

2021

Aetna Assure Premier Plus (HMO D-SNP) **List of Covered Drugs (Formulary)**

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

This formulary was updated on 10/01/2020. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/new-jersey-hmosnp/drug-formulary)**

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2021 Aetna Assure Premier Plus (HMO D-SNP) *List of Covered Drugs (Formulary)*

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Table of Contents

- A. Disclaimers.....3
- B. Frequently Asked Questions (FAQ)4
 - B1. What prescription drugs are on the *List of Covered Drugs*?
(We call the *List of Covered Drugs* the “Drug List” for short.)4
 - B2. Does the Drug List ever change?.....4
 - B3. What happens when there is a change to the Drug List?5
 - B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?6
 - B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?6
 - B6. What happens if Aetna Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions).....6
 - B7. How can I find a drug on the Drug List?7
 - B8. What if the drug I want to take is not on the Drug List?.....7
 - B9. What if I am a new Aetna Assure Premier Plus (HMO D-SNP) member and can’t find my drug on the Drug List or have a problem getting my drug?7
 - B10. Can I ask for an exception to cover my drug?8
 - B11. How can I ask for an exception?.....8
 - B12. How long does it take to get an exception?8
 - B13. What are generic drugs?8
 - B14. What are over-the-counter (OTC) drugs?9



B15. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?	9
B16. Can I get my drugs through Mail-Order/Long-Term Supply?	9
B17. What is my copay?	9
C. Overview of the <i>List of Covered Drugs</i>	10
C1. List of Drugs by Drug Type	12
D. Index of Covered Drugs	100



A. Disclaimers

This is a list of drugs that members can get in Aetna Assure Premier Plus (HMO D-SNP).

- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de Nueva Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at [AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Aetna Assure Premier Plus (HMO D-SNP) Member Services at the number listed at the bottom of this page. The call is free.
- ❖ ATENCIÓN: Si habla español o somalí, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-844-362-0934 (TTY: 711)** de 8:00 a. m. a 8:00 p. m., hora estándar del este, los 7 días de la semana. Esta llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number listed at the bottom of this page.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

B. Frequently Asked Questions (FAQ)

Find answers to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Aetna Assure Premier Plus (HMO D-SNP). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Aetna Assure Premier Plus (HMO D-SNP) will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs we cover on our website at **[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/new-jersey-hmosnp/drug-formulary)** or call Member Services at **1-844-362-0934 (TTY:711)**.

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 have more information on what happens when the Drug List changes.

- You can always check Aetna Assure Premier Plus (HMO D-SNP)'s current Drug List online at **[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/new-jersey-hmosnp/drug-formulary)**.
- You can also call Member Services at **1-844-362-0934 (TTY:711)** to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we may take it off the Drug List. If you are taking the drug, we will let you know.
- Please contact your doctor if a drug you are taking is removed from the drug list.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, see questions B10-B12 for more information.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes. Some drugs have coverage rules or have limits on the amount you can get. In some cases you, your doctor, or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you, your doctor, or other prescriber must get authorization from Aetna Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page 12 - 93. You can also get more information by visiting our website at **[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/new-jersey-hmosnp/drug-formulary)**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. See questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The *List of Covered Drugs* on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by drug type.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 94. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Both brand name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” on page 12. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infections.

B8. What if the drug I want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY:711)** and ask about it. If you learn that Aetna Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. See questions B10-B12 for more information about exceptions.

B9. What if I am a new Aetna Assure Premier Plus (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna Assure Premier Plus (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Aetna Assure Premier Plus (HMO D-SNP) to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are over-the-counter (OTC) drugs?

OTC stands for “over-the-counter.” Aetna Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan’s coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List starting on page 116

B15. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List starting on page 116.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B16. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of “maintenance” drugs on our plan’s Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY:711)**.

B17. What is my copay?

Aetna Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan’s rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Preferred Generic drugs have \$0 copay
- Tier 2 Generic drugs \$0 copay
- Tier 3 Preferred Brand name drugs \$0 copay
- Tier 4 Non-Preferred drugs \$0 copay
- Tier 5 Specialty drugs \$0 copay

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY:711)**.

C. Overview of the *List of Covered Drugs*

The following List of Covered Drugs gives you information about the drugs covered by Aetna Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 94. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.

PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
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ST: Step Therapy: In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access: These prescriptions may be available only at certain pharmacies.

MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
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EA: Each

ML: Milliliter

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
allopurinol tabs	\$0 (Tier 1)	MO
colchicine	\$0 (Tier 3)	QL (120 EA per 30 days) MO
febuxostat	\$0 (Tier 3)	ST MO
MITIGARE	\$0 (Tier 3)	QL (60 EA per 30 days) MO
probenecid	\$0 (Tier 3)	MO
probenecid/colchicine	\$0 (Tier 3)	MO
NSAIDS		
celecoxib caps 400mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
diclofenac potassium	\$0 (Tier 2)	QL (120 EA per 30 days) MO
diclofenac sodium dr	\$0 (Tier 2)	MO
diclofenac sodium er	\$0 (Tier 2)	MO
diclofenac sodium/misoprostol	\$0 (Tier 4)	MO
diflunisal	\$0 (Tier 4)	MO
DUEXIS	\$0 (Tier 5)	MO
etodolac	\$0 (Tier 3)	MO
etodolac er	\$0 (Tier 4)	MO
FENOPROFEN CALCIUM CAPS 400MG	\$0 (Tier 4)	MO
fenopropfen calcium tabs	\$0 (Tier 4)	MO
flurbiprofen tabs 100mg	\$0 (Tier 2)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibu tabs 600mg, 800mg	\$0 (Tier 2)	
ibuprofen	\$0 (Tier 2)	MO
ketoprofen er	\$0 (Tier 4)	MO
ketoprofen caps 50mg	\$0 (Tier 4)	
ketoprofen caps 25mg	\$0 (Tier 4)	MO
ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml	\$0 (Tier 4)	QL (20 ML per 30 days) PA MO
ketorolac tromethamine tabs 10mg	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
meclofenamate sodium	\$0 (Tier 4)	MO
meloxicam	\$0 (Tier 1)	MO
nabumetone	\$0 (Tier 2)	MO
naproxen dr	\$0 (Tier 2)	MO
NAPROXEN SODIUM CR 375MG	\$0 (Tier 4)	MO
naproxen sodium er 500mg	\$0 (Tier 4)	MO
naproxen sodium tabs 275mg, 550mg	\$0 (Tier 2)	MO
naproxen/esomeprazole magnesium	\$0 (Tier 5)	MO
naproxen tabs	\$0 (Tier 1)	MO
naproxen susp	\$0 (Tier 2)	MO
oxaprozin	\$0 (Tier 4)	MO
piroxicam	\$0 (Tier 3)	MO
sulindac	\$0 (Tier 2)	MO
VIMOVO	\$0 (Tier 5)	MO
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch	\$0 (Tier 4)	QL (4 EA per 28 days) PA MO
fentanyl transdermal patch	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
HYSINGLA ER	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	\$0 (Tier 5)	PA
methadone hcl oral soln	\$0 (Tier 3)	QL (450 ML per 30 days) PA MO
methadone hcl tabs	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
methadone hcl conc	\$0 (Tier 3)	QL (90 ML per 30 days) PA MO
morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 15mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
tramadol hcl er tb24	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/codeine tabs	\$0 (Tier 3)	QL (180 EA per 30 days) MO
acetaminophen/codeine soln	\$0 (Tier 3)	QL (2700 ML per 30 days) MO
butorphanol tartrate nasal soln	\$0 (Tier 4)	QL (5 ML per 30 days) MO
butorphanol tartrate inj 1mg/ml	\$0 (Tier 4)	
butorphanol tartrate inj 2mg/ml	\$0 (Tier 4)	MO
CODEINE SULFATE TABS 30MG	\$0 (Tier 4)	QL (180 EA per 30 days)
CODEINE SULFATE TABS 15MG, 60MG	\$0 (Tier 4)	QL (180 EA per 30 days) MO
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (Tier 3)	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lozenge	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	\$0 (Tier 3)	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	\$0 (Tier 3)	QL (150 EA per 30 days) MO
hydromorphone hcl tabs	\$0 (Tier 3)	QL (180 EA per 30 days) MO
hydromorphone hcl liqd	\$0 (Tier 4)	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	\$0 (Tier 4)	B/D MO
hydromorphone hcl inj 10mg/ml	\$0 (Tier 4)	B/D
hydromorphone hcl inj 2mg/ml	\$0 (Tier 4)	B/D MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	\$0 (Tier 4)	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	\$0 (Tier 4)	B/D MO
hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml	\$0 (Tier 4)	B/D
lorcet	\$0 (Tier 4)	QL (180 EA per 30 days)
lorcet <i>hd</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	\$0 (Tier 4)	QL (180 EA per 30 days)
morphine sulfate tabs	\$0 (Tier 3)	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	\$0 (Tier 4)	B/D
morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml	\$0 (Tier 4)	B/D
morphine sulfate pf inj 1mg/ml	\$0 (Tier 4)	B/D MO
morphine sulfate oral soln 10mg/5ml, 20mg/5ml	\$0 (Tier 3)	QL (900 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	\$0 (Tier 4)	QL (180 ML per 30 days) MO
nalbuphine hcl inj 10mg/ml, 20mg/ml	\$0 (Tier 3)	MO
oxycodone hcl caps	\$0 (Tier 3)	QL (180 EA per 30 days) MO
oxycodone hydrochloride soln	\$0 (Tier 3)	QL (900 ML per 30 days) MO
oxycodone hydrochloride oral conc	\$0 (Tier 4)	QL (180 ML per 30 days) MO
oxycodone hydrochloride tabs 30mg	\$0 (Tier 3)	QL (120 EA per 30 days) MO
oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
oxycodone/aspirin tabs 325mg; 4.835mg	\$0 (Tier 4)	QL (180 EA per 30 days) MO
oxymorphone hydrochloride immediate release tabs	\$0 (Tier 4)	QL (180 EA per 30 days) MO
tramadol hcl tabs 50mg	\$0 (Tier 2)	QL (240 EA per 30 days) MO
tramadol hydrochloride/acetaminophen	\$0 (Tier 4)	QL (240 EA per 30 days) MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tramadol hydrochloride tabs 100mg	\$0 (Tier 2)	QL (120 EA per 30 days) MO
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%	\$0 (Tier 4)	
lidocaine hydrochloride pf inj 1%, 2%	\$0 (Tier 4)	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole	\$0 (Tier 5)	MO
ALINIA	\$0 (Tier 5)	MO
amikacin sulfate	\$0 (Tier 4)	MO
atovaquone	\$0 (Tier 4)	PA MO
aztreonam	\$0 (Tier 4)	MO
CAYSTON	\$0 (Tier 5)	PA LA
chloramphenicol inj 1gm	\$0 (Tier 4)	
clindamycin hcl caps 300mg, 75mg	\$0 (Tier 2)	MO
clindamycin hydrochloride caps 150mg	\$0 (Tier 2)	MO
clindamycin palmitate hc/	\$0 (Tier 4)	MO
clindamycin phosphate/dextrose	\$0 (Tier 4)	
clindamycin phosphate inj 300mg/2ml, 900mg/60ml	\$0 (Tier 4)	
clindamycin phosphate inj 600mg/4ml, 900mg/6ml	\$0 (Tier 4)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 4)	
colistimethate inj	\$0 (Tier 4)	PA MO
dapsone tabs 100mg, 25mg	\$0 (Tier 3)	MO
DAPTOMYCIN INJ 350MG	\$0 (Tier 5)	
daptomycin inj 500mg	\$0 (Tier 5)	MO
EMVERM	\$0 (Tier 5)	QL (12 EA per 365 days) MO
ertapenem	\$0 (Tier 4)	MO
gentamicin sulfate pediatric	\$0 (Tier 4)	MO
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	\$0 (Tier 4)	MO
gentamicin sulfate inj 40mg/ml	\$0 (Tier 4)	MO
imipenem/cilastatin	\$0 (Tier 4)	MO
isotonic gentamicin	\$0 (Tier 4)	MO
ivermectin tabs 3mg	\$0 (Tier 3)	MO
linezolid tabs	\$0 (Tier 4)	QL (56 EA per 28 days) PA MO
linezolid oral susp	\$0 (Tier 5)	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	\$0 (Tier 4)	PA
linezolid inj 600mg/300ml	\$0 (Tier 4)	PA
meropenem inj 500mg	\$0 (Tier 4)	
meropenem inj 1gm	\$0 (Tier 4)	MO
methenamine hippurate	\$0 (Tier 4)	MO
METHENAMINE MANDELATE	\$0 (Tier 4)	MO
metronidazole in nacl 0.79%	\$0 (Tier 4)	
metronidazole caps 375mg	\$0 (Tier 3)	MO
metronidazole tabs 250mg, 500mg	\$0 (Tier 3)	MO
neomycin tabs	\$0 (Tier 2)	MO
nitrofurantoin macrocrystals	\$0 (Tier 3)	MO
nitrofurantoin monohydrate	\$0 (Tier 3)	MO
nitrofurantoin oral suspension	\$0 (Tier 4)	MO
paromomycin caps	\$0 (Tier 4)	MO
pentamidine isethionate inj	\$0 (Tier 4)	
pentamidine isethionate inhalation solr	\$0 (Tier 4)	B/D
praziquante/	\$0 (Tier 3)	MO
SIVEXTRO INJ	\$0 (Tier 5)	
SIVEXTRO TABS	\$0 (Tier 5)	MO
streptomycin sulfate inj	\$0 (Tier 4)	MO
SULFADIAZINE	\$0 (Tier 4)	MO
sulfamethoxazole/trimethoprim ds	\$0 (Tier 1)	MO
sulfamethoxazole/trimethoprim tabs	\$0 (Tier 1)	MO
sulfamethoxazole/trimethoprim inj, susp	\$0 (Tier 4)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNERCID	\$0 (Tier 5)	
tinidazole	\$0 (Tier 4)	MO
tobramycin nebu 300mg/5ml/	\$0 (Tier 3)	QL (280 ML per 56 days) PA
tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml/	\$0 (Tier 4)	
tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml	\$0 (Tier 4)	MO
trimethoprim tabs	\$0 (Tier 1)	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML, 2000MG/400ML	\$0 (Tier 4)	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	\$0 (Tier 4)	
vancomycin hcl inj 100gm, 10gm	\$0 (Tier 4)	
vancomycin hydrochloride caps 125mg	\$0 (Tier 4)	QL (120 EA per 30 days) MO
vancomycin hydrochloride caps 250mg	\$0 (Tier 5)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 250MG, 500MG/100ML	\$0 (Tier 4)	
vancomycin hydrochloride inj 1gm, 5gm, 750mg	\$0 (Tier 4)	
vancomycin hydrochloride inj 500mg	\$0 (Tier 4)	MO
ANTIFUNGALS		
ABELCET	\$0 (Tier 4)	B/D
AMBISOME	\$0 (Tier 5)	B/D
amphotericin <i>b</i>	\$0 (Tier 4)	B/D MO
caspofungin acetate inj 70mg	\$0 (Tier 4)	
caspofungin acetate inj 50mg	\$0 (Tier 5)	
fluconazole in nacl 200mg; 0.9%	\$0 (Tier 4)	
fluconazole in sodium chloride 400mg; 0.9%	\$0 (Tier 4)	
fluconazole tabs	\$0 (Tier 2)	MO
fluconazole oral susp	\$0 (Tier 3)	MO
flucytosine	\$0 (Tier 5)	MO
griseofulvin microsize	\$0 (Tier 4)	MO
griseofulvin ultramicrosize	\$0 (Tier 4)	MO
itraconazole caps	\$0 (Tier 4)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketoconazole tabs 200mg	\$0 (Tier 2)	PA MO
miconazole tabs 50mg	\$0 (Tier 4)	
miconazole tabs 100mg	\$0 (Tier 5)	
MYCAMINE INJ 50MG	\$0 (Tier 4)	MO
MYCAMINE INJ 100MG	\$0 (Tier 5)	
NOXAFIL SUSP	\$0 (Tier 5)	QL (630 ML per 30 days) MO
nystatin tabs 500000unit	\$0 (Tier 4)	MO
posaconazole dr	\$0 (Tier 5)	QL (93 EA per 30 days) MO
terbinafine hcl tabs	\$0 (Tier 2)	QL (90 EA per 365 days) MO
voriconazole tabs	\$0 (Tier 4)	MO
voriconazole inj	\$0 (Tier 4)	PA
voriconazole oral susp	\$0 (Tier 4)	PA MO
ANTIMALARIALS		
atovaquone/proguanil hcl	\$0 (Tier 4)	MO
chloroquine phosphate	\$0 (Tier 2)	MO
COARTEM	\$0 (Tier 4)	MO
mefloquine hcl	\$0 (Tier 3)	MO
primaquine phosphate	\$0 (Tier 3)	MO
quinine sulfate	\$0 (Tier 4)	PA MO
ANTIRETROVIRAL AGENTS		
abacavir	\$0 (Tier 3)	MO
APTIVUS SOLN	\$0 (Tier 5)	
APTIVUS CAPS	\$0 (Tier 5)	MO
atazanavir sulfate caps 150mg, 300mg	\$0 (Tier 4)	MO
atazanavir sulfate caps 200mg	\$0 (Tier 5)	MO
CRIVIAN	\$0 (Tier 4)	MO
didanosine caps 200mg, 250mg, 400mg	\$0 (Tier 4)	MO
EDURANT	\$0 (Tier 5)	MO
efavirenz caps 50mg	\$0 (Tier 3)	MO
efavirenz caps 200mg	\$0 (Tier 4)	MO
efavirenz tabs	\$0 (Tier 5)	MO
EMTRIVA	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosamprenavir calcium	\$0 (Tier 5)	MO
FUZEON	\$0 (Tier 5)	
INTELENCE TABS 25MG	\$0 (Tier 4)	
INTELENCE TABS 100MG, 200MG	\$0 (Tier 5)	MO
INVIRASE TABS	\$0 (Tier 5)	MO
ISENTRESS HD	\$0 (Tier 5)	MO
ISENTRESS PACK	\$0 (Tier 3)	MO
ISENTRESS TABS	\$0 (Tier 5)	MO
ISENTRESS CHEW 25MG	\$0 (Tier 3)	MO
ISENTRESS CHEW 100MG	\$0 (Tier 5)	MO
lamivudine soln 10mg/ml	\$0 (Tier 4)	MO
lamivudine tabs 150mg, 300mg	\$0 (Tier 4)	MO
LEXIVA SUSP	\$0 (Tier 4)	MO
nevirapine er tb24 100mg	\$0 (Tier 3)	
nevirapine er tb24 400mg	\$0 (Tier 3)	MO
nevirapine tabs	\$0 (Tier 3)	MO
nevirapine susp	\$0 (Tier 4)	
NORVIR PACK, ORAL SOLN	\$0 (Tier 4)	MO
PIFELTRO	\$0 (Tier 5)	MO
PREZISTA SUSP	\$0 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	\$0 (Tier 4)	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	\$0 (Tier 5)	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	\$0 (Tier 4)	MO
REYATAZ CAPS 150MG, 200MG, PACK	\$0 (Tier 5)	MO
ritonavir	\$0 (Tier 3)	MO
RUKOBIA	\$0 (Tier 5)	
SELZENTRY SOLN	\$0 (Tier 5)	
SELZENTRY TABS 25MG	\$0 (Tier 3)	
SELZENTRY TABS 75MG	\$0 (Tier 5)	
SELZENTRY TABS 150MG, 300MG	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stavudine	\$0 (Tier 3)	MO
tenofovir tabs	\$0 (Tier 4)	MO
TIVICAY PD	\$0 (Tier 4)	
TIVICAY TABS 10MG	\$0 (Tier 3)	MO
TIVICAY TABS 25MG, 50MG	\$0 (Tier 5)	MO
TROGARZO	\$0 (Tier 5)	LA
TYBOST	\$0 (Tier 4)	MO
VIDEX EC CAPS 125MG	\$0 (Tier 4)	MO
VIDEX PEDIATRIC	\$0 (Tier 4)	MO
VIRACEPT TABS	\$0 (Tier 5)	MO
VIREAD	\$0 (Tier 5)	MO
zidovudine	\$0 (Tier 3)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine	\$0 (Tier 4)	MO
abacavir sulfate/lamivudine/zidovudine	\$0 (Tier 5)	MO
ATRIPLA	\$0 (Tier 5)	MO
BIKTARVY	\$0 (Tier 5)	MO
CIMDUO	\$0 (Tier 5)	MO
COMPLERA	\$0 (Tier 5)	MO
DELSTRIGO	\$0 (Tier 5)	MO
DESCOVY	\$0 (Tier 5)	MO
DOVATO	\$0 (Tier 5)	MO
EVOTAZ	\$0 (Tier 5)	MO
GENVOYA	\$0 (Tier 5)	MO
JULUCA	\$0 (Tier 5)	MO
KALETRA TABS 100MG; 25MG	\$0 (Tier 4)	MO
KALETRA TABS 200MG; 50MG	\$0 (Tier 5)	MO
lamivudine/zidovudine	\$0 (Tier 4)	MO
lopinavir/ritonavir	\$0 (Tier 4)	MO
ODEFSEY	\$0 (Tier 5)	MO
PREZCOBIX	\$0 (Tier 5)	MO
STRIBILD	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMFI	\$0 (Tier 5)	MO
SYMFI LO	\$0 (Tier 5)	MO
SYMTUZA	\$0 (Tier 5)	MO
TEMIXYS	\$0 (Tier 5)	MO
TRIUMEQ	\$0 (Tier 5)	MO
TRUVADA	\$0 (Tier 5)	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
cycloserine	\$0 (Tier 5)	MO
ethambutol hydrochloride tabs 400mg	\$0 (Tier 4)	MO
isoniazid tabs	\$0 (Tier 1)	MO
isoniazid syrp	\$0 (Tier 2)	MO
isoniazid inj	\$0 (Tier 4)	
PASER	\$0 (Tier 4)	MO
PRETOMANID	\$0 (Tier 4)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 4)	MO
pyrazinamide	\$0 (Tier 4)	MO
rifabutin	\$0 (Tier 4)	MO
rifampin caps	\$0 (Tier 3)	MO
rifampin inj	\$0 (Tier 4)	
RIFATER	\$0 (Tier 4)	MO
SIRTURO TABS 20MG	\$0 (Tier 5)	PA
SIRTURO TABS 100MG	\$0 (Tier 5)	PA LA
TRECTOR	\$0 (Tier 4)	MO
ANTIVIRALS		
acyclovir sodium inj 50mg/ml	\$0 (Tier 4)	B/D
acyclovir caps 200mg	\$0 (Tier 2)	MO
acyclovir susp 200mg/5ml	\$0 (Tier 2)	MO
acyclovir tabs 400mg, 800mg	\$0 (Tier 2)	MO
adefovir dipivoxil	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE SOLN	\$0 (Tier 4)	MO
entecavir	\$0 (Tier 4)	QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPIVIR HBV SOLN	\$0 (Tier 4)	MO
famciclovir tabs 500mg	\$0 (Tier 2)	QL (21 EA per 30 days) MO
famciclovir tabs 125mg, 250mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
ganciclovir inj 500mg/10ml, 500mg	\$0 (Tier 3)	B/D
HARVONI TABS	\$0 (Tier 5)	PA
lamivudine tabs 100mg	\$0 (Tier 3)	MO
MAVYRET	\$0 (Tier 5)	PA
oseltamivir phosphate caps 30mg	\$0 (Tier 3)	QL (168 EA per 365 days) MO
oseltamivir phosphate caps 45mg, 75mg	\$0 (Tier 3)	QL (84 EA per 365 days) MO
oseltamivir phosphate oral susp	\$0 (Tier 3)	QL (1080 ML per 365 days) MO
PEGASYS	\$0 (Tier 5)	PA
PREVYMIS TABS	\$0 (Tier 5)	QL (28 EA per 28 days) MO
RELENZA DISKHALER	\$0 (Tier 3)	QL (120 EA per 365 days) MO
ribavirin caps, tabs	\$0 (Tier 3)	
ribavirin inh	\$0 (Tier 5)	
rimantadine hydrochloride	\$0 (Tier 4)	MO
valacyclovir hcl tabs 1gm	\$0 (Tier 3)	MO
valacyclovir hydrochloride tabs 500mg	\$0 (Tier 3)	MO
valganciclovir hydrochloride oral soln	\$0 (Tier 5)	MO
valganciclovir tabs	\$0 (Tier 5)	MO
VEMLIDY	\$0 (Tier 5)	MO
VOSEVI	\$0 (Tier 5)	PA
CEPHALOSPORINS		
cefaclor	\$0 (Tier 2)	MO
CEFACLO ER	\$0 (Tier 4)	MO
cefadroxil/	\$0 (Tier 2)	MO
CEFAZOLIN INJ 2GM/100ML; 4%	\$0 (Tier 3)	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	\$0 (Tier 3)	
CEFAZOLIN SODIUM INJ 100GM, 300GM	\$0 (Tier 4)	
cefazolin sodium iv inj 1gm	\$0 (Tier 4)	
cefazolin sodium inj 10gm, 1gm, 500mg	\$0 (Tier 4)	MO
cefdinir caps	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefdinir oral susp	\$0 (Tier 3)	MO
cefepime inj 1gm, 2gm	\$0 (Tier 4)	MO
cefixime caps	\$0 (Tier 3)	MO
cefixime oral susp	\$0 (Tier 4)	MO
cefotetan	\$0 (Tier 4)	
cefoxitin sodium inj 10gm, 1gm, 2gm	\$0 (Tier 4)	
cefpodoxime proxetil/	\$0 (Tier 4)	MO
cefprozil/	\$0 (Tier 3)	MO
CEFTAZIDIME/DEXTROSE	\$0 (Tier 4)	
ceftazidime inj 6gm	\$0 (Tier 4)	
ceftazidime inj 1gm, 2gm	\$0 (Tier 4)	MO
ceftriaxone in iso-osmotic dextrose	\$0 (Tier 4)	
CEFTRIAZONE SODIUM INJ 100GM	\$0 (Tier 4)	
ceftriaxone sodium iv inj 1gm	\$0 (Tier 4)	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	\$0 (Tier 4)	MO
cefuroxime axetil tabs	\$0 (Tier 3)	MO
cefuroxime sodium inj 1.5gm, 7.5gm	\$0 (Tier 4)	
cefuroxime sodium inj 750mg	\$0 (Tier 4)	MO
cephalexin	\$0 (Tier 2)	MO
SUPRAX ORAL SUSP 500MG/5ML	\$0 (Tier 3)	
SUPRAX CHEW 100MG	\$0 (Tier 4)	
SUPRAX CHEW 200MG	\$0 (Tier 4)	MO
tazicef	\$0 (Tier 4)	
TEFLARO	\$0 (Tier 5)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	\$0 (Tier 3)	MO
azithromycin oral susp, tabs	\$0 (Tier 2)	MO
azithromycin inj	\$0 (Tier 4)	MO
clarithromycin	\$0 (Tier 3)	MO
clarithromycin er	\$0 (Tier 4)	MO
DIFICID	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERYTHROCIN LACTOBIONATE INJ 500MG	\$0 (Tier 4)	
erythrocin stearate tabs 250mg	\$0 (Tier 4)	MO
erythromycin base	\$0 (Tier 3)	MO
erythromycin dr	\$0 (Tier 4)	MO
erythromycin ethylsuccinate tabs	\$0 (Tier 3)	MO
erythromycin stearate	\$0 (Tier 3)	MO
erythromycin cpep 250mg	\$0 (Tier 3)	MO
FLUOROQUINOLONES		
ciprofloxacin hcl	\$0 (Tier 1)	MO
ciprofloxacin hydrochloride tabs 250mg, 500mg	\$0 (Tier 1)	MO
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	\$0 (Tier 4)	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	\$0 (Tier 4)	MO
levofloxacin in d5w	\$0 (Tier 4)	
levofloxacin inj 25mg/ml	\$0 (Tier 4)	
levofloxacin oral soln 25mg/ml	\$0 (Tier 3)	MO
levofloxacin tabs 250mg, 500mg, 750mg	\$0 (Tier 2)	MO
moxifloxacin hydrochloride/sodium hydrochloride inj	\$0 (Tier 4)	
moxifloxacin hydrochloride inj 400mg/250ml	\$0 (Tier 4)	
moxifloxacin hydrochloride tabs 400mg	\$0 (Tier 4)	MO
PENICILLINS		
amoxicillin	\$0 (Tier 1)	MO
amoxicillin/clavulanate potassium	\$0 (Tier 2)	MO
amoxicillin/clavulanate potassium er	\$0 (Tier 4)	MO
ampicillin caps 500mg	\$0 (Tier 1)	MO
ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv	\$0 (Tier 4)	
ampicillin sodium inj 1gm, 2gm, 500mg	\$0 (Tier 4)	MO
ampicillin-sulbactam	\$0 (Tier 4)	
BICILLIN L-A	\$0 (Tier 4)	MO
dicloxacillin caps	\$0 (Tier 3)	MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nafcillin sodium inj 10gm, 1gm, 2gm iv	\$0 (Tier 4)	
nafcillin sodium inj 2gm	\$0 (Tier 4)	MO
nafcillin sodium inj 10gm iv	\$0 (Tier 5)	
oxacillin sodium inj 10gm, 1gm	\$0 (Tier 4)	
oxacillin sodium inj 2gm	\$0 (Tier 4)	MO
penicillin g potassium	\$0 (Tier 4)	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 4)	
PENICILLIN G PROCAINE	\$0 (Tier 4)	MO
penicillin g sodium	\$0 (Tier 4)	
penicillin v potassium	\$0 (Tier 1)	MO
piperacillin sodium/tazobactam sodium	\$0 (Tier 4)	
piperacillin/tazobactam	\$0 (Tier 4)	
TETRACYCLINES		
doxy 100 inj	\$0 (Tier 4)	MO
doxycycline hyclate	\$0 (Tier 3)	MO
doxycycline hyclate <i>dr</i>	\$0 (Tier 4)	MO
doxycycline monohydrate tabs	\$0 (Tier 2)	MO
doxycycline monohydrate caps	\$0 (Tier 4)	MO
doxycycline oral susp 25mg/5ml	\$0 (Tier 3)	MO
doxycycline tabs 50mg	\$0 (Tier 2)	MO
minocycline hcl caps 75mg	\$0 (Tier 2)	MO
minocycline hcl tabs	\$0 (Tier 4)	ST MO
minocycline hydrochloride caps 100mg, 50mg	\$0 (Tier 2)	MO
minocycline hydrochloride <i>er</i>	\$0 (Tier 4)	ST MO
mondoxyne nl caps 100mg, 75mg	\$0 (Tier 4)	
morgidox 1x100mg	\$0 (Tier 4)	
morgidox 2x100mg	\$0 (Tier 4)	
okebo	\$0 (Tier 4)	
tetracycline hydrochloride	\$0 (Tier 4)	MO
tigecycline	\$0 (Tier 5)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	\$0 (Tier 5)	
busulfan	\$0 (Tier 5)	
carboplatin	\$0 (Tier 3)	
carmustine	\$0 (Tier 5)	
cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml	\$0 (Tier 3)	
cyclophosphamide caps	\$0 (Tier 3)	B/D MO
cyclophosphamide inj	\$0 (Tier 4)	
GLEOSTINE CAPS 10MG	\$0 (Tier 4)	MO
GLEOSTINE CAPS 100MG, 40MG	\$0 (Tier 5)	MO
IFEX	\$0 (Tier 4)	
IFOSFAMIDE INJ 3GM	\$0 (Tier 4)	
ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml	\$0 (Tier 4)	
LEUKERAN	\$0 (Tier 5)	MO
melphalan hydrochloride inj	\$0 (Tier 5)	
melphalan tabs	\$0 (Tier 4)	B/D MO
oxaliplatin	\$0 (Tier 4)	
paraplatin	\$0 (Tier 3)	
thiotepa	\$0 (Tier 5)	

