



MVP Health Care®

2021 Abridged Medicare Part D Formulary

(Partial List of Covered Drugs)

For Medicare Advantage plan coverage
through a former employer.

Please Read: This document contains information
about some of the drugs we cover in this plan.

This abridged Formulary was updated on August 25, 2020. This is not a
complete list of drugs covered by our plan. For a complete listing or other
questions, please contact the MVP Medicare Customer Care Center.



1-800-665-7924

Monday–Friday, 8 am–8 pm Eastern Time

October 1–March 31 call seven days a week, 8 am–8 pm

TTY: 1-800-662-1220



Visit **mvphealthcare.com** for the most up-to-date Formulary listing.

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 MVP Health Care (MVP). When it refers to “plan” or “our plan,” it means Preferred Gold (HMO-POS), GoldAnywhere (PPO), USA Care (PPO), or RxCare PDP.

This document includes a partial list of the drugs (Formulary) for our plan which is current as of August 25, 2020. For a complete, 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 co-payments/co-insurance may change on January 1, 2022, and from time to time during the year.

What is the MVP Health Care Abridged Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by MVP Health Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MVP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an MVP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial Formulary and includes only some of the drugs covered by MVP. For a complete listing of all prescription drugs covered by MVP, please visit our website or call us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

Can the Formulary (Drug List) Change?

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

Changes That Can Affect You This Year

In the following cases, you will be affected by coverage changes during the year:

New Generic Drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled, “How Do I Request an Exception to the MVP Medicare Part D Formulary?” on page C.

Drugs Removed from the Market

If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

Other Changes

We may make other changes that affect members currently taking a drug. For instance, we may

add a generic drug that is not new to market to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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, or at the time the member requests a refill of the drug, at which time the member will receive at least the applicable month's supply of medication (up to 30 days).

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, "How Do I Request an Exception to the MVP Medicare Part D Formulary?"

Changes That Will Not Affect You If You Are Currently Taking the Drug

Generally, if you are taking a drug on our 2021 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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.

The enclosed Formulary is current as of August 25, 2020. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at mvphealthcare.com. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, start at our

home page and:

- Select *Members*, then *Medicare*
- Select *Drug Coverage (Part D)*
- Select *Covered Drugs and Formulary*
- Select *Monthly Medicare Formulary Updates*

Or you may request an errata sheet (a copy of the 2021 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 74. 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.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

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

Are There Any Restrictions on My Coverage?

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

Prior Authorization

MVP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug.

Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step Therapy

In some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP 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 restriction 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 MVP 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 MVP Medicare Part D Formulary?" 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 the MVP Medicare Customer Care Center and ask if your drug is covered. This document includes only a partial list of covered drugs, so MVP may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you learn that MVP does not cover your drug, you have two options:

1. You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP 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 MVP Medicare Part D Formulary?

You can ask MVP 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 predetermined 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 cover a Formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. **Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary 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, MVP 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, MVP will only approve your request for an exception if the alternative drugs included on the plan's Formulary, the lower cost-sharing drug, 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, tiering, or utilization restriction exception. **When you request a Formulary, tiering, 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.

MVP can not approve a Formulary exception request for a Medicare excluded drug. If you or your physician believes it meets the definition of a covered Part D drug, you may request a coverage determination. Examples of Medicare excluded drugs include drugs used for weight loss, cough and colds, and erectile dysfunction. Also excluded are drugs not approved by the Food and Drug Administration and most vitamins.

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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you 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 up to a 31-day emergency supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include: entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For More Information

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

If you have questions about MVP, 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 **medicare.gov**.

The MVP Medicare Part D Formulary

The abridged Formulary that begins on page 1 provides coverage information about some of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

Remember: This is only a partial list of drugs covered by MVP. If your prescription is not in this partial Formulary, please contact us. Our contact

information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

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

Abbreviations and Definitions of Formulary Terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Not Available at Mail Order (NM)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)

For safety reasons and/or cost savings, MVP requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval first, MVP may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs MVP limits the amount of the drug that we will cover. For example, MVP provides one tablet per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)

For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

MVP RxCare PDP Members note: Because your MVP plan is Part D prescription drug coverage only, any drugs deemed Part B will not be covered. You will need to seek coverage from your medical plan for Part B drugs.

Enhanced Drug (ED)

Certain enhanced plans offered through employer groups include additional prescription drug coverage for some Medicare-excluded drugs. Refer

to your plan documents to see if you have one of these plans. Please note, these prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

The amount you pay when you fill a prescription for these drugs does not count toward total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage.) In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials. Refer to your prescription drug benefit Rider for information about drug tier costs.

Tier Descriptions

Tier 1–Preferred Generic Drugs

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/ bone health.

Tier 2–Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3–Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4–Non-Preferred Brand Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved they will be covered in Tier 4.

Tier 5–Specialty Drugs

Tier 5 includes high cost specialty generic and brand-name drugs that cost \$670 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

ANALGESICS

GOUT

| | | |
|--|---|------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg | 2 | |
| <i>colchicine</i> TABS .6mg | 3 | QL (60 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 2 | |
| <i>febuxostat</i> TABS 40mg, 80mg | 3 | QL (30 tabs / 30 days) |
| <i>probenecid</i> TABS 500mg | 2 | |

MISCELLANEOUS

| | | |
|---|---|------------------------|
| <i>butalbital-acetaminophen tab 50-325 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>tencon</i> | 2 | QL (60 tabs / 30 days) |

NSAIDS

| | | |
|--|---|--|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg | 2 | |
| <i>diclofenac potassium</i> TABS 50mg | 2 | |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | 2 | |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 2 | |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 2 | |
| <i>diflunisal</i> TABS 500mg | 2 | |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg | 2 | |
| <i>fenoprofen calcium</i> TABS 600mg | 2 | |
| <i>flurbiprofen</i> TABS 100mg | 2 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 2 | |
| <i>ketoprofen</i> CAPS 25mg, 50mg, 75mg | 2 | |
| <i>ketoprofen</i> CP24 200mg | 3 | |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg | 2 | |
| <i>mefenamic acid</i> CAPS 250mg | 2 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 2 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 2 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 2 | |
| <i>naproxen dr</i> TBEC 375mg, 500mg | 3 | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access
ED - Enhanced Drugs **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>naproxen sodium</i> TABS 275mg, 550mg | 2 | |
| <i>oxaprozin</i> TABS 600mg | 2 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 2 | |
| <i>salsalate</i> TABS 500mg, 750mg | 3 | |
| <i>sulindac</i> TABS 150mg, 200mg | 2 | |

OPIOID ANALGESICS, LONG-ACTING

| | | |
|--|---|----------------------------|
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 3 | QL (4 patches / 28 days) |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr | 2 | QL (20 patches / 30 days) |
| <i>fentanyl</i> PT72 75mcg/hr, 100mcg/hr | 3 | QL (20 patches / 30 days) |
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 40mg, 50mg | 4 | QL (90 caps / 30 days) |
| <i>morphine sulfate</i> CP24 60mg, 80mg, 100mg | 4 | QL (60 caps / 30 days) |
| <i>morphine sulfate</i> TBCR 15mg, 30mg | 2 | QL (90 tabs / 30 days) |
| <i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg | 2 | QL (60 tabs / 30 days) |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg | 4 | QL (30 caps / 30 days) |
| <i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg | 3 | QL (90 tabs / 30 days) |
| <i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg | 3 | QL (60 tabs / 30 days) |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg | 4 | QL (90 tabs / 30 days) |
| OXYCONTIN T12A 40mg | 4 | QL (60 tabs / 30 days) |
| OXYCONTIN T12A 60mg, 80mg | 5 | QL (60 tabs / 30 days); DL |
| <i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg | 4 | QL (90 tabs / 30 days) |
| <i>oxymorphone hcl</i> TB12 30mg, 40mg | 4 | QL (60 tabs / 30 days) |
| <i>tramadol hcl</i> CP24 100mg, 200mg, 300mg | 3 | QL (30 caps / 30 days) |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg | 3 | QL (30 tabs / 30 days) |

OPIOID ANALGESICS, SHORT-ACTING

| | | |
|---|---|-------------------------|
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml | 2 | |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg | 2 | QL (360 tabs / 30 days) |
| <i>ascomp/codeine</i> | 2 | QL (60 caps / 30 days) |
| <i>buprenorphine hcl</i> SOLN .3mg/ml | 2 | |
| <i>butalbital-acetaminophen-caff w/ cod cap</i> 50-325-40-30 mg | 2 | QL (60 caps / 30 days) |

2 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 2 | |
| <i>butorphanol tartrate</i> SOLN 10mg/ml | 2 | QL (4 bottles / 30 days) |
| <i>duramorph</i> SOLN .5mg/ml, 1mg/ml | 3 | |
| <i>endocet tab 5-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 7.5-325</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 10-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>fentanyl citrate</i> LPOP 200mcg | 4 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 2 | |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 3 | |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>hydromorphone hcl</i> LIQD 1mg/ml | 2 | |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg | 2 | QL (250 tabs / 30 days) |
| <i>lorcet</i> | 2 | QL (360 tabs / 30 days) |
| <i>lorcet hd</i> | 2 | QL (360 tabs / 30 days) |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml, 100mg/5ml | 3 | |
| <i>morphine sulfate</i> SUPP 10mg | 2 | |
| <i>morphine sulfate</i> TABS 15mg, 30mg | 3 | QL (300 tabs / 30 days) |
| <i>oxycodone hcl</i> CONC 100mg/5ml | 2 | QL (120 mL / 30 days) |
| <i>oxycodone hcl</i> SOLN 5mg/5ml | 2 | |
| <i>oxycodone hcl</i> TABS 5mg, 10mg | 2 | QL (240 tabs / 30 days) |
| <i>oxycodone hcl</i> TABS 15mg, 20mg, 30mg | 2 | QL (200 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Enhanced Drugs **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxymorphone hcl TABS 5mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>oxymorphone hcl TABS 10mg</i> | 3 | QL (200 tabs / 30 days) |
| <i>tramadol hcl TABS 50mg, 100mg</i> | 2 | |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | |

ANESTHETICS

LOCAL ANESTHETICS

| | | |
|---|---|--|
| <i>lidocaine hcl (local anesth.) SOLN .5%, 2%</i> | 2 | |
|---|---|--|

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

| | | |
|---|---|---------------------------|
| <i>albendazole TABS 200mg</i> | 5 | DL |
| ALINIA SUSR 100mg/5ml; TABS 500mg | 4 | DL |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i> | 2 | |
| <i>atovaquone SUSP 750mg/5ml</i> | 4 | QL (300 mL / 30 days); DL |
| <i>aztreonam SOLR 1gm</i> | 2 | |
| <i>baciim SOLR 50000unit</i> | 2 | |
| CAYSTON SOLR 75mg | 5 | NM, LA, PA; DL |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i> | 2 | |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i> | 2 | |
| <i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 2 | |
| <i>colistimethate sodium SOLR 150mg</i> | 4 | |
| <i>dapsone TABS 25mg, 100mg</i> | 3 | |
| <i>daptomycin SOLR 500mg</i> | 5 | DL |
| DORIBAX SOLR 250mg | 4 | |
| EMVERM CHEW 100mg | 5 | DL |
| <i>ertapenem sodium SOLR 1gm</i> | 5 | DL |
| FIRVANQ SOLR 25mg/ml, 50mg/ml | 3 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 2 | |
| <i>gentamicin sulfate SOLN 40mg/ml</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 2 | |
| <i>ivermectin TABS 3mg</i> | 2 | |
| <i>linezolid SOLN 600mg/300ml; SUSR 100mg/5ml</i> | 5 | DL |
| <i>linezolid TABS 600mg</i> | 2 | |
| <i>meropenem SOLR 1gm, 500mg</i> | 2 | |
| <i>methenamine hippurate TABS 1gm</i> | 2 | |
| <i>metronidazole TABS 250mg, 500mg</i> | 2 | |
| <i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> | 2 | |
| MONUROL PACK 5.631gm | 4 | |
| <i>neomycin sulfate TABS 500mg</i> | 2 | |
| <i>nitrofur mac cap 50mg CAPS 50mg</i> | 3 | |
| <i>nitrofurantoin macrocrystal CAPS 25mg, 100mg</i> | 3 | |
| <i>nitrofurantoin monohyd macro CAPS 100mg</i> | 3 | |
| <i>paromomycin sulfate CAPS 250mg</i> | 2 | |
| <i>pentamidine isethionate inh SOLR 300mg</i> | 2 | B/D |
| <i>pentamidine isethionate inj SOLR 300mg</i> | 4 | DL |
| <i>praziquantel TABS 600mg</i> | 3 | |
| <i>pyrimethamine TABS 25mg</i> | 5 | PA; DL |
| <i>streptomycin sulfate SOLR 1gm</i> | 4 | |
| SULFADIAZINE TABS 500mg | 3 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 2 | |
| SYNERCID INJ 500MG | 5 | DL |
| <i>tinidazole TABS 250mg, 500mg</i> | 2 | |
| TOBI PODHALER CAPS 28mg | 3 | NM, LA, PA; DL |
| <i>tobramycin NEBU 300mg/5ml</i> | 5 | B/D, NM; DL |
| <i>tobramycin sulfate SOLN 10mg/ml, 80mg/2ml</i> | 2 | B/D; DL |
| <i>trimethoprim TABS 100mg</i> | 2 | |
| <i>vancomycin hcl CAPS 125mg, 250mg</i> | 3 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 2 | DL |
| VANCOMYCIN HYDROCHLORIDE SOLR 250mg | 2 | DL |
| VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml | 3 | |
| XENLETA TABS 600mg | 5 | NM; DL |
| XIFAXAN TABS 200mg | 4 | QL (9 tabs / 30 days), PA; DL |
| ZEMDRI SOLN 500mg/10ml | 5 | DL |

ANTIFUNGALS

| | | |
|--|---|-------------------------|
| ABELCET SUSP 5mg/ml | 4 | B/D |
| AMBISOME SUSR 50mg | 5 | B/D; DL |
| <i>amphotericin b</i> SOLR 50mg | 3 | B/D; DL |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 2 | |
| <i>fluconazole in dextrose</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 2 | DL |
| <i>flucytosine</i> CAPS 250mg, 500mg | 2 | |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 3 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 3 | |
| <i>itraconazole</i> CAPS 100mg | 3 | PA |
| <i>ketoconazole</i> TABS 200mg | 4 | |
| <i>micafungin sodium</i> SOLR 50mg, 100mg | 5 | DL |
| NOXAFIL SUSP 40mg/ml | 5 | PA; DL |
| <i>nystatin</i> TABS 500000unit | 2 | |
| <i>posaconazole</i> TBEC 100mg | 5 | PA; DL |
| <i>terbinafine hcl</i> TABS 250mg | 2 | QL (84 tabs / 365 days) |
| <i>voriconazole</i> SOLR 200mg; TABS 50mg | 4 | DL |
| <i>voriconazole</i> SUSR 40mg/ml | 5 | DL |
| <i>voriconazole</i> TABS 200mg | 3 | |

ANTIMALARIALS

| | | |
|--|---|-----------------------------|
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 | DL |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 2 | DL |
| COARTEM TAB 20-120MG | 4 | DL |
| <i>mefloquine hcl</i> TABS 250mg | 2 | DL |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 4 | DL |
| <i>quinine sulfate</i> CAPS 324mg | 2 | QL (84 caps / 365 days); DL |

ANTIRETROVIRAL AGENTS

| | | |
|--|---|----|
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | 2 | NM |
|--|---|----|

6 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| APTIVUS CAPS 250mg; SOLN 100mg/ml | 5 | NM; DL |
| atazanavir sulfate CAPS 150mg, 200mg, 300mg | 4 | NM |
| CRIXIVAN CAPS 200mg, 400mg | 3 | NM |
| didanosine CPDR 250mg, 400mg | 2 | NM |
| EDURANT TABS 25mg | 5 | NM; DL |
| efavirenz CAPS 50mg, 200mg; TABS 600mg | 2 | NM |
| EMTRIVA CAPS 200mg; SOLN 10mg/ml | 3 | NM |
| fosamprenavir calcium TABS 700mg | 5 | NM; DL |
| FUZEON SOLR 90mg | 3 | NM |
| INTELENCE TABS 25mg | 4 | NM |
| INTELENCE TABS 100mg, 200mg | 5 | NM; DL |
| INVIRASE TABS 500mg | 3 | NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; TABS 400mg | 5 | NM; DL |
| ISENTRESS PACK 100mg | 4 | NM |
| ISENTRESS HD TABS 600mg | 5 | NM; DL |
| lamivudine SOLN 10mg/ml; TABS 150mg, 300mg | 2 | NM |
| LEXIVA SUSP 50mg/ml | 4 | NM |
| nevirapine SUSP 50mg/5ml | 3 | NM |
| nevirapine TABS 200mg; TB24 100mg | 2 | NM |
| nevirapine TB24 400mg | 4 | NM |
| NORVIR PACK 100mg | 4 | NM |
| NORVIR SOLN 80mg/ml; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 5 | NM; DL |
| PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg | 4 | NM |
| PREZISTA TABS 600mg, 800mg | 5 | NM; DL |
| RETROVIR IV INFUSION SOLN 10mg/ml | 4 | NM |
| REYATAZ PACK 50mg | 5 | NM; DL |
| ritonavir TABS 100mg | 3 | NM |
| SELZENTRY SOLN 20mg/ml | 4 | NM |
| SELZENTRY TABS 25mg | 4 | QL (120 tabs / 30 days), NM; DL |
| SELZENTRY TABS 75mg, 150mg, 300mg | 5 | NM; DL |
| stavudine CAPS 15mg, 20mg, 30mg, 40mg | 2 | NM |
| tenofovir disoproxil fumarate TABS 300mg | 3 | NM |
| TIVICAY TABS 10mg | 4 | QL (30 tabs / 30 days), NM |
| TIVICAY TABS 25mg, 50mg | 5 | NM; DL |
| TYBOST TABS 150mg | 4 | NM |
| VIRACEPT TABS 250mg, 625mg | 3 | NM |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VIRAMUNE SUSP 50mg/5ml | 4 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 3 | NM |
| zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | 2 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 3 | NM |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 4 | NM |
| ATRIPLA TAB | 5 | NM; DL |
| BIKTARVY TAB | 5 | NM; DL |
| CIMDUO TAB 300-300 | 5 | NM; DL |
| COMPLERA TAB | 5 | NM; DL |
| DELSTRIGO TAB | 5 | NM; DL |
| DESCOVY TAB 200/25 | 5 | NM; DL |
| DOVATO TAB 50-300MG | 5 | NM; DL |
| EVOTAZ TAB 300-150 | 5 | NM; DL |
| GENVOYA TAB | 5 | NM; DL |
| JULUCA TAB 50-25MG | 5 | NM; DL |
| KALETRA TAB 100-25MG | 3 | NM |
| KALETRA TAB 200-50MG | 3 | NM |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 3 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 3 | NM |
| ODEFSEY TAB | 5 | NM; DL |
| PREZCOBIX TAB 800-150 | 5 | NM; DL |
| STRIBILD TAB | 5 | NM; DL |
| SYMFI LO TAB | 5 | NM; DL |
| SYMFI TAB | 5 | NM; DL |
| SYMTUZA TAB | 5 | NM; DL |
| TRIUMEQ TAB | 5 | NM; DL |
| TRUVADA TAB 100-150 | 5 | NM; DL |
| TRUVADA TAB 133-200 | 5 | NM; DL |
| TRUVADA TAB 167-250 | 5 | NM; DL |
| TRUVADA TAB 200-300 | 5 | NM; DL |
| ANTITUBERCULAR AGENTS | | |
| CAPASTAT SULFATE SOLR 1gm | 4 | |
| <i>ethambutol hcl</i> TABS 100mg, 400mg | 2 | |
| <i>isoniazid</i> SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg | 2 | |
| PASER PACK 4gm | 4 | |
| PRETOMANID TABS 200mg | 4 | |
| PRIFTIN TABS 150mg | 4 | |

