nitazoxanide</i> | 3 |
| <i>nitisinone</i> | 40 |
| NITRO-BID..... | 21 |
| <i>nitrofurantoin macrocrystal</i> | 3 |
| <i>nitrofurantoin monohyd macro</i> | 3 |
| <i>nitroglycerin</i> | 21 |
| <i>nitroglycerin (intra-anal)</i> | 58 |
| <i>nizatidine</i> | 42 |
| <i>nora-be</i> | 37 |
| <i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr..... | 37 |
| <i>norethindrone (contraceptive)</i> | 37 |
| <i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg..... | 37 |
| <i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.8 mg-25 mcg..... | 37 |
| <i>norethindrone ace & ethinyl estradiol tab</i> 1 mg-20 mcg..... | 37 |
| <i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg..... | 38 |
| <i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg..... | 38 |
| <i>norethindrone ace-eth estradiol-fe chew tab</i> 1 mg-20 mcg (24)..... | 38 |
| <i>norethindrone acetate</i> | 41 |
| <i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg..... | 39 |
| <i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg..... | 39 |
| <i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg..... | 37 |
| <i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg..... | 38 |
| <i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg..... | 38 |
| <i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg..... | 38 |
| <i>norlyroc</i> | 38 |
| <i>nortrel 0.5/35 (28)</i> | 38 |
| <i>nortrel 1/35 (21)</i> | 38 |
| <i>nortrel 1/35 (28)</i> | 38 |
| <i>nortrel 7/7/7</i> | 38 |
| <i>nortriptyline hcl</i> | 23 |
| NORVIR..... | 5 |
| NOVOLIN INJ 70/30..... | 34 |
| NOVOLIN INJ 70/30 FP..... | 34 |
| NOVOLIN N..... | 34 |
| NOVOLIN N FLEXPEN..... | 34 |
| NOVOLIN R..... | 34 |
| NOVOLIN R FLEXPEN..... | 34 |

| | |
|--|----|
| NOVOLOG MIX INJ 70/30..... | 34 |
| NOVOLOG MIX INJ FLEXPEN | 34 |
| NUBEQA..... | 11 |
| NUDEXTA CAP 20-10MG | 30 |
| NULOJIX | 48 |
| NUPLAZID..... | 25 |
| NURTEC..... | 29 |
| NUTRILIPID..... | 51 |
| NUZYRA..... | 9 |
| <i>nyamyc</i> | 57 |
| <i>nylia 1/35</i> | 38 |
| <i>nylia 7/7/7</i> | 38 |
| <i>nymyo</i> | 38 |
| <i>nystatin</i> | 4 |
| <i>nystatin (mouth-throat)</i> | 59 |
| <i>nystatin (topical)</i> | 57 |
| <i>nystop</i> | 57 |
| O | |
| <i>ocella</i> | 38 |
| OCTAGAM | 48 |
| <i>octreotide acetate</i> | 41 |
| ODEFSEY TAB..... | 6 |
| ODOMZO..... | 14 |
| OFEV | 55 |
| <i>ofloxacin (ophth)</i> | 52 |
| <i>ofloxacin (otic)</i> | 53 |
| OGIVRI..... | 14 |
| OGSIVEO | 14 |
| OJEMDA | 14 |
| OJJAARA..... | 14 |
| <i>olanzapine</i> | 25 |
| <i>olmesartan medoxomil</i> | 18 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> | 18 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i> | 18 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i> | 18 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i> | 18 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-12.5 mg</i> | 18 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-25 mg</i> | 18 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-12.5 mg</i> | 18 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-25 mg</i> | 18 |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 19 |
| <i>omeprazole</i> | 43 |
| OMNIPOD 5 G6 KIT INTRO | 34 |
| OMNIPOD 5 G6 MIS PODS | 34 |