ANTIBIOTICS

bleomycin sulfate	\$0 (Tier 4)	B/D
dactinomycin	\$0 (Tier 5)	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	\$0 (Tier 4)	
daunorubicin hydrochloride inj 20mg/4ml	\$0 (Tier 4)	
doxorubicin hcl liposome 2mg/ml	\$0 (Tier 4)	
doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml	\$0 (Tier 4)	
epirubicin hc/	\$0 (Tier 4)	
idarubicin hc/	\$0 (Tier 4)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mitomycin inj 20mg, 5mg	\$0 (Tier 4)	
mitomycin inj 40mg	\$0 (Tier 5)	
mutamycin inj 20mg, 5mg	\$0 (Tier 4)	
mutamycin inj 40mg	\$0 (Tier 5)	
ANTIMETABOLITES		
adrucil/	\$0 (Tier 3)	B/D
ALIMTA	\$0 (Tier 5)	
azacitidine	\$0 (Tier 5)	
cladribine	\$0 (Tier 4)	B/D
clofarabine	\$0 (Tier 5)	
cytarabine aqueous	\$0 (Tier 4)	B/D
decitabine	\$0 (Tier 4)	
fludarabine phosphate	\$0 (Tier 4)	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml/	\$0 (Tier 3)	B/D
gemcitabine hcl inj 1gm, 200mg, 2gm	\$0 (Tier 4)	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	\$0 (Tier 4)	
gemcitabine hydrochloride inj 200mg/2ml	\$0 (Tier 4)	
gemcitabine inj 38mg/ml/	\$0 (Tier 4)	
mercaptopurine	\$0 (Tier 4)	MO
methotrexate sodium inj 1gm/40ml, 1gm	\$0 (Tier 3)	
methotrexate sodium inj 250mg/10ml, 50mg/2ml	\$0 (Tier 3)	MO
methotrexate pf inj 50mg/2ml/	\$0 (Tier 3)	MO
PURIXAN	\$0 (Tier 5)	
TABLOID	\$0 (Tier 4)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	\$0 (Tier 5)	PA
anastrozole	\$0 (Tier 2)	MO
bicalutamide	\$0 (Tier 3)	MO
DEPO-PROVERA INJ 400MG/ML	\$0 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMCYT	\$0 (Tier 4)	MO
ERLEADA	\$0 (Tier 5)	PA LA
exemestane	\$0 (Tier 4)	MO
flutamide	\$0 (Tier 4)	MO
fulvestrant	\$0 (Tier 5)	
letrozole	\$0 (Tier 2)	MO
leuprolide acetate	\$0 (Tier 3)	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	\$0 (Tier 5)	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	\$0 (Tier 5)	PA
LYSODREN	\$0 (Tier 3)	
megestrol acetate tabs 20mg, 40mg	\$0 (Tier 3)	MO
nilutamide	\$0 (Tier 5)	MO
NUBEQA	\$0 (Tier 5)	PA
SOLTAMOX	\$0 (Tier 5)	MO
tamoxifen citrate	\$0 (Tier 2)	MO
toremifene citrate	\$0 (Tier 4)	PA MO
TRELSTAR MIXJECT	\$0 (Tier 5)	PA
XTANDI	\$0 (Tier 5)	PA LA
ZYTIGA	\$0 (Tier 5)	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	\$0 (Tier 5)	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
REVLIMID	\$0 (Tier 5)	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA
MISCELLANEOUS		
arsenic trioxide	\$0 (Tier 5)	
bexarotene	\$0 (Tier 5)	PA
dacarbazine	\$0 (Tier 4)	
hydroxyurea	\$0 (Tier 2)	MO
IMLYGIC	\$0 (Tier 5)	PA
INQOVI	\$0 (Tier 5)	QL (5 EA per 28 days) PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
irinotecan hcl inj 100mg/5m/	\$0 (Tier 4)	
irinotecan hydrochloride inj 300mg/15ml, 40mg/2m/	\$0 (Tier 4)	
irinotecan inj 500mg/25m/	\$0 (Tier 4)	
KISQALI FEMARA 200MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
LONSURF	\$0 (Tier 5)	PA
MATULANE	\$0 (Tier 5)	LA
mitoxantrone hc/	\$0 (Tier 3)	
NIPENT	\$0 (Tier 5)	
SYLATRON KIT 200MCG, 300MCG	\$0 (Tier 5)	PA
SYNRIBO	\$0 (Tier 5)	PA
TOPOTECAN HCL INJ 4MG/4ML	\$0 (Tier 5)	
topotecan hcl inj 4mg	\$0 (Tier 5)	
tretinoin caps 10mg	\$0 (Tier 5)	MO
MITOTIC INHIBITORS		
ABRAXANE	\$0 (Tier 5)	
DOCETAXEL INJ 160MG/16ML	\$0 (Tier 4)	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	\$0 (Tier 5)	
docetaxel inj 20mg/ml, 80mg/4ml	\$0 (Tier 4)	
etoposide inj	\$0 (Tier 3)	
paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5m/	\$0 (Tier 4)	
toposar	\$0 (Tier 3)	
vinblastine sulfate	\$0 (Tier 4)	B/D
vincristine sulfate	\$0 (Tier 4)	B/D
vinorelbine tartrate	\$0 (Tier 4)	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AFINITOR DISPERZ TBSO 3MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
AFINITOR TABS 10MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
ALECENSA	\$0 (Tier 5)	PA LA
ALUNBRIG	\$0 (Tier 5)	PA LA
AVASTIN	\$0 (Tier 5)	PA LA
AYVAKIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA MO
BALVERSA TABS 4MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA MO
BALVERSA TABS 3MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA MO
BELEODAQ	\$0 (Tier 5)	PA
BORTEZOMIB	\$0 (Tier 5)	PA
BOSULIF	\$0 (Tier 5)	PA
BRAFTOVI	\$0 (Tier 5)	PA LA MO
BRUKINSA	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
CABOMETYX	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
CALQUENCE	\$0 (Tier 5)	PA LA MO
CAPRELSA	\$0 (Tier 5)	PA LA MO
COMETRIQ	\$0 (Tier 5)	PA LA
COPIKTRA	\$0 (Tier 5)	PA LA MO
COTELLIC	\$0 (Tier 5)	PA LA
DAURISMO	\$0 (Tier 5)	PA LA
ENHERTU	\$0 (Tier 5)	PA
ERIVEDGE	\$0 (Tier 5)	PA LA
erlotinib hydrochloride tabs 100mg, 150mg	\$0 (Tier 5)	QL (30 EA per 30 days) PA
erlotinib hydrochloride tabs 25mg	\$0 (Tier 5)	QL (90 EA per 30 days) PA
everolimus tabs 2.5mg, 5mg, 7.5mg	\$0 (Tier 5)	QL (30 EA per 30 days) PA
FARYDAK CAPS 10MG, 20MG	\$0 (Tier 5)	PA LA
GILOTRIF	\$0 (Tier 5)	PA LA MO
HERCEPTIN	\$0 (Tier 5)	PA
HERCEPTIN HYLECTA	\$0 (Tier 5)	PA
IBRANCE TABS	\$0 (Tier 5)	QL (21 EA per 28 days) PA
IBRANCE CAPS	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ICLUSIG	\$0 (Tier 5)	PA LA MO
IDHIFA	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
imatinib mesylate tabs 400mg	\$0 (Tier 5)	QL (60 EA per 30 days) PA
imatinib mesylate tabs 100mg	\$0 (Tier 5)	QL (90 EA per 30 days) PA
IMBRUVICA	\$0 (Tier 5)	PA LA MO
INLYTA TABS 5MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
INREBIC	\$0 (Tier 5)	QL (120 EA per 30 days) PA
IRESSA	\$0 (Tier 5)	PA LA
JAKAFI	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
KADCYLA	\$0 (Tier 5)	
KEYTRUDA	\$0 (Tier 5)	PA
KISQALI	\$0 (Tier 5)	PA
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 12MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LIBTAYO	\$0 (Tier 5)	PA
LORBRENA	\$0 (Tier 5)	PA LA
LUMOXITI	\$0 (Tier 5)	PA
LYNPARZA	\$0 (Tier 5)	PA LA
MEKINIST	\$0 (Tier 5)	PA LA
MEKTOVI	\$0 (Tier 5)	PA LA
MYLOTARG	\$0 (Tier 5)	PA LA
NERLYNX	\$0 (Tier 5)	PA LA
NEXAVAR	\$0 (Tier 5)	PA LA
NINLARO	\$0 (Tier 5)	PA
ODOMZO	\$0 (Tier 5)	PA LA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PADCEV	\$0 (Tier 5)	PA
PEMAZYRE	\$0 (Tier 5)	QL (14 EA per 21 days) PA MO
PIQRAY 200MG DAILY DOSE	\$0 (Tier 5)	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
POLIVY	\$0 (Tier 5)	PA
POTELIGEO	\$0 (Tier 5)	PA
QINLOCK	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
RITUXAN	\$0 (Tier 5)	PA LA
RITUXAN HYCELA	\$0 (Tier 5)	PA LA
ROMIDEPSIN	\$0 (Tier 5)	
ROZLYTREK CAPS 100MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
RUBRACA	\$0 (Tier 5)	PA LA
RYDAPT	\$0 (Tier 5)	PA
SARCLISA	\$0 (Tier 5)	PA
SPRYCEL	\$0 (Tier 5)	PA
STIVARGA	\$0 (Tier 5)	PA LA
SUTENT	\$0 (Tier 5)	QL (30 EA per 30 days) PA
TABRECTA	\$0 (Tier 5)	QL (112 EA per 28 days) PA
TAFINLAR	\$0 (Tier 5)	PA LA
TAGRISO	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
TALZENNA	\$0 (Tier 5)	PA LA
TASIGNA	\$0 (Tier 5)	PA
TAZVERIK	\$0 (Tier 5)	QL (240 EA per 30 days) PA MO
TECENTRIQ INJ 840MG/14ML	\$0 (Tier 5)	PA
TECENTRIQ INJ 1200MG/20ML	\$0 (Tier 5)	PA LA
temsirolimus	\$0 (Tier 5)	
TIBSOVO	\$0 (Tier 5)	PA LA
TUKYSA TABS 150MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUKYSA TABS 50MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA MO
TURALIO	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
TYKERB	\$0 (Tier 5)	PA LA
VELCADE	\$0 (Tier 5)	PA
VENCLEXTA STARTING PACK	\$0 (Tier 5)	PA LA MO
VENCLEXTA TABS 10MG	\$0 (Tier 4)	PA LA MO
VENCLEXTA TABS 100MG, 50MG	\$0 (Tier 5)	PA LA MO
VERZENIO	\$0 (Tier 5)	PA LA
VITRAKVI	\$0 (Tier 5)	PA LA
VIZIMPRO	\$0 (Tier 5)	PA LA
VOTRIENT	\$0 (Tier 5)	PA LA
XALKORI	\$0 (Tier 5)	PA LA
XOSPATA	\$0 (Tier 5)	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	\$0 (Tier 5)	QL (20 EA per 28 days) PA MO
XPOVIO 40 MG ONCE WEEKLY	\$0 (Tier 5)	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	\$0 (Tier 5)	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	\$0 (Tier 5)	QL (12 EA per 28 days) PA MO
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 5)	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	\$0 (Tier 5)	QL (16 EA per 28 days) PA MO
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 5)	QL (32 EA per 28 days) PA MO
YERVOY	\$0 (Tier 5)	PA
ZEJULA	\$0 (Tier 5)	PA LA MO
ZELBORAF	\$0 (Tier 5)	PA LA
ZOLINZA	\$0 (Tier 5)	PA
ZYDELIG	\$0 (Tier 5)	PA LA
ZYKADIA	\$0 (Tier 5)	PA
PROTECTIVE AGENTS		
dexrazoxane	\$0 (Tier 4)	
ELITEK	\$0 (Tier 5)	
KHAPZORY	\$0 (Tier 5)	B/D
leucovorin calcium tabs	\$0 (Tier 3)	MO
leucovorin calcium inj	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml	\$0 (Tier 4)	
levoleucovorin inj 50mg	\$0 (Tier 5)	
mesna	\$0 (Tier 4)	
MESNEX TABS	\$0 (Tier 5)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	\$0 (Tier 1)	QL (30 EA per 30 days) MO
benazepril hcl/hydrochlorothiazide	\$0 (Tier 1)	MO
captopril/hydrochlorothiazide	\$0 (Tier 1)	MO
enalapril maleate/hydrochlorothiazide	\$0 (Tier 1)	MO
fosinopril sodium/hydrochlorothiazide	\$0 (Tier 1)	MO
lisinopril/hydrochlorothiazide	\$0 (Tier 1)	MO
quinapril/hydrochlorothiazide	\$0 (Tier 2)	MO
trandolapril/verapamil hcl er	\$0 (Tier 1)	MO
ACE INHIBITORS		
benazepril hcl tabs 10mg, 40mg, 5mg	\$0 (Tier 1)	MO
benazepril hydrochloride tabs 20mg	\$0 (Tier 1)	MO
captopril/	\$0 (Tier 2)	MO
enalapril maleate	\$0 (Tier 1)	MO
fosinopril sodium	\$0 (Tier 1)	MO
lisinopril/	\$0 (Tier 1)	MO
moexipril hcl/	\$0 (Tier 1)	MO
perindopril erbumine	\$0 (Tier 2)	MO
quinapril hcl tabs 20mg, 40mg, 5mg	\$0 (Tier 1)	MO
quinapril hydrochloride tabs 10mg	\$0 (Tier 1)	MO
ramipril/	\$0 (Tier 1)	MO
trandolapril/	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	\$0 (Tier 4)	MO
spironolactone	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ALPHA BLOCKERS

doxazosin mesylate	\$0 (Tier 2)	MO
prazosin hcl caps 1mg, 5mg	\$0 (Tier 3)	MO
prazosin hydrochloride caps 2mg	\$0 (Tier 3)	MO
terazosin hcl caps 10mg, 1mg, 5mg	\$0 (Tier 1)	MO
terazosin hydrochloride caps 2mg	\$0 (Tier 1)	MO