8 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>pyrazinamide</i> TABS 500mg | 2 | |
| <i>rifabutin</i> CAPS 150mg | 3 | |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg | 2 | |
| SIRTURO TABS 100mg | 5 | LA; DL |
| TRECTOR TABS 250mg | 4 | |

ANTIVIRALS

| | | |
|--|---|----------------------------|
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 2 | |
| <i>acyclovir sodium</i> SOLN 50mg/ml | 2 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | 2 | NM |
| <i>cidofovir</i> SOLN 75mg/ml | 2 | |
| <i>entecavir</i> TABS .5mg, 1mg | 4 | NM |
| EPCLUSA TAB 400-100 | 5 | NM, PA; DL |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | 2 | |
| HARVONI PAK | 5 | NM, PA; DL |
| HARVONI PAK 45-200MG | 5 | NM, PA; DL |
| HARVONI TAB 90-400MG | 5 | NM, PA; DL |
| <i>lamivudine (hbv)</i> TABS 100mg | 2 | NM |
| MAVYRET TAB 100-40MG | 5 | NM, PA; DL |
| <i>oseltamivir phosphate</i> CAPS 30mg | 3 | QL (168 caps / year) |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | 3 | QL (84 caps / year) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 3 | QL (720 mL / 180 days) |
| PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml | 5 | NM; DL |
| PEGASYS PROCLICK SOLN 180mcg/0.5ml | 5 | NM; DL |
| RELENZA DISKHALER AEPB 5mg/blister | 4 | QL (3 inhalers / 180 days) |
| <i>ribavirin cap 200 mg</i> CAPS 200mg | 2 | NM, PA; DL |
| <i>ribavirin tab 200 mg</i> TABS 200mg | 2 | NM, PA; DL |
| <i>rimantadine hydrochloride</i> TABS 100mg | 2 | |
| SOVALDI PACK 150mg, 200mg; TABS 400mg | 5 | NM, PA; DL |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | 2 | |
| <i>valganciclovir hcl</i> TABS 450mg | 5 | DL |
| VOSEVI TAB | 5 | NM, PA; DL |
| XOFLUZA TBPK 20mg, 40mg | 4 | QL (2 tabs / 180 days) |
| ZEPATIER TAB 50-100MG | 5 | NM, PA; DL |

CEPHALOSPORINS

| | | |
|---|---|--|
| <i>cefaclor</i> CAPS 250mg, 500mg | 2 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 2 | |
| <i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 2 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 2 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 2 | |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm | 2 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 2 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 2 | |
| <i>ceftazidime</i> SOLR 1gm, 6gm | 2 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 2 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 2 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg | 2 | |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 2 | |
| SUPRAX CAPS 400mg; SUSR 500mg/5ml | 4 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 2 | |
| TEFLARO SOLR 400mg, 600mg | 4 | |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 2 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 2 | |
| DIFICID TABS 200mg | 5 | PA; DL |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 3 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 4 | |
| <i>erythrocin stearate</i> TABS 250mg | 2 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 2 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 3 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin</i> SOLN 200mg/20ml, 400mg/40ml | 2 | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 2 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg | 2 | |
| <i>levofloxacin</i> SOLN 25mg/ml | 2 | DL |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg | 2 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 2 | DL |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 2 | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 2 | DL |
| <i>levofloxacin oral soln 25 mg/ml</i> SOLN 25mg/ml | 2 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 2 | |
| <i>ofloxacin</i> TABS 300mg, 400mg | 2 | |

PENICILLINS

| | | |
|---|---|--|
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 2 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 2 | |
| <i>ampicillin</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 2 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 2 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 2 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 2 | |
| <i>ampicillin sodium</i> SOLR 1gm, 10gm, 125mg | 2 | |
| BICILLIN C-R INJ 900/300 | 4 | |
| BICILLIN C-R INJ 1200000 | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 4 | |
| <i>dicloxacillin sodium</i> CAPS 250mg, 500mg | 2 | |
| <i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| PEN GK/DEXTR INJ 20000/ML | 4 | |
| PEN GK/DEXTR INJ 40000/ML | 4 | |
| PEN GK/DEXTR INJ 60000/ML | 4 | |
| <i>penicillin g potassium</i> SOLR 20000000unit | 2 | |
| PENICILLIN G PROCAINE SUSP 600000unit/ml | 3 | |
| <i>penicillin g sodium</i> SOLR 5000000unit | 2 | |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 2 | |
| <i>pfizerpen</i> SOLR 20mu | 2 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 2 | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 2 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 2 | |
| TETRACYCLINES | | |
| <i>doxy 100</i> SOLR 100mg | 3 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg | 3 | |
| <i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 100mg | 2 | |
| <i>doxycycline (monohydrate)</i> TABS 75mg, 150mg | 4 | |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg | 2 | |
| <i>doxycycline hyclate</i> TBEC 50mg | 3 | |
| <i>doxycycline hyclate</i> TBEC 75mg, 100mg, 150mg, 200mg | 4 | |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg | 2 | |
| <i>minocycline hcl</i> TB24 45mg, 90mg, 135mg | 4 | |
| NUZYRA SOLR 100mg; TABS 150mg | 5 | NM; DL |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | 3 | |
| TIGECYCLINE SOLR 50mg | 4 | DL |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| BICNU SOLR 100mg | 4 | |
| <i>busulfan</i> SOLN 6mg/ml | 5 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>carboplatin</i> SOLN 50mg/5ml, 450mg/45ml, 600mg/60ml | 2 | DL |
| <i>carboplatin</i> SOLN 150mg/15ml | 2 | |
| <i>cisplatin</i> SOLN 50mg/50ml | 2 | |
| <i>cisplatin</i> SOLN 200mg/200ml | 2 | DL |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg | 3 | B/D |
| <i>ifosfamide</i> SOLR 1gm | 2 | |
| LEUKERAN TABS 2mg | 3 | |
| <i>melphalan hcl</i> SOLR 50mg | 2 | |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml; SOLR 100mg | 4 | |
| <i>thiotepa</i> SOLR 15mg | 5 | NM; DL |
| TREANDA SOLR 25mg, 100mg | 5 | NM; DL |
| YONDELIS SOLR 1mg | 5 | NM, LA; DL |
| ZANOSAR SOLR 1gm | 4 | |

ANTIBIOTICS

| | | |
|---|---|-----|
| <i>bleomycin sulfate</i> SOLR 15unit | 2 | |
| <i>bleomycin sulfate</i> SOLR 30unit | 2 | B/D |
| <i>daunorubicin hcl</i> SOLN 20mg/4ml | 2 | |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | 2 | |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | 4 | |
| <i>epirubicin hcl</i> SOLN 200mg/100ml | 3 | |
| <i>idarubicin hcl</i> SOLN 5mg/5ml, 20mg/20ml | 2 | DL |
| <i>idarubicin hcl</i> SOLN 10mg/10ml | 2 | |
| <i>mitomycin</i> SOLR 5mg | 4 | |
| <i>mitomycin</i> SOLR 20mg, 40mg | 5 | DL |

ANTIMETABOLITES

| | | |
|--|---|---------|
| ARRANON SOLN 5mg/ml | 5 | DL |
| <i>azacitidine</i> SUSR 100mg | 5 | NM; DL |
| <i>clofarabine</i> SOLN 1mg/ml | 5 | DL |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml | 2 | B/D |
| <i>cytarabine inj pf 20 mg/ml</i> SOLN 20mg/ml | 2 | DL |
| <i>decitabine</i> SOLR 50mg | 5 | NM; DL |
| <i>fludarabine phosphate</i> SOLR 50mg | 2 | |
| <i>fluorouracil</i> SOLN 1gm/20ml | 2 | B/D; DL |
| <i>fluorouracil</i> SOLN 5gm/100ml | 2 | B/D |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg | 2 | |
| <i>mercaptopurine</i> TABS 50mg | 2 | |
| <i>methotrexate sodium</i> SOLN 50mg/2ml | 3 | |
| <i>methotrexate sodium</i> SOLR 1gm | 2 | |
| PURIXAN SUSP 2000mg/100ml | 4 | NM |
| TABLOID TABS 40mg | 4 | |

HORMONAL ANTINEOPLASTIC AGENTS

| | | |
|---------------------------------------|---|--------|
| <i>abiraterone acetate</i> TABS 250mg | 5 | NM; DL |
|---------------------------------------|---|--------|

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| <i>anastrozole</i> TABS 1mg | 2 | |
| <i>bicalutamide</i> TABS 50mg | 2 | |
| DEPO-PROVERA SUSP 400mg/ml | 4 | |
| ELIGARD KIT 7.5mg | 4 | NM; DL |
| ELIGARD KIT 22.5mg, 30mg, 45mg | 4 | NM |
| EMCYT CAPS 140mg | 3 | |
| ERLEADA TABS 60mg | 5 | NM, LA; DL |
| <i>exemestane</i> TABS 25mg | 3 | |
| FASLODEX SOLN 250mg/5ml | 5 | DL |
| FIRMAGON SOLR 80mg | 4 | QL (4 vials / 28 days), NM; DL |
| FIRMAGON SOLR 120mg/vial | 5 | NM; DL |
| <i>flutamide</i> CAPS 125mg | 2 | |
| <i>letrozole</i> TABS 2.5mg | 2 | |
| <i>leuprolide inj 1mg/0.2</i> KIT 1mg/0.2ml | 2 | NM |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 4 | NM; DL |
| LUPRON DEPOT (1-MONTH) KIT 7.5mg | 5 | NM; DL |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 5 | NM; DL |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 5 | NM; DL |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 5 | NM; DL |
| LYSODREN TABS 500mg | 3 | |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 2 | PA; DL |
| <i>nilutamide</i> TABS 150mg | 3 | |
| NUBEQA TABS 300mg | 5 | NM, LA; DL |
| SOLTAMOX SOLN 10mg/5ml | 4 | |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 2 | |
| <i>toremifene citrate</i> TABS 60mg | 5 | DL |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 5 | NM; DL |
| XTANDI CAPS 40mg | 5 | NM, LA; DL |
| YONSA TABS 125mg | 5 | NM; DL |
| ZYTIGA TABS 500mg | 5 | NM, LA; DL |
| IMMUNOMODULATORS | | |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 5 | QL (30 caps / 30 days), NM, LA; DL |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg | 5 | NM, LA; DL |
| THALOMID CAPS 50mg, 100mg, 150mg, 200mg | 5 | NM; DL |
| MISCELLANEOUS | | |
| <i>bexarotene</i> CAPS 75mg | 5 | NM; DL |
| <i>dacarbazine</i> SOLR 100mg, 200mg | 2 | |
| ERWINAZE SOLR 10000unit | 5 | NM, LA; DL |

14 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>hydroxyurea</i> CAPS 500mg | 2 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml | 4 | |
| KISQALI 200 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 400 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 600 PAK FEMARA | 5 | NM, PA; DL |
| LONSURF TAB 15-6.14 | 5 | NM, PA; DL |
| LONSURF TAB 20-8.19 | 5 | NM, PA; DL |
| MATULANE CAPS 50mg | 5 | LA; DL |
| <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM; DL |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM |
| <i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM; DL |
| NIPENT SOLR 10mg | 5 | DL |
| PROLEUKIN SOLR 22000000unit | 5 | NM; DL |
| SYLATRON KIT 200mcg, 300mcg | 5 | NM; DL |
| SYNRIBO SOLR 3.5mg | 5 | NM; DL |
| <i>topotecan hcl</i> SOLR 4mg | 5 | DL |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 5 | DL |
| TRISENOX SOLN 10mg/10ml, 12mg/6ml | 4 | |

MITOTIC INHIBITORS

| | | |
|--|---|--------|
| ABRAXANE INJ 100MG | 5 | DL |
| DOCETAXEL CONC 80mg/4ml; SOLN 160mg/16ml | 3 | |
| ETOPOPHOS SOLR 100mg | 4 | |
| <i>etoposide</i> SOLN 100mg/5ml | 2 | |
| HALAVEN SOLN 1mg/2ml | 5 | NM; DL |
| IXEMPRA KIT SOLR 15mg | 5 | NM; DL |
| JEVTANA SOLN 60mg/1.5ml | 5 | NM; DL |
| <i>paclitaxel</i> CONC 30mg/5ml, 150mg/25ml | 2 | DL |
| <i>paclitaxel</i> CONC 100mg/16.7ml | 2 | |
| <i>toposar</i> SOLN 100mg/5ml | 2 | |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 3 | |

MOLECULAR TARGET AGENTS

| | | |
|-------------------------------------|---|----------------|
| AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg | 5 | NM, PA; DL |
| ALECENSA CAPS 150mg | 5 | NM, LA, PA; DL |
| ALUNBRIG TABS 30mg, 90mg, 180mg | 5 | NM, LA, PA; DL |
| ALUNBRIG PAK | 5 | NM, LA, PA; DL |
| ARZERRA CONC 1000mg/50ml | 5 | NM; DL |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 5 | NM, LA; DL |
| AYVAKIT TABS 100mg, 200mg, 300mg | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| BALVERSA TABS 3mg, 4mg, 5mg | 5 | NM, LA, PA; DL |
| BELEODAQ SOLR 500mg | 5 | NM; DL |
| BOSULIF TABS 100mg, 400mg, 500mg | 5 | NM, PA; DL |
| BRAFTOVI CAPS 75mg | 5 | NM, LA, PA; DL |
| BRUKINSA CAPS 80mg | 5 | NM, LA, PA; DL |
| CABOMETYX TABS 20mg, 40mg, 60mg | 5 | NM, LA, PA; DL |
| CALQUENCE CAPS 100mg | 5 | NM, LA, PA; DL |
| CAPRELSA TABS 100mg | 3 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| CAPRELSA TABS 300mg | 3 | QL (30 tabs / 30 days), NM, LA, PA; DL |
| COMETRIQ (60MG DOSE) KIT 20mg | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 100MG | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 140MG | 5 | NM, LA, PA; DL |
| COPIKTRA CAPS 15mg, 25mg | 5 | NM, LA, PA; DL |
| COTELLIC TABS 20mg | 5 | NM, LA, PA; DL |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 5 | NM, LA; DL |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 5 | NM, LA; DL |
| DAURISMO TABS 25mg, 100mg | 5 | NM, LA, PA; DL |
| EMPLICITI SOLR 300mg, 400mg | 5 | NM, LA; DL |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 5 | NM; DL |
| ERIVEDGE CAPS 150mg | 5 | NM, LA; DL |
| <i>erlotinib hcl</i> TABS 25mg, 100mg, 150mg | 5 | NM; DL |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg | 5 | NM, PA; DL |
| FARYDAK CAPS 10mg, 20mg | 5 | NM, LA, PA; DL |
| GILOTRIF TABS 20mg, 30mg, 40mg | 5 | NM, LA; DL |
| HERCEPTIN SOLR 150mg, 440mg | 5 | NM; DL |
| IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg | 5 | NM, LA, PA; DL |
| ICLUSIG TABS 15mg, 45mg | 5 | NM, LA, PA; DL |
| IDHIFA TABS 50mg, 100mg | 5 | NM, LA, PA; DL |
| <i>imatinib mesylate</i> TABS 100mg | 5 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>imatinib mesylate</i> TABS 400mg | 5 | QL (60 tabs / 30 days), NM, PA; DL |
| IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg | 5 | NM, LA, PA; DL |
| INLYTA TABS 1mg, 5mg | 5 | NM, LA, PA; DL |
| INREBIC CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA; DL |
| IRESSA TABS 250mg | 5 | NM, LA, PA; DL |
| ISTODAX (OVERFILL) SOLR 10mg | 5 | NM; DL |