| | |
|--|----|
| OMNIPOD 5 G7 KIT INTRO | 34 |
| OMNIPOD 5 G7 MIS PODS | 34 |
| OMNIPOD DASH KIT INTRO..... | 34 |
| OMNIPOD DASH MIS PODS..... | 34 |
| OMNIPOD GO KIT 10UNT/DY | 34 |
| OMNIPOD GO KIT 15UNT/DY | 34 |
| OMNIPOD GO KIT 20UNT/DY | 34 |
| OMNIPOD GO KIT 25UNT/DY | 34 |
| OMNIPOD GO KIT 30UNT/DY | 34 |
| OMNIPOD GO KIT 35UNT/DY | 34 |
| OMNIPOD GO KIT 40UNT/DY | 34 |
| OMNIPOD MIS CLASSIC..... | 34 |
| <i>ondansetron</i> | 42 |
| <i>ondansetron hcl</i> | 42 |
| ONTRUZANT | 14 |
| ONUREG | 10 |
| ORGOVYX | 11 |
| ORKAMBI GRA 100-125..... | 55 |
| ORKAMBI GRA 150-188..... | 55 |
| ORKAMBI GRA 75-94MG..... | 55 |
| ORKAMBI TAB 100-125 | 55 |
| ORKAMBI TAB 200-125 | 55 |
| ORSERDU..... | 11 |
| <i>oseltamivir phosphate</i> | 7 |
| <i>oxacillin sodium</i> | 9 |
| <i>oxaliplatin</i> | 10 |
| <i>oxcarbazepine</i> | 27 |
| <i>oxybutynin chloride</i> | 44 |
| <i>oxycodone hcl</i> | 2 |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 2 |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 2 |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 2 |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 2 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)..... | 33 |
| OZEMPIC (0.25 OR 0.5MG/DOSE)..... | 33 |
| OZEMPIC (1MG/DOSE)..... | 33 |
| OZEMPIC (2MG/DOSE)..... | 33 |
| P | |
| <i>pacerone</i> | 18 |
| <i>paclitaxel</i> | 11 |
| <i>paliperidone</i> | 25 |
| <i>pamidronate disodium</i> | 34 |
| PAMIDRONATE DISODIUM..... | 34 |
| PANRETIN | 58 |
| <i>pantoprazole sodium</i> | 43 |
| PANZYGA | 48 |
| <i>paricalcitol</i> | 41 |
| <i>paroxetine hcl</i> | 23 |
| PAXLOVID TAB 150-100 | 7 |
| PAXLOVID TAB 300-100 | 7 |
| <i>pazopanib hcl</i> | 14 |
| PEDIARIX INJ 0.5ML | 49 |

| | |
|--|----|
| PEDVAX HIB..... | 49 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm | 43 |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm | 43 |
| PEGASYS..... | 7 |
| PEMAZYRE..... | 14 |
| pemetrexed disodium | 10 |
| PENBRAYA INJ | 49 |
| penicillamine | 35 |
| penicillin g potassium | 9 |
| penicillin g sodium | 9 |
| penicillin v potassium..... | 9 |
| PENTACEL INJ | 49 |
| pentamidine isethionate inh | 3 |
| pentamidine isethionate inj | 3 |
| pentoxifylline | 45 |
| perindopril erbumine | 17 |
| periogard | 59 |
| permethrin | 59 |
| perphenazine..... | 25 |
| pfizerpen | 9 |
| phenelzine sulfate..... | 23 |
| phenobarbital..... | 27 |
| phenobarbital sodium..... | 27 |
| phenytek | 27 |
| phenytoin | 27 |
| phenytoin sodium | 27 |
| phenytoin sodium extended..... | 27 |
| PHESGO SOL | 14 |
| philit | 38 |
| PIFELTRO | 5 |
| pilocarpine hcl | 53 |
| pilocarpine hcl (oral)..... | 59 |
| pimecrolimus..... | 58 |
| pimozide..... | 25 |
| pimtrea | 38 |
| pindolol | 20 |
| pioglitazone hcl | 33 |
| pioglitazone hcl-metformin hcl tab 15-500 mg..... | 33 |
| pioglitazone hcl-metformin hcl tab 15-850 mg..... | 33 |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)..... | 9 |
| piperacillin sod-tazobactam sod for inj 13.5 gm (12- 1.5 gm)..... | 9 |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2- 0.25 gm)..... | 9 |
| piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) | 9 |
| piperacillin sod-tazobactam sod for inj 40.5 gm (36- 4.5 gm)..... | 9 |
| PIQRAY 200MG DAILY DOSE | 14 |
| PIQRAY 250MG TAB DOSE | 14 |