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine besylate/valsartan	\$0 (Tier 1)	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil/	\$0 (Tier 4)	QL (30 EA per 30 days) MO
amlodipine/valsartan/hctz tabs 10mg/12.5mg/160mg, 10mg/25mg/160mg, 10mg/25mg/320mg, 5mg/25mg/160mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
amlodipine/valsartan/hydrochlorothiazide tabs 5mg/12.5mg/160mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
ENTRESTO	\$0 (Tier 3)	MO
irbesartan/hydrochlorothiazide	\$0 (Tier 1)	QL (30 EA per 30 days) MO
losartan potassium/hydrochlorothiazide	\$0 (Tier 1)	QL (30 EA per 30 days) MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide	\$0 (Tier 4)	QL (30 EA per 30 days) MO
olmesartan medoxomil/hydrochlorothiazide	\$0 (Tier 4)	QL (30 EA per 30 days) MO
telmisartan/amlodipine	\$0 (Tier 1)	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
valsartan/hydrochlorothiazide	\$0 (Tier 1)	QL (30 EA per 30 days) MO

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil/	\$0 (Tier 1)	QL (30 EA per 30 days) MO
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EDARBI	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
eprosartan mesylate	\$0 (Tier 1)	QL (30 EA per 30 days)
irbesartan	\$0 (Tier 1)	QL (30 EA per 30 days) MO
losartan potassium tabs 100mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
losartan potassium tabs 25mg, 50mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
olmesartan medoxomil	\$0 (Tier 3)	QL (30 EA per 30 days) MO
telmisartan	\$0 (Tier 1)	QL (30 EA per 30 days) MO
valsartan tabs 320mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
valsartan tabs 160mg, 40mg, 80mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hcl tabs 200mg, 400mg	\$0 (Tier 2)	MO
amiodarone hcl inj 50mg/ml	\$0 (Tier 4)	
amiodarone hydrochloride tabs 100mg	\$0 (Tier 2)	MO
amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml	\$0 (Tier 4)	
disopyramide phosphate	\$0 (Tier 4)	PA MO
dofetilide	\$0 (Tier 4)	
flecainide acetate	\$0 (Tier 3)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 4)	
LIDOCAINE HCL INJ 100MG/5ML	\$0 (Tier 4)	
lidocaine hcl inj 100mg/5ml (prefilled syringe), 50mg/5ml	\$0 (Tier 4)	
MULTAQ	\$0 (Tier 4)	MO
NORPACE CR	\$0 (Tier 4)	MO
pacerone	\$0 (Tier 2)	
propafenone hcl	\$0 (Tier 3)	MO
propafenone hydrochloride er	\$0 (Tier 4)	MO
quinidine sulfate	\$0 (Tier 2)	MO
sorine	\$0 (Tier 2)	
sotalol hcl	\$0 (Tier 2)	MO
sotalol hcl (af)	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTILIPEMICS, FIBRATES		
fenofibrate micronized	\$0 (Tier 3)	MO
fenofibrate caps	\$0 (Tier 3)	MO
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	\$0 (Tier 3)	MO
fenofibrate tabs 120mg, 40mg	\$0 (Tier 4)	MO
fenofibric acid dr caps	\$0 (Tier 4)	MO
gemfibrozil	\$0 (Tier 2)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	\$0 (Tier 1)	QL (30 EA per 30 days) MO
fluvastatin caps	\$0 (Tier 1)	QL (60 EA per 30 days) MO
fluvastatin sodium er tabs	\$0 (Tier 1)	QL (30 EA per 30 days) MO
lovastatin	\$0 (Tier 1)	MO
pravastatin sodium	\$0 (Tier 1)	QL (30 EA per 30 days) MO
rosuvastatin calcium	\$0 (Tier 1)	QL (30 EA per 30 days) MO
simvastatin	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	\$0 (Tier 4)	MO
cholestyramine light	\$0 (Tier 4)	MO
colesevelam hydrochloride	\$0 (Tier 3)	MO
colestipol hcl	\$0 (Tier 4)	MO
ezetimibe	\$0 (Tier 4)	MO
ezetimibe/simvastatin	\$0 (Tier 3)	QL (30 EA per 30 days) MO
FENOFIBRIC ACID TABS	\$0 (Tier 3)	
JUXTAPID	\$0 (Tier 5)	PA LA MO
niacin er tbc 1000mg, 750mg	\$0 (Tier 4)	MO
niacin er tbc 500mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
niacin tabs 500mg	\$0 (Tier 4)	MO
niacor	\$0 (Tier 4)	MO
omega-3-acid ethyl esters	\$0 (Tier 4)	QL (120 EA per 30 days) MO
PRALUENT	\$0 (Tier 3)	PA MO
prevalite	\$0 (Tier 4)	MO
VASCEPA	\$0 (Tier 4)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone	\$0 (Tier 3)	MO
bisoprolol fumarate/hydrochlorothiazide	\$0 (Tier 2)	MO
metoprolol/hydrochlorothiazide	\$0 (Tier 3)	MO
propranolol/hydrochlorothiazide	\$0 (Tier 2)	MO

BETA-BLOCKERS

acebutolol hcl caps 200mg	\$0 (Tier 2)	MO
acebutolol hydrochloride caps 400mg	\$0 (Tier 2)	MO
atenolo/	\$0 (Tier 1)	MO
betaxolol hcl tabs 10mg, 20mg	\$0 (Tier 3)	MO
bisoprolol fumarate	\$0 (Tier 2)	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
carvedilol phosphate er caps	\$0 (Tier 4)	QL (30 EA per 30 days) MO
carvedilol tabs	\$0 (Tier 1)	MO
labetalol hydrochloride tabs	\$0 (Tier 3)	MO
labetalol hydrochloride inj 5mg/ml	\$0 (Tier 4)	MO
metoprolol succinate er	\$0 (Tier 2)	MO
metoprolol tartrate tabs	\$0 (Tier 1)	MO
metoprolol tartrate cartridge 5mg/5ml	\$0 (Tier 4)	
metoprolol tartrate vial 5mg/5ml	\$0 (Tier 4)	MO
nadolo/	\$0 (Tier 4)	MO
pindolo/	\$0 (Tier 3)	MO
propranolol hcl er caps 120mg, 160mg	\$0 (Tier 4)	MO
propranolol hcl oral soln, tabs 40mg, 80mg	\$0 (Tier 3)	MO
propranolol hcl inj	\$0 (Tier 4)	
propranolol hydrochloride er caps 60mg, 80mg	\$0 (Tier 4)	MO
propranolol hydrochloride tabs 10mg, 20mg, 60mg	\$0 (Tier 3)	MO
timolol maleate tabs 10mg, 20mg, 5mg	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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CALCIUM CHANNEL BLOCKERS

afeditab cr tb24 30mg	\$0 (Tier 3)	
amlodipine besylate	\$0 (Tier 1)	MO
cartia xt	\$0 (Tier 2)	
dilt-xr	\$0 (Tier 2)	MO
diltiazem hcl cd	\$0 (Tier 2)	MO
diltiazem hcl er caps, tabs	\$0 (Tier 2)	MO
diltiazem hcl tabs	\$0 (Tier 2)	MO
DILTIAZEM HCL INJ 100MG	\$0 (Tier 4)	
diltiazem hcl inj 125mg/25ml, 50mg/10ml	\$0 (Tier 4)	
diltiazem hydrochloride inj 25mg/5ml/	\$0 (Tier 4)	
felodipine er	\$0 (Tier 4)	MO
isradipine	\$0 (Tier 2)	MO
matzim la	\$0 (Tier 2)	MO
nicardipine hcl caps	\$0 (Tier 4)	MO
nifedical x/	\$0 (Tier 3)	
nifedipine er	\$0 (Tier 3)	MO
nimodipine	\$0 (Tier 4)	MO
nisoldipine er	\$0 (Tier 4)	MO
NYMALIZE	\$0 (Tier 5)	
taztia xt	\$0 (Tier 2)	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg	\$0 (Tier 2)	
tiadylt er cp24 420mg	\$0 (Tier 2)	MO
verapamil hcl 40mg, 80mg	\$0 (Tier 1)	MO
verapamil hcl er caps 100mg, 120mg, 180mg, 240mg, 300mg	\$0 (Tier 2)	MO
VERAPAMIL HCL SR CP24 360MG	\$0 (Tier 3)	MO
verapamil hcl sr cp24 120mg, 180mg, 240mg	\$0 (Tier 2)	MO
verapamil hcl sr tbc 240mg	\$0 (Tier 2)	MO
verapamil hydrochloride er caps 200mg	\$0 (Tier 2)	MO
verapamil hydrochloride tabs 120mg	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
verapamil hcl inj 2.5mg/ml/	\$0 (Tier 4)	MO
DIURETICS		
acetazolamide er caps	\$0 (Tier 4)	MO
acetazolamide tabs	\$0 (Tier 3)	MO
amiloride hcl/	\$0 (Tier 3)	MO
amiloride/hydrochlorothiazide	\$0 (Tier 2)	MO
bumetanide	\$0 (Tier 3)	MO
chlorthalidone	\$0 (Tier 2)	MO
furosemide oral soln, tabs	\$0 (Tier 1)	MO
furosemide inj	\$0 (Tier 4)	MO
hydrochlorothiazide	\$0 (Tier 1)	MO
indapamide	\$0 (Tier 2)	MO
methazolamide	\$0 (Tier 4)	MO
metolazone	\$0 (Tier 4)	MO
spironolactone/hydrochlorothiazide	\$0 (Tier 3)	MO
torsemide	\$0 (Tier 3)	MO
triamterene/hydrochlorothiazide	\$0 (Tier 1)	MO
MISCELLANEOUS		
aliskiren	\$0 (Tier 4)	MO
amlodipine besylate/atorvastatin calcium	\$0 (Tier 1)	MO
BIDIL	\$0 (Tier 4)	MO
clonidine hcl weekly patch	\$0 (Tier 3)	QL (8 EA per 28 days) MO
clonidine hydrochloride tabs	\$0 (Tier 2)	MO
CORLANOR SOLN	\$0 (Tier 4)	
CORLANOR TABS	\$0 (Tier 4)	MO
DEMSER	\$0 (Tier 5)	PA MO
digitek	\$0 (Tier 3)	QL (30 EA per 30 days)
digox	\$0 (Tier 3)	QL (30 EA per 30 days)
digoxin oral soln	\$0 (Tier 3)	MO
digoxin tabs	\$0 (Tier 3)	QL (30 EA per 30 days) MO
digoxin inj	\$0 (Tier 4)	MO
guanfacine hcl/	\$0 (Tier 4)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydralazine hcl tabs 10mg	\$0 (Tier 2)	MO
hydralazine hcl inj	\$0 (Tier 4)	MO
hydralazine hydrochloride tabs 100mg, 25mg, 50mg	\$0 (Tier 2)	MO
methyldopa	\$0 (Tier 4)	PA MO
midodrine hcl	\$0 (Tier 4)	MO
minoxidil	\$0 (Tier 2)	MO
NORTHERA CAPS 200MG, 300MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
ranolazine er	\$0 (Tier 3)	MO
NITRATES		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	\$0 (Tier 3)	MO
isosorbide dinitrate immediate release tabs 40mg	\$0 (Tier 4)	MO
isosorbide mononitrate er tabs	\$0 (Tier 2)	MO
isosorbide mononitrate immediate release tabs	\$0 (Tier 1)	MO
minitran	\$0 (Tier 2)	
NITRO-BID	\$0 (Tier 3)	MO
NITRO-DUR	\$0 (Tier 4)	MO
nitroglycerin lingual spray 0.4mg	\$0 (Tier 4)	MO
nitroglycerin patch	\$0 (Tier 2)	MO
NITROGLYCERIN INJ	\$0 (Tier 4)	
nitroglycerin sublingual	\$0 (Tier 3)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
alyq	\$0 (Tier 5)	PA
ambrisentan	\$0 (Tier 5)	QL (30 EA per 30 days) PA
bosentan tabs 62.5mg	\$0 (Tier 5)	QL (120 EA per 30 days) PA
bosentan tabs 125mg	\$0 (Tier 5)	QL (60 EA per 30 days) PA
epoprostenol sodium	\$0 (Tier 4)	B/D LA
OPSUMIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sildenafil inj	\$0 (Tier 5)	QL (1125 ML per 30 days) PA
sildenafil citrate tabs 20mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA
tadalafil (generic addcirca) tabs 20mg	\$0 (Tier 5)	PA
TRACLEER TABS FOR ORAL SUSP	\$0 (Tier 5)	QL (120 EA per 30 days) PA
treprostini/	\$0 (Tier 5)	PA
VENTAVIS	\$0 (Tier 5)	PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam er tb24 0.5mg, 1mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
alprazolam er tb24 3mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
alprazolam er tb24 2mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	\$0 (Tier 4)	QL (300 ML per 30 days) MO
alprazolam tabs 0.25mg, 0.5mg	\$0 (Tier 3)	QL (120 EA per 30 days) MO
alprazolam tabs 1mg, 2mg	\$0 (Tier 3)	QL (150 EA per 30 days) MO
buspirone hcl/	\$0 (Tier 2)	MO
buspirone hydrochloride	\$0 (Tier 2)	MO
chlordiazepoxide hcl tabs 10mg, 5mg	\$0 (Tier 4)	QL (120 EA per 30 days) MO
chlordiazepoxide hydrochloride tabs 25mg	\$0 (Tier 4)	QL (120 EA per 30 days) MO
fluvoxamine maleate er	\$0 (Tier 4)	QL (60 EA per 30 days) MO
fluvoxamine maleate tabs	\$0 (Tier 3)	MO
lorazepam conc	\$0 (Tier 2)	QL (150 ML per 30 days) MO
lorazepam inj	\$0 (Tier 4)	QL (150 ML per 30 days) MO
lorazepam tabs 0.5mg	\$0 (Tier 2)	QL (120 EA per 30 days) MO
lorazepam tabs 1mg, 2mg	\$0 (Tier 2)	QL (150 EA per 30 days) MO
meprobamate	\$0 (Tier 4)	PA MO
oxazepam	\$0 (Tier 4)	QL (120 EA per 30 days) MO
ANTICONVULSANTS		
APTOM	\$0 (Tier 5)	MO
BANZEL	\$0 (Tier 5)	PA MO
BRIVIACT INJ	\$0 (Tier 5)	PA
BRIVIACT ORAL SOLN, TABS	\$0 (Tier 5)	PA MO
carbamazepine	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine <i>er</i>	\$0 (Tier 4)	MO
CELONTIN	\$0 (Tier 4)	MO
clobazam tabs	\$0 (Tier 4)	PA MO
clobazam susp	\$0 (Tier 5)	PA MO
clonazepam odt tbdp 2mg	\$0 (Tier 3)	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
clonazepam tabs 2mg	\$0 (Tier 2)	QL (300 EA per 30 days) MO
clonazepam tabs 0.5mg, 1mg	\$0 (Tier 2)	QL (90 EA per 30 days) MO
clorazepate dipotassium tabs 15mg	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
DIAZEPAM RECTAL GEL	\$0 (Tier 4)	MO
diazepam tabs	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
diazepam oral conc 5mg/ml	\$0 (Tier 3)	QL (240 ML per 30 days) PA MO
diazepam oral soln	\$0 (Tier 4)	QL (1200 ML per 30 days) PA MO
diazepam inj	\$0 (Tier 4)	QL (240 ML per 30 days) PA MO
DILANTIN	\$0 (Tier 4)	MO
DILANTIN INFATABS	\$0 (Tier 4)	MO
DILANTIN-125	\$0 (Tier 4)	MO
divalproex sodium <i>dr</i>	\$0 (Tier 3)	MO
divalproex sodium <i>er</i>	\$0 (Tier 4)	MO
divalproex sodium sprinkle caps	\$0 (Tier 3)	MO
EPIDIOLEX	\$0 (Tier 5)	QL (600 ML per 30 days) PA LA
epito/	\$0 (Tier 4)	
ethosuximide caps	\$0 (Tier 3)	MO
ethosuximide soln	\$0 (Tier 4)	MO
felbamate	\$0 (Tier 4)	MO
FINTEPLA	\$0 (Tier 5)	QL (360 ML per 30 days) PA
fosphenytoin sodium inj 100mg pe/2m/	\$0 (Tier 4)	
fosphenytoin sodium inj 500mg pe/10ml	\$0 (Tier 4)	MO
FYCOMPA SUSP	\$0 (Tier 5)	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FYCOMPA TABS 10MG, 12MG, 8MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
gabapentin caps 300mg	\$0 (Tier 3)	QL (360 EA per 30 days) MO
gabapentin caps 100mg, 400mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
gabapentin soln	\$0 (Tier 3)	QL (2160 ML per 30 days) MO
gabapentin tabs 600mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
gabapentin tabs 800mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
lamotrigine	\$0 (Tier 2)	MO
lamotrigine <i>er</i>	\$0 (Tier 4)	MO
lamotrigine <i>odt</i>	\$0 (Tier 4)	MO
lamotrigine starter kit/ <i>blue</i>	\$0 (Tier 4)	MO
lamotrigine starter kit/ <i>green</i>	\$0 (Tier 4)	MO
lamotrigine starter kit/ <i>orange</i>	\$0 (Tier 4)	MO
levetiracetam <i>er</i>	\$0 (Tier 4)	MO
levetiracetam/sodium chloride	\$0 (Tier 4)	
levetiracetam oral soln, tabs	\$0 (Tier 2)	MO
levetiracetam inj	\$0 (Tier 4)	
NAYZILAM	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
oxcarbazepine tabs	\$0 (Tier 3)	MO
oxcarbazepine susp	\$0 (Tier 4)	MO
PEGANONE	\$0 (Tier 4)	MO
PHENOBARBITAL SODIUM INJ	\$0 (Tier 4)	PA
PHENOBARBITAL TABS	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
PHENOBARBITAL ELIX	\$0 (Tier 4)	QL (1500 ML per 30 days) PA MO
PHENYTEK	\$0 (Tier 4)	MO
phenytoin chew, <i>susp</i>	\$0 (Tier 3)	MO
phenytoin sodium extended	\$0 (Tier 3)	MO
phenytoin sodium inj	\$0 (Tier 4)	
pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
pregabalin caps 225mg, 300mg	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
pregabalin caps 200mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pregabalin soln	\$0 (Tier 3)	QL (900 ML per 30 days) PA MO
primidone	\$0 (Tier 2)	MO
roweepra	\$0 (Tier 2)	
roweepra xr	\$0 (Tier 4)	
SPRITAM	\$0 (Tier 4)	PA MO
subvenite	\$0 (Tier 2)	
subvenite starter kit/blue	\$0 (Tier 4)	
subvenite starter kit/green	\$0 (Tier 4)	
subvenite starter kit/orange	\$0 (Tier 4)	
SYMPAZAN FILM 5MG	\$0 (Tier 4)	PA MO
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 5)	PA MO
tiagabine hydrochloride tabs	\$0 (Tier 4)	MO
topiramate	\$0 (Tier 2)	MO
TOPIRAMATE ER	\$0 (Tier 4)	MO
valproate sodium inj 100mg/ml	\$0 (Tier 4)	
valproic acid caps, soln	\$0 (Tier 2)	MO
VALTOCO	\$0 (Tier 4)	QL (10 EA per 30 days) PA
vigabatrin	\$0 (Tier 5)	QL (180 EA per 30 days) PA
vigadrone	\$0 (Tier 4)	QL (180 EA per 30 days) PA
VIMPAT INJ	\$0 (Tier 5)	
VIMPAT ORAL SOLN	\$0 (Tier 5)	MO
VIMPAT TABS 50MG	\$0 (Tier 4)	MO
VIMPAT TABS 100MG, 150MG, 200MG	\$0 (Tier 5)	MO
XCOPRI TABS 150MG	\$0 (Tier 5)	
XCOPRI TABS 100MG, 200MG, 50MG	\$0 (Tier 5)	MO
XCOPRI TITRATION PACK 12.5MG-25MG	\$0 (Tier 4)	MO
XCOPRI MAINTENACE PACK	\$0 (Tier 5)	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	\$0 (Tier 5)	MO
zonisamide	\$0 (Tier 2)	MO
ANTIDEMENTIA		
donepezil hcl odt tabs 5mg, 10mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
donepezil hcl tabs 10mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
donepezil hcl tabs 23mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
donepezil hydrochloride tabs 5mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
galantamine hydrobromide <i>er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
galantamine hydrobromide soln	\$0 (Tier 4)	QL (200 ML per 30 days) MO
galantamine hydrobromide tabs	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	\$0 (Tier 3)	QL (98 EA per 365 days) PA MO
memantine hydrochloride <i>er</i>	\$0 (Tier 4)	PA MO
memantine hydrochloride soln	\$0 (Tier 3)	QL (360 ML per 30 days) PA MO
memantine hydrochloride tabs	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 4)	MO
rivastigmine tartrate caps	\$0 (Tier 4)	QL (60 EA per 30 days) MO
rivastigmine patch	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl/	\$0 (Tier 3)	PA MO
amitriptyline hydrochloride tabs 10mg, 50mg	\$0 (Tier 3)	PA MO
amoxapine	\$0 (Tier 3)	MO
bupropion hcl tabs 100mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
bupropion hydrochloride <i>er</i> (sr) tb12 100mg, 150mg, 200mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
bupropion hydrochloride <i>er</i> (xl) tb24 150mg, 300mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
bupropion hydrochloride tabs 75mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
citalopram hydrobromide soln	\$0 (Tier 3)	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
citalopram hydrobromide tabs 40mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
citalopram hydrobromide tabs 20mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
clomipramine hcl caps	\$0 (Tier 4)	PA MO
desipramine hcl/	\$0 (Tier 4)	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
desvenlafaxine <i>er</i> (generic Pristiq) tb24 100mg, 25mg, 50mg	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml	\$0 (Tier 3)	PA MO
doxepin hydrochloride caps 25mg	\$0 (Tier 3)	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
duloxetine hydrochloride caps 20mg, 30mg, 60mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
EMSAM	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
escitalopram oxalate soln	\$0 (Tier 3)	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	\$0 (Tier 3)	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	\$0 (Tier 4)	PA MO
FETZIMA CP24 120MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
fluoxetine dr caps 90mg	\$0 (Tier 4)	QL (4 EA per 28 days) MO
fluoxetine hcl caps 20mg	\$0 (Tier 2)	QL (120 EA per 30 days) MO
fluoxetine hydrochloride caps 10mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
fluoxetine hydrochloride caps 40mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
fluoxetine hydrochloride soln	\$0 (Tier 2)	MO
fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg	\$0 (Tier 2)	MO
fluoxetine hydrochloride tabs 60mg	\$0 (Tier 3)	MO
imipramine hcl tabs 25mg, 50mg	\$0 (Tier 3)	PA MO
imipramine hydrochloride tabs 10mg	\$0 (Tier 3)	PA MO
imipramine pamoate	\$0 (Tier 4)	PA MO
maprotiline hc/	\$0 (Tier 4)	MO
MARPLAN	\$0 (Tier 4)	QL (180 EA per 30 days) MO
mirtazapine	\$0 (Tier 2)	QL (30 EA per 30 days) MO
mirtazapine odt	\$0 (Tier 3)	QL (30 EA per 30 days) MO
nefazodone hcl tabs 100mg, 150mg	\$0 (Tier 4)	MO
nefazodone hydrochloride tabs 200mg, 250mg, 50mg	\$0 (Tier 4)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nortriptyline hcl/	\$0 (Tier 3)	MO
nortriptyline hydrochloride caps 10mg, 50mg	\$0 (Tier 3)	MO
paroxetine hcl er tb24 37.5mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
paroxetine hcl er tb24 12.5mg, 25mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
paroxetine hcl tabs 30mg, 40mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
paroxetine hydrochloride tabs 10mg, 20mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
PAXIL ORAL SUSP	\$0 (Tier 4)	QL (900 ML per 30 days) MO
perphenazine/amitriptyline	\$0 (Tier 4)	PA MO
phenelzine sulfate	\$0 (Tier 3)	MO
protriptyline hcl/	\$0 (Tier 4)	MO
sertraline hcl oral conc	\$0 (Tier 3)	QL (300 ML per 30 days) MO
sertraline hcl tabs 25mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
sertraline hcl tabs 50mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
sertraline hydrochloride tabs 100mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
tranylcypromine sulfate	\$0 (Tier 4)	MO
trazodone hydrochloride tabs	\$0 (Tier 1)	MO
trimipramine maleate caps 50mg	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
trimipramine maleate caps 25mg	\$0 (Tier 4)	QL (240 EA per 30 days) PA MO
trimipramine maleate caps 100mg	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	\$0 (Tier 4)	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
venlafaxine hcl er cp24 37.5mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hcl er cp24 150mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
venlafaxine hcl er tb24 37.5mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0 (Tier 2)	MO
venlafaxine hydrochloride er cp24 75mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 225mg, 75mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 150mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
VIIBRYD	\$0 (Tier 4)	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	\$0 (Tier 4)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZOLOFT ORAL CONC	\$0 (Tier 4)	QL (300 ML per 30 days) MO
ANTIPARKINSONIAN AGENTS		
amantadine hcl tabs	\$0 (Tier 3)	MO
amantadine hcl syrp	\$0 (Tier 4)	MO
amantadine hcl caps	\$0 (Tier 4)	QL (120 EA per 30 days) MO
APOKYN	\$0 (Tier 5)	QL (60 ML per 30 days) PA LA
benztropine mesylate inj	\$0 (Tier 2)	MO
benztropine mesylate tabs	\$0 (Tier 2)	PA MO
bromocriptine mesylate tabs, caps	\$0 (Tier 4)	MO
carbidopa tabs	\$0 (Tier 5)	MO
carbidopa/levodopa	\$0 (Tier 2)	MO
carbidopa/levodopa er	\$0 (Tier 4)	MO
carbidopa/levodopa odt	\$0 (Tier 3)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 4)	MO
entacapone	\$0 (Tier 4)	MO
NEUPRO	\$0 (Tier 4)	MO
pramipexole dihydrochloride er	\$0 (Tier 4)	QL (30 EA per 30 days) MO
pramipexole dihydrochloride immediate release tabs	\$0 (Tier 2)	MO
rasagiline mesylate	\$0 (Tier 3)	MO
ropinirole er tb24 6mg	\$0 (Tier 4)	QL (120 EA per 30 days) MO
ropinirole er tb24 4mg	\$0 (Tier 4)	QL (150 EA per 30 days) MO
ropinirole er tb24 2mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ropinirole er tb24 12mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
ropinirole er tb24 8mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	\$0 (Tier 2)	MO
ropinirole hydrochloride immediate release tabs 0.25mg, 3mg	\$0 (Tier 2)	MO
selegiline hcl tabs, caps	\$0 (Tier 2)	MO
trihexyphenidyl hcl oral soln	\$0 (Tier 2)	PA MO
trihexyphenidyl hydrochloride tabs	\$0 (Tier 2)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ANTIPSYCHOTICS