16 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| KADCYLA SOLR 100mg, 160mg | 5 | NM; DL |
| KEYTRUDA SOLN 100mg/4ml | 5 | NM; DL |
| KISQALI TBPK 200mg | 5 | NM, PA; DL |
| KOSELUGO CAPS 10mg, 25mg | 5 | NM, LA, PA; DL |
| KYPROLIS SOLR 30mg, 60mg | 5 | NM, LA; DL |
| LARTRUVO SOLN 190mg/19ml, 500mg/50ml | 5 | NM, LA; DL |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 5 | NM, LA, PA; DL |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 5 | NM, LA, PA; DL |
| LENVIMA CAP 14 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 18 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 24 MG | 5 | NM, LA, PA; DL |
| LORBRENA TABS 25mg, 100mg | 5 | NM, LA, PA; DL |
| LYNPARZA TABS 100mg, 150mg | 5 | NM, LA, PA; DL |
| MEKINIST TABS .5mg, 2mg | 5 | NM, LA, PA; DL |
| MEKTOVI TABS 15mg | 5 | NM, LA, PA; DL |
| NERLYNX TABS 40mg | 5 | NM, LA, PA; DL |
| NEXAVAR TABS 200mg | 5 | NM, LA, PA; DL |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 5 | NM, PA; DL |
| ODOMZO CAPS 200mg | 5 | NM, LA, PA; DL |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 5 | NM, LA, PA; DL |
| PERJETA SOLN 420mg/14ml | 5 | NM; DL |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 5 | NM, PA; DL |
| PIQRAY 250MG TAB DOSE | 5 | NM, PA; DL |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 5 | NM, PA; DL |
| QINLOCK TABS 50mg | 5 | NM, LA, PA; DL |
| RETEVMO CAPS 40mg, 80mg | 5 | NM, LA, PA; DL |
| RITUXAN SOLN 100mg/10ml, 500mg/50ml | 5 | NM, LA; DL |
| ROZLYTREK CAPS 100mg, 200mg | 5 | NM, LA, PA; DL |
| RUBRACA TABS 200mg, 250mg, 300mg | 5 | NM, LA, PA; DL |
| RYDAPT CAPS 25mg | 5 | NM, PA; DL |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg | 5 | NM, PA; DL |
| STIVARGA TABS 40mg | 5 | NM, LA, PA; DL |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5 | NM, PA; DL |
| TABRECTA TABS 150mg, 200mg | 5 | NM, PA; DL |
| TAFINLAR CAPS 50mg, 75mg | 5 | NM, LA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TAGRISSE TABS 40mg, 80mg | 5 | NM, LA, PA; DL |
| TALZENNA CAPS .25mg, 1mg | 5 | NM, LA, PA; DL |
| TASIGNA CAPS 50mg, 150mg, 200mg | 5 | NM; DL |
| TAZVERIK TABS 200mg | 5 | NM, LA, PA; DL |
| TECENTRIQ SOLN 1200mg/20ml | 5 | NM, LA; DL |
| TIBSOVO TABS 250mg | 5 | NM, LA; DL |
| TORISEL SOLN 25mg/ml | 5 | NM; DL |
| TUKYSA TABS 50mg, 150mg | 5 | NM, LA, PA; DL |
| TURALIO CAPS 200mg | 5 | NM, LA, PA; DL |
| TYKERB TABS 250mg | 5 | NM, LA; DL |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 5 | NM; DL |
| VENCLEXTA TABS 10mg, 50mg | 4 | NM, LA, PA; DL |
| VENCLEXTA TABS 100mg | 5 | NM, LA, PA; DL |
| VENCLEXTA TAB START PK | 5 | NM, LA, PA; DL |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 5 | NM, LA, PA; DL |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml | 5 | NM, LA, PA; DL |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 5 | NM, LA, PA; DL |
| VOTRIENT TABS 200mg | 5 | NM, LA; DL |
| XALKORI CAPS 200mg, 250mg | 5 | NM, LA, PA; DL |
| XOSPATA TABS 40mg | 5 | NM, LA, PA; DL |
| XPOVIO 60 MG ONCE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| XPOVIO 80 MG ONCE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| XPOVIO 80 MG TWICE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| XPOVIO 100 MG ONCE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| ZEJULA CAPS 100mg | 5 | NM, LA, PA; DL |
| ZELBORAF TABS 240mg | 5 | NM, LA, PA; DL |
| ZOLINZA CAPS 100mg | 5 | NM; DL |
| ZYDELIG TABS 100mg, 150mg | 5 | NM, LA; DL |
| ZYKADIA TABS 150mg | 5 | NM, LA, PA; DL |
| PROTECTIVE AGENTS | | |
| <i>dexrazoxane hcl</i> SOLR 250mg | 4 | |
| ELITEK SOLR 1.5mg, 7.5mg | 5 | DL |
| <i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg; TABS 5mg, 10mg | 2 | |
| <i>leucovorin calcium</i> TABS 15mg | 3 | |
| <i>leucovorin calcium</i> TABS 25mg | 4 | |
| <i>levoleucovorin calcium</i> SOLN 175mg/17.5ml | 5 | NM; DL |
| <i>mesna</i> SOLN 100mg/ml | 2 | |
| MESNEX TABS 400mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|---|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 2 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 2 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 2 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 2 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 2 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 2 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 2 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 2 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i> | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>epplerenone TABS 25mg, 50mg</i> | 3 | |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i> | 2 | |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i> | 2 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 2 | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 2 | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | 2 | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 2 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> | 2 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> | 2 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 2 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> | 2 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 2 | |
| EDARBYCLOR TAB 40-12.5 | 4 | |
| EDARBYCLOR TAB 40-25MG | 4 | |
| ENTRESTO TAB 24-26MG | 3 | |
| ENTRESTO TAB 49-51MG | 3 | |
| ENTRESTO TAB 97-103MG | 3 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 2 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Enhanced Drugs DL - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i> | 2 | |
| <i>EDARBI TABS 40mg, 80mg</i> | 4 | |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 1 | |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i> | 2 | |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | 1 | |
| <i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i> | 1 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl SOLN 50mg/ml; TABS 100mg, 200mg, 400mg</i> | 2 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | 2 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | 3 | NM |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 2 | |
| <i>mexiletine hcl</i> CAPS 150mg, 200mg, 250mg | 3 | |
| MULTAQ TABS 400mg | 4 | |
| NORPACE CR CP12 100mg, 150mg | 4 | |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg | 2 | |
| <i>procainamide hcl</i> SOLN 100mg/ml | 2 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg | 3 | |
| <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg | 2 | |
| <i>quinidine gluconate</i> TBCR 324mg | 3 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 2 | |
| <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg | 2 | |
| <i>sotalol hcl</i> TABS 80mg, 160mg, 240mg | 2 | |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg | 2 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg | 2 | |
| <i>fenofibrate</i> TABS 40mg, 120mg, 145mg | 3 | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 160mg | 2 | |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg | 2 | |
| <i>fenofibrate micronized</i> CAPS 130mg | 3 | |
| <i>gemfibrozil</i> TABS 600mg | 2 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg | 2 | |
| <i>fluvastatin sodium</i> TB24 80mg | 3 | |
| LIVALO TABS 1mg, 2mg, 4mg | 4 | |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 1 | |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | 2 | |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | 1 | |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> PACK 4gm | 2 | |
| <i>cholestyramine light</i> PACK 4gm | 2 | |
| <i>cholestyramine light powder 4 gm/dose</i> POWD 4gm/dose | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>colesevelam hcl</i> TABS 625mg | 4 | |
| <i>colestipol hcl</i> PACK 5gm; TABS 1gm | 2 | |
| <i>ezetimibe</i> TABS 10mg | 2 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 3 | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 3 | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 3 | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 3 | |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg | 5 | NM, LA, PA; DL |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3 | |
| <i>niacor</i> TABS 500mg | 3 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 3 | |
| PRALUENT SOAJ 75mg/ml, 150mg/ml | 4 | QL (2 injections / 28 days), NM, PA; DL |
| <i>prevalite</i> PACK 4gm | 2 | |
| VASCEPA CAPS .5gm, 1gm | 4 | |
| WELCHOL PACK 3.75gm | 4 | |

BETA-BLOCKER/DIURETIC COMBINATIONS

| | | |
|---|---|--|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| <i>propranolol & hydrochlorothiazide tab 40-25 mg</i> | 1 | |
| <i>propranolol & hydrochlorothiazide tab 80-25 mg</i> | 1 | |

BETA-BLOCKERS

| | | |
|---|---|--|
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | 2 | |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>betaxolol hcl</i> TABS 10mg, 20mg | 2 | |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg | 3 | |

24 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| <i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg | 3 | |
| <i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg | 2 | |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>metoprolol tartrate</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | 2 | |
| <i>pindolol</i> TABS 5mg, 10mg | 2 | |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg | 2 | |
| <i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 2 | |

CALCIUM CHANNEL BLOCKERS

| | | |
|--|---|--|
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 2 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 50mg/10ml; TABS 30mg, 60mg, 90mg, 120mg | 2 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg | 2 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 2 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 2 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 2 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 2 | |
| <i>nimodipine</i> CAPS 30mg | 4 | |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg | 4 | |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 2 | |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>verapamil hcl</i> CP24 360mg | 3 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 2 | |
| ALDACTAZIDE TAB 50/50 | 4 | |
| <i>amiloride & hydrochlorothiazide tab</i> 5-50 mg | 2 | |
| <i>amiloride hcl</i> TABS 5mg | 2 | |
| <i>bumetanide</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 2 | |
| <i>furosemide</i> SOLN 10mg/ml | 2 | |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 2 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 2 | |
| <i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg | 1 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 2 | |
| <i>triamterene</i> CAPS 50mg, 100mg | 2 | |
| <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 75-50 mg | 1 | |
| MISCELLANEOUS | | |
| ADRENALIN SOLN 1mg/ml | 3 | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg | 3 | |

26 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 3 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 3 | |
| <i>clonidine hcl TABS .1mg, .2mg, .3mg</i> | 2 | |
| CORLANOR TABS 5mg, 7.5mg | 4 | |
| DEMSER CAPS 250mg | 5 | DL |
| <i>digitek TABS .25mg</i> | 2 | |
| <i>digitek TABS .125mg</i> | 2 | QL (30 tabs / 30 days) |
| <i>digox TABS 125mcg</i> | 2 | QL (30 tabs / 30 days) |
| <i>digox TABS 250mcg</i> | 2 | |
| <i>digoxin SOLN .05mg/ml</i> | 3 | |
| <i>digoxin SOLN .25mg/ml; TABS 250mcg</i> | 2 | |
| <i>digoxin TABS 125mcg</i> | 2 | QL (30 tabs / 30 days) |
| <i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i> | 2 | |
| LANOXIN TABS 125mcg | 4 | QL (30 tabs / 30 days) |
| LANOXIN TABS 250mcg | 4 | |
| <i>methyldopa TABS 250mg, 500mg</i> | 4 | |
| <i>methyldopa & hydrochlorothiazide tab 250-15 mg</i> | 3 | |
| <i>methyldopa & hydrochlorothiazide tab 250-25 mg</i> | 3 | |
| <i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i> | 2 | |
| <i>minoxidil TABS 2.5mg, 10mg</i> | 2 | |
| NORTHERA CAPS 100mg | 5 | QL (90 caps / 30 days), NM, LA; DL |
| NORTHERA CAPS 200mg, 300mg | 5 | QL (180 caps / 30 days), NM, LA; DL |
| <i>ranolazine TB12 500mg, 1000mg</i> | 3 | |
| TEKTURNA HCT TAB 150-12.5 | 4 | |
| TEKTURNA HCT TAB 150-25MG | 4 | |
| TEKTURNA HCT TAB 300-12.5 | 4 | |
| TEKTURNA HCT TAB 300-25MG | 4 | |
| VYNDAMAX CAPS 61mg | 5 | NM, LA, PA; DL |
| VYNDAQEL CAPS 20mg | 5 | NM, LA, PA; DL |
| NITRATES | | |
| <i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i> | 2 | |
| <i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NITRO-BID OINT 2% | 3 | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr | 4 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 2 | |
| NITROGLYCERIN SOLN 5mg/ml | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |

PULMONARY ARTERIAL HYPERTENSION

| | | |
|---|---|--|
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| <i>alyq</i> TABS 20mg | 5 | NM, PA; DL |
| <i>ambrisentan</i> TABS 5mg, 10mg | 5 | NM, LA, PA; DL |
| OPSUMIT TABS 10mg | 5 | NM, LA, PA; DL |
| <i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml | 5 | QL (180 mL / 30 days), NM, PA; DL |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 2 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg | 5 | NM, PA; DL |
| UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5 | NM, LA, PA; DL |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 5 | NM, PA; DL |

CENTRAL NERVOUS SYSTEM

ANORECTIC AGENTS

| | | |
|---|---|--------|
| <i>benzphetamine hcl</i> TABS 25mg, 50mg | 2 | ED |
| CONTRAVE TAB 8-90MG | 4 | ED, PA |
| <i>diethylpropion hcl</i> TABS 25mg; TB24 75mg | 2 | ED |
| <i>phendimetrazine tartrate</i> CP24 105mg; TABS 35mg | 2 | ED |
| <i>phentermine hcl</i> CAPS 15mg, 30mg, 37.5mg; TABS 37.5mg | 2 | ED |
| QSYMIA CAP 3.75-23 | 4 | ED, PA |
| QSYMIA CAP 7.5-46MG | 4 | ED, PA |
| QSYMIA CAP 11.25-69 | 4 | ED, PA |
| QSYMIA CAP 15-92MG | 4 | ED, PA |
| SAXENDA SOPN 18mg/3ml | 4 | ED, PA |
| SUPRENZA TBDP 15mg, 30mg, 37.5mg | 4 | ED, PA |
| XENICAL CAPS 120mg | 4 | ED, PA |

ANTI-ANXIETY

| | | |
|--|---|----|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | 2 | |
| ALPRAZOLAM INTENSOL CONC 1mg/ml | 3 | DL |

28 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 2 | |
| <i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg | 2 | |
| <i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg | 2 | |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>lorazepam intensol</i> CONC 2mg/ml | 2 | DL |
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg | 2 | |

ANTICONVULSANTS

| | | |
|---|---|----------------|
| APTIOM TABS 200mg, 400mg, 600mg, 800mg | 5 | DL |
| BANZEL SUSP 40mg/ml; TABS 400mg | 5 | DL |
| BANZEL TABS 200mg | 4 | |
| BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg | 5 | DL |
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 2 | |
| CELONTIN CAPS 300mg | 3 | |
| <i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg | 4 | |
| <i>clonazepam</i> TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg | 2 | |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 2 | |
| DIASTAT ACUDIAL GEL 10mg, 20mg | 4 | |
| DIASTAT PEDIATRIC GEL 2.5mg | 4 | |
| <i>diazepam</i> SOLN 5mg/5ml | 2 | DL |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 2 | |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 2 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 3 | DL |
| DILANTIN CAPS 30mg, 100mg | 4 | |
| DILANTIN INFATABS CHEW 50mg | 4 | |
| DILANTIN-125 SUSP 125mg/5ml | 4 | |
| <i>divalproex sodium</i> CSDR 125mg; TBEC 125mg, 250mg, 500mg | 2 | |
| <i>divalproex sodium</i> TB24 250mg, 500mg | 3 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | NM, LA, PA; DL |
| <i>epitol</i> TABS 200mg | 2 | |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg | 2 | |
| <i>fosphenytoin sodium</i> SOLN 100mgpe/2ml | 2 | |
| FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg | 5 | DL |
| FYCOMPA TABS 2mg | 4 | QL (30 tabs / 30 days); DL |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg | 2 | |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg | 2 | |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | |
| <i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 2 | |
| <i>levetiracetam</i> SOLN 500mg/5ml | 3 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | 3 | |
| NAYZILAM SOLN 5mg/0.1ml | 4 | DL |
| ONFI SUSP 2.5mg/ml | 4 | DL |
| ONFI TABS 10mg, 20mg | 5 | DL |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 2 | |
| PEGANONE TABS 250mg | 3 | |
| <i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 2 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 2 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 2 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 2 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg | 3 | QL (90 caps / 30 days) |
| <i>pregabalin</i> CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days) |
| <i>pregabalin</i> SOLN 20mg/ml | 3 | QL (946 mL / 30 days); DL |
| <i>primidone</i> TABS 50mg, 250mg | 2 | |
| SABRIL TABS 500mg | 5 | NM, LA; DL |
| SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg | 4 | |
| SYMPAZAN FILM 5mg | 4 | |
| SYMPAZAN FILM 10mg, 20mg | 5 | DL |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 3 | |

30 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 2 | |
| <i>valproic acid</i> CAPS 250mg | 2 | |
| VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml | 4 | |
| <i>vigabatrin</i> PACK 500mg; TABS 500mg | 5 | NM, LA; DL |
| <i>vigadrone</i> PACK 500mg | 5 | NM, LA; DL |
| VIMPAT SOLN 10mg/ml; TABS 100mg, 150mg, 200mg | 5 | DL |
| VIMPAT SOLN 200mg/20ml; TABS 50mg | 4 | |
| XCOPRI TABS 50mg, 100mg, 150mg, 200mg | 5 | DL |
| XCOPRI PAK 12.5-25 | 4 | |
| XCOPRI PAK 50-100MG | 5 | DL |
| XCOPRI PAK 150-200 | 5 | DL |
| XCOPRI TAB 50-200MG | 5 | DL |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 2 | |