| | |
|--|--------|
| PIQRAY 300MG DAILY DOSE..... | 14 |
| pirfenidone | 55 |
| piroxicam..... | 1 |
| plenamine..... | 51 |
| PLENVU SOL..... | 43 |
| podofilox | 59 |
| polycin ophth oint | 52 |
| polymyxin b sulfate..... | 3 |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%..... | 52 |
| POMALYST | 11 |
| portia-28 | 38 |
| posaconazole..... | 4 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ..... | 50 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ..... | 50 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ..... | 50 |
| potassium chloride..... | 50, 51 |
| potassium chloride 20 meq/l (0.15%) in dextrose 5% inj..... | 50 |
| potassium chloride microencapsulated crystals er | 51 |
| potassium citrate (alkalinizer)..... | 44 |
| pramipexole dihydrochloride..... | 24 |
| prasugrel hcl..... | 45 |
| pravastatin sodium | 19 |
| praziquantel | 3 |
| prazosin hcl..... | 17 |
| prednisolone..... | 40 |
| prednisolone acetate (ophth)..... | 52 |
| PREDNISOLONE SODIUM PHOSP | 52 |
| prednisolone sodium phosphate..... | 40 |
| prednisone..... | 40 |
| PREDNISONE INTENSOL | 40 |
| pregabalin | 27 |
| PREHEVBRIO | 49 |
| PREMASOL SOL 10% | 51 |
| PRENATAL TAB 27-1MG | 51 |
| PRENATAL TAB PLUS..... | 51 |
| prevalite | 19 |
| PREVYMIS..... | 7 |
| PREZCOBIX TAB 800-150 | 6 |
| PREZISTA | 5 |
| PRIFTIN..... | 6 |
| primaquine phosphate..... | 4 |
| PRIMAQUINE PHOSPHATE | 4 |
| primidone | 27 |
| PRIORIX INJ..... | 49 |
| PRIVIGEN | 48 |
| probenecid..... | 1 |
| prochlorperazine..... | 42 |
| prochlorperazine edisylate | 42 |
| prochlorperazine maleate | 42 |
| PROCRT | 45 |

| | |
|-------------------------------------|----|
| <i>proctocort</i> | 59 |
| <i>procto-med hc</i> | 59 |
| <i>proctosol hc</i> | 59 |
| <i>proctozone-hc</i> | 59 |
| <i>progesterone</i> | 41 |
| PROGRAF..... | 48 |
| PROLASTIN-C..... | 55 |
| PROLIA | 34 |
| <i>promethazine hcl</i> | 42 |
| <i>propafenone hcl</i> | 19 |
| <i>propracaine hcl</i> | 53 |
| <i>propranolol hcl</i> | 20 |
| <i>propylthiouracil</i> | 41 |
| PROQUAD INJ | 49 |
| PROSOL INJ 20% | 51 |
| <i>protriptyline hcl</i> | 23 |
| PULMOZYME | 55 |
| PURIXAN..... | 10 |
| <i>pyrazinamide</i> | 6 |
| <i>pyridostigmine bromide</i> | 30 |
| <i>pyrimethamine</i> | 3 |
| Q | |
| QINLOCK | 14 |
| QUADRACEL INJ..... | 49 |
| QUADRACEL INJ 0.5ML | 49 |
| <i>quetiapine fumarate</i> | 25 |
| <i>quinapril hcl</i> | 17 |
| <i>quinidine sulfate</i> | 19 |
| <i>quinine sulfate</i> | 4 |
| QULIPTA | 30 |
| R | |
| RABAVERT INJ..... | 49 |
| <i>rabeprazole sodium</i> | 43 |
| <i>raloxifene hcl</i> | 41 |
| <i>ramipril</i> | 17 |
| <i>ranolazine</i> | 21 |
| <i>rasagiline mesylate</i> | 24 |
| <i>reclipsen</i> | 38 |
| RECOMBIVAX HB | 49 |
| REGRANEX..... | 59 |
| RELENZA DISKHALER..... | 7 |
| RELISTOR..... | 43 |
| REMICADE..... | 47 |
| RENFLEXIS | 47 |
| <i>repaglinide</i> | 33 |
| REPATHA | 19 |
| REPATHA PUSHTRONEX SYSTEM..... | 19 |
| REPATHA SURECLICK | 19 |
| RESTASIS | 53 |
| RESTASIS MULTIDOSE | 53 |
| RETEVMO | 14 |
| REXULTI..... | 25 |