ABILIFY MAINTENA	\$0 (Tier 5)	QL (1 EA per 28 days) MO
aripiprazole odt	\$0 (Tier 5)	QL (60 EA per 30 days) MO
aripiprazole tabs	\$0 (Tier 4)	QL (30 EA per 30 days) MO
aripiprazole soln	\$0 (Tier 4)	QL (900 ML per 30 days) MO
ARISTADA INITIO	\$0 (Tier 5)	
ARISTADA INJ 441MG/1.6ML	\$0 (Tier 5)	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	\$0 (Tier 5)	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	\$0 (Tier 5)	QL (3.9 ML per 56 days)
CAPLYTA	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
chlorpromazine hcl tabs	\$0 (Tier 4)	MO
CHLORPROMAZINE HCL INJ 50MG/2ML	\$0 (Tier 4)	
CHLORPROMAZINE HCL INJ 25MG/ML	\$0 (Tier 4)	MO
clozapine	\$0 (Tier 3)	
CLOZAPINE ODT TBDP 200MG	\$0 (Tier 4)	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	\$0 (Tier 4)	QL (180 EA per 30 days) PA
clozapine odt tbdp 12.5mg, 25mg	\$0 (Tier 4)	PA
clozapine odt tbdp 100mg	\$0 (Tier 4)	QL (270 EA per 30 days) PA
FANAPT TITRATION PACK	\$0 (Tier 4)	PA MO
FANAPT TABS 1MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
fluphenazine decanoate inj	\$0 (Tier 4)	MO
fluphenazine hcl oral conc, tabs	\$0 (Tier 2)	MO
fluphenazine hcl inj	\$0 (Tier 4)	MO
fluphenazine hydrochloride oral elixir	\$0 (Tier 2)	MO
GEODON INJ	\$0 (Tier 4)	QL (6 EA per 3 days) MO
haloperidol tabs, oral conc	\$0 (Tier 3)	MO
haloperidol decanoate inj	\$0 (Tier 4)	MO
haloperidol lactate inj	\$0 (Tier 4)	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (Tier 4)	QL (0.25 ML per 28 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (Tier 5)	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (Tier 5)	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	\$0 (Tier 5)	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	\$0 (Tier 5)	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	\$0 (Tier 5)	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	\$0 (Tier 5)	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
loxapine caps 10mg	\$0 (Tier 3)	MO
loxapine succinate	\$0 (Tier 3)	MO
molindone hydrochloride	\$0 (Tier 3)	
NUPLAZID	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
olanzapine odt	\$0 (Tier 4)	QL (30 EA per 30 days) MO
olanzapine inj	\$0 (Tier 4)	QL (3 EA per 1 days) MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
paliperidone er tb24 9mg	\$0 (Tier 5)	QL (30 EA per 30 days) MO
perphenazine	\$0 (Tier 4)	MO
PERSERIS	\$0 (Tier 5)	QL (1 EA per 30 days)
pimozide	\$0 (Tier 4)	MO
quetiapine fumarate er tb24 150mg, 200mg	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
quetiapine fumarate er tb24 300mg, 400mg, 50mg	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
quetiapine fumarate tabs 200mg	\$0 (Tier 3)	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	\$0 (Tier 4)	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	\$0 (Tier 5)	QL (2 EA per 28 days) MO
risperidone odt tbdp 1mg, 2mg, 3mg, 4mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
risperidone soln	\$0 (Tier 2)	MO
risperidone tabs 4mg	\$0 (Tier 2)	QL (120 EA per 30 days) MO
risperidone tabs 1mg, 2mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
risperidone tabs 0.25mg, 0.5mg, 3mg	\$0 (Tier 2)	QL (90 EA per 30 days) MO
SAPHRIS	\$0 (Tier 5)	QL (60 EA per 30 days) MO
SECUADO	\$0 (Tier 5)	QL (30 EA per 30 days)
thioridazine hcl tabs	\$0 (Tier 3)	PA MO
thiothixene	\$0 (Tier 4)	MO
trifluoperazine hcl/	\$0 (Tier 4)	MO
VERSACLOZ	\$0 (Tier 5)	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	\$0 (Tier 4)	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
ziprasidone hcl caps	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ziprasidone mesylate inj	\$0 (Tier 4)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	\$0 (Tier 4)	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	\$0 (Tier 5)	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	\$0 (Tier 5)	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/dextroamphetamine er cp24	\$0 (Tier 4)	QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 20mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
atomoxetine caps 10mg, 18mg, 25mg	\$0 (Tier 4)	QL (120 EA per 30 days) MO
atomoxetine caps 100mg, 60mg, 80mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
atomoxetine caps 40mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
dexmethylphenidate hcl er caps	\$0 (Tier 4)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexmethylphenidate hcl tabs 5mg, 10mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
dexmethylphenidate hydrochloride tabs 2.5mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	\$0 (Tier 4)	QL (120 EA per 30 days) MO
dextroamphetamine sulfate tabs	\$0 (Tier 4)	QL (180 EA per 30 days) MO
dextroamphetamine sulfate soln	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
guanfacine er	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
metadate er	\$0 (Tier 4)	QL (90 EA per 30 days)
methylphenidate hydrochloride cd er caps 10mg, 20mg, 50mg, 60mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic ritalin la) 60mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 10mg, 15mg, 50mg, 60mg	\$0 (Tier 4)	QL (30 EA per 30 days)
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg	\$0 (Tier 4)	QL (30 EA per 30 days)
methylphenidate hydrochloride cd er caps 30mg, 40mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr 10mg, 20mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tabs	\$0 (Tier 3)	QL (90 EA per 30 days) MO
methylphenidate hydrochloride chewable tabs	\$0 (Tier 4)	QL (180 EA per 30 days) MO
methylphenidate hydrochloride oral soln 5mg/5m/	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride oral soln 10mg/5m/	\$0 (Tier 4)	QL (900 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYVANSE	\$0 (Tier 4)	QL (30 EA per 30 days) MO
zenzedi tabs 10mg, 5mg	\$0 (Tier 4)	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	\$0 (Tier 4)	QL (30 EA per 30 days) MO
doxepin hydrochloride tabs 3mg, 6mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
eszopiclone	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
HETLIOZ	\$0 (Tier 5)	PA LA MO
temazepam	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
triazolam	\$0 (Tier 4)	QL (60 EA per 30 days) MO
zaleplon caps 5mg	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
zolpidem tartrate immediate release tabs	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
zolpidem tartrate subl	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	\$0 (Tier 3)	QL (1 ML per 30 days) PA
almotriptan malate	\$0 (Tier 4)	QL (8 EA per 30 days) MO
dihydroergotamine mesylate inj	\$0 (Tier 4)	PA MO
dihydroergotamine mesylate nasal soln	\$0 (Tier 5)	QL (8 ML per 30 days) PA MO
eletriptan hydrobromide	\$0 (Tier 3)	QL (12 EA per 30 days) MO
ergotamine tartrate/caffeine	\$0 (Tier 3)	MO
frovatriptan succinate	\$0 (Tier 4)	QL (12 EA per 30 days) MO
naratriptan hc/	\$0 (Tier 3)	QL (9 EA per 30 days) MO
rizatriptan benzoate odt	\$0 (Tier 3)	QL (12 EA per 30 days) MO
rizatriptan benzoate tabs	\$0 (Tier 3)	QL (12 EA per 30 days) MO
sumatriptan nasal spray	\$0 (Tier 2)	QL (12 EA per 30 days) MO
sumatriptan succinate refill/	\$0 (Tier 4)	QL (4 ML per 30 days) MO
sumatriptan succinate tabs	\$0 (Tier 2)	QL (9 EA per 30 days) MO
sumatriptan succinate prefilled syringe 6mg/0.5ml/	\$0 (Tier 4)	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	\$0 (Tier 4)	QL (4 ML per 30 days) MO
sumatriptan/naproxen sodium	\$0 (Tier 4)	QL (9 EA per 30 days) MO
zolmitriptan odt	\$0 (Tier 4)	QL (6 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zolmitriptan tabs	\$0 (Tier 4)	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	\$0 (Tier 4)	
lithium carbonate caps, tabs	\$0 (Tier 1)	MO
lithium carbonate er	\$0 (Tier 4)	MO
LITHIUM ORAL SOLN	\$0 (Tier 4)	MO
LYRICA CR	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
NUDEXTA	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
pyridostigmine bromide tabs 60mg, 30mg	\$0 (Tier 3)	MO
pyridostigmine bromide er	\$0 (Tier 3)	MO
riluzole	\$0 (Tier 3)	MO
tetrabenazine tabs 25mg	\$0 (Tier 5)	QL (120 EA per 30 days) PA
tetrabenazine tabs 12.5mg	\$0 (Tier 5)	QL (90 EA per 30 days) PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	\$0 (Tier 5)	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	\$0 (Tier 5)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (Tier 5)	QL (30 ML per 30 days) PA
dalfampridine er	\$0 (Tier 5)	PA
GILENYA CAPS 0.5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
REBIF	\$0 (Tier 5)	QL (6 ML per 28 days) PA
REBIF REBIDOSE	\$0 (Tier 5)	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	\$0 (Tier 5)	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	\$0 (Tier 5)	QL (8.4 ML per 365 days) PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs	\$0 (Tier 3)	MO
CHLORZOXAZONE TABS 250MG	\$0 (Tier 3)	QL (180 EA per 30 days) PA
chlorzoxazone tabs 500mg	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
cyclobenzaprine hydrochloride tabs 10mg, 5mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
dantrolene sodium caps 25mg, 50mg, 100mg	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tizanidine hcl caps, tabs (2mg)	\$0 (Tier 2)	MO
tizanidine hydrochloride tabs 4mg	\$0 (Tier 2)	MO
NARCOLEPSY/CATAPLEXY		
armodafinil/	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
modafinil tabs 100mg	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
XYREM	\$0 (Tier 5)	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	\$0 (Tier 4)	MO
buprenorphine hcl subl 2mg, 8mg	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO
buprenorphine hcl/naloxone hcl subl tabs	\$0 (Tier 2)	QL (90 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 150mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
CHANTIX	\$0 (Tier 4)	PA MO
CHANTIX CONTINUING MONTH PAK	\$0 (Tier 4)	PA MO
CHANTIX STARTING MONTH PAK	\$0 (Tier 4)	PA MO
disulfiram tabs	\$0 (Tier 4)	MO
naloxone hcl cartridge 0.4mg/ml	\$0 (Tier 2)	
naloxone hcl inj 4mg/10ml	\$0 (Tier 2)	MO
naloxone hcl inj 2mg/2ml	\$0 (Tier 3)	
naloxone hydrochloride inj 0.4mg/ml	\$0 (Tier 2)	MO
naltrexone hcl tabs	\$0 (Tier 3)	MO
NARCAN	\$0 (Tier 3)	MO
NICOTROL INHALER	\$0 (Tier 4)	MO
NICOTROL NASAL SPRAY	\$0 (Tier 4)	MO
VIVITROL	\$0 (Tier 5)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	\$0 (Tier 5)	PA MO
ANDRODERM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
oxandrolone tabs 2.5mg	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
testosterone cypionate inj	\$0 (Tier 4)	PA MO
testosterone enanthate inj	\$0 (Tier 4)	PA MO
testosterone pump gel 1% (12.5mg/act)	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
testosterone pump gel 2% (10mg/act)	\$0 (Tier 3)	QL (120 GM per 30 days) PA MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
testosterone topical soln 30mg/act	\$0 (Tier 3)	QL (180 ML per 30 days) PA MO