ANTIDEMENTIA

| | | |
|--|---|--|
| <i>donepezil hydrochloride</i> TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg | 2 | |
| <i>ergoloid mesylates</i> TABS 1mg | 2 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg | 3 | |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg | 2 | |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg | 3 | |
| <i>memantine hcl</i> SOLN 2mg/ml; TABS 5mg, 10mg | 2 | |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 2 | |
| NAMZARIC CAP 7-10MG | 4 | |
| NAMZARIC CAP 14-10MG | 4 | |
| NAMZARIC CAP 21-10MG | 4 | |
| NAMZARIC CAP 28-10MG | 4 | |
| NAMZARIC CAP PACK | 4 | |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | 2 | |
| <i>rivastigmine transdermal</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 3 | |

ANTIDEPRESSANTS

| | | |
|--|---|--|
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | |
|--|---|--|

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Enhanced Drugs DL - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 2 | |
| <i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg | 2 | |
| <i>bupropion hcl</i> TB24 150mg, 300mg | 3 | |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg | 2 | |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg | 3 | |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | 3 | |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | 4 | PA |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 5 | DL |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 2 | |
| FETZIMA CP24 20mg, 40mg, 80mg, 120mg | 4 | |
| FETZIMA CAP TITRATIO | 4 | |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml; TABS 10mg | 2 | |
| <i>fluoxetine hcl</i> TABS 20mg | 3 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 3 | |
| <i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg | 2 | |
| MARPLAN TABS 10mg | 4 | |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 2 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 2 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | 2 | |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | 2 | |
| <i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg | 3 | |
| PAXIL SUSP 10mg/5ml | 4 | |
| <i>phenelzine sulfate</i> TABS 15mg | 2 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 2 | |

32 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 2 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | 2 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | 2 | |
| <i>trazodone hcl</i> TABS 300mg | 3 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg | 3 | |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 4 | |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 2 | |
| <i>venlafaxine hcl</i> TB24 37.5mg, 75mg, 150mg, 225mg | 3 | |
| VIIBRYD TABS 10mg, 20mg, 40mg | 4 | |
| VIIBRYD KIT STARTER | 4 | |

ANTIPARKINSONIAN AGENTS

| | | |
|---|---|------------|
| <i>amantadine hcl</i> CAPS 100mg; SYRP 50mg/5ml; TABS 100mg | 2 | |
| APOKYN SOCT 30mg/3ml | 5 | NM, LA; DL |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 3 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | 2 | |
| <i>carbidopa</i> TABS 25mg | 5 | DL |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 2 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 3 | |
| <i>entacapone</i> TABS 200mg | 3 | |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 4 | |
| NOURIANZ TABS 20mg, 40mg | 5 | NM; DL |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 2 | |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg | 3 | |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 2 | |
| RYTARY CAP 95MG | 4 | |
| RYTARY CAP 145MG | 4 | |
| RYTARY CAP 195MG | 4 | |
| RYTARY CAP 245MG | 4 | |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 3 | |
| <i>tolcapone</i> TABS 100mg | 5 | DL |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg | 2 | |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg | 5 | QL (1 injection / 28 days); DL |
| <i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg | 5 | DL |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 4 | |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml | 5 | DL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 5 | DL |
| CAPLYTA CAPS 42mg | 5 | DL |
| CHLORPROMAZINE HCL SOLN 50mg/2ml | 3 | |
| <i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg | 3 | |
| <i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>clozapine</i> TBDP 12.5mg, 25mg, 100mg | 3 | |
| <i>clozapine</i> TBDP 150mg, 200mg | 5 | DL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 10mg, 12mg | 5 | DL |
| FANAPT TABS 8mg | 4 | |
| FANAPT PAK | 4 | |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 2 | |

34 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 2 | |
| GEODON SOLR 20mg | 4 | DL |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 2 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 2 | |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 2 | |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | 4 | QL (1 injection / 28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 5 | QL (1 injection / 28 days); DL |
| INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml | 5 | QL (1 syringe / 90 days); DL |
| LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg | 4 | |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 2 | |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 4 | |
| NUPLAZID CAPS 34mg; TABS 10mg | 5 | NM, LA, PA; DL |
| <i>olanzapine</i> SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg | 2 | |
| <i>olanzapine</i> TBDP 5mg, 10mg, 15mg, 20mg | 3 | |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg | 4 | |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 2 | |
| PERSERIS PRSY 90mg, 120mg | 5 | DL |
| <i>pimozide</i> TABS 1mg, 2mg | 2 | |
| <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg | 2 | |
| <i>quetiapine fumarate</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg | 3 | |
| REXULTI TABS 2mg, 3mg, 4mg | 5 | QL (30 tabs / 30 days); DL |
| REXULTI TABS .25mg, .5mg, 1mg | 5 | DL |
| RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg | 4 | DL |
| <i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 2 | |
| <i>risperidone</i> TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 3 | |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 5 | DL |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Enhanced Drugs **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 5 | DL |
| thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg | 3 | |
| thiothixene CAPS 1mg, 2mg, 5mg, 10mg | 2 | |
| trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg | 2 | |
| VERSACLOZ SUSP 50mg/ml | 5 | DL |
| VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg | 5 | PA; DL |
| ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg | 2 | |
| ziprasidone mesylate SOLR 20mg | 3 | |
| ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg | 5 | DL |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|--|---|------------------------|
| amphetamine-dextroamphetamine cap er 24hr 5 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 10 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 15 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 20 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 25 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 30 mg | 3 | QL (30 caps / 30 days) |
| amphetamine-dextroamphetamine tab 5 mg | 2 | |
| amphetamine-dextroamphetamine tab 7.5 mg | 2 | |
| amphetamine-dextroamphetamine tab 10 mg | 2 | |
| amphetamine-dextroamphetamine tab 12.5 mg | 2 | |
| amphetamine-dextroamphetamine tab 15 mg | 2 | |
| amphetamine-dextroamphetamine tab 20 mg | 2 | |
| amphetamine-dextroamphetamine tab 30 mg | 2 | |
| atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg | 3 | |
| dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg; TABS 2.5mg, 5mg, 10mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dextroamphetamine sulfate</i> CP24 5mg, 10mg, 15mg | 4 | |
| <i>dextroamphetamine sulfate</i> SOLN 5mg/5ml; TABS 5mg, 10mg | 2 | |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg | 2 | |
| <i>methylphenidate hcl</i> CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; CPR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 18mg, 20mg, 27mg, 36mg, 54mg | 4 | |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml, 10mg/5ml; TABS 5mg, 10mg, 20mg; TBCR 10mg | 2 | |
| VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg | 4 | |

HYPNOTICS

| | | |
|---|---|----------------------------|
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg | 3 | QL (30 tabs / 30 days) |
| <i>estazolam</i> TABS 1mg, 2mg | 2 | DL |
| <i>flurazepam hcl</i> CAPS 15mg, 30mg | 2 | DL |
| HETLIOZ CAPS 20mg | 5 | NM, LA, PA; DL |
| <i>ramelteon</i> TABS 8mg | 3 | QL (30 tabs / 30 days) |
| <i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg | 2 | DL |
| <i>triazolam</i> TABS .125mg, .25mg | 2 | DL |
| <i>zaleplon</i> CAPS 5mg, 10mg | 3 | QL (30 caps / 30 days); DL |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days); DL |

MIGRAINE

| | | |
|---|---|-------------------------------|
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 3 | NM, PA |
| AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml | 3 | NM, PA |
| <i>almotriptan malate</i> TABS 6.25mg | 3 | QL (12 tabs / 30 days) |
| <i>almotriptan malate</i> TABS 12.5mg | 3 | QL (8 tabs / 30 days) |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 5 | QL (24 ampules / 30 days); DL |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 5 | DL |
| <i>eletriptan hydrobromide</i> TABS 20mg | 2 | QL (12 tabs / 30 days) |
| <i>eletriptan hydrobromide</i> TABS 40mg | 2 | QL (8 tabs / 30 days) |
| EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml | 3 | NM, PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | QL (43 tabs / 30 days) |
| <i>frovatriptan succinate</i> TABS 2.5mg | 3 | QL (12 tabs / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>naratriptan hcl</i> TABS 1mg | 2 | QL (18 tabs / 30 days) |
| <i>naratriptan hcl</i> TABS 2.5mg | 2 | QL (9 tabs / 30 days) |
| NURTEC TBDP 75mg | 5 | QL (15 tabs / 30 days), PA; DL |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg | 2 | QL (12 tabs / 30 days) |
| <i>sumatriptan</i> SOLN 5mg/act, 20mg/act | 4 | QL (12 units / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml | 4 | QL (12 injections / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml | 4 | QL (8 injections / 30 days) |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml | 4 | QL (8 vials / 30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg | 2 | QL (18 tabs / 30 days) |
| <i>sumatriptan succinate</i> TABS 100mg | 2 | QL (9 tabs / 30 days) |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i> | 3 | QL (9 tabs / 30 days) |
| UBRELVY TABS 50mg, 100mg | 5 | QL (16 tabs / 30 days), PA; DL |
| <i>zolmitriptan</i> TABS 2.5mg | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan</i> TABS 5mg | 2 | QL (8 tabs / 30 days) |
| <i>zolmitriptan odt tab 2.5 mg</i> TBDP 2.5mg | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan odt tab 5 mg</i> TBDP 5mg | 2 | QL (8 tabs / 30 days) |

MISCELLANEOUS

| | | |
|--|---|----------------|
| FIRDAPSE TABS 10mg | 5 | NM, LA, PA; DL |
| GUANIDINE HCL TABS 125mg | 3 | |
| HORIZANT TBCR 300mg, 600mg | 4 | |
| INGREZZA CAPS 40mg, 80mg | 5 | NM, PA; DL |
| INGREZZA CAP 40-80MG | 5 | NM, PA; DL |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 2 | |
| LITHIUM SOL 8MEQ/5ML SOLN 8meq/5ml | 3 | |
| NUEDEXTA CAP 20-10MG | 3 | PA; DL |
| <i>pyridostigmine bromide</i> TABS 60mg | 2 | |
| <i>pyridostigmine bromide</i> TBCR 180mg | 3 | |
| <i>riluzole</i> TABS 50mg | 4 | |
| TEGSEDI SOSY 284mg/1.5ml | 5 | NM, LA, PA; DL |
| tetrabenazine TABS 12.5mg, 25mg | 4 | NM, PA |

MULTIPLE SCLEROSIS AGENTS

| | | |
|-----------------------------|---|---------------------------------------|
| AUBAGIO TABS 7mg, 14mg | 5 | QL (30 tabs / 30 days), NM, LA; DL |
| AVONEX PSKT 30mcg/0.5ml | 5 | NM; DL |
| AVONEX PEN AJKT 30mcg/0.5ml | 5 | NM; DL |
| BETASERON KIT .3mg | 5 | NM; DL |

38 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>dalfampridine</i> TB12 10mg | 3 | QL (60 tabs / 30 days), NM; DL |
| GILENYA CAPS .5mg | 5 | QL (30 caps / 30 days), NM; DL |
| <i>glatiramer acetate</i> SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM; DL |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 5 | NM; DL |
| <i>glatopa</i> SOSY 20mg/ml | 5 | QL (30 mL / 30 days), NM; DL |
| <i>glatopa</i> SOSY 40mg/ml | 5 | NM; DL |
| MAYZENT TABS .25mg, 2mg | 5 | NM, LA, PA; DL |
| PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml | 5 | NM; DL |
| PLEGRIDY INJ STARTER | 5 | NM; DL |
| PLEGRIDY PEN INJ STARTER | 5 | NM; DL |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml | 5 | NM; DL |
| REBIF REBIDO INJ TITRATN | 5 | NM; DL |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml | 5 | NM; DL |
| REBIF TITRTN INJ PACK | 5 | NM; DL |
| TECFIDERA CPDR 120mg, 240mg | 5 | QL (60 caps / 30 days), NM, LA; DL |
| TECFIDERA MIS STARTER | 5 | NM, LA; DL |
| TYSABRI CONC 300mg/15ml | 5 | NM, LA; DL |
| VUMERITY CPDR 231mg | 5 | NM, LA; DL |
| VUMERITY STARTER CPDR 231mg | 5 | NM, LA; DL |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> TABS 10mg, 20mg | 2 | |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 3 | |
| <i>metaxalone</i> TABS 800mg | 3 | DL |
| <i>methocarbamol</i> TABS 500mg, 750mg | 3 | DL |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 2 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil</i> TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 100mg | 3 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 200mg | 3 | QL (60 tabs / 30 days), PA |
| WAKIX TABS 4.45mg, 17.8mg | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| XYREM SOLN 500mg/ml | 5 | QL (540 mL / 30 days), NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | 3 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 2 | |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | 2 | |
| CHANTIX TABS .5mg, 1mg | 4 | |
| CHANTIX CONTINUING MONTH TABS 1mg | 4 | |
| CHANTIX PAK 0.5& 1MG | 4 | |
| <i>disulfiram</i> TABS 250mg, 500mg | 2 | |
| <i>naloxone hcl</i> SOAJ 2mg/0.4ml; SOCT .4mg/ml; SOLN .4mg/ml | 2 | |
| <i>naloxone hcl</i> SOSY 2mg/2ml | 2 | DL |
| <i>naltrexone hcl</i> TABS 50mg | 2 | |
| NARCAN LIQD 4mg/0.1ml | 4 | QL (4 sprays / 30 days); DL |
| NICOTROL INHALER INHA 10mg | 4 | |
| NICOTROL NS SOLN 10mg/ml | 4 | |
| VIVITROL SUSR 380mg | 5 | NM; DL |

ENDOCRINE AND METABOLIC

ANDROGENS

| | | |
|---|---|--------------------------------|
| ANADROL-50 TABS 50mg | 5 | DL |
| ANDRODERM PT24 2mg/24hr, 4mg/24hr | 4 | |
| ANDROGEL GEL 20.25mg/1.25gm, 40.5mg/2.5gm, 50mg/5gm | 4 | |
| ANDROGEL PUMP GEL 1.62% | 4 | |
| METHITEST TABS 10mg | 4 | |
| <i>methytestosterone</i> CAPS 10mg | 4 | |
| <i>oxandrolone</i> TABS 2.5mg | 2 | QL (120 tabs / 30 days); DL |
| <i>oxandrolone</i> TABS 10mg | 3 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>testosterone</i> GEL 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act | 3 | |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 2 | |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 2 | |

ANTIDIABETICS

| | | |
|--|---|-------------------------|
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | 2 | |
| BYDUREON SRER 2mg | 3 | QL (4 vials / 28 days) |
| BYDUREON BCISE AUIJ 2mg/0.85ml | 3 | QL (4 pens / 28 days) |
| BYDUREON PEN PEN 2mg | 3 | QL (4 pens / 28 days) |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml | 4 | QL (1 pen / 30 days) |
| FARXIGA TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| <i>glimepiride</i> TABS 1mg | 1 | QL (240 tabs / 30 days) |
| <i>glimepiride</i> TABS 2mg | 1 | QL (120 tabs / 30 days) |
| <i>glimepiride</i> TABS 4mg | 1 | QL (60 tabs / 30 days) |
| <i>glip/metform tab 2.5-250m</i> | 2 | QL (240 tabs / 30 days) |
| <i>glip/metform tab 2.5-500m</i> | 2 | QL (120 tabs / 30 days) |
| <i>glip/metform tab 5-500mg</i> | 2 | QL (120 tabs / 30 days) |
| <i>glipizide</i> TABS 5mg; TB24 2.5mg | 1 | QL (240 tabs / 30 days) |
| <i>glipizide</i> TABS 10mg; TB24 5mg | 1 | QL (120 tabs / 30 days) |
| <i>glipizide</i> TB24 10mg | 1 | QL (60 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | |
| GLYXAMBI TAB 25-5 MG | 3 | |
| INVOKAMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-500 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-500 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKANA TABS 100mg | 3 | QL (60 tabs / 30 days) |
| INVOKANA TABS 300mg | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 3 | QL (60 tabs / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| <i>metformin hcl</i> TABS 500mg | 1 | QL (150 tabs / 30 days) |
| <i>metformin hcl</i> TABS 850mg | 1 | QL (90 tabs / 30 days) |
| <i>metformin hcl</i> TABS 1000mg | 1 | QL (75 tabs / 30 days) |
| <i>metformin hcl</i> TB24 500mg | 1 | QL (120 tabs / 30 days) |
| <i>metformin hcl</i> TB24 750mg | 1 | QL (60 tabs / 30 days) |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg | 2 | |
| <i>nateglinide</i> TABS 60mg, 120mg | 2 | |
| OZEMPIC SOPN 2mg/1.5ml | 3 | QL (1 pen / 28 days); 0.25MG or 0.5MG/DOSE |
| OZEMPIC SOPN 2mg/1.5ml | 3 | QL (2 pens / 28 days); 1MG/DOSE |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 2 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>repaglinide</i> TABS .5mg, 1mg, 2mg | 2 | |
| RYBELSUS TABS 3mg, 7mg, 14mg | 5 | QL (30 tabs / 30 days); DL |
| SYMLINPEN 60 SOPN 1500mcg/1.5ml | 4 | |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml | 4 | |
| TRADJENTA TABS 5mg | 3 | QL (30 tabs / 30 days) |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml | 3 | QL (4 pens / 28 days) |
| VICTOZA SOPN 18mg/3ml | 3 | QL (3 pens / 30 days) |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |
| ANTIDIABETICS, INSULINS | | |
| APIDRA SOLN 100unit/ml | 4 | ST |
| APIDRA SOLOSTAR SOPN 100unit/ml | 4 | ST |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 4 | |
| HUMALOG SOCT 100unit/ml; SOLN 100unit/ml | 3 | |
| HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml | 3 | |
| HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| HUMALOG MIX INJ 50/50 | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| HUMALOG MIX INJ 75/25KWP | 3 | |
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |
| HUMULIN N SUSP 100unit/ml | 3 | |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | |
| HUMULIN R SOLN 100unit/ml | 3 | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 3 | |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 3 | |
| INS ASP PROT INJ FLEXPEN | 4 | ST |
| INSULIN ASPA INJ 70/30 | 4 | ST |
| INSULIN ASPART SOLN 100unit/ml | 4 | ST |
| INSULIN ASPART FLEXPEN SOPN 100unit/ml | 4 | ST |
| INSULIN ASPART PENFILL SOCT 100unit/ml | 4 | ST |
| INSULIN LISP INJ PROTAMIN | 3 | |
| INSULIN LISPRO SOLN 100unit/ml | 3 | |
| INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml | 3 | |
| INSULIN LISPRO KWIKPEN SOPN 100unit/ml | 3 | |
| INSULIN PEN NEEDLE | 3 | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 | |
| ISOPROPYL ALCOHOL 0.7 ML/ML | 4 | |
| LANTUS SOLN 100unit/ml | 3 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 3 | |
| LEVEMIR SOLN 100unit/ml | 3 | |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml | 3 | |
| LYUMJEV SOLN 100unit/ml | 3 | |
| LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| NEEDLES, INSULIN DISP., SAFETY | 3 | |
| NOVOLIN INJ 70/30 | 4 | ST |
| NOVOLIN INJ 70/30 FP | 4 | ST |
| NOVOLIN N SUSP 100unit/ml | 4 | ST |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 4 | ST |
| NOVOLIN R SOLN 100unit/ml | 4 | ST |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 4 | ST |
| NOVOLOG SOLN 100unit/ml | 4 | ST |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 4 | ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| NOVOLOG MIX INJ 70/30 | 4 | ST |
| NOVOLOG MIX INJ FLEXPEN | 4 | ST |
| NOVOLOG PENFILL SOCT 100unit/ml | 4 | ST |
| OMNIPOD KIT STARTER | 4 | QL (1 kit / 365 days) |
| OMNIPOD MIS 5 PACK | 4 | QL (10 pods / 30 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 3 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 3 | |
| TRESIBA SOLN 100unit/ml | 3 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 3 | |
| V-GO 20 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 30 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 40 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| XULTOPHY INJ 100/3.6 | 3 | |