| | |
|--|--------|
| REYATAZ | 5 |
| REZLIDHIA..... | 14 |
| REZUROCK | 48 |
| RHOPRESSA | 53 |
| <i>ribavirin (hepatitis c)</i> | 7 |
| <i>rifabutin</i> | 6 |
| <i>rifampin</i> | 6 |
| <i>riluzole</i> | 30 |
| <i>rimantadine hydrochloride</i> | 7 |
| RINVOQ | 47 |
| RINVOQ LQ..... | 47 |
| <i>risedronate sodium</i> | 34 |
| <i>risperidone</i> | 25 |
| <i>risperidone microspheres</i> | 25 |
| <i>ritonavir</i> | 5 |
| <i>rivastigmine</i> | 22 |
| <i>rivastigmine tartrate</i> | 22 |
| <i>rivelsa</i> | 38 |
| <i>rizatriptan benzoate</i> | 30 |
| ROCKLATAN DRO | 53 |
| <i>roflumilast</i> | 55 |
| <i>ropinirole hydrochloride</i> | 24 |
| <i>rosuvastatin calcium</i> | 19 |
| ROTARIX SUS | 49 |
| ROTATEQ SOL | 49 |
| <i>roweepra</i> | 27 |
| ROZLYTREK | 14, 15 |
| RUBRACA..... | 15 |
| <i>rufinamide</i> | 27 |
| RUKOBIA..... | 5 |
| RYBELSUS | 33 |
| RYDAPT..... | 15 |
| S | |
| <i>sajazir</i> | 45 |
| SANTYL | 59 |
| <i>sapropterin dihydrochloride</i> | 41 |
| SCEMBLIX | 15 |
| <i>scopolamine</i> | 42 |
| SECUADO..... | 25 |
| <i>selegiline hcl</i> | 24 |
| <i>selenium sulfide</i> | 57 |
| SELZENTRY | 5 |
| SEREVENT DISKUS..... | 54 |
| <i>sertraline hcl</i> | 23 |
| <i>setlakin</i> | 38 |
| <i>sharobel</i> | 38 |
| SHINGRIX..... | 49 |
| SIGNIFOR..... | 41 |
| <i>sildenafil citrate (pulmonary hypertension)</i> | 21 |
| <i>silver sulfadiazine</i> | 57 |
| SIMBRINZA SUS 1-0.2%..... | 53 |
| <i>simliya</i> | 38 |

| | |
|--|--------|
| <i>simpesse</i> | 38 |
| <i>simvastatin</i> | 19 |
| <i>sirolimus</i> | 48 |
| SIRTURO..... | 6 |
| SKYRIZI..... | 47 |
| SKYRIZI PEN..... | 47 |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... | 43 |
| <i>sodium chloride</i> | 50 |
| <i>sodium chloride (gu irrigant)</i> | 59 |
| sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln..... | 51 |
| SODIUM OXYBATE..... | 31 |
| <i>sodium phenylbutyrate</i> | 41 |
| <i>sodium polystyrene sulfonate powder</i> | 35 |
| <i>solifenacin succinate</i> | 44 |
| SOLQUA INJ 100/33..... | 34 |
| SOLTAMOX..... | 11 |
| SOLU-CORTEF..... | 40 |
| SOMATULINE DEPOT..... | 41 |
| SOMAVERT..... | 41 |
| <i>sorafenib tosylate</i> | 15 |
| <i>sotalol hcl</i> | 19 |
| <i>sotalol hcl (afib/af)</i> | 19 |
| SOTYKTU..... | 47 |
| <i>spironolactone</i> | 17 |
| <i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg..... | 21 |
| <i>sprintec 28</i> | 38 |
| SPRITAM..... | 27, 28 |
| SPRYCEL..... | 15 |
| <i>sps</i> | 35 |
| <i>sronyx</i> | 38 |
| <i>ssd</i> | 57 |
| STELARA..... | 47 |
| STIVARGA..... | 15 |
| <i>streptomycin sulfate</i> | 3 |
| STRIBILD TAB..... | 6 |
| <i>subvenite</i> | 28 |
| <i>sucrafate</i> | 43 |
| <i>sulfacetamide sodium (acne)</i> | 57 |
| <i>sulfacetamide sodium (ophth)</i> | 52 |
| <i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i> | 51 |
| <i>sulfadiazine</i> | 3 |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml..... | 3 |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml..... | 3 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 3 |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 3 |
| SULFAMYLON..... | 57 |
| <i>sulfasalazine</i> | 42 |