ANTIDIABETICS, INSULINS

BD ALCOHOL SWABS	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"		
BASAGLAR KWIKPEN	\$0 (Tier 3)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"		
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"		
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"		
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM		
CURITY GAUZE PADS 2"X2"	\$0 (Tier 1)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP	\$0 (Tier 3)	MO
FIASP FLEXTOUCH	\$0 (Tier 3)	MO
FIASP PENFILL	\$0 (Tier 3)	MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 5)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 5)	MO
LEVEMIR	\$0 (Tier 3)	MO
LEVEMIR FLEXTOUCH	\$0 (Tier 3)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG	\$0 (Tier 3)	MO
NOVOLOG FLEXPEN	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	\$0 (Tier 3)	MO
NOVOLOG PENFILL	\$0 (Tier 3)	MO
SOLIQUA 100/33	\$0 (Tier 3)	QL (30 ML per 30 days) MO
TRESIBA	\$0 (Tier 3)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 3)	MO
XULTOPHY 100/3.6	\$0 (Tier 3)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tabs	\$0 (Tier 1)	QL (90 EA per 30 days) MO
BYDUREON BCISE	\$0 (Tier 3)	QL (3.4 ML per 28 days) MO
BYDUREON PEN	\$0 (Tier 3)	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	\$0 (Tier 4)	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	\$0 (Tier 4)	QL (2.4 ML per 30 days) MO
FARXIGA	\$0 (Tier 3)	QL (30 EA per 30 days) MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glimepiride tabs 4mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glimepiride tabs 1mg, 2mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide er tb24 10mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glipizide er tb24 2.5mg, 5mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide xl tb24 10mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glipizide xl tb24 2.5mg, 5mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	\$0 (Tier 1)	QL (240 EA per 30 days) MO
glipizide tabs 10mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
glipizide tabs 5mg	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 500mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 750mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
metformin hydrochloride tabs 500mg	\$0 (Tier 1)	QL (150 EA per 30 days) MO
metformin hydrochloride tabs 1000mg	\$0 (Tier 1)	QL (75 EA per 30 days) MO
metformin hydrochloride tabs 850mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
miglito/	\$0 (Tier 4)	QL (90 EA per 30 days) MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nateglinide	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	\$0 (Tier 3)	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	\$0 (Tier 3)	QL (3 ML per 28 days) MO
pioglitazone hcl tabs 45mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	\$0 (Tier 1)	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl/	\$0 (Tier 1)	QL (90 EA per 30 days) MO
pioglitazone hydrochloride tabs 15mg, 30mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
repaglinide tabs 0.5mg, 1mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
repaglinide tabs 2mg	\$0 (Tier 1)	QL (240 EA per 30 days) MO
SYMLINPEN 120	\$0 (Tier 5)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 5)	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	\$0 (Tier 3)	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
TRULICITY	\$0 (Tier 3)	QL (2 ML per 28 days) MO
VICTOZA	\$0 (Tier 3)	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
alendronate sodium oral soln	\$0 (Tier 1)	MO
alendronate sodium tabs 10mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
alendronate sodium tabs 35mg, 70mg	\$0 (Tier 1)	QL (4 EA per 28 days) MO
calcitonin-salmon	\$0 (Tier 3)	MO
FORTEO	\$0 (Tier 5)	PA
ibandronate sodium tabs	\$0 (Tier 3)	QL (1 EA per 30 days) MO
ibandronate sodium inj	\$0 (Tier 4)	QL (3 ML per 90 days) MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NATPARA	\$0 (Tier 5)	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	\$0 (Tier 4)	
pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg	\$0 (Tier 4)	
PROLIA	\$0 (Tier 4)	QL (1 ML per 180 days)
risedronate sodium dr tab 35mg	\$0 (Tier 4)	QL (4 EA per 28 days) MO
risedronate sodium tabs 150mg	\$0 (Tier 4)	QL (1 EA per 28 days) MO
risedronate sodium tabs 35mg	\$0 (Tier 4)	QL (12 EA per 84 days) MO
risedronate sodium tabs 30mg, 5mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
TYMLOS	\$0 (Tier 5)	PA
XGEVA	\$0 (Tier 5)	PA
ZOLEDRONIC ACID INJ 4MG/100ML	\$0 (Tier 4)	
zoledronic acid inj 4mg/5ml, 5mg/100ml	\$0 (Tier 4)	
CHELATING AGENTS		
CHEMET	\$0 (Tier 5)	MO
clovique	\$0 (Tier 5)	PA
deferasirox	\$0 (Tier 5)	PA
kionex	\$0 (Tier 3)	
LOKELMA	\$0 (Tier 3)	MO
penicillamine tabs	\$0 (Tier 5)	MO
sodium polystyrene sulfonate rectal susp	\$0 (Tier 3)	
sodium polystyrene sulfonate powd, oral susp	\$0 (Tier 3)	MO
sps oral susp 15gm/60ml	\$0 (Tier 3)	MO
trientine hydrochloride	\$0 (Tier 5)	PA MO
VELTASSA PACK 16.8GM, 25.2GM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
afirmelle	\$0 (Tier 2)	
altavera	\$0 (Tier 2)	
alyacen 1/35	\$0 (Tier 2)	
alyacen 7/7/7	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amethia	\$0 (Tier 2)	
AMETHIA LO	\$0 (Tier 3)	
amethyst	\$0 (Tier 2)	
apri	\$0 (Tier 2)	
aranelle	\$0 (Tier 2)	
ashlyna	\$0 (Tier 2)	
aubra	\$0 (Tier 2)	
aubra eq	\$0 (Tier 2)	
aurovela 1.5/30	\$0 (Tier 2)	
aurovela 24 fe	\$0 (Tier 2)	
aurovela fe 1.5/30	\$0 (Tier 2)	
aurovela fe 1/20	\$0 (Tier 2)	
aviane	\$0 (Tier 2)	
ayuna	\$0 (Tier 2)	
azurette	\$0 (Tier 2)	
balziva	\$0 (Tier 2)	
bekyree	\$0 (Tier 2)	
blisovi 24 fe	\$0 (Tier 2)	MO
blisovi fe 1.5/30	\$0 (Tier 2)	
blisovi fe 1/20	\$0 (Tier 2)	
briellyn	\$0 (Tier 2)	
camila	\$0 (Tier 3)	MO
CAMRESE	\$0 (Tier 3)	
CAMRESE LO	\$0 (Tier 3)	
caziant	\$0 (Tier 2)	
chateal	\$0 (Tier 2)	
chateal eq	\$0 (Tier 2)	
cryselle-28	\$0 (Tier 2)	MO
cyclafem 1/35	\$0 (Tier 2)	
cyclafem 7/7/7	\$0 (Tier 2)	
cyred	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyred eq	\$0 (Tier 2)	
dasetta 1/35	\$0 (Tier 2)	
dasetta 7/7/7	\$0 (Tier 2)	
daysee	\$0 (Tier 2)	MO
deblitane	\$0 (Tier 3)	
desogestrel/ethinyl estradiol/	\$0 (Tier 2)	MO
drospirenone/ethinyl estradiol/	\$0 (Tier 2)	MO
drospirenone/ethinyl estradiol/levomefolate calcium	\$0 (Tier 2)	MO
elimest	\$0 (Tier 2)	
eluryng	\$0 (Tier 4)	
emoquette	\$0 (Tier 2)	
enpresse-28	\$0 (Tier 2)	
enskyce	\$0 (Tier 2)	MO
errin	\$0 (Tier 3)	MO
estarylla	\$0 (Tier 2)	
ethynodiol diacetate/ethinyl estradiol/	\$0 (Tier 2)	MO
ETONOGESTREL/ETHINYL ESTRADIOL	\$0 (Tier 4)	MO
falmina	\$0 (Tier 2)	
fayosim	\$0 (Tier 2)	
femynor	\$0 (Tier 2)	
GIANVI	\$0 (Tier 3)	MO
hailey 1.5/30	\$0 (Tier 2)	MO
hailey 24 fe	\$0 (Tier 2)	
heather	\$0 (Tier 3)	
incassia	\$0 (Tier 3)	
introvale	\$0 (Tier 2)	
isibloom	\$0 (Tier 2)	
jaimiess	\$0 (Tier 2)	
jasmie/	\$0 (Tier 2)	
jencycla	\$0 (Tier 3)	
JOLESSA	\$0 (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JOLIVETTE	\$0 (Tier 3)	
juleber	\$0 (Tier 2)	
junel 1.5/30	\$0 (Tier 2)	
junel 1/20	\$0 (Tier 2)	
junel fe 1.5/30	\$0 (Tier 2)	MO
junel fe 1/20	\$0 (Tier 2)	MO
junel fe 24	\$0 (Tier 2)	
kaitlib fe	\$0 (Tier 2)	MO
kalliga	\$0 (Tier 2)	
kariva	\$0 (Tier 2)	
kelnor 1/35	\$0 (Tier 2)	MO
kelnor 1/50	\$0 (Tier 2)	MO
kurvelo	\$0 (Tier 2)	
larin 1.5/30	\$0 (Tier 2)	
larin 1/20	\$0 (Tier 2)	
larin 24 fe	\$0 (Tier 2)	
larin fe 1.5/30	\$0 (Tier 2)	
larin fe 1/20	\$0 (Tier 2)	
larissia	\$0 (Tier 2)	
LEENA	\$0 (Tier 3)	MO
lessina	\$0 (Tier 2)	
levonest	\$0 (Tier 2)	
levonorgestrel/ethinyl estradio/	\$0 (Tier 2)	MO
levora 0.15/30-28	\$0 (Tier 2)	
lillow	\$0 (Tier 2)	
lo-zumandimine	\$0 (Tier 2)	
lojaimiess	\$0 (Tier 2)	
loryna	\$0 (Tier 2)	
low-ogestrel/	\$0 (Tier 2)	
luter ^a	\$0 (Tier 2)	
lyza	\$0 (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
marlissa	\$0 (Tier 2)	MO
medroxyprogesterone acetate inj 150mg/ml	\$0 (Tier 4)	MO
melodetta 24 fe	\$0 (Tier 2)	
mibelas 24 fe	\$0 (Tier 2)	MO
MICROGESTIN 1.5/30	\$0 (Tier 3)	
MICROGESTIN 1/20	\$0 (Tier 3)	
MICROGESTIN FE 1.5/30	\$0 (Tier 3)	
MICROGESTIN FE 1/20	\$0 (Tier 3)	
mili	\$0 (Tier 2)	
mono-lyyah	\$0 (Tier 2)	
necon 0.5/35-28	\$0 (Tier 2)	
nikki	\$0 (Tier 2)	
NORA-BE	\$0 (Tier 3)	
norethindrone acetate/ethinyl estradiol/ ferrous fumarate	\$0 (Tier 2)	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg	\$0 (Tier 2)	MO
norethindrone tabs 0.35mg	\$0 (Tier 3)	MO
norethindrone/ethinyl estradiol/ferrous fumarate	\$0 (Tier 2)	MO
norgestimate/ethinyl estradiol/ norlyda	\$0 (Tier 2)	MO
nortrel 0.5/35 (28)	\$0 (Tier 2)	MO
nortrel 1/35	\$0 (Tier 2)	
nortrel 7/7/7	\$0 (Tier 2)	
OCELLA	\$0 (Tier 3)	
orsythia	\$0 (Tier 2)	
philith	\$0 (Tier 2)	
pimtrea	\$0 (Tier 2)	
pirmella 1/35	\$0 (Tier 2)	MO
pirmella 7/7/7	\$0 (Tier 2)	MO
portia-28	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
previfem	\$0 (Tier 2)	MO
reclipsen	\$0 (Tier 2)	
RIVELSA	\$0 (Tier 3)	
setlakin	\$0 (Tier 2)	
sharobel/	\$0 (Tier 3)	
simliya	\$0 (Tier 2)	
simpesse	\$0 (Tier 2)	
sprintec 28	\$0 (Tier 2)	
sronyx	\$0 (Tier 2)	MO
syeda	\$0 (Tier 2)	
tarina fe 1/20	\$0 (Tier 2)	
tarina fe 1/20 eq	\$0 (Tier 2)	
TILIA FE	\$0 (Tier 3)	
tri femynor	\$0 (Tier 2)	
tri-estarylla	\$0 (Tier 2)	MO
tri-legest fe	\$0 (Tier 2)	MO
tri-linyah	\$0 (Tier 2)	
tri-lo-estarylla	\$0 (Tier 2)	
tri-lo-marzia	\$0 (Tier 2)	
tri-lo-mili/	\$0 (Tier 2)	
tri-lo-sprintec	\$0 (Tier 2)	MO
tri-mili/	\$0 (Tier 2)	
tri-previfem	\$0 (Tier 2)	
tri-sprintec	\$0 (Tier 2)	
tri-vylibra	\$0 (Tier 2)	
tri-vylibra /o	\$0 (Tier 2)	
trivora-28	\$0 (Tier 2)	
tulana	\$0 (Tier 3)	
tydemy	\$0 (Tier 2)	
velivet	\$0 (Tier 2)	MO
vienva	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
viorele	\$0 (Tier 2)	MO
volnea	\$0 (Tier 2)	
vyfemla	\$0 (Tier 2)	MO
vylibra	\$0 (Tier 2)	
wera	\$0 (Tier 2)	
wymzya fe	\$0 (Tier 2)	
zarah	\$0 (Tier 2)	
zovia 1/35e	\$0 (Tier 2)	
zumandimine	\$0 (Tier 2)	
ENDOMETRIOSIS		
danazol caps	\$0 (Tier 4)	MO
SYNAREL	\$0 (Tier 5)	MO
ESTROGENS		
amabelz	\$0 (Tier 3)	MO
DELESTROGEN INJ 10MG/ML	\$0 (Tier 4)	MO
dotti	\$0 (Tier 3)	QL (8 EA per 28 days)
DUAVEE	\$0 (Tier 4)	MO
estradiol valerate inj	\$0 (Tier 4)	MO
estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg	\$0 (Tier 3)	MO
estradiol oral tabs, vaginal tabs	\$0 (Tier 3)	MO
estradiol patch weekly	\$0 (Tier 3)	QL (4 EA per 28 days) MO
estradiol patch twice weekly	\$0 (Tier 3)	QL (8 EA per 28 days) MO
estradiol vaginal crea	\$0 (Tier 4)	MO
ESTRING	\$0 (Tier 4)	QL (1 EA per 90 days) MO
fyavolv	\$0 (Tier 3)	MO
jinteli	\$0 (Tier 3)	
LOPREEZA	\$0 (Tier 3)	
mimvey	\$0 (Tier 3)	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	\$0 (Tier 3)	MO
PREMARIN	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMPRO	\$0 (Tier 4)	MO
yuvaferm	\$0 (Tier 3)	
GLUCOCORTICOIDS		
cortisone acetate tabs	\$0 (Tier 3)	MO
dexamethasone	\$0 (Tier 2)	MO
DEXAMETHASONE INTENSOL	\$0 (Tier 4)	MO
dexamethasone sodium phosphate inj 10mg/ml	\$0 (Tier 4)	
dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml	\$0 (Tier 4)	MO
fludrocortisone acetate tabs	\$0 (Tier 2)	MO
hydrocortisone tabs 10mg, 20mg, 5mg	\$0 (Tier 3)	MO
methylprednisolone acetate inj	\$0 (Tier 2)	B/D MO
methylprednisolone dose pack	\$0 (Tier 2)	MO
methylprednisolone sodium succinate inj 500mg	\$0 (Tier 4)	B/D
methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg	\$0 (Tier 4)	B/D MO
methylprednisolone tabs	\$0 (Tier 2)	B/D MO
prednisolone oral soln 15mg/5ml	\$0 (Tier 2)	B/D MO
prednisolone sodium phosphate odt	\$0 (Tier 4)	B/D MO
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL	\$0 (Tier 4)	B/D MO
prednisone soln, tabs	\$0 (Tier 1)	B/D MO
prednisone tab therapy pack	\$0 (Tier 1)	MO
SOLU-CORTEF INJ 1000MG	\$0 (Tier 4)	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	\$0 (Tier 4)	MO
triamcinolone acetonide inj 40mg/ml	\$0 (Tier 4)	MO
GLUCOSE ELEVATING AGENTS		
diazoxide oral susp	\$0 (Tier 4)	MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE HYPOPEN 1-PACK	\$0 (Tier 3)	MO
GVOKE HYPOPEN 2-PACK	\$0 (Tier 3)	MO
GVOKE PFS	\$0 (Tier 3)	MO
MISCELLANEOUS		
acetylcysteine inj 200mg/ml	\$0 (Tier 4)	
ALDURAZyme	\$0 (Tier 5)	PA LA
cabergoline	\$0 (Tier 3)	MO
CARBAGLU	\$0 (Tier 5)	PA LA MO
CERDELGA	\$0 (Tier 5)	PA
CEREZYME	\$0 (Tier 5)	PA LA
cinacalcet hydrochloride tabs 30mg	\$0 (Tier 4)	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 90mg	\$0 (Tier 5)	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 60mg	\$0 (Tier 5)	QL (60 EA per 30 days)
CYSTADANE	\$0 (Tier 5)	LA MO
CYSTAGON	\$0 (Tier 4)	PA LA
desmopressin acetate nasal soln, tabs	\$0 (Tier 3)	MO
desmopressin acetate inj	\$0 (Tier 4)	MO
FABRAZYME	\$0 (Tier 5)	PA LA
fomepizole	\$0 (Tier 5)	
GENOTROPIN	\$0 (Tier 5)	PA
GENOTROPIN MINIQUICK INJ 0.2MG	\$0 (Tier 3)	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 5)	PA
INCRELEX	\$0 (Tier 5)	PA LA
KORLYM	\$0 (Tier 5)	PA LA MO
KUVAN	\$0 (Tier 5)	PA LA
LEVOCARNITINE TABS	\$0 (Tier 4)	MO
levocarnitine soln	\$0 (Tier 4)	MO
LUMIZYME	\$0 (Tier 5)	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	\$0 (Tier 5)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	\$0 (Tier 5)	PA
methergine	\$0 (Tier 4)	
methylergonovine maleate tabs	\$0 (Tier 4)	MO
miglustat	\$0 (Tier 5)	PA
NAGLAZYME	\$0 (Tier 5)	PA LA
nitisinone	\$0 (Tier 5)	PA MO
NITYR	\$0 (Tier 5)	PA LA MO
octreotide acetate	\$0 (Tier 4)	PA
ORFADIN	\$0 (Tier 5)	PA LA MO
raloxifene hydrochloride	\$0 (Tier 3)	MO
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 5)	PA LA MO
sodium phenylbutyrate tabs, oral powder	\$0 (Tier 5)	PA
SOMATULINE DEPOT	\$0 (Tier 5)	PA
SOMAVERT INJ	\$0 (Tier 5)	PA LA
STIMATE	\$0 (Tier 5)	
PHOSPHATE BINDER AGENTS		
AURYXIA	\$0 (Tier 5)	QL (360 EA per 30 days) PA MO
calcium acetate caps, tabs 667mg	\$0 (Tier 3)	QL (360 EA per 30 days) MO
PROGESTINS		
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	\$0 (Tier 2)	MO
megestrol acetate susp 40mg/ml	\$0 (Tier 3)	MO
megestrol acetate susp 625mg/5ml	\$0 (Tier 4)	MO
norethindrone acetate tabs 5mg	\$0 (Tier 2)	MO
progesterone caps	\$0 (Tier 3)	MO
progesterone inj	\$0 (Tier 4)	MO
THYROID AGENTS		
euthyrox	\$0 (Tier 1)	MO
LEVO-T	\$0 (Tier 4)	
levothyroxine sodium tabs	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	\$0 (Tier 4)	
levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg	\$0 (Tier 4)	MO
LEVOXYL	\$0 (Tier 3)	MO
liothyronine sodium tabs	\$0 (Tier 3)	MO
liothyronine sodium inj	\$0 (Tier 5)	
methimazole tabs	\$0 (Tier 2)	MO
propylthiouracil tabs	\$0 (Tier 3)	MO
SYNTHROID	\$0 (Tier 4)	MO
UNITHROID	\$0 (Tier 3)	
VITAMIN D ANALOGS		
calcitriol caps 0.25mcg, 0.5mcg	\$0 (Tier 3)	MO
calcitriol inj 1mcg/ml	\$0 (Tier 4)	
calcitriol oral soln 1mcg/ml	\$0 (Tier 4)	MO
doxercalciferol inj	\$0 (Tier 4)	
paricalcitol	\$0 (Tier 4)	MO
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	\$0 (Tier 4)	B/D MO
compro	\$0 (Tier 2)	MO
DIMENHYDRINATE INJ	\$0 (Tier 4)	
dronabino/	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	\$0 (Tier 4)	B/D MO
granisetron hcl tabs	\$0 (Tier 3)	QL (60 EA per 30 days) B/D MO
meclizine hcl tabs	\$0 (Tier 2)	MO
metoclopramide hcl tabs 5mg	\$0 (Tier 1)	MO
metoclopramide hcl inj, oral soln	\$0 (Tier 4)	MO
metoclopramide hydrochloride tabs 10mg	\$0 (Tier 1)	MO
METOCLOPRAMIDE ODT TBDP 10MG	\$0 (Tier 3)	MO
metoclopramide odt tbdp 5mg	\$0 (Tier 3)	MO
ondansetron hcl tabs 24mg	\$0 (Tier 2)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron hcl oral soln	\$0 (Tier 3)	QL (900 ML per 30 days) B/D MO
ondansetron hydrochloride tabs 4mg, 8mg	\$0 (Tier 2)	B/D MO
ondansetron hydrochloride inj	\$0 (Tier 4)	MO
ondansetron odt	\$0 (Tier 3)	B/D MO
phenadoz supp 25mg	\$0 (Tier 4)	PA
phenadoz supp 12.5mg	\$0 (Tier 4)	PA MO
prochlorperazine edisylate inj 50mg/10m/	\$0 (Tier 4)	
prochlorperazine edisylate inj 10mg/2ml	\$0 (Tier 4)	MO
prochlorperazine maleate tabs	\$0 (Tier 2)	MO
prochlorperazine supp	\$0 (Tier 2)	MO
promethazine hcl plain syrp 6.25mg/5m/	\$0 (Tier 4)	PA MO
promethazine hcl tabs 12.5mg	\$0 (Tier 2)	PA MO
promethazine hcl inj, supp	\$0 (Tier 4)	PA MO
promethazine hydrochloride tabs 25mg, 50mg	\$0 (Tier 2)	PA MO
promethegan supp 12.5mg, 25mg	\$0 (Tier 4)	PA
promethegan supp 50mg	\$0 (Tier 4)	PA MO
SANCUSO	\$0 (Tier 5)	QL (4 EA per 28 days) MO
scopolamine patch	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
trimethobenzamide hydrochloride caps	\$0 (Tier 4)	PA MO
ANTISPASMODICS		
dicyclomine hcl oral soln	\$0 (Tier 3)	MO
dicyclomine hydrochloride caps, tabs	\$0 (Tier 2)	MO
dicyclomine hydrochloride inj	\$0 (Tier 4)	MO
glycopyrrolate tabs 1mg, 2mg	\$0 (Tier 3)	MO
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml	\$0 (Tier 4)	
glycopyrrolate inj 1mg/5ml, 4mg/20m/	\$0 (Tier 4)	MO
methscopolamine bromide tabs	\$0 (Tier 4)	PA MO
H2-RECEPTOR ANTAGONISTS		
cimetidine hcl oral soln	\$0 (Tier 4)	MO
cimetidine tabs	\$0 (Tier 4)	MO
famotidine premixed inj 20mg/50m/	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
famotidine tabs	\$0 (Tier 2)	MO
famotidine oral susp	\$0 (Tier 3)	MO
famotidine inj	\$0 (Tier 4)	
nizatidine	\$0 (Tier 4)	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	\$0 (Tier 3)	MO
budesonide er tab 9mg	\$0 (Tier 5)	MO
budesonide cpep 3mg	\$0 (Tier 4)	MO
colocort	\$0 (Tier 2)	
hydrocortisone enem 100mg/60ml	\$0 (Tier 2)	MO
mesalamine dr caps, tabs	\$0 (Tier 4)	MO
mesalamine kit, supp	\$0 (Tier 4)	MO
mesalamine enem	\$0 (Tier 4)	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	\$0 (Tier 3)	MO
sulfasalazine tabs	\$0 (Tier 3)	MO
LAXATIVES		
constulose	\$0 (Tier 2)	
enulose	\$0 (Tier 2)	MO
gavilyte-c	\$0 (Tier 1)	MO
gavilyte-g	\$0 (Tier 1)	MO
gavilyte-n/flavor pack	\$0 (Tier 1)	MO
generlac	\$0 (Tier 2)	
GOLYTELY	\$0 (Tier 3)	MO
lactulose oral soln	\$0 (Tier 2)	MO
NULYTELY/FLAVOR PACKS	\$0 (Tier 3)	MO
OSMOPREP	\$0 (Tier 4)	MO
peg-3350/electrolytes	\$0 (Tier 2)	MO
peg-3350/nacl/na bicarbonate/kc/	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 4)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 4)	MO
trilyte	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
alosetron hydrochloride	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
CARAFATE	\$0 (Tier 4)	MO
cromolyn sodium oral conc 100mg/5m/	\$0 (Tier 4)	MO
diphenoxylate/atropine	\$0 (Tier 3)	MO
GATTEX	\$0 (Tier 5)	PA LA
lansoprazole/amoxicillin/clarithromycin	\$0 (Tier 4)	QL (224 EA per 365 days) MO
LINZESS	\$0 (Tier 4)	QL (30 EA per 30 days) MO
loperamide hcl caps	\$0 (Tier 3)	MO
misoprostol tabs	\$0 (Tier 3)	MO
MOVANTIK TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
RELISTOR INJ	\$0 (Tier 5)	PA MO
SUCRALFATE SUSP	\$0 (Tier 4)	MO
sucralfate tabs	\$0 (Tier 2)	MO
ursodiol caps	\$0 (Tier 3)	MO
ursodiol tabs	\$0 (Tier 4)	MO
XIFAXAN TABS 550MG	\$0 (Tier 5)	PA MO
PANCREATIC ENZYMES		
CREON	\$0 (Tier 3)	MO
ZENPEP	\$0 (Tier 4)	MO
PROTON PUMP INHIBITORS		
DEXILANT	\$0 (Tier 4)	QL (30 EA per 30 days) MO
esomeprazole magnesium caps	\$0 (Tier 4)	QL (30 EA per 30 days) MO
esomeprazole sodium inj	\$0 (Tier 3)	
lansoprazole dr caps, odt	\$0 (Tier 4)	QL (30 EA per 30 days) MO
omeprazole caps	\$0 (Tier 2)	QL (30 EA per 30 days) MO
pantoprazole sodium dr tabs 20mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
pantoprazole sodium inj	\$0 (Tier 4)	
pantoprazole sodium tbec 20mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
pantoprazole sodium tbec 40mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
rabeprazole sodium dr tabs 20mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl er	\$0 (Tier 3)	QL (30 EA per 30 days) MO
dutasteride	\$0 (Tier 4)	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hcl	\$0 (Tier 4)	QL (30 EA per 30 days) MO
finasteride tabs 5mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
silodosin	\$0 (Tier 4)	QL (30 EA per 30 days) MO
tamsulosin hydrochloride	\$0 (Tier 2)	QL (60 EA per 30 days) MO

MISCELLANEOUS

ACETIC ACID 0.25% IRRIGATION SOLN	\$0 (Tier 3)	MO
bethanechol chloride	\$0 (Tier 3)	MO
ELMIRON	\$0 (Tier 4)	MO
flavoxate hcl	\$0 (Tier 4)	MO
potassium citrate er	\$0 (Tier 4)	MO