CALCIUM REGULATORS

| | | |
|---|---|---------------------------------------|
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg | 2 | |
| <i>alendronate sodium</i> TABS 35mg, 70mg | 1 | |
| <i>calcitonin (salmon)</i> SOLN 200unit/act | 2 | |
| FORTEO SOPN 600mcg/2.4ml | 5 | QL (2.4 mL / 28 days), NM, PA; DL |
| <i>ibandronate sodium</i> SOLN 3mg/3ml | 4 | |
| <i>ibandronate sodium</i> TABS 150mg | 2 | |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | 5 | NM, PA; DL |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 2 | |
| PROLIA SOSY 60mg/ml | 4 | QL (2 injections / year), NM |
| <i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg | 2 | |
| TERIPARATIDE SOPN 620mcg/2.48ml | 5 | QL (2.48 mL / 28 days), NM, PA; DL |
| XGEVA SOLN 120mg/1.7ml | 5 | NM, PA; DL |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | 4 | NM |

CHELATING AGENTS

| | | |
|--|---|--------|
| CHEMET CAPS 100mg | 4 | DL |
| <i>clovique</i> CAPS 250mg | 5 | PA; DL |
| <i>deferasirox</i> TABS 90mg; TBSO 125mg | 4 | NM; DL |
| <i>deferasirox</i> TABS 180mg, 360mg; TBSO 250mg, 500mg | 5 | NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DEPEN TITRATABS TABS 250mg | 4 | DL |
| FERRIPROX TABS 500mg, 1000mg | 5 | NM, LA; DL |
| <i>kionex</i> SUSP 15gm/60ml | 2 | |
| <i>penicillamine</i> TABS 250mg | 5 | DL |
| <i>*sodium polystyrene sulfonate powder**</i> | 2 | |
| <i>sps</i> SUSP 15gm/60ml | 2 | |
| <i>trientine hcl</i> CAPS 250mg | 5 | PA; DL |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 5 | LA; DL |

CONTRACEPTIVES

| | | |
|--|---|--|
| <i>altavera</i> | 2 | |
| <i>alyacen 1/35</i> | 2 | |
| <i>amethia</i> | 2 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |
| <i>ashlyna</i> | 2 | |
| <i>aubra eq</i> | 2 | |
| <i>aviane</i> | 2 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| <i>balziva</i> | 2 | |
| <i>blisovi 24 fe</i> | 2 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camila</i> TABS .35mg | 2 | |
| <i>camrese lo</i> | 3 | |
| <i>caziant</i> | 2 | |
| <i>cryselle-28</i> | 2 | |
| <i>cyclafem 1/35</i> | 2 | |
| <i>cyclafem 7/7/7</i> | 2 | |
| <i>deblitane</i> TABS .35mg | 2 | |
| <i>delyla</i> | 2 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 4 | |
| <i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i> | 2 | |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 2 | |
| <i>emoquette</i> | 2 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | |
| <i>errin</i> TABS .35mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 2 | |
| <i>falmina</i> | 2 | |
| <i>femynor</i> | 2 | |
| <i>introvale</i> | 2 | |
| <i>isibloom</i> | 2 | |
| <i>jasmiel</i> | 2 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>junel fe 24</i> | 2 | |
| <i>kaitlib fe</i> | 2 | |
| <i>kariva</i> | 2 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kelnor 1/50</i> | 2 | |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>larissia</i> | 2 | |
| <i>layolis fe</i> | 2 | |
| <i>leena</i> | 3 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 2 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 2 | |
| <i>levora 0.15/30-28</i> | 2 | |
| <i>loryna</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>low-ogestrel</i> | 2 | |
| <i>lutera</i> | 2 | |
| <i>lyza</i> TABS .35mg | 2 | |
| <i>marlissa</i> | 2 | |
| <i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml | 2 | |
| <i>melodetta 24 fe</i> | 2 | |
| <i>microgestin 1.5/30</i> | 3 | |
| <i>microgestin 1/20</i> | 3 | |
| <i>microgestin fe</i> | 3 | |
| <i>microgestin fe 1.5/30</i> | 3 | |
| <i>necon 0.5/35-28</i> | 3 | |
| <i>nikki</i> | 2 | |
| <i>nora-be</i> TABS .35mg | 3 | |
| <i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i> | 2 | |
| <i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i> | 2 | |
| <i>norethindrone (contraceptive) TABS</i> .35mg | 2 | |
| <i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> | 2 | |
| <i>norlyroc</i> TABS .35mg | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | |
| <i>nortrel 1/35</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>orsythia</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>pirmella 1/35</i> | 2 | |
| <i>portia-28</i> | 2 | |
| <i>previfem</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sharobel</i> TABS .35mg | 2 | |
| <i>SLYND</i> TABS 4mg | 3 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>tarina 24 fe</i> | 2 | |
| <i>tarina fe 1/20 eq</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |

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|---|------------------|----------------------------|
| <i>tri-previfem</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |
| <i>trivora-28</i> | 2 | |
| <i>tydemy</i> | 2 | |
| <i>velivet</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>wymzya fe</i> | 2 | |
| <i>xulane</i> | 2 | |
| <i>zarah</i> | 2 | |
| <i>zovia 1/35e</i> | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | 2 | |
| SYNAREL SOLN 2mg/ml | 3 | |
| ESTROGENS | | |
| <i>amabelz</i> | 2 | |
| BIJUVA CAP 1-100MG | 4 | |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 3 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 2 | |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg | 2 | |
| <i>estradiol valerate</i> OIL 20mg/ml | 3 | |
| <i>estropipate</i> TABS 1.5mg, 3mg | 2 | |
| <i>fyavolv</i> | 2 | |
| <i>lopreeza</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | |
| ORIAHNN CAP | 5 | DL |
| PREMARIN CREA .625mg/gm | 3 | |
| PREMARIN SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 4 | |
| PREMPRO TAB 0.3-1.5 | 4 | |
| PREMPRO TAB 0.45-1.5 | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PREMPRO TAB 0.625-5 | 4 | |
| PREMPRO TAB .625-2.5 | 4 | |
| yuvafem TABS 10mcg | 2 | |
| GLUCOCORTICOIDS | | |
| cortisone acetate TABS 25mg | 2 | |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | |
| dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 2 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 3 | |
| dexamethasone sodium phosphate SOLN 10mg/ml, 120mg/30ml | 2 | |
| fludrocortisone acetate TABS .1mg | 2 | |
| hydrocortisone TABS 5mg, 10mg, 20mg | 2 | |
| methylprednisolone TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg | 2 | |
| methylprednisolone acetate SUSP 40mg/ml, 80mg/ml | 2 | |
| methylprednisolone sod succ SOLR 40mg, 125mg | 2 | |
| prednisolone SOLN 15mg/5ml | 2 | |
| prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml | 2 | |
| prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 2 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 3 | |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI TWO PACK POWD 3mg/dose | 3 | |
| diazoxide SUSP 50mg/ml | 3 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 3 | |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml | 3 | |
| MISCELLANEOUS | | |
| ACTHAR GEL 80unit/ml | 5 | NM, LA, PA; DL |
| cabergoline TABS .5mg | 2 | |
| CARBAGLU TABS 200mg | 5 | NM, LA; DL |
| cinacalcet hcl TABS 30mg, 60mg, 90mg | 3 | B/D, NM |
| CYSTADANE POW | 4 | NM, LA; DL |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM, LA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>desmopressin acetate</i> TABS .1mg, .2mg | 2 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 2 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 2 | |
| GALAFOLD CAPS 123mg | 5 | NM, LA, PA; DL |
| HUMATROPE SOLR 6mg, 12mg, 24mg | 5 | NM, PA; DL |
| HUMATROPE COMBO PACK SOLR 5mg | 5 | NM, PA; DL |
| INCRELEX SOLN 40mg/4ml | 5 | NM, LA; DL |
| ISTURISA TABS 1mg, 5mg, 10mg | 5 | NM, LA; DL |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 30-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 45-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 60-30MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 90-30MG | 5 | NM, LA, PA; DL |
| KORLYM TABS 300mg | 5 | QL (120 tabs / 30 days), NM, LA, PA; DL |
| KUVAN PACK 500mg; TBSO 100mg | 5 | NM, LA, PA; DL |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | 3 | |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 5 | NM; DL |
| <i>miglustat</i> CAPS 100mg | 5 | NM, PA; DL |
| MYALEPT SOLR 11.3mg | 5 | NM, LA, PA; DL |
| <i>netisinone</i> CAPS 2mg, 5mg, 10mg | 5 | NM; DL |
| NITYR TABS 2mg, 5mg, 10mg | 5 | NM, LA; DL |
| NORDITROPIN FLEXPRO SOLN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 5 | NM, PA; DL |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml | 4 | NM; DL |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml | 5 | NM; DL |
| ORFADIN CAPS 20mg; SUSP 4mg/ml | 5 | NM, LA; DL |
| PROCYSBI PACK 75mg, 300mg | 5 | NM, LA; DL |
| <i>raloxifene hcl</i> TABS 60mg | 3 | |
| RAVICTI LIQD 1.1gm/ml | 5 | NM, LA; DL |
| SAMSCA TABS 15mg, 30mg | 5 | NM, LA, PA; DL |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 5 | NM; DL |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | NM, LA; DL |
| SIGNIFOR LAR SRER 20mg, 40mg, 60mg | 5 | NM, LA; DL |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 5 | NM; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 5 | NM, LA; DL |
| STIMATE SOLN 1.5mg/ml | 5 | NM; DL |
| ZAVESCA CAPS 100mg | 5 | NM, LA, PA; DL |
| ZORBTIVE SOLR 8.8mg | 5 | NM, PA; DL |

PHOSPHATE BINDER AGENTS

| | | |
|---|---|--------|
| AURYXIA TABS 210mg | 5 | PA; DL |
| calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg | 2 | |
| lanthanum carbonate CHEW 500mg, 750mg, 1000mg | 3 | |
| sevelamer carbonate PACK .8gm, 2.4gm; TABS 800mg | 3 | |
| sevelamer hcl TABS 400mg, 800mg | 3 | |

PROGESTINS

| | | |
|---|---|--------|
| medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg | 2 | |
| megestrol acetate SUSP 40mg/ml | 2 | PA; DL |
| megestrol acetate (appetite) SUSP 625mg/5ml | 4 | PA; DL |
| norethindrone acetate TABS 5mg | 2 | |
| progesterone micronized CAPS 100mg, 200mg | 2 | |

THYROID AGENTS

| | | |
|--|---|--|
| ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg | 3 | |
| euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | |
| liothyronine sodium SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg | 2 | |
| methimazole TABS 5mg, 10mg | 2 | |
| np thyroid 15 TABS 15mg | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>np thyroid 30</i> TABS 30mg | 1 | |
| <i>np thyroid 60</i> TABS 60mg | 1 | |
| <i>np thyroid 90</i> TABS 90mg | 1 | |
| <i>np thyroid 120</i> TABS 120mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 2 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |

VITAMIN D ANALOGS

| | | |
|---|---|--------|
| <i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 2 | |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 4 | |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg; SOLN 2mcg/ml | 4 | |
| RAYALDEE CPCR 30mcg | 5 | ST; DL |

GASTROINTESTINAL

ANTIEMETICS

| | | |
|---|---|---------------------------------|
| <i>aprepitant</i> CAPS 40mg | 3 | B/D, QL (1 cap / 30 days); DL |
| <i>aprepitant</i> CAPS 80mg | 3 | B/D, QL (8 caps / 30 days); DL |
| <i>aprepitant</i> CAPS 125mg | 3 | B/D, QL (2 caps / 30 days); DL |
| <i>aprepitant pak 80 & 125</i> | 3 | B/D, QL (6 caps / 30 days); DL |
| <i>compro</i> SUPP 25mg | 2 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 3 | QL (60 caps / 30 days), PA |
| <i>granisetron hcl</i> TABS 1mg | 2 | B/D, QL (30 tabs / 30 days); DL |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | 2 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml | 3 | B/D; DL |
| <i>ondansetron hcl</i> SOLN 40mg/20ml | 2 | DL |
| <i>ondansetron hcl</i> TABS 4mg, 8mg | 2 | B/D, QL (45 tabs / 30 days); DL |
| <i>ondansetron hcl</i> TABS 24mg | 2 | B/D, QL (14 tabs / 30 days); DL |
| <i>ondansetron tab 4mg odt</i> TBDP 4mg | 2 | B/D, QL (45 tabs / 30 days); DL |
| <i>ondansetron tab 8mg odt</i> TBDP 8mg | 2 | B/D, QL (45 tabs / 30 days); DL |
| <i>prochlorperazine</i> SUPP 25mg | 2 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 2 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 2 | |
| <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml | 2 | |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 2 | DL |
| <i>promethegan</i> SUPP 25mg, 50mg | 2 | DL |
| SANCUSO PTCH 3.1mg/24hr | 4 | DL |
| <i>scopolamine</i> PT72 1mg/3days | 3 | QL (10 patches / 30 days) |
| TRANSDERM-SCOP PT72 1mg/3days | 3 | QL (10 patches / 30 days) |
| VARUBI TBPK 90mg | 4 | B/D, QL (4 tabs / 30 days); DL |

ANTISPASMODICS

| | | |
|---|---|--|
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | 2 | |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml; TABS 1mg, 2mg | 2 | |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg | 2 | |
| <i>propantheline bromide</i> TABS 15mg | 2 | |

H2-RECEPTOR ANTAGONISTS

| | | |
|--|---|--|
| <i>famotidine</i> SOLN 20mg/2ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 2 | |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 2 | |
| <i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>ranitidine hcl</i> SOLN 50mg/2ml, 150mg/6ml | 2 | |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> CAPS 750mg | 2 | |
| <i>budesonide</i> CPEP 3mg | 4 | |
| <i>budesonide</i> TB24 9mg | 5 | QL (30 tabs / 30 days); DL |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | 3 | |
| <i>mesalamine</i> CP24 .375gm | 3 | |
| <i>mesalamine</i> CPDR 400mg; SUPP 1000mg; TBEC 1.2gm, 800mg | 4 | |
| <i>mesalamine</i> ENEM 4gm | 2 | |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | 2 | |
| LAXATIVES | | |
| <i>constulose</i> SOLN 10gm/15ml | 2 | |
| <i>enulose</i> SOLN 10gm/15ml | 2 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>gavilyte-n/flower pack</i> | 2 | |
| <i>generlac</i> SOLN 10gm/15ml | 2 | |
| GOLYTELY SOL | 4 | |
| <i>lactulose</i> SOLN 10gm/15ml | 2 | |
| MOVIPREP SOL | 4 | |
| OSMOPREP TAB 1.5GM | 3 | |
| <i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop | 2 | |
| SUPREP BOWEL PREP | 4 | |
| <i>trilyte</i> | 2 | |
| MISCELLANEOUS | | |
| <i>alose tron hcl</i> TABS .5mg, 1mg | 5 | DL |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | 4 | |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | 2 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| GATTEX KIT 5mg | 5 | NM, LA, PA; DL |
| HELIDAC MIS THERAPY | 5 | DL |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 4 | QL (30 caps / 30 days) |
| <i>loperamide hcl</i> CAPS 2mg | 2 | |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MOVANTIK TABS 12.5mg, 25mg | 3 | |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | 5 | DL |
| SUCRAID SOLN 8500unit/ml | 5 | LA; DL |
| <i>sucralfate</i> SUSP 1gm/10ml | 3 | |
| <i>sucralfate</i> TABS 1gm | 2 | |
| SYMPROIC TABS .2mg | 3 | |
| TALICIA CAP | 4 | |
| TRULANCE TABS 3mg | 4 | QL (30 tabs / 30 days) |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | 3 | |
| XIFAXAN TABS 550mg | 5 | PA; DL |