| | |
|---|----|
| <i>sulindac</i> | 1 |
| <i>sumatriptan</i> | 30 |
| <i>sumatriptan succinate</i> | 30 |
| <i>sunitinib malate</i> | 15 |
| SUNLENCA..... | 5 |
| <i>syeda</i> | 38 |
| SYMDEKO TAB 100-150..... | 55 |
| SYMDEKO TAB 50-75MG..... | 55 |
| SYMPAZAN..... | 28 |
| SYMTUZA TAB..... | 6 |
| SYNAREL..... | 41 |
| SYNJARDY TAB 12.5-1000MG..... | 33 |
| SYNJARDY TAB 12.5-500..... | 33 |
| SYNJARDY TAB 5-1000MG..... | 33 |
| SYNJARDY TAB 5-500MG..... | 33 |
| SYNJARDY XR TAB 10-1000..... | 33 |
| SYNJARDY XR TAB 12.5-1000..... | 33 |
| SYNJARDY XR TAB 25-1000..... | 33 |
| SYNJARDY XR TAB 5-1000MG..... | 33 |
| SYNTHROID..... | 41 |
| T | |
| TABRECTA..... | 15 |
| <i>tacrolimus</i> | 48 |
| <i>tacrolimus (topical)</i> | 59 |
| <i>tadalafil</i> | 44 |
| <i>tadalafil (pulmonary hypertension)</i> | 22 |
| TAFINLAR..... | 15 |
| TAGRISSO..... | 15 |
| TALZENNA..... | 15 |
| <i>tamoxifen citrate</i> | 11 |
| <i>tamsulosin hcl</i> | 44 |
| <i>tarina 24 fe</i> | 38 |
| <i>tarina fe 1/20 eq</i> | 38 |
| TASIGNA..... | 15 |
| <i>tasimelteon</i> | 29 |
| TAVNEOS..... | 45 |
| <i>tazarotene</i> | 57 |
| <i>tazicef</i> | 8 |
| TAZORAC..... | 57 |
| TAZVERIK..... | 15 |
| TDVAX INJ 2-2 LF..... | 49 |
| TECENTRIQ..... | 15 |
| TEFLARO..... | 8 |
| <i>telmisartan</i> | 18 |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 18 |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 18 |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 18 |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 18 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 18 |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 18 |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 18 |
| <i>temazepam</i> | 29 |