URINARY ANTISPASMODICS

darifenacin hydrobromide er	\$0 (Tier 4)	QL (30 EA per 30 days) MO
MYRBETRIQ	\$0 (Tier 4)	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 5mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
oxybutynin chloride tabs	\$0 (Tier 2)	QL (120 EA per 30 days) MO
oxybutynin chloride syrp	\$0 (Tier 2)	QL (600 ML per 30 days) MO
solifenacin succinate	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
tolterodine tartrate	\$0 (Tier 4)	QL (60 EA per 30 days) ST MO
tolterodine tartrate er	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
TOVIAZ	\$0 (Tier 4)	QL (30 EA per 30 days) MO
tropium chloride	\$0 (Tier 2)	QL (60 EA per 30 days) MO
tropium chloride er	\$0 (Tier 2)	QL (30 EA per 30 days) MO

VAGINAL ANTI-INFECTIVES

clindamycin phosphate crea 2%	\$0 (Tier 4)	MO
metronidazole vaginal	\$0 (Tier 4)	MO
miconazole 3	\$0 (Tier 4)	MO
terconazole crea	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
terconazole supp	\$0 (Tier 4)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS STARTER PACK	\$0 (Tier 3)	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	\$0 (Tier 3)	QL (74 EA per 30 days) MO
enoxaparin sodium	\$0 (Tier 4)	MO
fondaparinux sodium	\$0 (Tier 4)	MO
FRAGMIN	\$0 (Tier 4)	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	\$0 (Tier 4)	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	\$0 (Tier 4)	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	\$0 (Tier 3)	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	\$0 (Tier 3)	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 3)	
heparin sodium inj 10000unit/ml, 1000unit/ ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ ml	\$0 (Tier 3)	MO
jantoven	\$0 (Tier 1)	MO
PRADAXA	\$0 (Tier 4)	QL (60 EA per 30 days) MO
warfarin sodium	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 3)	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 5)	PA
ZARXIO	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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MISCELLANEOUS

anagrelide hydrochloride	\$0 (Tier 3)	MO
cilostazol	\$0 (Tier 1)	MO
DROXIA	\$0 (Tier 3)	MO
ENDARI	\$0 (Tier 5)	PA LA MO
HAEGARDA INJ 3000UNIT	\$0 (Tier 5)	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
icatibant acetate	\$0 (Tier 5)	QL (27 ML per 30 days) PA
pentoxifylline er	\$0 (Tier 2)	MO
PROMACTA POWDER PACK 25MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
tranexamic acid tabs	\$0 (Tier 3)	QL (30 EA per 30 days) MO
tranexamic acid inj	\$0 (Tier 4)	

PLATELET AGGREGATION INHIBITORS

aspirin/dipyridamole	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 4)	MO
clopidogrel tabs 300mg	\$0 (Tier 1)	QL (2 EA per 365 days) MO
clopidogrel tabs 75mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
dipyridamole	\$0 (Tier 4)	PA MO
prasugrel	\$0 (Tier 4)	MO

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL MINI	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL SURECLICK	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	\$0 (Tier 5)	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 5)	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (Tier 5)	PA
HUMIRA PEN	\$0 (Tier 5)	QL (6 EA per 28 days) PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 5)	PA
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 5)	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	\$0 (Tier 5)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 5)	QL (6 EA per 28 days) PA
RENFLEXIS	\$0 (Tier 5)	PA
RINVOQ	\$0 (Tier 5)	QL (30 EA per 30 days) PA
SKYRIZI	\$0 (Tier 5)	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA
TALTZ	\$0 (Tier 5)	QL (3 ML per 28 days) PA
XELJANZ	\$0 (Tier 5)	QL (60 EA per 30 days) PA
XELJANZ XR	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
hydroxychloroquine sulfate	\$0 (Tier 3)	MO
leflunomide	\$0 (Tier 1)	QL (30 EA per 30 days) MO
methotrexate tabs 2.5mg	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 4)	MO
<i>IMMUNOGLOBULINS</i>		
BIVIGAM	\$0 (Tier 5)	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	\$0 (Tier 4)	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/50ML	\$0 (Tier 5)	PA
GAMASTAN	\$0 (Tier 3)	B/D
GAMMAGARD LIQUID	\$0 (Tier 5)	PA
GAMMAGARD S/D INJ 5GM, 10GM	\$0 (Tier 5)	PA
GAMMAKED	\$0 (Tier 5)	PA
GAMMAPLEX	\$0 (Tier 5)	PA
GAMUNEX-C	\$0 (Tier 5)	PA
OCTAGAM	\$0 (Tier 5)	PA
PANZYGA	\$0 (Tier 5)	PA

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PRIVIGEN	\$0 (Tier 5)	PA
IMMUNOMODULATORS		
ACTIMMUNE	\$0 (Tier 5)	PA LA
ARCALYST	\$0 (Tier 5)	PA
INTRON A INJ 10MU	\$0 (Tier 4)	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	\$0 (Tier 5)	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	\$0 (Tier 4)	B/D
azathioprine tabs	\$0 (Tier 3)	B/D MO
BENLYSTA	\$0 (Tier 5)	PA
cyclosporine	\$0 (Tier 3)	B/D MO
cyclosporine modified caps, soln	\$0 (Tier 3)	B/D MO
everolimus tabs 0.25mg, 0.5mg, 0.75mg	\$0 (Tier 5)	B/D MO
engraft caps	\$0 (Tier 3)	B/D
engraft soln	\$0 (Tier 3)	B/D MO
mycophenolate mofetil caps, tabs	\$0 (Tier 3)	B/D MO
mycophenolate mofetil inj	\$0 (Tier 4)	B/D
mycophenolate mofetil oral susp	\$0 (Tier 5)	B/D MO
mycophenolic acid dr	\$0 (Tier 4)	B/D MO
NULOJIX	\$0 (Tier 5)	B/D
PROGRAF GRANULES	\$0 (Tier 4)	B/D MO
SANDIMMUNE ORAL SOLN	\$0 (Tier 3)	B/D MO
sirolimus tabs	\$0 (Tier 4)	B/D MO
sirolimus soln	\$0 (Tier 5)	B/D MO
tacrolimus caps 0.5mg, 1mg, 5mg	\$0 (Tier 4)	B/D MO
ZORTRESS	\$0 (Tier 5)	B/D MO
VACCINES		
ACTHIB	\$0 (Tier 3)	
ADACEL	\$0 (Tier 3)	
BCG VACCINE	\$0 (Tier 3)	
BEXSERO	\$0 (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX	\$0 (Tier 3)	
DAPTACEL	\$0 (Tier 3)	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 3)	B/D
ENGRIX-B	\$0 (Tier 3)	B/D
GARDASIL 9	\$0 (Tier 3)	
HAVRIX	\$0 (Tier 3)	
HIBERIX	\$0 (Tier 3)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 3)	B/D
INFANRIX	\$0 (Tier 3)	
IPOL INACTIVATED IPV	\$0 (Tier 3)	
IXIARO	\$0 (Tier 3)	
KINRIX	\$0 (Tier 3)	
M-M-R II	\$0 (Tier 3)	
MENACTRA	\$0 (Tier 3)	
MENVEO	\$0 (Tier 3)	
PEDIARIX	\$0 (Tier 3)	
PEDVAX HIB	\$0 (Tier 3)	
PENTACEL	\$0 (Tier 3)	
PROQUAD	\$0 (Tier 3)	
QUADRACEL	\$0 (Tier 3)	
RABAVERT	\$0 (Tier 3)	B/D
RECOMBIVAX HB	\$0 (Tier 3)	B/D
ROTARIX	\$0 (Tier 3)	
ROTATEQ	\$0 (Tier 3)	
SHINGRIX	\$0 (Tier 3)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 3)	B/D
TENIVAC	\$0 (Tier 3)	B/D
TRUMENBA	\$0 (Tier 3)	
TWINRIX	\$0 (Tier 3)	
TYPHIM VI	\$0 (Tier 3)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA	\$0 (Tier 3)	
VARIVAX	\$0 (Tier 3)	
YF-VAX	\$0 (Tier 3)	
ZOSTAVAX	\$0 (Tier 3)	QL (1 EA per 999 days)
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 3)	
DEXTROSE 10%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 2.5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.3%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.9%	\$0 (Tier 4)	MO
IONOSOL-MB/DEXTROSE 5%	\$0 (Tier 4)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 4)	
ISOLYTE-S	\$0 (Tier 4)	
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.225%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 4)	
lactated ringers viaflex inj	\$0 (Tier 4)	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	\$0 (Tier 4)	

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magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%	\$0 (Tier 4)	
NORMOSOL-M IN D5W	\$0 (Tier 4)	
NORMOSOL-R INJ PH 7.4	\$0 (Tier 4)	
PLASMA-LYTE A	\$0 (Tier 4)	
PLASMA-LYTE-148	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 4)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	\$0 (Tier 4)	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	\$0 (Tier 4)	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	\$0 (Tier 4)	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 4)	
potassium chloride inj 2meq/ml	\$0 (Tier 4)	MO
RINGERS INJECTION	\$0 (Tier 3)	
SODIUM BICARBONATE INJ 7.5%	\$0 (Tier 4)	MO
sodium bicarbonate inj 4.2%	\$0 (Tier 4)	
sodium bicarbonate inj 8.4%	\$0 (Tier 4)	MO
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	\$0 (Tier 4)	MO
sodium chloride inj 0.45%	\$0 (Tier 4)	
sodium chloride inj 0.9%, 3%	\$0 (Tier 4)	MO
TPN ELECTROLYTES	\$0 (Tier 4)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
ADC/FLUORIDE	\$0 (Tier 4)	MO
EFFER-K TAB 25MEQ	\$0 (Tier 3)	MO
EFFERVESCENT POTASSIUM	\$0 (Tier 3)	MO
FLUORIDE	\$0 (Tier 4)	MO

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FLUORITAB	\$0 (Tier 4)	
KLOR-CON 10	\$0 (Tier 3)	
KLOR-CON 8	\$0 (Tier 3)	MO
klor-con m10	\$0 (Tier 3)	MO
klor-con m15	\$0 (Tier 3)	MO
klor-con m20	\$0 (Tier 3)	MO
klor-con pow 20meq	\$0 (Tier 3)	
KLOR-CON/EF	\$0 (Tier 3)	MO
LUDENT	\$0 (Tier 4)	MO
M-NATAL PLUS	\$0 (Tier 3)	MO
MULTI VITAMIN/FLUORIDE	\$0 (Tier 4)	MO
MULTI-VITAMIN/FLUORIDE DROPS	\$0 (Tier 4)	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	\$0 (Tier 4)	MO
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	\$0 (Tier 4)	
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	\$0 (Tier 4)	MO
NEONATAL PLUS	\$0 (Tier 3)	MO
NIVA-PLUS	\$0 (Tier 3)	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	\$0 (Tier 3)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 3)	MO
POLY-VITAMIN/FLUORIDE	\$0 (Tier 4)	
potassium chloride cr	\$0 (Tier 2)	MO
potassium chloride er	\$0 (Tier 2)	MO
potassium chloride sr	\$0 (Tier 2)	MO
potassium chloride pack 20meq	\$0 (Tier 3)	MO
potassium chloride oral soln 10%, 20%	\$0 (Tier 4)	MO
PRENATAL	\$0 (Tier 3)	MO
PRENATAL PLUS	\$0 (Tier 3)	MO
PRENATAL VITAMINS PLUS LOW IRON	\$0 (Tier 3)	MO
PREPLUS	\$0 (Tier 3)	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	\$0 (Tier 4)	MO

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SODIUM FLUORIDE SOLN 0.5MG/ML	\$0 (Tier 4)	MO
TRI-VITE/FLUORIDE	\$0 (Tier 4)	MO
TRICARE PRENATAL TABS	\$0 (Tier 3)	MO
VOL-PLUS	\$0 (Tier 3)	MO
VP-PNV-DHA	\$0 (Tier 3)	MO
IV NUTRITION		
AMINOSYN II INJ 10%	\$0 (Tier 4)	B/D
AMINOSYN-PF 10%	\$0 (Tier 4)	B/D
AMINOSYN-PF 7%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 4)	B/D
clinisol sf 15%	\$0 (Tier 4)	B/D MO
CLINOLIPID	\$0 (Tier 3)	B/D
dextrose 10%	\$0 (Tier 3)	
dextrose 5%	\$0 (Tier 3)	MO
DEXTROSE 50%	\$0 (Tier 3)	B/D
DEXTROSE 70%	\$0 (Tier 3)	B/D
FREAMINE HBC 6.9%	\$0 (Tier 4)	B/D
FREAMINE III	\$0 (Tier 4)	B/D
HEPATAMINE	\$0 (Tier 4)	B/D
NEPHRAMINE	\$0 (Tier 4)	B/D
NUTRILIPID	\$0 (Tier 3)	B/D
plenamine	\$0 (Tier 4)	B/D
PREMASOL 10%	\$0 (Tier 4)	B/D
PROCALAMINE	\$0 (Tier 4)	B/D
PROSOL	\$0 (Tier 4)	B/D
TRAVASOL	\$0 (Tier 4)	B/D
TROPHAMINE	\$0 (Tier 4)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

BLEPHAMIDE S.O.P. OINT	\$0 (Tier 4)	MO
neomycin/polymyxin/bacitracin/ hydrocortisone ophthalmic oint	\$0 (Tier 4)	MO
neomycin/polymyxin/dexamethasone	\$0 (Tier 2)	MO
neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	\$0 (Tier 3)	MO
sulfacetamide sodium/prednisolone sodium phosphate	\$0 (Tier 2)	MO
TOBRADEX OINT	\$0 (Tier 3)	MO
TOBRADEX ST	\$0 (Tier 3)	MO
tobramycin/dexamethasone ophthalmic susp	\$0 (Tier 4)	MO
ZYLET	\$0 (Tier 3)	MO

ANTI-INFECTIVES

AZASITE	\$0 (Tier 4)	MO
bacitracin ophthalmic oint 500unit/gm	\$0 (Tier 3)	MO
bacitracin/polymyxin ophthalmic oint	\$0 (Tier 2)	MO
BESIVANCE	\$0 (Tier 3)	MO
CILOXAN OINT	\$0 (Tier 3)	QL (42 GM per 30 days) MO
ciprofloxacin hydrochloride ophthalmic soln 0.3%	\$0 (Tier 3)	QL (30 ML per 30 days) MO
erythromycin oint 5mg/gm	\$0 (Tier 2)	QL (42 GM per 30 days) MO
gatifloxacin soln	\$0 (Tier 4)	QL (20 ML per 30 days) MO
gentak	\$0 (Tier 2)	QL (42 GM per 30 days) MO
gentamicin sulfate ophthalmic soln 0.3%	\$0 (Tier 2)	QL (30 ML per 30 days) MO
levofloxacin ophthalmic soln 0.5%	\$0 (Tier 3)	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic soln 0.5%	\$0 (Tier 3)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 4)	MO
neo-polycin	\$0 (Tier 3)	

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neomycin/bacitracin/polymyxin topical ointment	\$0 (Tier 3)	MO
neomycin/polymyxin/gramicidin	\$0 (Tier 3)	MO
ofloxacin ophthalmic soln 0.3%	\$0 (Tier 3)	QL (60 ML per 30 days) MO
polycin	\$0 (Tier 2)	
polymyxin b sulfate/trimethoprim sulfate	\$0 (Tier 1)	MO
sodium sulfacetamide ophthalmic soln	\$0 (Tier 3)	QL (90 ML per 30 days) MO
sulfacetamide sodium oint 10%	\$0 (Tier 4)	QL (42 GM per 30 days) MO
sulfacetamide sodium soln 10%	\$0 (Tier 3)	QL (90 ML per 30 days) MO
tobramycin sulfate ophthalmic soln 0.3%	\$0 (Tier 2)	QL (30 ML per 30 days) MO
trifluridine	\$0 (Tier 3)	MO
trimethoprim sulfate/polymyxin b sulfate	\$0 (Tier 1)	MO
ZIRGAN	\$0 (Tier 4)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 3)	MO
bromfenac	\$0 (Tier 4)	MO
BROMSITE	\$0 (Tier 4)	MO
dexamethasone sodium phosphate ophthalmic soln 0.1%	\$0 (Tier 2)	MO
diclofenac sodium soln 0.1%	\$0 (Tier 2)	QL (10 ML per 30 days) MO
DUREZOL	\$0 (Tier 3)	MO
FLUOROMETHOLONE	\$0 (Tier 3)	MO
flurbiprofen sodium ophthalmic soln 0.03%	\$0 (Tier 2)	MO
ILEVRO	\$0 (Tier 3)	MO
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	\$0 (Tier 2)	MO
LOTEMAX GEL, OINT	\$0 (Tier 3)	MO
LOTEMAX SM	\$0 (Tier 3)	MO
loteprednol etabonate	\$0 (Tier 3)	MO
prednisolone acetate ophthalmic soln	\$0 (Tier 2)	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	\$0 (Tier 3)	MO
PROLENSA	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ANTIALLERGICS

azelastine hcl ophthalmic soln 0.05%	\$0 (Tier 3)	MO
BEPREVE	\$0 (Tier 3)	MO
cromolyn sodium ophthalmic soln 4%	\$0 (Tier 3)	MO
epinastine hcl/	\$0 (Tier 3)	MO
LASTACAFT	\$0 (Tier 4)	MO
olopatadine hcl ophthalmic soln 0.2%	\$0 (Tier 3)	MO
olopatadine hcl ophthalmic soln 0.1%	\$0 (Tier 4)	MO
PAZEO	\$0 (Tier 3)	MO

ANTIGLAUCOMA

ALPHAGAN P SOLN 0.1%	\$0 (Tier 3)	MO
AZOPT	\$0 (Tier 3)	MO
betaxolol hcl soln 0.5%	\$0 (Tier 3)	MO
BETOPTIC-S	\$0 (Tier 3)	MO
BRIMONIDINE TARTRATE SOLN 0.15%	\$0 (Tier 3)	MO
brimonidine tartrate soln 0.2%	\$0 (Tier 3)	MO
carteolol hcl/	\$0 (Tier 2)	MO
COMBIGAN	\$0 (Tier 3)	MO
dorzolamide hcl/	\$0 (Tier 1)	MO
dorzolamide hcl/timolol maleate	\$0 (Tier 2)	MO
dorzolamide hydrochloride/timolol maleate pf	\$0 (Tier 4)	MO
latanoprost	\$0 (Tier 2)	MO
levobunolol hcl/	\$0 (Tier 2)	MO
LUMIGAN	\$0 (Tier 3)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 4)	
pilocarpine hcl ophthalmic soln	\$0 (Tier 4)	MO
RHOPRESSA	\$0 (Tier 3)	MO
SIMBRINZA	\$0 (Tier 3)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	\$0 (Tier 4)	MO
timolol maleate soln 0.25%, 0.5%	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%	\$0 (Tier 3)	MO
travoprost	\$0 (Tier 3)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN	\$0 (Tier 3)	MO
CYSTARAN	\$0 (Tier 5)	PA LA MO
proparacaine hcl/	\$0 (Tier 3)	MO
RESTASIS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 3)	QL (5.5 ML per 30 days) MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 4)	QL (8 GM per 30 days) MO
ipratropium bromide/albuterol sulfate neb	\$0 (Tier 2)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
ipratropium bromide inhalation soln	\$0 (Tier 2)	B/D MO
ipratropium bromide nasal soln 0.03%	\$0 (Tier 2)	QL (30 ML per 30 days) MO
ipratropium bromide nasal soln 0.06%	\$0 (Tier 2)	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
azelastine hcl nasal soln 0.15%	\$0 (Tier 3)	QL (30 ML per 25 days) MO
azelastine hydrochloride nasal soln 0.1%	\$0 (Tier 3)	QL (30 ML per 25 days) MO
carbinoxamine maleate soln	\$0 (Tier 4)	PA MO
CARBINOXAMINE MALEATE TABS 6MG	\$0 (Tier 5)	PA MO
carbinoxamine maleate tabs 4mg	\$0 (Tier 4)	PA MO
cetirizine hydrochloride oral soln 1mg/ml	\$0 (Tier 4)	QL (300 ML per 30 days) MO
clemastine fumarate tab 2.68mg	\$0 (Tier 3)	PA MO
cyproheptadine hcl syrp 2mg/5ml	\$0 (Tier 4)	PA MO
cyproheptadine hydrochloride tab 4mg	\$0 (Tier 4)	PA MO

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desloratadine	\$0 (Tier 4)	QL (30 EA per 30 days) MO
desloratadine odt	\$0 (Tier 4)	QL (30 EA per 30 days) MO
diphenhydramine hcl inj	\$0 (Tier 4)	PA MO
hydroxyzine hcl inj, syrup	\$0 (Tier 4)	PA MO
hydroxyzine hydrochloride tabs	\$0 (Tier 4)	PA MO
hydroxyzine pamoate	\$0 (Tier 4)	PA MO
levocetirizine dihydrochloride tabs	\$0 (Tier 1)	QL (30 EA per 30 days) MO
levocetirizine dihydrochloride soln	\$0 (Tier 3)	MO
olopatadine hcl nasal soln 0.6%	\$0 (Tier 4)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
albuterol sulfate er tabs	\$0 (Tier 4)	MO
albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act	\$0 (Tier 3)	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act	\$0 (Tier 3)	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act	\$0 (Tier 3)	QL (36 GM per 30 days) MO
albuterol sulfate nebu	\$0 (Tier 2)	B/D MO
albuterol sulfate syrup	\$0 (Tier 2)	MO
albuterol sulfate tabs	\$0 (Tier 3)	MO
levalbuterol hcl neb 1.25mg/0.5ml	\$0 (Tier 4)	B/D MO
levalbuterol hydrochloride	\$0 (Tier 4)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 3)	QL (30 GM per 30 days) MO
metaproterenol sulfate	\$0 (Tier 2)	
SEREVENT DISKUS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
terbutaline sulfate	\$0 (Tier 4)	MO
VENTOLIN HFA	\$0 (Tier 3)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
montelukast sodium chew, tabs	\$0 (Tier 2)	QL (30 EA per 30 days) MO
montelukast sodium pack	\$0 (Tier 3)	QL (30 EA per 30 days) MO
zafirlukast	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation soln 10%, 20%	\$0 (Tier 3)	B/D MO