PANCREATIC ENZYMES

| | | |
|---------------------|---|--|
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |
| ZENPEP CAP 25000 | 4 | |
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000 | 4 | |
| ZENPEP CAP 40000UNT | 4 | |

PROTON PUMP INHIBITORS

| | | |
|---|---|------------------------|
| DEXILANT CPDR 30mg, 60mg | 4 | QL (30 caps / 30 days) |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | 3 | QL (30 caps / 30 days) |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 2 | QL (60 caps / 30 days) |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | QL (60 caps / 30 days) |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg | 1 | QL (60 tabs / 30 days) |
| <i>rabeprazole sodium</i> TBEC 20mg | 2 | QL (30 tabs / 30 days) |

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

| | | |
|--|---|--------------------------------|
| <i>alfuzosin hcl</i> TB24 10mg | 2 | |
| <i>dutasteride</i> CAPS .5mg | 2 | |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 2 | |
| <i>finasteride</i> TABS 5mg | 2 | |
| <i>silodosin</i> CAPS 4mg, 8mg | 2 | |
| <i>tadalafil</i> TABS 2.5mg, 5mg | 3 | QL (30 tabs / 30 days), PA; DL |
| <i>tamsulosin hcl</i> CAPS .4mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| IMPOTENCE AGENTS | | |
| CAVERJECT SOLR 20mcg, 40mcg | 4 | ED, QL (6 vials / 30 days) |
| CAVERJECT IMPULSE KIT 10mcg, 20mcg | 4 | ED, QL (6 kits / 30 days) |
| CIALIS TABS 10mg, 20mg | 4 | ED, QL (4 tabs / 30 days) |
| EDEX KIT 10mcg, 20mcg, 40mcg | 4 | ED, QL (6 kits / 30 days) |
| LEVITRA TABS 2.5mg, 5mg, 10mg, 20mg | 4 | ED, QL (4 tabs / 30 days) |
| MUSE PLLT 125mcg, 250mcg, 500mcg, 1000mcg | 4 | ED, QL (6 sup / 30 days) |
| <i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg | 2 | ED, QL (4 tabs / 30 days) |
| STAXYN TBDP 10mg | 4 | ED, QL (4 tabs / 30 days) |
| STENDRA TABS 50mg, 100mg, 200mg | 4 | ED, QL (4 tabs / 30 days) |
| <i>tadalafil</i> TABS 10mg, 20mg | 2 | ED, QL (4 tabs / 30 days) |
| <i>varденаfil hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg; TBDP 10mg | 2 | ED, QL (4 tabs / 30 days) |
| VIAGRA TABS 25mg, 50mg, 100mg | 4 | ED, QL (4 tabs / 30 days) |
| MISCELLANEOUS | | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 2 | |
| ELMIRON CAPS 100mg | 4 | |
| <i>flavoxate hcl</i> TABS 100mg | 2 | |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 3 | |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg | 3 | |
| MYRBETRIQ TB24 25mg, 50mg | 3 | |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg | 2 | |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 3 | |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg | 3 | |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg | 2 | |
| TOVIAZ TB24 4mg, 8mg | 4 | |
| <i>trospium chloride</i> CP24 60mg | 3 | |
| <i>trospium chloride</i> TABS 20mg | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN SUPP 100mg | 4 | |
| <i>clindamycin phosphate vaginal</i> CREA 2% | 2 | |
| <i>metronidazole vaginal</i> GEL .75% | 2 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 2 | |
| <i>vandazole</i> GEL .75% | 3 | |

HEMATOLOGIC

ANTICOAGULANTS

| | | |
|--|---|----|
| <i>argatroban</i> SOLN 250mg/2.5ml | 5 | DL |
| COUMADIN TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 4 | |
| ELIQUIS TABS 2.5mg, 5mg | 3 | |
| ELIQUIS STARTER PACK TABS 5mg | 3 | |
| <i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml | 4 | DL |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | 4 | DL |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | DL |
| FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml | 4 | DL |
| FRAGMIN SOLN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml | 5 | DL |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3 | |
| <i>heparin sodium (porcine) 100 unit/ml in d5w</i> | 3 | |
| <i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> | 3 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 2 | |
| PRADAXA CAPS 75mg, 110mg, 150mg | 4 | |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 2 | |
| XARELTO TABS 2.5mg, 10mg, 15mg, 20mg | 3 | |
| XARELTO STAR TAB 15/20MG | 3 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Enhanced Drugs DL - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| HEMATOPOIETIC GROWTH FACTORS | | |
| GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM; DL |
| MOZOBIL SOLN 24mg/1.2ml | 5 | NM; DL |
| NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM; DL |
| RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | B/D, NM; DL |
| RETACRIT SOLN 40000unit/ml | 3 | B/D, QL (8 vials / 30 days), NM; DL |
| UDENYCA SOSY 6mg/0.6ml | 5 | NM; DL |
| MISCELLANEOUS | | |
| AMICAR TABS 500mg, 1000mg | 4 | |
| <i>aminocaproic acid</i> TABS 500mg | 3 | DL |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 4 | |
| CABLIVI KIT 11mg | 5 | NM, LA; DL |
| <i>cilostazol</i> TABS 50mg, 100mg | 2 | |
| CINRYZE SOLR 500unit | 5 | NM, LA, PA; DL |
| DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| <i>icatibant acetate</i> SOLN 30mg/3ml | 5 | NM, PA; DL |
| MULPLETA TABS 3mg | 5 | NM, PA; DL |
| OXBRYTA TABS 500mg | 5 | NM, LA; DL |
| <i>pentoxifylline</i> TBCR 400mg | 2 | |
| PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg | 5 | NM, LA, PA; DL |
| RUCONEST SOLR 2100unit | 5 | NM, PA; DL |
| TAKHZYRO SOLN 300mg/2ml | 5 | NM, LA, PA; DL |
| <i>tranexamic acid</i> SOLN 1000mg/10ml | 2 | |
| <i>tranexamic acid</i> TABS 650mg | 3 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 3 | |
| BRILINTA TABS 60mg, 90mg | 4 | |
| <i>clopidogrel bisulfate</i> TABS 75mg, 300mg | 2 | |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 3 | |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | 5 | NM, PA; DL |
| ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml | 5 | NM, PA; DL |
| ENBREL MINI SOCT 50mg/ml | 5 | NM, PA; DL |

58 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ENBREL SURECLICK SOAJ 50mg/ml | 5 | NM, PA; DL |
| HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEDIA INJ CROHNS | 5 | NM, PA; DL |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN KIT PS/UV | 5 | NM, PA; DL |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | 5 | NM, PA; DL |
| KINERET SOSY 100mg/0.67ml | 5 | NM, PA; DL |
| RINVOQ TB24 15mg | 5 | NM, PA; DL |
| SKYRIZI PSKT 75mg/0.83ml | 5 | NM, PA; DL |
| STELARA SOLN 45mg/0.5ml | 5 | NM, LA, PA; DL; (vials) |
| STELARA SOSY 45mg/0.5ml | 5 | NM, PA; DL; (syringes) |
| STELARA SOSY 90mg/ml | 5 | NM, PA; DL |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 5 | NM, LA, PA; DL |
| XELJANZ TABS 5mg, 10mg | 5 | NM, PA; DL |
| XELJANZ XR TB24 11mg, 22mg | 5 | NM, PA; DL |

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

| | | |
|--|---|----|
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 3 | |
| <i>leflunomide</i> TABS 10mg, 20mg | 3 | |
| <i>methotrexate sodium</i> TABS 2.5mg | 2 | |
| RIDAURA CAPS 3mg | 3 | DL |
| XATMEP SOLN 2.5mg/ml | 4 | DL |

IMMUNOGLOBULINS

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA; DL |
| PRIVIGEN SOLN 20gm/200ml | 5 | NM, PA; DL |

IMMUNOMODULATORS

| | | |
|---|---|----------------|
| ACTIMMUNE SOLN 2000000unit/0.5ml | 5 | NM, LA, PA; DL |
| ARCALYST SOLR 220mg | 5 | NM, PA; DL |
| GRASTEK SUBL 2800bau | 4 | PA; DL |
| INTRON A SOLN 10mu/ml; SOLR 10mu, 50mu | 5 | NM; DL |
| INTRON A SOLN 6000000unit/ml; SOLR 18mu | 4 | NM; DL |
| ODACTRA SUB | 4 | PA; DL |
| SYNAGIS SOLN 50mg/0.5ml, 100mg/ml | 5 | NM; DL |

IMMUNOSUPPRESSANTS

| | | |
|--|---|---|
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg | 4 | B/D, NM |
| ATGAM INJ 50mg/ml | 5 | DL |
| AZASAN TABS 75mg, 100mg | 4 | B/D |
| AZATHIOPRINE SOLR 100mg | 3 | B/D |
| <i>azathioprine</i> TABS 50mg | 2 | B/D |
| BENLYSTA SOAJ 200mg/ml | 5 | QL (4 auto-injectors / 28 days), NM, PA; DL |
| BENLYSTA SOLR 120mg, 400mg | 5 | NM, PA; DL |
| BENLYSTA SOSY 200mg/ml | 5 | QL (4 syringes / 28 days), NM, PA; DL |
| <i>cyclosporine</i> CAPS 25mg, 100mg | 3 | B/D, NM |
| <i>cyclosporine</i> SOLN 50mg/ml | 2 | B/D, NM |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 2 | B/D, NM |
| ENVARUSUS XR TB24 .75mg, 1mg, 4mg | 4 | B/D, NM |
| <i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg | 5 | B/D, NM; DL |
| <i>everolimus (immunosuppressant)</i> TABS .25mg | 4 | B/D, QL (60 tabs / 30 days), NM; DL |
| <i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | 2 | B/D, NM |
| <i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 2 | B/D, NM |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> SOLR 500mg | 3 | B/D, NM |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 3 | B/D, NM |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 4 | B/D, NM |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| NULOJIX SOLR 250mg | 5 | B/D, NM; DL |
| PROGRAF PACK .2mg, 1mg; SOLN 5mg/ml | 4 | B/D, NM |
| RAPAMUNE TABS .5mg, 1mg, 2mg | 4 | B/D, NM |
| SANDIMMUNE CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D, NM |
| SIMULECT SOLR 10mg, 20mg | 4 | B/D |
| <i>sirolimus</i> SOLN 1mg/ml | 4 | B/D, NM |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg | 3 | B/D, NM |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 2 | B/D, NM |
| THYMOGLOBULIN SOLR 25mg | 3 | B/D |
| ZORTRESS TABS .5mg, .75mg, 1mg | 5 | B/D, NM; DL |
| ZORTRESS TABS .25mg | 4 | B/D, QL (60 tabs / 30 days), NM; DL |

VACCINES

| | | |
|---|---|-----|
| ACTHIB INJ | 3 | |
| ADACEL INJ | 3 | |
| BCG VACCINE INJ | 4 | |
| BEXSERO INJ | 3 | |
| BOOSTRIX INJ | 3 | |
| DAPTACEL INJ | 3 | |
| DIP/TET PED INJ 25-5LFU | 3 | |
| ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml | 3 | B/D |
| GARDASIL 9 INJ | 4 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 3 | |
| HIBERIX SOLR 10mcg | 3 | |
| IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml | 3 | |
| INFANRIX INJ | 3 | |
| IPOL INJ INACTIVE | 4 | |
| IXIARO INJ | 4 | |
| KINRIX INJ | 3 | |
| M-M-R II INJ | 3 | |
| MENACTRA INJ | 3 | |
| MENVEO INJ | 3 | |
| PEDIARIX INJ 0.5ML | 3 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 4 | |
| PROQUAD INJ | 4 | |
| QUADRACEL INJ | 3 | |
| RABAVERT INJ | 3 | DL |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml | 3 | B/D |
| ROTARIX SUS | 4 | |
| ROTATEQ SOL | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|-------------------------------|
| SHINGRIX SUSR 50mcg/0.5ml | 3 | QL (2 injections in lifetime) |
| TDVAX INJ 2-2 LF | 3 | |
| TENIVAC INJ 5-2LF | 3 | |
| TRUMENBA INJ | 3 | |
| TWINRIX INJ | 3 | |
| TYPHIM VI SOLN 25mcg/0.5ml | 4 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 3 | |
| VARIVAX INJ 1350pfu/0.5ml | 3 | |
| YF-VAX INJ | 4 | |
| ZOSTAVAX SUSR 19400unt/0.65ml | 3 | |

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

| | | |
|--|---|----|
| D10W/NACL INJ 0.2% | 3 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 2 | |
| <i>dextrose 5% in lactated ringers</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 3 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 3 | |
| ISOLYTE-P INJ /D5W | 4 | DL |
| ISOLYTE-S INJ | 4 | DL |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 2 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 3 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | |
| <i>lactated ringer's solution</i> | 3 | |
| <i>magnesium sulfate SOLN 50%</i> | 3 | |
| NORMOSOL -R INJ | 4 | DL |
| PLASMA-LYTE INJ -148 | 4 | DL |

62 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PLASMA-LYTE INJ -A | 4 | DL |
| <i>potassium chloride</i> SOLN 2meq/ml | 2 | |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| <i>potassium chloride</i> 20 meq/l (0.15%) in <i>dextrose</i> 5% inj | 3 | |
| <i>ringer's solution</i> | 3 | |
| <i>sodium chloride</i> SOLN .9% | 2 | |
| <i>sodium chloride</i> SOLN .45%, 3%, 5% | 3 | |

ELECTROLYTES/MINERALS/VITAMINS, ORAL

| | | |
|---|---|--|
| <i>effervescent pot chloride</i> | 2 | |
| K-TAB TBCR 8meq, 10meq, 20meq | 4 | |
| <i>klor-con</i> PACK 20meq | 2 | |
| <i>klor-con 8</i> TBCR 8meq | 3 | |
| <i>klor-con 10</i> TBCR 10meq | 3 | |
| <i>klor-con m10</i> TBCR 10meq | 2 | |
| <i>klor-con m15</i> TBCR 15meq | 3 | |
| <i>klor-con m20</i> TBCR 20meq | 2 | |
| <i>klor-con/ef</i> TBEF 25meq | 2 | |
| <i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq | 2 | |
| <i>potassium chloride</i> SOLN 10%, 20%; TBCR 20meq | 3 | |
| <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq | 2 | |
| <i>sodium fluoride</i> 2.2 mg | 2 | |

IV NUTRITION

| | | |
|---|---|---------|
| AMINOSYN II INJ 10% | 4 | B/D; DL |
| AMINOSYN-PF INJ 7% | 4 | B/D; DL |
| <i>dextrose</i> SOLN 5% | 2 | |
| <i>dextrose</i> SOLN 10% | 3 | |
| <i>hepatamine</i> | 4 | B/D; DL |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4 | B/D; DL |
| NEPHRAMINE INJ 5.4% | 4 | B/D; DL |
| PREMASOL SOL 10% | 3 | B/D; DL |
| PROCALAMINE INJ 3% | 4 | B/D; DL |
| PROSOL INJ 20% | 4 | B/D; DL |
| TRAVASOL INJ 10% | 3 | B/D; DL |
| TROPHAMINE INJ 10% | 4 | B/D; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 2 | |
| BLEPHAMIDE OIN S.O.P. | 4 | |
| BLEPHAMIDE SUS OP | 4 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 2 | |
| PRED-G S.O.P OIN OP | 4 | |
| PRED-G SUS OP | 4 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 2 | |
| ANTI-INFECTIVES | | |
| AZASITE SOLN 1% | 4 | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 2 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 | |
| BESIVANCE SUSP .6% | 4 | |
| CILOXAN OINT .3% | 4 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 2 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 2 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 2 | |
| <i>gentak OINT .3%</i> | 2 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 2 | |
| <i>levofloxacin (ophth) SOLN .5%</i> | 2 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 2 | |
| NATACYN SUSP 5% | 3 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 2 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 2 | |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | 2 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 2 | |
| TOBEX OINT .3% | 4 | |
| <i>trifluridine SOLN 1%</i> | 2 | |
| ZIRGAN GEL .15% | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ANTI-INFLAMMATORIES | | |
| ACUVAIL SOLN .45% | 4 | |
| <i>bromfenac sodium (ophth)</i> SOLN .09% | 2 | |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 2 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 2 | |
| DUREZOL EMUL .05% | 4 | |
| FLAREX SUSP .1% | 4 | |
| <i>fluorometholone (ophth)</i> SUSP .1% | 3 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 2 | |
| FML OINT .1% | 4 | |
| FML FORTE SUSP .25% | 4 | |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | 2 | |
| LOTEMAX OINT .5% | 3 | |
| LOTEMAX SM GEL .38% | 4 | |
| <i>loteprednol etabonate</i> SUSP .5% | 3 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 4 | |
| PRED MILD SUSP .12% | 4 | |
| <i>prednisolone acetate (ophth)</i> SUSP 1% | 3 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 3 | |
| PROLENSA SOLN .07% | 4 | |
| ANTIALLERGICS | | |
| ALOCRIAL SOLN 2% | 4 | |
| ALOMIDE SOLN .1% | 4 | |
| <i>azelastine hcl (ophth)</i> SOLN .05% | 2 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | 2 | |
| <i>epinastine hcl (ophth)</i> SOLN .05% | 2 | |
| <i>olopatadine hcl</i> SOLN .1% | 2 | |
| <i>olopatadine hcl</i> SOLN .2% | 3 | |
| ZERVIAE SOLN .24% | 3 | |
| ANTIGLAUCOMA | | |
| ALPHAGAN P SOLN .1% | 3 | |
| <i>apraclonidine hcl</i> SOLN .5% | 2 | |
| AZOPT SUSP 1% | 4 | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | 2 | |
| BETOPTIC-S SUSP .25% | 4 | |
| <i>bimatoprost</i> SOLN .03% | 2 | |
| <i>brimonidine tartrate</i> SOLN .2% | 2 | |
| <i>brimonidine tartrate</i> SOLN .15% | 3 | |
| <i>carteolol hcl (ophth)</i> SOLN 1% | 2 | |
| COMBIGAN SOL 0.2/0.5% | 3 | |
| <i>dorzolamide hcl</i> SOLN 2% | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln</i> <i>22.3-6.8 mg/ml</i> | 2 | |
| IOPIDINE SOLN 1% | 4 | |
| <i>latanoprost</i> SOLN .005% | 2 | |
| <i>levobunolol hcl</i> SOLN .5% | 2 | |
| LUMIGAN SOLN .01% | 3 | |
| PHOSPHOLINE IODIDE SOLR .125% | 3 | |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4% | 3 | |
| RHOPRESSA SOLN .02% | 3 | |
| ROCKLATAN DRO | 3 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | 2 | |
| <i>travoprost</i> SOLN .004% | 2 | |
| VYZULTA SOLN .024% | 3 | |