| | | | |
|---|----|--|----|
| TENIVAC INJ 5-2LF | 49 | <i>trazodone hcl</i> | 23 |
| <i>tenofovir disoproxil fumarate</i> | 5 | TRECTOR | 6 |
| TEPMETKO | 15 | TRELEGY AER ELLIPTA 100-62.5-25 MCG | 53 |
| <i>terazosin hcl</i> | 17 | TRELEGY AER ELLIPTA 200-62.5-25 MCG | 53 |
| <i>terbinafine hcl</i> | 4 | TREMFYA | 47 |
| <i>terbutaline sulfate</i> | 54 | <i>treprostinil</i> | 22 |
| <i>terconazole vaginal</i> | 44 | TRESIBA | 34 |
| TERIPARATIDE | 34 | TRESIBA FLEXTOUCH | 34 |
| <i>testosterone</i> | 32 | <i>tretinoin</i> | 57 |
| <i>testosterone cypionate</i> | 32 | <i>tretinoin (chemotherapy)</i> | 11 |
| <i>testosterone enanthate</i> | 32 | <i>triamcinolone acetonide (mouth)</i> | 59 |
| <i>tetrabenazine</i> | 30 | <i>triamcinolone acetonide (topical)</i> | 58 |
| <i>tetracycline hcl</i> | 9 | <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg | 21 |
| THALOMID | 11 | <i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg | 21 |
| THEO-24 | 55 | <i>triamterene & hydrochlorothiazide tab</i> 75-50 mg | 21 |
| <i>theophylline</i> | 55 | <i>tridacaine ii</i> | 58 |
| <i>thioridazine hcl</i> | 25 | <i>triderm</i> | 58 |
| <i>thiothixene</i> | 25 | <i>trientine hcl</i> | 35 |
| <i>tiadylt er</i> | 20 | <i>tri-estarylla</i> | 38 |
| <i>tiagabine hcl</i> | 28 | <i>trifluoperazine hcl</i> | 25 |
| TIBSOVO | 15 | <i>trifluridine</i> | 52 |
| TICOVAC | 49 | <i>trihexyphenidyl hcl</i> | 24 |
| <i>tigecycline</i> | 9 | TRIJARDY XR TAB ER 24HR 10-5-1000MG | 33 |
| <i>tilia fe</i> | 38 | TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 33 |
| <i>timolol maleate</i> | 20 | TRIJARDY XR TAB ER 24HR 25-5-1000MG | 33 |
| <i>timolol maleate (ophth)</i> | 53 | TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 33 |
| <i>tinidazole</i> | 3 | TRIKAFTA PAK 59.5MG | 55 |
| TIVICAY | 5 | TRIKAFTA PAK 75MG | 55 |
| TIVICAY PD | 5 | TRIKAFTA TAB 100-50-75MG & 150MG | 55 |
| <i>tizanidine hcl</i> | 31 | TRIKAFTA TAB 50-25-37.5MG & 75MG | 55 |
| TOBI PODHALER | 3 | <i>tri-legest fe</i> | 38 |
| TOBRADEX OIN 0.3-0.1% | 51 | <i>tri-lynyah</i> | 38 |
| <i>tobramycin</i> | 4 | <i>tri-lo-estarylla</i> | 38 |
| <i>tobramycin (ophth)</i> | 52 | <i>tri-lo-marzia</i> | 38 |
| <i>tobramycin sulfate</i> | 4 | <i>tri-lo-mili</i> | 38 |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 51 | <i>tri-lo-sprintec</i> | 38 |
| <i>tolterodine tartrate</i> | 44 | <i>trimethoprim</i> | 4 |
| <i>topiramate</i> | 28 | <i>tri-mili</i> | 38 |
| <i>toremifene citrate</i> | 11 | <i>trimipramine maleate</i> | 23 |
| <i>torpenz</i> | 15 | TRINTELLIX | 23 |
| <i>torse mide</i> | 21 | <i>tri-nymyo</i> | 38 |
| TOUJEO MAX SOLOSTAR | 34 | <i>tri-sprintec</i> | 38 |
| TOUJEO SOLOSTAR | 34 | TRIUMEQ PD TAB | 6 |
| TPN ELECTROL INJ | 50 | TRIUMEQ TAB | 6 |
| TRADJENTA | 33 | <i>trivora-28</i> | 38 |
| <i>tramadol hcl</i> | 2 | <i>tri-vylibra</i> | 38 |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | <i>tri-vylibra lo</i> | 38 |
| <i>trandolapril</i> | 17 | TROGARZO | 5 |
| <i>tranexamic acid</i> | 45 | TROPHAMINE INJ 10% | 51 |
| <i>tranylcypromine sulfate</i> | 23 | | |
| TRAVASOL INJ 10% | 51 | | |
| TRAZIMERA | 15 | | |