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aminophylline	\$0 (Tier 4)	
ARALAST NP	\$0 (Tier 5)	PA LA
cromolyn sodium nebu 20mg/2ml	\$0 (Tier 3)	B/D MO
DALIRESP	\$0 (Tier 4)	MO
epinephrine hcl inj soln	\$0 (Tier 3)	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	\$0 (Tier 4)	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	\$0 (Tier 4)	QL (2 EA per 30 days) MO
ESBRIET	\$0 (Tier 5)	PA
FASENRA	\$0 (Tier 5)	QL (1 ML per 28 days) PA
FASENRA PEN	\$0 (Tier 5)	QL (1 ML per 28 days) PA
KALYDECO	\$0 (Tier 5)	PA MO
OFEV	\$0 (Tier 5)	PA
ORKAMBI	\$0 (Tier 5)	PA MO
PROLASTIN-C	\$0 (Tier 5)	PA LA MO
PULMOZYME	\$0 (Tier 5)	PA
SYMDEKO TBPK 75MG; 50MG	\$0 (Tier 5)	PA
SYMDEKO TBPK 150MG; 100MG	\$0 (Tier 5)	PA LA
THEO-24	\$0 (Tier 4)	MO
theophylline er	\$0 (Tier 3)	MO
theophylline soln 80 mg/15ml	\$0 (Tier 3)	MO
XOLAIR	\$0 (Tier 5)	PA LA
ZEMAIRA	\$0 (Tier 5)	PA LA
NASAL STEROIDS		
flunisolide	\$0 (Tier 3)	QL (75 ML per 30 days) MO
fluticasone propionate susp 50mcg/act	\$0 (Tier 2)	QL (16 GM per 30 days) MO
mometasone furoate susp 50mcg/act	\$0 (Tier 3)	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	\$0 (Tier 4)	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	\$0 (Tier 3)	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	\$0 (Tier 3)	QL (240 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLOVENT HFA AERO 44MCG/ACT	\$0 (Tier 3)	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	\$0 (Tier 3)	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	\$0 (Tier 4)	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (Tier 3)	QL (12 GM per 30 days) MO
BREO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SYMBICORT	\$0 (Tier 3)	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
amnesteam	\$0 (Tier 4)	PA
AVITA CREA	\$0 (Tier 4)	QL (45 GM per 30 days) PA
AVITA GEL	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
claravis	\$0 (Tier 4)	PA
clindacin etz pledgets	\$0 (Tier 3)	MO
clindacin-p pad 1%	\$0 (Tier 3)	MO
clindamycin phosphate/benzoyl peroxide	\$0 (Tier 4)	MO
clindamycin phosphate foam 1%	\$0 (Tier 4)	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	\$0 (Tier 3)	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	\$0 (Tier 4)	QL (60 ML per 30 days) MO
clindamycin phosphate external soln 1%	\$0 (Tier 3)	QL (60 ML per 30 days) MO
clindamycin phosphate swab 1%	\$0 (Tier 3)	MO
clindamycin/benzoyl peroxide	\$0 (Tier 4)	MO
dapsone gel 5%, 7.5%	\$0 (Tier 4)	QL (90 GM per 30 days) MO
ery pad 2%	\$0 (Tier 4)	MO
erythromycin/benzoyl peroxide gel 5%; 3%	\$0 (Tier 4)	MO
erythromycin gel 2%	\$0 (Tier 2)	QL (60 GM per 30 days) MO
erythromycin soln 2%	\$0 (Tier 2)	QL (60 ML per 30 days) MO
isotretinoin	\$0 (Tier 4)	PA
myorisan	\$0 (Tier 4)	PA
neuac gel/	\$0 (Tier 4)	MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfacetamide sodium lotn 10%	\$0 (Tier 3)	MO
TRETINOIN MICROSPHERE GEL	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
tretinoin crea 0.025%, 0.05%, 0.1%	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
zenatane	\$0 (Tier 4)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate crea 0.1%	\$0 (Tier 3)	QL (60 GM per 30 days) MO
gentamicin sulfate oint 0.1%	\$0 (Tier 3)	QL (60 GM per 30 days) MO
mafenide acetate	\$0 (Tier 4)	MO
mupirocin oint	\$0 (Tier 2)	QL (30 GM per 30 days) MO
mupirocin crea	\$0 (Tier 4)	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	\$0 (Tier 3)	MO
SSD	\$0 (Tier 3)	
SULFAMYLON CREAM 85 MG/GM	\$0 (Tier 4)	MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream	\$0 (Tier 3)	QL (90 GM per 30 days) MO
ciclopirox gel/	\$0 (Tier 3)	QL (100 GM per 30 days) MO
ciclopirox sham	\$0 (Tier 3)	QL (120 ML per 30 days) MO
ciclopirox susp	\$0 (Tier 3)	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate cream	\$0 (Tier 4)	QL (45 GM per 30 days) MO
clotrimazole crea 1%	\$0 (Tier 3)	QL (45 GM per 30 days) MO
clotrimazole soln 1%	\$0 (Tier 3)	QL (30 ML per 30 days) MO
econazole nitrate	\$0 (Tier 4)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 5)	QL (60 GM per 30 days) MO
ketoconazole crea 2%	\$0 (Tier 3)	QL (60 GM per 30 days) MO
ketoconazole foam 2%	\$0 (Tier 4)	QL (100 GM per 30 days) MO
naftifine hcl crea 1%	\$0 (Tier 4)	QL (90 GM per 30 days) MO
naftifine hydrochloride 2%	\$0 (Tier 4)	QL (60 GM per 30 days) MO
nyamyc	\$0 (Tier 3)	QL (60 GM per 30 days)
nystatin crea 100000unit/gm	\$0 (Tier 2)	QL (30 GM per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nystatin oint 100000unit/gm	\$0 (Tier 4)	QL (30 GM per 30 days) MO
nystatin powd 100000unit/gm	\$0 (Tier 3)	QL (60 GM per 30 days) MO
nystop	\$0 (Tier 3)	QL (60 GM per 30 days) MO
oxiconazole nitrate	\$0 (Tier 4)	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin	\$0 (Tier 3)	PA MO
calcipotriene crea, oint	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
calcipotriene soln	\$0 (Tier 4)	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	\$0 (Tier 4)	QL (100 GM per 30 days) MO
methoxsalen	\$0 (Tier 5)	MO
tazarotene	\$0 (Tier 3)	QL (60 GM per 30 days) PA MO
TAZORAC CRE 0.05%	\$0 (Tier 4)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole sham 2%	\$0 (Tier 2)	QL (120 ML per 30 days) MO
selenium sulfide lotn	\$0 (Tier 2)	MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	\$0 (Tier 1)	
ala-cort crea 2.5%	\$0 (Tier 1)	QL (30 GM per 30 days)
alclometasone dipropionate	\$0 (Tier 4)	MO
augmented betamethasone dipropionate crea	\$0 (Tier 3)	MO
augmented betamethasone dipropionate gel, lotn, oint	\$0 (Tier 4)	MO
beseer lotn 0.05%	\$0 (Tier 4)	QL (120 ML per 30 days)
betamethasone dipropionate lotn	\$0 (Tier 3)	MO
betamethasone dipropionate crea, oint	\$0 (Tier 4)	MO
betamethasone valerate crea, lotn, oint	\$0 (Tier 3)	MO
betamethasone valerate foam	\$0 (Tier 4)	MO
calcipotriene/betamethasone dipropionate	\$0 (Tier 4)	QL (400 GM per 30 days) PA MO
clobetasol propionate emollient foam	\$0 (Tier 4)	QL (100 GM per 30 days) MO
clobetasol propionate emollient crea	\$0 (Tier 4)	QL (60 GM per 30 days) MO
clobetasol propionate foam	\$0 (Tier 4)	QL (100 GM per 30 days) MO
clobetasol propionate lotn, sham	\$0 (Tier 4)	QL (118 ML per 30 days) MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **MO** - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol propionate spray	\$0 (Tier 4)	QL (125 ML per 30 days) MO
clobetasol propionate soln	\$0 (Tier 4)	QL (50 ML per 30 days) MO
clobetasol propionate crea, gel, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
clodan shampoo	\$0 (Tier 4)	QL (118 ML per 30 days)
desonide lotn	\$0 (Tier 4)	QL (118 ML per 30 days) MO
desonide crea, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
desoximetasone crea, oint	\$0 (Tier 4)	QL (100 GM per 30 days) MO
desoximetasone gel	\$0 (Tier 4)	QL (60 GM per 30 days) MO
diflorasone diacetate	\$0 (Tier 4)	QL (60 GM per 30 days) MO
ENSTILAR	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
fluocinolone acetonide body oil	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp oil	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
fluocinolone acetonide crea 0.025%	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinolone acetonide crea 0.01%	\$0 (Tier 4)	QL (60 GM per 30 days) MO
fluocinolone acetonide oint 0.025%	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinolone acetonide topical soln 0.01%	\$0 (Tier 4)	QL (90 ML per 30 days) MO
fluocinonide emulsified cream	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinonide crea	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinonide gel, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
fluocinonide soln	\$0 (Tier 4)	QL (60 ML per 30 days) MO
flurandrenolide	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluticasone propionate crea 0.05%	\$0 (Tier 3)	MO
fluticasone propionate lotn 0.05%	\$0 (Tier 4)	QL (120 ML per 30 days) MO
fluticasone propionate oint 0.005%	\$0 (Tier 3)	MO
halobetasol propionate	\$0 (Tier 4)	QL (50 GM per 30 days) MO
hydrocortisone butyrate (lipophilic)	\$0 (Tier 4)	QL (60 GM per 30 days) MO
hydrocortisone butyrate lotn	\$0 (Tier 4)	QL (118 ML per 30 days) MO
hydrocortisone butyrate crea, oint	\$0 (Tier 4)	QL (45 GM per 30 days) MO
hydrocortisone butyrate soln	\$0 (Tier 4)	QL (60 ML per 30 days) MO
hydrocortisone valerate crea, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
hydrocortisone (generic Ala-Cort) crea 2.5%	\$0 (Tier 1)	QL (30 GM per 30 days) MO
hydrocortisone crea 1%	\$0 (Tier 1)	QL (90 GM per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone lotn 2.5%	\$0 (Tier 2)	MO
hydrocortisone oint 2.5%	\$0 (Tier 1)	QL (30 GM per 30 days) MO
mometasone furoate crea 0.1%	\$0 (Tier 3)	MO
mometasone furoate oint 0.1%	\$0 (Tier 3)	MO
mometasone furoate soln 0.1%	\$0 (Tier 3)	MO
nolix crea	\$0 (Tier 4)	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	\$0 (Tier 4)	QL (60 GM per 30 days) MO
prednicarbate oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
TEXACORT	\$0 (Tier 4)	MO
tovet crea	\$0 (Tier 4)	QL (100 GM per 30 days)
triamcinolone acetonide aers spray	\$0 (Tier 4)	MO
triamcinolone acetonide crea 0.025%, 0.5%	\$0 (Tier 2)	MO
triamcinolone acetonide crea 0.1%	\$0 (Tier 2)	QL (454 GM per 30 days) MO
triamcinolone acetonide lotn 0.025%, 0.1%	\$0 (Tier 3)	MO
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	\$0 (Tier 2)	MO
triderm crea 0.5%	\$0 (Tier 2)	
triderm crea 0.1%	\$0 (Tier 2)	QL (454 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl external soln 4%	\$0 (Tier 4)	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine	\$0 (Tier 4)	QL (30 GM per 30 days) PA MO
lidocaine ptch	\$0 (Tier 3)	QL (3 EA per 1 days) PA MO
lidocaine oint	\$0 (Tier 4)	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir oint 5%	\$0 (Tier 4)	QL (30 GM per 30 days) MO
ammonium lactate	\$0 (Tier 3)	MO
azelaic acid	\$0 (Tier 4)	QL (50 GM per 30 days) MO
diclofenac sodium gel 1%	\$0 (Tier 3)	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FINACEA FOAM 15%	\$0 (Tier 4)	QL (50 GM per 30 days) MO
FLUOROURACIL CREA 0.5%	\$0 (Tier 4)	QL (30 GM per 30 days) PA MO
fluorouracil crea 5%	\$0 (Tier 4)	QL (40 GM per 30 days) PA MO
fluorouracil external soln 2%, 5%	\$0 (Tier 4)	QL (10 ML per 30 days) MO
hydrocortisone (generic Proctosol HC) crea 2.5%	\$0 (Tier 4)	MO
imiquimod cream 5%	\$0 (Tier 3)	QL (24 EA per 30 days) MO
IMIQUIMOD PUMP	\$0 (Tier 5)	QL (7.5 GM per 30 days) MO
metronidazole crea 0.75%	\$0 (Tier 4)	QL (45 GM per 30 days) MO
metronidazole gel 0.75%, 1%	\$0 (Tier 4)	MO
metronidazole lotn 0.75%	\$0 (Tier 4)	MO
NORITATE	\$0 (Tier 5)	QL (60 GM per 30 days) MO
ORACEA	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
PANRETIN	\$0 (Tier 5)	QL (60 GM per 30 days)
PENNSAID	\$0 (Tier 5)	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	\$0 (Tier 5)	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	\$0 (Tier 5)	QL (3 EA per 30 days) MO
podofilox	\$0 (Tier 4)	MO
procto-med hc	\$0 (Tier 4)	
procto-pak	\$0 (Tier 4)	MO
proctosol hc	\$0 (Tier 4)	MO
proctozone-hc	\$0 (Tier 4)	
RECTIV	\$0 (Tier 4)	QL (30 GM per 30 days) MO
rosadan gel/	\$0 (Tier 4)	
rosadan crea	\$0 (Tier 4)	QL (45 GM per 30 days)
tacrolimus oint 0.03%, 0.1%	\$0 (Tier 4)	QL (60 GM per 30 days) MO
TARGRETIN	\$0 (Tier 5)	QL (60 GM per 30 days) PA
VALCHLOR	\$0 (Tier 5)	QL (60 GM per 30 days) PA LA MO
ZYCLARA PUMP 2.5%	\$0 (Tier 5)	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	\$0 (Tier 3)	MO
permethrin	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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DERMATOLOGY, WOUND CARE AGENTS

REGRANEX	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 4)	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	\$0 (Tier 3)	MO
STERILE WATER IRRIGATION PLASTIC BOTTLE	\$0 (Tier 3)	MO

MOUTH/THROAT/DENTAL AGENTS

cevimeline hydrochloride	\$0 (Tier 4)	MO
chlorhexidine gluconate oral soln	\$0 (Tier 1)	MO
CLINPRO 5000	\$0 (Tier 4)	MO
clotrimazole troc 10mg	\$0 (Tier 3)	MO
DENTAGEL	\$0 (Tier 4)	QL (56 GM per 30 days) MO
FLUORIDEX	\$0 (Tier 4)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	\$0 (Tier 4)	
lidocaine viscous	\$0 (Tier 4)	MO
nystatin susp 100000unit/ml	\$0 (Tier 4)	MO
oralone dental paste	\$0 (Tier 4)	
paroex oral soln	\$0 (Tier 1)	
periogard oral soln	\$0 (Tier 1)	
pilocarpine hydrochloride tabs	\$0 (Tier 4)	MO
SF GEL	\$0 (Tier 4)	QL (56 GM per 30 days) MO
SODIUM FLUORIDE GEL 1.1%	\$0 (Tier 4)	QL (56 GM per 30 days) MO
triamcinolone acetonide dental paste	\$0 (Tier 4)	MO

OTIC

acetic acid otic soln	\$0 (Tier 3)	MO
CIPRO HC	\$0 (Tier 4)	MO
CIPRODEX	\$0 (Tier 3)	MO
CIPROFLOXACIN	\$0 (Tier 3)	MO
flac otic oil	\$0 (Tier 4)	QL (20 ML per 30 days)
fluocinolone acetonide otic oil 0.01%	\$0 (Tier 4)	QL (20 ML per 30 days) MO
hydrocortisone/acetic acid otic soln	\$0 (Tier 4)	MO
neomycin/polymyxin/hydrocortisone otic soln	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml/	\$0 (Tier 4)	MO
ofloxacin otic soln 0.3%	\$0 (Tier 4)	MO

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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Drug Name	Page #
A	
<i>abacavir</i>	19, 21
<i>abacavir sulfate/lamivudine</i>	21
<i>abacavir sulfate/lamivudine/zidovudine</i>	21
ABELCET	18
ABILIFY MAINTENA.....	51
<i>abiraterone acetate</i>	28
ABRAXANE.....	30
<i>acamprosate calcium dr</i>	57
<i>acarbose</i>	59
<i>acebutolol hcl</i>	39
<i>acebutolol hydrochloride</i>	39
<i>acetaminophen/codeine</i>	14
<i>acetazolamide</i>	41
<i>acetazolamide er</i>	41
<i>acetic acid</i>	98
ACETIC ACID 0.25%	76
<i>acetylcysteine</i>	70, 90
<i>acitretin</i>	94
ACTHIB	80
ACTIMMUNE	80
<i>acyclovir</i>	22, 96
ADACEL.....	80
ADC/FLUORIDE.....	83
<i>adefovir dipivoxil</i>	22
ADEMPAS	42
<i>adrucil</i>	28
ADVAIR DISKUS.....	92
ADVAIR HFA	92
<i>afeditab cr</i>	40
AFINITOR	31
AFINITOR DISPERZ	30, 31
<i>afirmelle</i>	62
AIMOVIG.....	55
<i>ala-cort</i>	94
<i>albendazole</i>	16
<i>albuterol sulfate</i>	90
<i>albuterol sulfate er</i>	90
<i>albuterol sulfate hfa</i>	90
<i>alclometasone dipropionate</i>	94
ALDURAZyme	70
ALECENSA	31
<i>alendronate sodium</i>	61
<i>alfuzosin hcl</i>	76
ALIMTA	28
ALINIA.....	16
<i>aliskiren</i>	41
<i>allopurinol</i>	12
<i>almotriptan malate</i>	55
<i>alosetron hydrochloride</i>	75
ALPHAGAN P.....	88
<i>alprazolam</i>	43
<i>alprazolam er</i>	43
ALPRAZOLAM INTENSOL.....	43
ALREX.....	87
<i>altavera</i>	62
ALUNBRIG	31
<i>alyacen 1/35</i>	62
<i>alyacen 7/7/7</i>	62
<i>alyq</i>	42
<i>amabelz</i>	68
<i>amantadine hcl</i>	50
AMBISOME.....	18
<i>ambrisentan</i>	42
<i>amethia</i>	63
AMETHIA LO.....	63
<i>amethyst</i>	63
<i>amikacin sulfate</i>	16
<i>amiloride hcl</i>	41
<i>amiloride/hydrochlorothiazide</i>	41
<i>aminophylline</i>	91
AMINOSYN II.....	85
AMINOSYN-PF.....	85
AMINOSYN-PF 7%	85
<i>amiodarone hcl</i>	37
<i>amiodarone hydrochloride</i>	37
<i>amitriptyline hcl</i>	47
<i>amitriptyline hydrochloride</i>	47
<i>amlodipine besylate</i>	35, 36, 40, 41
<i>amlodipine besylate/atorvastatin calcium</i>	41
<i>amlodipine besylate/benazepril hydrochloride</i>	35
<i>amlodipine besylate/valsartan</i>	36
<i>amlodipine/olmesartan medoxomil</i>	36
<i>amlodipine/valsartan/hctz</i>	36

Drug Name	Page #	Drug Name	Page #
<i>amlodipine/valsartan/hydrochlorothiazide</i>	36	<i>augmented betamethasone dipropionate</i>	94
<i>ammonium lactate</i>	96	<i>aurovela 1.5/30</i>	63
<i>amnesteam</i>	92	<i>aurovela 24 fe</i>	63
<i>amoxapine</i>	47	<i>aurovela fe 1.5/30</i>	63
<i>amoxicillin</i>	25	<i>aurovela fe 1/20</i>	63
<i>amoxicillin/clavulanate potassium</i>	25	AURYXIA	71
<i>amoxicillin/clavulanate potassium er</i>	25	AUSTEDO.....	56
<i>amphetamine/dextroamphetamine</i>	53	AVASTIN.....	31
<i>amphetamine/dextroamphetamine er</i>	53	<i>aviane</i>	63
<i>amphotericin b</i>	18	AVITA	92
<i>ampicillin</i>	25	<i>ayuna</i>	63
<i>ampicillin sodium</i>	25	AYVAKIT	31
<i>ampicillin-sulbactam</i>	25	<i>azacitidine</i>	28
ANADROL-50	58	AZASITE	86
<i>anagrelide hydrochloride</i>	78	<i>azathioprine</i>	80
<i>anastrozole</i>	28	<i>azelaic</i>	96
ANDRODERM	58	<i>azelastine hcl</i>	88, 89
ANORO ELLIPTA	89	<i>azelastine hydrochloride</i>	89
APOKYN.....	50	<i>azithromycin</i>	24
<i>aprepitant</i>	72	AZITHROMYCIN	24
<i>apri</i>	63	AZOPT	88
APTOM	43	<i>aztreonam</i>	16
APTIVUS.....	19	<i>azurette</i>	63
ARALAST NP	91		
<i>aranelle</i>	63	B	
ARCALYST	80	<i>bacitracin</i>	86
<i>aripiprazole</i>	51	<i>bacitracin/polymyxin</i>	86
<i>aripiprazole odt</i>	51	<i>baclofen</i>	56
ARISTADA	51	<i>balsalazide disodium</i>	74
ARISTADA INITIO	51	BALVERSA.....	31
<i>armodafinil</i>	57	<i>balziva</i>	63
ARNUIITY ELLIPTA	91	BANZEL.....	43
<i>arsenic trioxide</i>	29	BARACLUDE	22
<i>ashlyna</i>	63	BASAGLAR KWIKPEN.....	58
<i>aspirin/dipyridamole</i>	78	BCG VACCINE.....	80
<i>atazanavir sulfate</i>	19	BD ALCOHOL SWABS.....	58
<i>atenolol</i>	39	BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN	
<i>atenolol/chlorthalidone</i>	39	SYRINGE SAFETYGLIDE/1ML/29G X 1/2	58
<i>atomoxetine</i>	53	BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN	
<i>atorvastatin calcium</i>	38	SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	58
<i>atovaquone</i>	16, 19	BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN	
<i>atovaquone/proguanil hcl</i>	19	SYRINGE ULTRA-FINE/0.5ML/30G X 1/2	58
ATRIPLA	21	BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN	
ATROPINE SULFATE	89	SYRINGE ULTRA-FINE/1ML/31G X 5/16	58
ATROVENT HFA.....	89	BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN	
<i>aubra</i>	63	SYRINGE ULTRAFINE II/0.3ML/31G X 5/16	58
<i>aubra eq</i>	63	<i>bekyree</i>	63