MISCELLANEOUS

| | | |
|---|---|----------------|
| ATROPINE SULFATE SOLN 1% | 3 | |
| CYSTARAN SOLN .44% | 5 | NM, LA, PA; DL |
| EYLEA SOLN 2mg/0.05ml | 5 | NM, LA; DL |
| LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml | 5 | NM, LA; DL |
| OXERVATE SOLN .002% | 5 | NM; DL |
| <i>proparacaine hcl</i> SOLN .5% | 2 | |
| RESTASIS EMUL .05% | 3 | |

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

| | | |
|--|---|-----|
| ANORO ELLIPTA AER 62.5-25 | 3 | |
| BEVESPI AER 9-4.8MCG | 3 | |
| COMBIVENT AER 20-100 | 3 | |
| <i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) <i>mg/3ml</i> | 2 | B/D |
| TRELEGY AER ELLIPTA | 3 | |

ANTICHOLINERGICS

| | | |
|---|---|-----|
| ATROVENT HFA AERS 17mcg/act | 3 | |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 3 | |
| <i>ipratropium bromide</i> SOLN .02% | 2 | B/D |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | 2 | |
| YUPELRI SOLN 175mcg/3ml | 4 | B/D |

ANTI-HISTAMINES

| | | |
|---|---|--|
| <i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act</i> | 2 | |
| <i>azelastine spr</i> 0.1% SOLN .1% | 2 | |
| <i>azelastine spr</i> 0.15% SOLN .15% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cyproheptadine hcl</i> TABS 4mg | 3 | |
| <i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg | 2 | |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml | 2 | |
| <i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg | 2 | |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg | 2 | |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg | 2 | |
| <i>olopatadine hcl (nasal)</i> SOLN .6% | 2 | |

BETA AGONISTS

| | | |
|--|---|---------|
| <i>albuterol sulfate</i> AERS 108mcg/act; SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg | 2 | |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 2 | B/D |
| BROVANA NEBU 15mcg/2ml | 4 | B/D; DL |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 2 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 3 | |
| <i>metaproterenol sulfate</i> SYRP 10mg/5ml | 2 | |
| PERFOROMIST NEBU 20mcg/2ml | 4 | B/D; DL |
| SEREVENT DISKUS AEPB 50mcg/dose | 3 | |
| <i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg | 2 | |
| VENTOLIN HFA AERS 108mcg/act | 3 | |

LEUKOTRIENE MODULATORS

| | | |
|--|---|--|
| <i>montelukast sodium</i> CHEW 4mg, 5mg; TABS 10mg | 2 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 2 | |

MISCELLANEOUS

| | | |
|--|---|------------------------------------|
| <i>acetylcysteine</i> SOLN 10%, 20% | 2 | B/D; DL |
| ARALAST NP SOLR 1000mg | 5 | NM, LA, PA; DL |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 2 | B/D |
| DALIRESP TABS 250mcg, 500mcg | 4 | DL |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | 3 | QL (4 pens / 30 days) |
| ESBRIET CAPS 267mg; TABS 267mg, 801mg | 5 | NM, PA; DL |
| FASENRA SOSY 30mg/ml | 5 | NM, LA, PA; DL |
| FASENRA PEN SOAJ 30mg/ml | 5 | NM, LA, PA; DL |
| GLASSIA SOLN 1000mg/50ml | 5 | NM, LA, PA; DL |
| KALYDECO PACK 25mg, 50mg, 75mg | 5 | NM, PA; DL |
| KALYDECO TABS 150mg | 5 | QL (60 tabs / 30 days), NM, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| OFEV CAPS 100mg, 150mg | 5 | NM, PA; DL |
| ORKAMBI GRA 100-125 | 5 | NM, PA; DL |
| ORKAMBI GRA 150-188 | 5 | NM, PA; DL |
| ORKAMBI TAB 100-125 | 5 | NM, PA; DL |
| ORKAMBI TAB 200-125 | 5 | NM, PA; DL |
| PROLASTIN-C SOLR 1000mg | 5 | NM, LA, PA; DL |
| PULMOZYME SOLN 1mg/ml | 5 | B/D, NM; DL |
| SYMDEKO TAB 50-75MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| THEO-24 CP24 100mg, 200mg | 4 | |
| <i>theophylline</i> TB12 300mg | 3 | |
| <i>theophylline</i> TB24 400mg, 600mg | 2 | |
| TRIKAFTA TAB | 5 | QL (84 tabs / 28 days), NM, LA, PA; DL |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml | 5 | NM, LA, PA; DL |
| ZEMAIRA SOLR 1000mg | 5 | NM, LA, PA; DL |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% | 2 | |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 2 | |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act | 2 | |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 3 | |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist | 3 | |
| FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act | 3 | |
| PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act | 4 | |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR HFA AER 45/21 | 4 | |
| ADVAIR HFA AER 115/21 | 4 | |
| ADVAIR HFA AER 230/21 | 4 | |
| BREO ELLIPTA INH 100-25 | 3 | |
| BREO ELLIPTA INH 200-25 | 3 | |
| <i>fluticasone-salmeterol aer powder ba 100- 50 mcg/dose</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 250- 50 mcg/dose</i> | 2 | |

68 We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> | 2 | |
| SYMBICORT AER 80-4.5 | 3 | |
| SYMBICORT AER 160-4.5 | 3 | |
| <i>wixela inhub</i> | 2 | |

TOPICAL

DERMATOLOGY, ACNE

| | | |
|--|---|--------|
| ACANYA GEL 1.2-2.5% | 4 | |
| AZELEX CREA 20% | 4 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 3 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 | |
| <i>clindamycin phosphate (topical) GEL 1%; LOTN 1%; SOLN 1%; SWAB 1%</i> | 2 | |
| ery PADS 2% | 2 | |
| <i>erythromycin (acne aid) GEL 2%; SOLN 2%</i> | 2 | |
| <i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i> | 3 | |
| <i>sulfacetamide sodium (acne) LOTN 10%</i> | 2 | |
| <i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%</i> | 3 | PA; DL |

DERMATOLOGY, ANTIBIOTICS

| | | |
|--|---|--|
| ALTABAX OINT 1% | 4 | |
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> | 2 | |
| <i>mupirocin OINT 2%</i> | 2 | |
| <i>mupirocin calcium (topical) CREA 2%</i> | 2 | |
| <i>silver sulfadiazine CREA 1%</i> | 3 | |
| ssd CREA 1% | 3 | |
| SULFAMYLON CREA 85mg/gm | 3 | |

DERMATOLOGY, ANTIFUNGALS

| | | |
|--|---|----------------------|
| <i>ciclopirox GEL .77%</i> | 2 | |
| <i>ciclopirox SHAM 1%</i> | 3 | |
| <i>ciclopirox SOLN 8%</i> | 2 | DL |
| <i>ciclopirox olamine CREA .77%; SUSP .77%</i> | 2 | |
| <i>clotrimazole (topical) CREA 1%</i> | 2 | |
| <i>clotrimazole (topical) SOLN 1%</i> | 2 | QL (90 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (90 gm / 30 days) |
| <i>ketconazole (topical) CREA 2%</i> | 2 | |
| <i>luliconazole CREA 1%</i> | 2 | |
| <i>naftifine hcl CREA 1%, 2%</i> | 3 | |
| <i>nyamyc POWD 100000unit/gm</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm | 2 | |
| <i>nystatin-triamcinolone cream</i> 100000-0.1 unit/gm-% | 3 | |
| <i>nystatin-triamcinolone oint</i> 100000-0.1 unit/gm-% | 3 | |
| <i>nystop</i> POWD 100000unit/gm | 2 | |
| <i>oxiconazole nitrate</i> CREA 1% | 4 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 3 | |
| <i>calcipotriene</i> CREA .005%; OINT .005%; SOLN .005% | 4 | |
| <i>calcitriol (topical)</i> OINT 3mcg/gm | 3 | |
| <i>methoxsalen rapid</i> CAPS 10mg | 5 | DL |
| TAZORAC GEL .05%, .1% | 4 | |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole (topical)</i> SHAM 2% | 2 | |
| <i>selenium sulfide</i> LOTN 2.5% | 2 | |
| XOLEGEL GEL 2% | 5 | DL |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 2 | |
| <i>amcinonide</i> CREA .1%; LOTN .1% | 3 | |
| AMCINONIDE OINT .1% | 3 | |
| <i>beser</i> LOTN .05% | 3 | QL (120 mL / 30 days) |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05% | 2 | |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% | 2 | |
| <i>betamethasone dipropionate augmented</i> LOTN .05%; OINT .05% | 3 | |
| <i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1% | 2 | |
| <i>betamethasone valerate</i> FOAM .12% | 4 | |
| <i>calcipotriene-betamethasone dipropionate</i> <i>ointment</i> 0.005-0.064% | 4 | |
| <i>calcipotriene-betamethasone dipropionate</i> <i>suspension</i> 0.005-0.064% | 5 | DL |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>clobetasol propionate</i> LIQD .05%; LOTN .05%; SHAM .05% | 4 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> SOLN .05% | 4 | QL (100 mL / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clobetasol propionate e</i> CREA .05% | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate emulsion</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>clocortolone pivalate</i> CREA .1% | 2 | |
| <i>desonide</i> CREA .05%; OINT .05% | 4 | QL (90 gm / 30 days) |
| <i>desonide</i> LOTN .05% | 4 | QL (120 mL / 30 days) |
| <i>diflorasone diacetate</i> CREA .05%; OINT .05% | 4 | QL (60 gm / 30 days) |
| <i>fluocinolone acetonide</i> CREA .01%, .025%; OINT .025% | 2 | |
| <i>fluocinolone acetonide</i> SOLN .01% | 3 | QL (120 mL / 30 days) |
| <i>fluocinolone acetonide sc</i> OIL .01% | 3 | QL (120 mL / 30 days) |
| <i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05% | 2 | |
| <i>fluocinonide</i> SOLN .05% | 3 | QL (120 mL / 30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | 2 | |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 2 | |
| <i>fluticasone propionate</i> LOTN .05% | 3 | QL (120 mL / 30 days) |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 3 | QL (120 gm / 30 days) |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2 | |
| <i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1% | 3 | |
| <i>hydrocortisone valerate</i> CREA .2%; OINT .2% | 3 | |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 2 | |
| <i>tovet</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5% | 2 | |
| <i>triderm</i> CREA .1% | 2 | |
| VERDESO FOAM .05% | 5 | QL (100 gm / 30 days); DL |

DERMATOLOGY, LOCAL ANESTHETICS

| | | |
|--|---|-------------------------------|
| <i>lidocaine</i> OINT 5% | 3 | PA |
| <i>lidocaine</i> PTCH 5% | 3 | QL (90 patches / 30 days), PA |
| <i>lidocaine hcl</i> GEL 2% | 3 | QL (30 mL / 30 days), PA |
| <i>lidocaine hcl</i> SOLN 4% | 3 | QL (50 mL / 30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | 2 | QL (30 gm / 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>acyclovir topical</i> OINT 5% | 3 | |
| <i>azelaic acid</i> GEL 15% | 2 | |
| DENAVIR CREA 1% | 4 | DL |
| <i>diclofenac sodium (topical)</i> GEL 1% | 2 | QL (500 gm / 30 days) |
| <i>diclofenac sodium soln</i> 1.5% SOLN 1.5% | 3 | QL (300 mL / 30 days) |
| <i>doxepin hcl (antipruritic)</i> CREA 5% | 4 | QL (45 gm / 30 days); DL |
| EUCRISA OINT 2% | 4 | |
| FLUOROPLEX CREA 1% | 5 | DL |
| <i>fluorouracil (topical)</i> CREA 5% | 3 | |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | 2 | |
| <i>imiquimod</i> CREA 5% | 3 | |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 2 | |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75% | 2 | |
| <i>pimecrolimus</i> CREA 1% | 3 | |
| <i>podofilox</i> SOLN .5% | 2 | |
| <i>procto-med hc</i> CREA 2.5% | 2 | |
| <i>procto-pak</i> CREA 1% | 2 | |
| <i>proctosol hc</i> CREA 2.5% | 2 | |
| <i>proctozone-hc</i> CREA 2.5% | 2 | |
| QBREXZA PADS 2.4% | 4 | QL (30 pledgets / 30 days) |
| RECTIV OINT .4% | 4 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | 3 | |
| TARGETIN GEL 1% | 5 | NM, PA; DL |
| VALCHLOR GEL .016% | 5 | NM, LA, PA; DL |
| ZYCLARA PUMP CREA 2.5% | 5 | DL |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>lindane</i> SHAM 1% | 2 | |
| <i>malathion</i> LOTN .5% | 2 | |
| <i>permethrin</i> CREA 5% | 2 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| <i>lactated ringer's for irrigation</i> | 3 | |
| REGANEX GEL .01% | 5 | QL (30 gm / 30 days); DL |
| <i>ringer's solution for irrigation</i> | 3 | |
| SANTYL OINT 250unit/gm | 3 | |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 3 | |
| <i>water for irrigation, sterile irrigation soln</i> | 3 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ARESTIN MISC 1mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cevimeline hcl</i> CAPS 30mg | 3 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 2 | |
| <i>clotrimazole</i> TROC 10mg | 2 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 2 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | 2 | |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | 2 | |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1% | 2 | |

OTIC

| | | |
|--|---|--|
| <i>acetic acid (otic)</i> SOLN 2% | 3 | |
| CIPRO HC SUS OTIC | 4 | |
| CIPRODEX SUS 0.3-0.1% | 4 | |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2% | 2 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | 2 | |
| <i>neomycin-polymyxin-hc otic soln</i> 1% | 2 | |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | 2 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 2 | |

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| | | | |
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| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 26 | <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> | 21 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 26 | <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> | 21 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 26 | <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> | 21 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> | 26 | <i>amoxapine</i> | 32 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> | 26 | <i>amoxicillin</i> | 11 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> | 26 | <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 11 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> | 26 | <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 19 | <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 19 | <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 19 | <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 19 | <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 19 | <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 11 |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 19 | <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 11 |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | 20 | <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 11 |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 20 | <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 11 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 20 | <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | 54 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 20 | <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 36 |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 21 | <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 36 |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 21 | <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 36 |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 20 | <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 21 | | |

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|---|----|---|----|
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 36 | <i>argatroban</i> | 57 |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 36 | <i>aripiprazole</i> | 34 |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 36 | ARISTADA | 34 |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 36 | ARISTADA INITIO | 34 |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 36 | <i>armodafinil</i> | 39 |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 36 | ARMOUR THYROID | 51 |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 36 | ARNUITY ELLIPTA | 68 |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 36 | ARRANON | 13 |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 36 | ARZERRA | 15 |
| <i>amphotericin b</i> | 6 | <i>ascomp/codeine</i> | 2 |
| <i>ampicillin</i> | 11 | <i>ashlyna</i> | 45 |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 11 | <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 58 |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 11 | ASTAGRAF XL | 60 |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 11 | <i>atazanavir sulfat</i> | 7 |
| <i>ampicillin sodium</i> | 11 | <i>atenolol</i> | 24 |
| ANADROL-50 | 40 | <i>atenolol & chlorthalidone tab 100-25 mg</i> | 24 |
| <i>anagrelide hcl</i> | 58 | <i>atenolol & chlorthalidone tab 50-25 mg</i> | 24 |
| <i>anastrozole</i> | 14 | ATGAM | 60 |
| ANDRODERM | 40 | <i>atomoxetine hcl</i> | 36 |
| ANDROGEL | 40 | <i>atorvastatin calcium</i> | 23 |
| ANDROGEL PUMP | 40 | <i>atovaquone</i> | 4 |
| ANORO ELLIPT AER 62.5-25 | 66 | <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 6 |
| APIDRA | 42 | ATRIPLA TAB | 8 |
| APIDRA SOLOSTAR | 42 | ATROPINE SULFATE | 66 |
| APOKYN | 33 | ATROVENT HFA | 66 |
| <i>apraclonidine hcl</i> | 65 | AUBAGIO | 38 |
| <i>aprepitant</i> | 52 | <i>aubra eq</i> | 45 |
| <i>aprepitant pak 80 & 125</i> | 52 | AURYXIA | 51 |
| <i>apri</i> | 45 | AVASTIN | 15 |
| APTIOM | 29 | <i>aviane</i> | 45 |
| APTIVUS | 7 | AVONEX | 38 |
| ARALAST NP | 67 | AVONEX PEN | 38 |
| <i>aranelle</i> | 45 | AYVAKIT | 15 |
| ARCALYST | 60 | <i>azacitidine</i> | 13 |
| ARESTIN | 72 | AZASAN | 60 |
| | | AZASITE | 64 |
| | | <i>azathioprine</i> | 60 |
| | | AZATHIOPRINE | 60 |
| | | <i>azelaic acid</i> | 72 |
| | | <i>azelastine hcl (ophth)</i> | 65 |
| | | <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 66 |
| | | <i>azelastine spr 0.1%</i> | 66 |