| | |
|--|----|
| <i>trosipium chloride</i> | 44 |
| TRULICITY | 33 |
| TRUMENBA INJ..... | 49 |
| TRUQAP | 15 |
| TRUXIMA..... | 15 |
| TUKYSA..... | 15 |
| TURALIO..... | 15 |
| <i>turqoz</i> | 38 |
| <i>twice-daily clindamycin phosphate (topical)</i> | 57 |
| TWINRIX INJ | 49 |
| TYBOST..... | 5 |
| <i>tydemy</i> | 39 |
| TYENNE | 47 |
| TYPHIM VI | 49 |
| U | |
| UBRELVY..... | 30 |
| <i>unithroid</i> | 41 |
| <i>ursodiol</i> | 43 |
| V | |
| <i>valacyclovir hcl</i> | 7 |
| VALCHLOR..... | 59 |
| <i>valganciclovir hcl</i> | 7 |
| <i>valproate sodium</i> | 28 |
| <i>valproic acid</i> | 28 |
| <i>valsartan</i> | 18 |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 18 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 18 |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 18 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 18 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 18 |
| VALTOCO 10 MG DOSE | 28 |
| VALTOCO 15 MG DOSE | 28 |
| VALTOCO 20 MG DOSE | 28 |
| VALTOCO 5 MG DOSE | 28 |
| <i>vancomycin hcl</i> | 4 |
| VANCOMYCIN INJ 1 GM..... | 4 |
| VANCOMYCIN INJ 500MG..... | 4 |
| VANCOMYCIN INJ 750MG..... | 4 |
| VANFLYTA | 15 |
| VAQTA..... | 49 |
| <i>varenicline tartrate</i> | 31 |
| <i>varenicline tartrate tab 11x0.5 mg & 42x1 mg</i> <i>start pack</i> | 31 |
| VARIVAX..... | 49 |
| VASCEPA | 19 |
| <i>velivet</i> | 39 |
| VELSIPITY..... | 47 |
| VENCLEXTA..... | 15 |
| VENCLEXTA TAB START PK | 15 |
| <i>venlafaxine hcl</i> | 23 |
| VENTOLIN HFA | 54 |
| VENTOLIN HFA (INSTITUTIONAL PACK) | 54 |

| | |
|--|----|
| VEOZAH..... | 41 |
| <i>verapamil hcl</i> | 20 |
| VERQUVO | 21 |
| VERSACLOZ..... | 25 |
| VERZENIO | 15 |
| <i>vestura</i> | 39 |
| <i>vienva</i> | 39 |
| <i>vigabatrin</i> | 28 |
| <i>vigadrone</i> | 28 |
| VIGAFYDE | 28 |
| <i>vigpoder</i> | 28 |
| <i>vilazodone hcl</i> | 23 |
| <i>vincristine sulfate</i> | 11 |
| <i>vinorelbine tartrate</i> | 11 |
| <i>viorele</i> | 39 |
| VIRACEPT..... | 5 |
| VIREAD | 5 |
| VITRAKVI | 15 |
| VIVITROL..... | 31 |
| VIZIMPRO | 16 |
| VONJO | 16 |
| <i>voriconazole</i> | 4 |
| VOSEVI TAB | 7 |
| VOWST CAP | 43 |
| VRAYLAR..... | 25 |
| VRAYLAR CAP 1.5-3MG | 25 |
| <i>vyfemla</i> | 39 |
| <i>vylibra</i> | 39 |
| VYZULTA..... | 53 |
| W | |
| <i>warfarin sodium</i> | 45 |
| <i>water for irrigation, sterile irrigation soln</i> | 59 |
| WELIREG..... | 11 |
| <i>wera</i> | 39 |
| WESTAB PLUS TAB 27-1MG..... | 51 |
| <i>wixela inhub</i> | 56 |
| <i>wymzya fe</i> | 39 |
| X | |
| XALKORI..... | 16 |
| XARELTO..... | 45 |
| XARELTO STAR TAB 15/20MG | 45 |
| XATMEP..... | 47 |
| XCOPRI | 28 |
| XCOPRI PAK 100-150..... | 28 |
| XCOPRI PAK 12.5-25..... | 28 |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 28 |
| XCOPRI PAK 150-200MG (TITRATION) | 28 |
| XCOPRI PAK 50-100MG | 28 |
| XDEMVI | 52 |
| XELJANZ..... | 47 |
| XELJANZ XR..... | 47 |
| XERMELO..... | 43 |