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| <i>azelastine spr 0.15%</i> | 66 | <i>bexarotene</i> | 14 |
| AZELEX | 69 | BEXSERO INJ | 61 |
| <i>azithromycin</i> | 10 | <i>bicalutamide</i> | 14 |
| AZOPT | 65 | BICILLIN C-R INJ 1200000 | 11 |
| <i>aztreonam</i> | 4 | BICILLIN C-R INJ 900/300..... | 11 |
| B | | BICILLIN L-A | 12 |
| <i>baciim</i> | 4 | BICNU | 12 |
| <i>bacitracin (ophthalmic)</i> | 64 | BIJUVA CAP 1-100MG | 48 |
| <i>bacitracin-polymyxin b ophth oint</i> | 64 | BIKTARVY TAB | 8 |
| <i>bacitracin-polymyxin-neomycin-hc</i> | | <i>bimatoprost</i> | 65 |
| <i>ophth oint 1%</i> | 64 | <i>bisoprolol & hydrochlorothiazide tab</i> | |
| <i>baclofen</i> | 39 | 10-6.25 mg | 24 |
| BALCOLTRA TAB 0.1-20 | 45 | <i>bisoprolol & hydrochlorothiazide tab</i> | |
| <i>balsalazide disodium</i> | 54 | 2.5-6.25 mg | 24 |
| BALVERSA..... | 16 | <i>bisoprolol & hydrochlorothiazide tab 5-</i> | |
| <i>balziva</i> | 45 | 6.25 mg..... | 24 |
| BANZEL | 29 | <i>bisoprolol fumarate</i> | 24 |
| BAQSIMI TWO PACK | 49 | BIVIGAM..... | 59 |
| BCG VACCINE INJ | 61 | <i>bleomycin sulfate</i> | 13 |
| BELEODAQ..... | 16 | BLEPHAMIDE OIN S.O.P. | 64 |
| <i>benazepril & hydrochlorothiazide tab</i> | | BLEPHAMIDE SUS OP..... | 64 |
| 10-12.5 mg | 19 | <i>blisovi 24 fe</i> | 45 |
| <i>benazepril & hydrochlorothiazide tab</i> | | <i>blisovi fe 1.5/30</i> | 45 |
| 20-12.5 mg | 19 | BOOSTRIX INJ | 61 |
| <i>benazepril & hydrochlorothiazide tab</i> | | BOSULIF | 16 |
| 20-25 mg..... | 19 | BRAFTOVI | 16 |
| <i>benazepril & hydrochlorothiazide tab 5-</i> | | BREO ELLIPTA INH 100-25 | 68 |
| 6.25 mg | 19 | BREO ELLIPTA INH 200-25 | 68 |
| <i>benazepril hcl</i> | 20 | <i>briellyn</i> | 45 |
| BENLYSTA..... | 60 | BRILINTA | 58 |
| <i>benzoyl peroxide-erythromycin gel 5-</i> | | <i>brimonidine tartrate</i> | 65 |
| 3%..... | 69 | BRIVIACT..... | 29 |
| <i>benzphetamine hcl</i> | 28 | <i>bromfenac sodium (ophth)</i> | 65 |
| <i>benztropine mesylate</i> | 33 | <i>bromocriptine mesylate</i> | 33 |
| <i>beser</i> | 70 | BROVANA | 67 |
| BESIVANCE | 64 | BRUKINSA | 16 |
| <i>betamethasone dipropionate (topical)</i> | | <i>budesonide</i> | 54 |
| | 70 | <i>budesonide (inhalation)</i> | 68 |
| <i>betamethasone dipropionate</i> | | <i>bumetanide</i> | 26 |
| <i>augmented</i> | 70 | <i>buprenorphine</i> | 2 |
| <i>betamethasone valerate</i> | 70 | <i>buprenorphine hcl</i> | 2, 40 |
| BETASERON | 38 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>betaxolol hcl</i> | 24 | 12-3 mg (base equiv) | 40 |
| <i>betaxolol hcl (ophth)</i> | 65 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>bethanechol chloride</i> | 56 | 2-0.5 mg (base equiv) | 40 |
| BETOPTIC-S | 65 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| BEVESPI AER 9-4.8MCG..... | 66 | 4-1 mg (base equiv)..... | 40 |

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| <i>buprenorphine hcl-naloxone hcl sl film</i> | | <i>candesartan cilexetil-</i> | |
| 8-2 mg (base equiv) | 40 | hydrochlorothiazide tab 16-12.5 mg | 21 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> | | <i>candesartan cilexetil-</i> | |
| 2-0.5 mg (base equiv) | 40 | hydrochlorothiazide tab 32-12.5 mg | 21 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> | | <i>candesartan cilexetil-</i> | |
| 8-2 mg (base equiv) | 40 | hydrochlorothiazide tab 32-25 mg | 21 |
| <i>bupropion hcl</i> | 32 | CAPASTAT SULFATE | 8 |
| <i>bupropion hcl (smoking deterrent)</i> | 40 | CAPLYTA | 34 |
| <i>bupirone hcl</i> | 29 | CAPRELSA | 16 |
| <i>busulfan</i> | 12 | <i>captopril</i> | 20 |
| <i>butalbital-acetaminophen-caffeine cap</i> | | <i>captopril & hydrochlorothiazide tab 25-</i> | |
| 50-300-40 mg | 1 | 15 mg | 19 |
| <i>butalbital-acetaminophen-caffeine cap</i> | | <i>captopril & hydrochlorothiazide tab 25-</i> | |
| 50-325-40 mg | 1 | 25 mg | 19 |
| <i>butalbital-acetaminophen-caffeine tab</i> | | <i>captopril & hydrochlorothiazide tab 50-</i> | |
| 50-325-40 mg | 1 | 15 mg | 19 |
| <i>butalbital-acetaminophen-caff w/ cod</i> | | <i>captopril & hydrochlorothiazide tab 50-</i> | |
| cap 50-325-40-30 mg | 2 | 25 mg | 19 |
| <i>butalbital-acetaminophen tab 50-325</i> | | CARBAGLU | 49 |
| mg | 1 | <i>carbamazepine</i> | 29 |
| <i>butalbital-aspirin-caffeine cap 50-325-</i> | | <i>carbidopa</i> | 33 |
| 40 mg | 1 | <i>carbidopa & levodopa orally</i> | |
| <i>butorphanol tartrate</i> | 3 | disintegrating tab 10-100 mg | 33 |
| BYDUREON | 41 | <i>carbidopa & levodopa orally</i> | |
| BYDUREON BCISE | 41 | disintegrating tab 25-100 mg | 33 |
| BYDUREON PEN | 41 | <i>carbidopa & levodopa orally</i> | |
| BYETTA | 41 | disintegrating tab 25-250 mg | 33 |
| BYSTOLIC | 24 | <i>carbidopa & levodopa tab 10-100 mg</i> | 33 |
| C | | <i>carbidopa & levodopa tab 25-100 mg</i> | 33 |
| <i>cabergoline</i> | 49 | <i>carbidopa & levodopa tab 25-250 mg</i> | 33 |
| CABLIVI | 58 | <i>carbidopa & levodopa tab er 25-100</i> | |
| CABOMETYX | 16 | mg | 33 |
| <i>calcipotriene</i> | 70 | <i>carbidopa & levodopa tab er 50-200</i> | |
| <i>calcipotriene-betamethasone</i> | | mg | 33 |
| dipropionate oint 0.005-0.064% | 70 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>calcipotriene-betamethasone</i> | | 12.5-50-200 mg | 33 |
| dipropionate susp 0.005-0.064% | 70 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>calcitonin (salmon)</i> | 44 | 18.75-75-200 mg | 33 |
| <i>calcitriol</i> | 52 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>calcitriol (topical)</i> | 70 | 25-100-200 mg | 33 |
| <i>calcium acetate (phosphate binder)</i> | 51 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| CALQUENCE | 16 | 31.25-125-200 mg | 33 |
| <i>camila</i> | 45 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>camrese lo</i> | 45 | 37.5-150-200 mg | 33 |
| <i>candesartan cilexetil</i> | 22 | | |

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| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>ciclopirox olamine</i> | 69 |
| 50-200-200 mg | 34 | <i>cidofovir</i> | 9 |
| <i>carboplatin</i> | 13 | <i>cilostazol</i> | 58 |
| <i>carteolol hcl (ophth)</i> | 65 | CILOXAN..... | 64 |
| <i>cartia xt</i> | 25 | CIMDUO TAB 300-300 | 8 |
| <i>carvedilol</i> | 25 | <i>cinacalcet hcl</i> | 49 |
| <i>carvedilol phosphate</i> | 25 | CINRYZE..... | 58 |
| CAVERJECT | 56 | CIPRODEX SUS 0.3-0.1%..... | 73 |
| CAVERJECT IMPULSE | 56 | <i>ciprofloxacin</i> | 10 |
| CAYSTON..... | 4 | <i>ciprofloxacin 200 mg/100ml in d5w</i> .. | 10 |
| <i>caziant</i> | 45 | <i>ciprofloxacin 400 mg/200ml in d5w</i> .. | 10 |
| <i>cefaclor</i> | 9 | <i>ciprofloxacin hcl</i> | 11 |
| <i>cefadroxil</i> | 9 | <i>ciprofloxacin hcl (ophth)</i> | 64 |
| <i>cefazolin sodium</i> | 9 | <i>ciprofloxacin hcl (otic)</i> | 73 |
| <i>cefdinir</i> | 10 | CIPRO HC SUS OTIC..... | 73 |
| <i>cefepime hcl</i> | 10 | <i>cisplatin</i> | 13 |
| <i>cefixime</i> | 10 | <i>citalopram hydrobromide</i> | 32 |
| <i>cefotetan disodium</i> | 10 | <i>clarithromycin</i> | 10 |
| <i>cefoxitin sodium</i> | 10 | CLEOCIN..... | 57 |
| <i>cefpodoxime proxetil</i> | 10 | <i>clindamycin hcl</i> | 4 |
| <i>cefprozil</i> | 10 | <i>clindamycin palmitate hydrochloride</i> ... | 4 |
| <i>ceftazidime</i> | 10 | <i>clindamycin phosphate</i> | 4 |
| <i>ceftriaxone sodium</i> | 10 | <i>clindamycin phosphate (topical)</i> | 69 |
| <i>cefuroxime axetil</i> | 10 | <i>clindamycin phosphate in d5w iv soln</i> | |
| <i>cefuroxime sodium</i> | 10 | 300 mg/50ml | 4 |
| <i>celecoxib</i> | 1 | <i>clindamycin phosphate in d5w iv soln</i> | |
| CELONTIN..... | 29 | 600 mg/50ml | 4 |
| <i>cephalexin</i> | 10 | <i>clindamycin phosphate in d5w iv soln</i> | |
| <i>cevimeline hcl</i> | 73 | 900 mg/50ml | 4 |
| CHANTIX | 40 | <i>clindamycin phosphate vaginal</i> | 57 |
| CHANTIX CONTINUING MONTH..... | 40 | <i>clindamycin phosph-benzoyl peroxide</i> | |
| CHANTIX PAK 0.5& 1MG | 40 | (refrig) gel 1.2 (1)-5%..... | 69 |
| CHEMET..... | 44 | <i>clobazam</i> | 29 |
| <i>chlordiazepoxide hcl</i> | 29 | <i>clobetasol propionate</i> | 70 |
| <i>chlorhexidine gluconate (mouth-throat)</i> | | <i>clobetasol propionate e</i> | 71 |
| | 73 | <i>clobetasol propionate emulsion</i> | 71 |
| <i>chloroquine phosphate</i> | 6 | <i>clocortolone pivalate</i> | 71 |
| <i>chlorpromazine hcl</i> | 34 | <i>clofarabine</i> | 13 |
| CHLORPROMAZINE HCL | 34 | <i>clomipramine hcl</i> | 32 |
| <i>chlorthalidone</i> | 26 | <i>clonazepam</i> | 29 |
| <i>cholestyramine</i> | 23 | <i>clonidine hcl</i> | 27 |
| <i>cholestyramine light</i> | 23 | <i>clopidogrel bisulfate</i> | 58 |
| <i>cholestyramine light powder 4 gm/dose</i> | | <i>clorazepate dipotassium</i> | 29 |
| | 23 | <i>clotrimazole</i> | 73 |
| <i>choline fenofibrate</i> | 23 | <i>clotrimazole (topical)</i> | 69 |
| CIALIS..... | 56 | <i>clotrimazole w/ betamethasone cream</i> | |
| <i>ciclopirox</i> | 69 | 1-0.05% | 69 |

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| <i>clovique</i> | 44 | D | |
| <i>clozapine</i> | 34 | D10W/NAACL INJ 0.2% | 62 |
| COARTEM TAB 20-120MG | 6 | <i>dacarbazine</i> | 14 |
| <i>colchicine</i> | 1 | <i>dalfampridine</i> | 39 |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 | DALIRESP | 67 |
| <i>colesevelam hcl</i> | 24 | <i>danazol</i> | 48 |
| <i>colestipol hcl</i> | 24 | <i>dapsone</i> | 4 |
| <i>colistimethate sodium</i> | 4 | DAPTACEL INJ | 61 |
| COMBIGAN SOL 0.2/0.5% | 65 | <i>daptomycin</i> | 4 |
| COMBIVENT AER 20-100 | 66 | <i>darifenacin hydrobromide</i> | 56 |
| COMETRIQ (60MG DOSE) | 16 | DARZALEX | 16 |
| COMETRIQ KIT 100MG | 16 | <i>daunorubicin hcl</i> | 13 |
| COMETRIQ KIT 140MG | 16 | DAURISMO | 16 |
| COMPLERA TAB | 8 | <i>deblitane</i> | 45 |
| <i>compro</i> | 52 | <i>decitabine</i> | 13 |
| <i>constulose</i> | 54 | <i>deferasirox</i> | 44 |
| CONTRAVE TAB 8-90MG | 28 | DELSTRIGO TAB | 8 |
| COPIKTRA | 16 | <i>delyla</i> | 45 |
| CORLANOR | 27 | DEMSEER | 27 |
| <i>cortisone acetate</i> | 49 | DENAVIR | 72 |
| COTELLIC | 16 | DEPEN TITRATABS | 45 |
| COUMADIN | 57 | DEPO-MEDROL | 49 |
| CREON CAP 12000UNT | 55 | DEPO-PROVERA | 14 |
| CREON CAP 24000UNT | 55 | DEPO-SUBQ PROVERA 104 | 45 |
| CREON CAP 3000UNIT | 55 | DESCOVY TAB 200/25 | 8 |
| CREON CAP 36000UNT | 55 | <i>desipramine hcl</i> | 32 |
| CREON CAP 6000UNIT | 55 | <i>desloratadine</i> | 67 |
| CRIXIVAN | 7 | <i>desmopressin acetate</i> | 50 |
| <i>cromolyn sodium</i> | 67 | <i>desmopressin acetate spray</i> | 50 |
| <i>cromolyn sodium (mastocytosis)</i> | 54 | <i>refrigerated</i> | 50 |
| <i>cromolyn sodium (ophth)</i> | 65 | <i>desogest-eth estrad & eth estrad tab</i> | |
| <i>cryselle-28</i> | 45 | <i>0.15-0.02/0.01 mg(21/5)</i> | 45 |
| <i>cyclafem 1/35</i> | 45 | <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 45 |
| <i>cyclafem 7/7/7</i> | 45 | <i>desonide</i> | 71 |
| <i>cyclobenzaprine hcl</i> | 39 | <i>desvenlafaxine succinate</i> | 32 |
| <i>cyclophosphamide</i> | 13 | <i>dexamethasone</i> | 49 |
| <i>cyclosporine</i> | 60 | DEXAMETHASONE INTENSOL | 49 |
| <i>cyclosporine modified (for microemulsion)</i> | 60 | <i>dexamethasone sodium phosphate</i> | 49 |
| <i>cyproheptadine hcl</i> | 67 | <i>dexamethasone sodium phosphate (ophth)</i> | 65 |
| CYRAMZA | 16 | DEXILANT | 55 |
| CYSTADANE POW | 49 | <i>dexmethylphenidate hcl</i> | 36 |
| CYSTAGON | 49 | <i>dexrazoxane hcl</i> | 18 |
| CYSTARAN | 66 | <i>dextroamphetamine sulfate</i> | 37 |
| <i>cytarabine</i> | 13 | <i>dextrose</i> | 63 |
| <i>cytarabine inj pf 20 mg/ml</i> | 13 | | |

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| <i>dextrose 10% w/ sodium chloride</i> | | <i>diphenhydramine hcl</i> | 67 |
| 0.45% | 62 | <i>diphenoxylate w/ atropine liq 2.5-0.025</i> | |
| <i>dextrose 2.5% w/ sodium chloride</i> | | mg/5ml..... | 54 |
| 0.45% | 62 | <i>diphenoxylate w/ atropine tab 2.5-</i> | |
| <i>dextrose 5% in lactated ringers</i> | 62 | 0.025 mg | 54 |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | | <i>disopyramide phosphate</i> | 22 |
| | 62 | <i>disulfiram</i> | 40 |
| <i>dextrose 5% w/ sodium chloride</i> | | <i>divalproex sodium</i> | 29 |
| 0.225% | 62 | DOCETAXEL | 15 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | | <i>dofetilide</i> | 22 |
| | 62 | <i>donepezil hydrochloride</i> | 31 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | | DORIBAX | 4 |
| | 62 | <i>dorzolamide hcl</i> | 65 |
| DIASTAT ACUDIAL | 29 | <i>dorzolamide hcl-timolol maleate ophth</i> | |
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