| | | | |
|--------------------------------------|--------|-----------------------------------|----|
| XGEVA..... | 34 | ZEGALOGUE..... | 40 |
| XHANCE..... | 56 | ZEJULA..... | 16 |
| XIFAXAN..... | 43 | ZELBORAF..... | 16 |
| XIGDUO XR TAB 10-1000..... | 33 | ZEMAIRA..... | 56 |
| XIGDUO XR TAB 10-500MG..... | 33 | <i>zenatane</i> | 57 |
| XIGDUO XR TAB 2.5-1000..... | 33 | ZENPEP CAP 10000UNT..... | 43 |
| XIGDUO XR TAB 5-1000MG..... | 33 | ZENPEP CAP 15000UNT..... | 43 |
| XIGDUO XR TAB 5-500MG..... | 33 | ZENPEP CAP 20000UNT..... | 43 |
| XIIDRA..... | 53 | ZENPEP CAP 25000UNT..... | 43 |
| XOFLUZA..... | 7 | ZENPEP CAP 3000UNIT..... | 43 |
| XOLAIR..... | 55, 56 | ZENPEP CAP 40000UNT..... | 43 |
| XOSPATA..... | 16 | ZENPEP CAP 5000UNIT..... | 43 |
| XPOVIO PAK (100 MG ONCE WEEKLY)..... | 16 | ZENPEP CAP 60000UNT..... | 43 |
| XPOVIO PAK (40 MG ONCE WEEKLY)..... | 16 | <i>zidovudine</i> | 5 |
| XPOVIO PAK (40 MG TWICE WEEKLY)..... | 16 | <i>ziprasidone hcl</i> | 25 |
| XPOVIO PAK (60 MG ONCE WEEKLY)..... | 16 | <i>ziprasidone mesylate</i> | 25 |
| XPOVIO PAK (60 MG TWICE WEEKLY)..... | 16 | ZIRABEV..... | 16 |
| XPOVIO PAK (80 MG ONCE WEEKLY)..... | 16 | ZIRGAN..... | 52 |
| XPOVIO PAK (80 MG TWICE WEEKLY)..... | 16 | <i>zoledronic acid</i> | 34 |
| XTANDI..... | 11 | ZOLINZA..... | 16 |
| <i>xulane</i> | 39 | <i>zolpidem tartrate</i> | 29 |
| XULTOPHY INJ 100/3.6..... | 34 | ZONISADE..... | 28 |
| Y | | <i>zonisamide</i> | 28 |
| YF-VAX INJ..... | 49 | <i>zovia 1/35</i> | 39 |
| <i>yuvaferm</i> | 39 | ZTALMY..... | 28 |
| Z | | <i>zumandimine</i> | 39 |
| <i>zafemy</i> | 39 | ZURZUVAE..... | 23 |
| <i>zafirlukast</i> | 54 | ZYDELIG..... | 16 |
| <i>zaleplon</i> | 29 | ZYKADIA..... | 16 |
| ZARXIO..... | 45 | ZYLET SUS 0.5-0.3%..... | 51 |
| | | ZYPREXA RELPREVV..... | 26 |

Mercy Care Advantage (HMO SNP) Member Services

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

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

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

TTY **711**

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

Write Mercy Care Advantage (HMO SNP)

4750 S. 44th Place, Suite 150

Phoenix, AZ 85040

Website **MercyCareAZ.org**

This formulary was updated on 09/16/2024. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **MercyCareAZ.org**.

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

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Escriba Mercy Care Advantage (HMO SNP)

4750 S. 44th Place, Suite 150

Phoenix, AZ 85040

Sitio Web **MercyCareAZ.org**

Este formulario fue actualizado en 09/16/2024. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **MercyCareAZ.org**.