Drug Name	Page #	Drug Name	Page #
BELEODAQ	31	<i>budesonide</i>	74, 91
BELSOMRA	55	<i>budesonide er</i>	74
<i>benazepril hcl</i>	35	<i>bumetanide</i>	41
<i>benazepril hcl/hydrochlorothiazide</i>	35	<i>buprenorphine</i>	13
<i>benazepril hydrochloride</i>	35	<i>buprenorphine hcl</i>	57
BENDEKA	27	<i>buprenorphine hcl/naloxone hcl</i>	57
BENLYSTA	80	<i>buprenorphine hydrochloride/naloxone</i>	
<i>benztropine mesylate</i>	50	<i>hydrochloride</i>	57
BEPREVE	88	<i>bupropion</i>	47
<i>beser</i>	94	<i>bupropion hydrochloride</i>	47
BESIVANCE	86	<i>bupropion hydrochloride er</i>	57
<i>betamethasone dipropionate</i>	94	<i>bupropion hydrochloride er (sr)</i>	47
<i>betamethasone valerate</i>	94	<i>bupropion hydrochloride er (xl)</i>	47
BETASERON	56	<i>buspirone hcl</i>	43
<i>betaxolol hcl</i>	39, 88	<i>buspirone hydrochloride</i>	43
<i>bethanechol chloride</i>	76	<i>busulfan</i>	27
BETOPTIC-S	88	<i>butorphanol tartrate</i>	14
BEVESPI AEROSPHERE	89	BYDUREON BCISE	59
<i>bexarotene</i>	29	BYDUREON PEN	59
BEXSERO	80	BYETTA	59
<i>bicalutamide</i>	28	BYSTOLIC	39
BICILLIN L-A	25		
BIDIL	41	C	
BIKTARVY	21	<i>cabergoline</i>	70
<i>bisoprolol fumarate</i>	39	CABOMETYX	31
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39	<i>calcipotriene</i>	94
BIVIGAM	79	<i>calcipotriene/betamethasone dipropionate</i>	94
<i>bleomycin sulfate</i>	27	<i>calcitonin-salmon</i>	61
BLEPHAMIDE S.O.P. OINT	86	<i>calcitriol</i>	72
<i>blisovi 24 fe</i>	63	CALCITRIOL	94
<i>blisovi fe 1.5/30</i>	63	<i>calcium acetate</i>	71
<i>blisovi fe 1/20</i>	63	CALQUENCE	31
BOOSTRIX	81	<i>camila</i>	63
BORTEZOMIB	31	CAMRESE	63
<i>bosentan</i>	42	CAMRESE LO	63
BOSULIF	31	<i>candesartan cilexetil</i>	36
BRAFTOVI	31	<i>candesartan cilexetil/hydrochlorothiazide</i>	36
BREO ELLIPTA	92	CAPLYTA	51
<i>briellyn</i>	63	CAPRELSA	31
BRILINTA	78	<i>captopril</i>	35
<i>brimonidine tartrate</i>	88	<i>captopril/hydrochlorothiazide</i>	35
BRIMONIDINE TARTRATE	88	CARAFATE	75
BRIVIACT	43	CARBAGLU	70
<i>bromfenac</i>	87	<i>carbamazepine</i>	43, 44
<i>bromocriptine mesylate</i>	50	<i>carbamazepine er</i>	44
BROMSITE	87	<i>carbidopa</i>	50
BRUKINSA	31	<i>carbidopa/levodopa</i>	50

Drug Name	Page #	Drug Name	Page #
CARBIDOPA/LEVODOPA/ENTACAPONE	50	<i>chloramphenicol</i>	16
<i>carbidopa/levodopa er</i>	50	<i>chlordiazepoxide hcl</i>	43
<i>carbidopa/levodopa odt</i>	50	<i>chlordiazepoxide hydrochloride</i>	43
<i>carbinoxamine maleate</i>	89	<i>chlorhexidine gluconate</i>	98
CARBINOXAMINE MALEATE	89	<i>chloroquine phosphate</i>	19
<i>carboplatin</i>	27	<i>chlorpromazine hcl</i>	51
<i>carmustine</i>	27	CHLORPROMAZINE HCL INJ.....	51
<i>carteolol hcl</i>	88	<i>chlorthalidone</i>	41
<i>cartia xt</i>	40	<i>chlorzoxazone</i>	56
<i>carvedilol</i>	39	CHLORZOXAZONE.....	56
<i>carvedilol phosphate er</i>	39	<i>cholestyramine</i>	38
<i>caspofungin acetate</i>	18	<i>cholestyramine light</i>	38
CAYSTON.....	16	<i>ciclopirox</i>	93
<i>caziant</i>	63	<i>ciclopirox olamine</i>	93
<i>cefaclor</i>	23	<i>cilostazol</i>	78
CEFACLOR ER.....	23	CILOXAN.....	86
<i>cefadroxil</i>	23	CIMDUO	21
CEFAZOLIN	23	<i>cimetidine</i>	73
<i>cefazolin sodium</i>	23	<i>cimetidine hcl</i>	73
CEFAZOLIN SODIUM	23	<i>cinacalcet hydrochloride</i>	70
<i>cefdinir</i>	23, 24	CIPRODEX.....	98
<i>cefepime</i>	24	CIPROFLOXACIN	25, 86, 98
<i>cefixime</i>	24	<i>ciprofloxacin hcl</i>	25
<i>cefotetan</i>	24	<i>ciprofloxacin hydrochloride</i>	25, 86
<i>cefoxitin sodium</i>	24	<i>ciprofloxacin i.v.-in d5w</i>	25
<i>cefpodoxime proxetil</i>	24	CIPRO HC	98
<i>cefprozil</i>	24	<i>cisplatin</i>	27
<i>ceftazidime</i>	24	<i>citalopram hydrobromide</i>	47
CEFTAZIDIME/DEXTROSE	24	<i>cladribine</i>	28
<i>ceftriaxone in iso-osmotic dextrose</i>	24	<i>claravis</i>	92
<i>ceftriaxone sodium</i>	24	<i>clarithromycin</i>	24
CEFTRIAZONE SODIUM	24	<i>clarithromycin er</i>	24
<i>cefuroxime axetil</i>	24	<i>clemastine fumarate</i>	89
<i>cefuroxime sodium</i>	24	<i>clindacin etz pledgets</i>	92
<i>celecoxib</i>	12	<i>clindacin-p</i>	92
CELONTIN	44	<i>clindamycin/benzoyl peroxide</i>	92
<i>cephalexin</i>	24	<i>clindamycin hcl</i>	16
CERDELGA.....	70	<i>clindamycin hydrochloride</i>	16
CEREZYME.....	70	<i>clindamycin palmitate hcl</i>	16
<i>cetirizine hydrochloride</i>	89	<i>clindamycin phosphate</i>	16, 76, 92
<i>cevimeline hydrochloride</i>	98	CLINDAMYCIN PHOSPHATE.....	92
CHANTIX.....	57	<i>clindamycin phosphate/benzoyl peroxide</i>	92
CHANTIX CONTINUING MONTH PAK.....	57	<i>clindamycin phosphate/dextrose</i>	16
CHANTIX STARTING MONTH PAK	57	CLINDAMYCIN/SODIUM CHLORIDE	16
<i>chateal</i>	63	CLINIMIX 4.25%/DEXTROSE 5%	85
<i>chateal eq</i>	63	CLINIMIX 4.25%/DEXTROSE 10%.....	85
CHEMET	62	CLINIMIX 5%/DEXTROSE 15%	85

Drug Name	Page #	Drug Name	Page #
CLINIMIX 5%/DEXTROSE 20%	85	CURITY GAUZE PADS 2	58
<i>clinisol sf 15%</i>	85	<i>cyclafem 1/35</i>	63
CLINOLIPID	85	<i>cyclafem 7/7/7</i>	63
CLINPRO 5000	98	<i>cyclobenzaprine hydrochloride</i>	56
<i>clobazam</i>	44	<i>cyclophosphamide</i>	27
<i>clobetasol propionate</i>	94, 95	<i>cycloserine</i>	22
<i>clobetasol propionate emollient</i>	94	<i>cyclosporine</i>	80
<i>clobetasol propionate emollient foam</i>	94	<i>cyclosporine modified</i>	80
<i>clobetasol propionate spray</i>	95	<i>cyproheptadine hcl</i>	89
<i>clodan</i>	95	<i>cyproheptadine hydrochloride</i>	89
<i>clofarabine</i>	28	<i>cyred</i>	63, 64
<i>clomipramine hcl</i>	47	<i>cyred eq</i>	64
<i>clonazepam</i>	44	CYSTADANE	70
<i>clonazepam odt</i>	44	CYSTAGON	70
<i>clonidine hcl</i>	41	CYSTARAN	89
<i>clonidine hydrochloride</i>	41	<i>cytarabine aqueous</i>	28
<i>clopidogrel</i>	78		
<i>clorazepate dipotassium</i>	44	D	
<i>clotrimazole</i>	93	<i>dacarbazine</i>	29
<i>clotrimazole/betamethasone dipropionate</i>	93	<i>dactinomycin</i>	27
<i>clotrimazole troc</i>	98	<i>dalfampridine er</i>	56
<i>clovique</i>	62	DALIRESP.....	91
<i>clozapine</i>	51	<i>danazol</i>	68
<i>clozapine odt</i>	51	<i>dantrolene sodium</i>	56
CLOZAPINE ODT	51	<i>dapsone</i>	16, 92
COARTEM	19	DAPTACEL	81
CODEINE SULFATE	14	<i>daptomycin</i>	16
<i>colchicine</i>	12	DAPTOMYCIN	16
<i>coleselam hydrochloride</i>	38	<i>darifenacin hydrobromide er</i>	76
<i>colestipol hcl</i>	38	<i>dasetta 1/35</i>	64
<i>colistimethate</i>	16	<i>dasetta 7/7/7</i>	64
<i>colocort</i>	74	<i>daunorubicin hydrochloride</i>	27
COMBIGAN	88	DAUNORUBICIN HYDROCHLORIDE	27
COMBIVENT RESPIMAT.....	89	DAURISMO	31
COMETRIQ	31	<i>daysee</i>	64
COMPLERA.....	21	<i>deblitane</i>	64
<i>compro</i>	72	<i>decitabine</i>	28
<i>constulose</i>	74	<i>deferasirox</i>	62
COPAXONE.....	56	DELESTROGEN.....	68
COPIKTRA.....	31	DELSTRIGO.....	21
CORLANOR.....	41	DEMSEER.....	41
<i>cortisone acetate</i>	69	DENTAGEL.....	98
COTELLIC.....	31	DEPO-PROVERA.....	28
CREON	75	DESCOVY	21
CRIXIVAN	19	<i>desipramine hcl</i>	47
<i>cromolyn sodium</i>	75, 88, 91	<i>desloratadine</i>	90
<i>cryselle-28</i>	63	<i>desloratadine odt</i>	90

Drug Name	Page #	Drug Name	Page #
<i>desmopressin acetate</i>	70	<i>digox</i>	41
<i>desogestrel/ethinyl estradiol</i>	64	<i>digoxin</i>	41
<i>desonide</i>	95	<i>dihydroergotamine mesylate</i>	55
<i>desoximetasone</i>	95	DILANTIN.....	44
<i>desvenlafaxine er</i>	47	DILANTIN-125.....	44
DESVENLAFAXINE ER	47	DILANTIN INFATABS	44
<i>dexamethasone</i>	69, 87	<i>diltiazem hcl</i>	40
DEXAMETHASONE INTENSOL.....	69	DILTIAZEM HCL.....	40
<i>dexamethasone sodium phosphate</i>	69, 87	<i>diltiazem hcl cd</i>	40
DEXILANT	75	<i>diltiazem hcl er</i>	40
<i>dexmethylphenidate hcl</i>	54	<i>diltiazem hcl inj</i>	40
<i>dexmethylphenidate hcl er</i>	53	<i>diltiazem hydrochloride</i>	40
<i>dexmethylphenidate hydrochloride</i>	54	<i>dilt-xr</i>	40
<i>dexrazoxane</i>	34	DIMENHYDRINATE	72
<i>dextroamphetamine sulfate</i>	54	<i>diphenhydramine hcl</i>	90
<i>dextroamphetamine sulfate er</i>	54	<i>diphenoxylate/atropine</i>	75
DEXTROSE 2.5%/NACL 0.45%	82	DIPHTHERIA/TETANUS TOXOIDS ADSORBED	
<i>dextrose 5%</i>	82, 85	PEDIATRIC	81
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX.....	82	<i>dipyridamole</i>	78
DEXTROSE 5%/LACTATED RINGERS	82	<i>disopyramide phosphate</i>	37
DEXTROSE 5%/NACL 0.2%.....	82	<i>disulfiram</i>	57
DEXTROSE 5%/NACL 0.3%.....	82	<i>divalproex sodium</i>	44
DEXTROSE 5%/NACL 0.9%.....	82	<i>divalproex sodium dr</i>	44
DEXTROSE 5%/NACL 0.33%	82	<i>divalproex sodium er</i>	44
DEXTROSE 5%/NACL 0.45%	82	<i>docetaxel</i>	30
DEXTROSE 5%/NACL 0.225%	82	DOCETAXEL.....	30
<i>dextrose 10%</i>	82, 85	<i>dofetilide</i>	37
DEXTROSE 10%/NACL 0.2%	82	<i>donepezil hc</i>	46
DEXTROSE 10%/NACL 0.45%	82	<i>donepezil hcl</i>	47
DEXTROSE 50%.....	85	<i>donepezil hydrochloride</i>	47
DEXTROSE 70%.....	85	<i>dorzolamide hcl</i>	88
<i>diazepam</i>	44	<i>dorzolamide hcl/timolol maleate</i>	88
DIAZEPAM RECTAL GEL	44	<i>dorzolamide hydrochloride/timolol maleate</i>	88
<i>diazoxide</i>	69	<i>dotti</i>	68
<i>diclofenac potassium</i>	12	DOVATO	21
<i>diclofenac sodium</i>	87, 96	<i>doxazosin mesylate</i>	36
<i>diclofenac sodium dr</i>	12	DOXEPINE HYDROCHLORIDE	96
<i>diclofenac sodium er</i>	12	<i>doxepin hcl</i>	48
<i>diclofenac sodium/misoprostol</i>	12	<i>doxepin hydrochloride</i>	48, 55
<i>dicloxacillin</i>	25	<i>doxercalciferol</i>	72
<i>dicyclomine hcl</i>	73	<i>doxorubicin hcl liposome</i>	27
<i>dicyclomine hydrochloride</i>	73	<i>doxorubicin hydrochloride liposomal</i>	27
<i>didanosine</i>	19	<i>doxy 100</i>	26
DIFICID.....	24	<i>doxycycline</i>	26
<i>diflorasone diacetate</i>	95	DOXYCYCLINE.....	96
<i>diflunisal</i>	12	<i>doxycycline hyclate</i>	26
<i>digitek</i>	41	<i>doxycycline hyclate dr</i>	26

Drug Name	Page #	Drug Name	Page #
<i>doxycycline monohydrate</i>	26	ENSTILAR.....	95
DRIZALMA	48	<i>entacapone</i>	50
<i>dronabinol</i>	72	<i>entecavir</i>	22
<i>drospirenone/ethinyl estradiol</i>	64	ENTRESTO	36
<i>drospirenone/ethinyl estradiol/levomefolate</i>		<i>enulose</i>	74
<i>calcium</i>	64	EPCLUSA.....	22
DROXIA.....	78	EPIDIOLEX	44
DUAVEE	68	<i>epinastine hcl</i>	88
DUEXIS.....	12	<i>epinephrine hcl</i>	91
<i>duloxetine hydrochloride</i>	48	EPIPEN 2-PAK.....	91
DUREZOL.....	87	EPIPEN-JR 2-PAK	91
<i>dutasteride</i>	76	<i>epirubicin hcl</i>	27
<i>dutasteride/tamsulosin hcl</i>	76	<i>epitol</i>	44
E		EPIVIR HBV	23
<i>econazole nitrate</i>	93	<i>eplerenone</i>	35
EDARBI.....	37	<i>epoprostenol sodium</i>	42
EDARBYCLOR.....	36	<i>eprosartan mesylate</i>	37
EDURANT	19	<i>ergotamine tartrate/caffeine</i>	55
<i>efavirenz</i>	19	ERIVEDGE	31
EFFER-K.....	83	ERLEADA.....	29
EFFERVESCENT POTASSIUM	83	<i>erlotinib hydrochloride</i>	31
<i>eletriptan hydrobromide</i>	55	<i>errin</i>	64
<i>elinest</i>	64	ERTACZO	93
ELIQUIS.....	77	<i>ertapenem</i>	16
ELIQUIS STARTER PACK	77	<i>ery</i>	92
ELITEK.....	34	ERYTHROCIN LACTOBIONATE	25
ELMIRON	76	<i>erythrocin stearate</i>	25
<i>eluryng</i>	64	<i>erythromycin</i>	25, 86, 92
EMCYT	29	<i>erythromycin base</i>	25
EMEND	72	<i>erythromycin/benzoyl peroxide</i>	92
<i>emoquette</i>	64	<i>erythromycin dr</i>	25
EMSAM	48	<i>erythromycin ethylsuccinate</i>	25
EMTRIVA	19	<i>erythromycin stearate</i>	25
EMVERM	16	ESBRIET	91
<i>enalapril maleate</i>	35	<i>escitalopram oxalate</i>	48
<i>enalapril maleate/hydrochlorothiazide</i>	35	<i>esomeprazole magnesium</i>	75
ENBREL.....	78	<i>esomeprazole sodium</i>	75
ENBREL MINI.....	78	<i>estarylla</i>	64
ENBREL SURECLICK.....	78	<i>estradiol</i>	68
ENDARI	78	<i>estradiol/norethindrone acetatemg</i>	68
<i>endocet</i>	14	<i>estradiol vaginal</i>	68
ENERGIX-B.....	81	<i>estradiol valerate</i>	68
ENHERTU.....	31	ESTRING	68
<i>enoxaparin sodium</i>	77	<i>eszopiclone</i>	55
<i>enpresse-28</i>	64	<i>ethambutol hydrochloride</i>	22
<i>enskyce</i>	64	<i>ethosuximide</i>	44
		<i>ethosuximide soln</i>	44

Drug Name	Page #	Drug Name	Page #
<i>ethynodiol diacetate/ethinyl estradiol</i>	64	FLEBOGAMMA DIF	79
<i>etodolac</i>	12	<i>flecainide acetate</i>	37
<i>etodolac er</i>	12	FLOVENT DISKUS.....	91
ETONOGESTREL/ETHINYL ESTRADIOL.....	64	FLOVENT HFA	92
<i>etoposide</i>	30	<i>fluconazole</i>	18
<i>euthyrox</i>	71	<i>fluconazole in nacl</i>	18
<i>everolimus</i>	31, 80	<i>fluconazole in sodium chloride</i>	18
EVOTAZ.....	21	<i>flucytosine</i>	18
<i>exemestane</i>	29	<i>fludarabine phosphate</i>	28
<i>ezetimibe</i>	38	<i>fludrocortisone acetate</i>	69
<i>ezetimibe/simvastatin</i>	38	<i>flunisolide</i>	91
F		<i>fluocinolone acetonide</i>	95
FABRAZYME	70	<i>fluocinolone acetonide body oil</i>	95
<i>falmina</i>	64	<i>fluocinolone acetonide otic oil</i>	98
<i>famciclovir</i>	23	<i>fluocinolone acetonide scalp oil</i>	95
<i>famotidine</i>	74	<i>fluocinolone acetonide topical</i>	95
<i>famotidine premixed</i>	73	<i>fluocinonide</i>	95
FANAPT.....	51	<i>fluocinonide emulsified</i>	95
FANAPT TITRATION PACK.....	51	FLUORIDE.....	83
FARXIGA.....	59	FLUORIDEX.....	98
FARYDAK	31	FLUORIDEX SENSITIVITY RELIEF/SLS FREE.....	98
FASENRA.....	91	FLUORITAB.....	84
FASENRA PEN	91	FLUOROMETHOLONE.....	87
<i>fayosim</i>	64	<i>fluorouracil</i>	28, 97
<i>febuxostat</i>	12	FLUOROURACIL CREA 0.5%	97
<i>felbamate</i>	44	<i>fluorouracil external</i>	97
<i>felodipine er</i>	40	<i>fluoxetine dr</i>	48
<i>femynor</i>	64	<i>fluoxetine hcl</i>	48
<i>fenofibrate</i>	38	<i>fluoxetine hydrochloride</i>	48
<i>fenofibrate micronized</i>	38	<i>fluphenazine decanoate</i>	51
FENOFIBRIC ACID	38	<i>fluphenazine hcl</i>	51
<i>fenofibric acid dr</i>	38	<i>fluphenazine hydrochloride</i>	51
<i>fenoprofen calcium</i>	12	<i>flurandrenolide</i>	95
FENOPROFEN CALCIUM	12	<i>flurbiprofen</i>	12
<i>fentanyl citrate oral transmucosal</i>	14	<i>flurbiprofen sodium</i>	87
<i>fentanyl transdermal patch</i>	13	<i>flutamide</i>	29
FETZIMA	48	<i>fluticasone propionate</i>	91, 95
FETZIMA TITRATION PACK	48	<i>fluvastatin</i>	38
FIASP	59	<i>fluvastatin sodium er</i>	38
FIASP FLEXTOUCH.....	59	<i>fluvoxamine maleate</i>	43
FIASP PENFILL.....	59	<i>fluvoxamine maleate er</i>	43
FINACEA	97	<i>fomepizole</i>	70
<i>finasteride</i>	76	<i>fondaparinux sodium</i>	77
FINTEPLA.....	44	FORTEO	61
<i>flac</i>	98	<i>fosamprenavir calcium</i>	20
<i>flavoxate hcl</i>	76	<i>fosinopril sodium</i>	35
		<i>fosinopril sodium/hydrochlorothiazide</i>	35

Drug Name	Page #	Drug Name	Page #
<i>fosphenytoin sodium</i>	44	<i>glimepiride</i>	60
FRAGMIN.....	77	<i>glipizide</i>	60
FREAMINE HBC.....	85	<i>glipizide er</i>	60
FREAMINE III.....	85	<i>glipizide/metformin hydrochloride</i>	60
<i>frovatriptan succinate</i>	55	<i>glipizide xl</i>	60
<i>fulvestrant</i>	29	<i>glycopyrrolate</i>	73
<i>furosemide</i>	41	GLYXAMBI.....	60
FUZEON.....	20	GOLYTELY.....	74
<i>fyavolv</i>	68	<i>granisetron hcl</i>	72
FYCOMPA.....	44, 45	<i>griseofulvin microsize</i>	18
G		<i>griseofulvin ultramicrosize</i>	18
<i>gabapentin</i>	45	<i>guanfacine er</i>	54
<i>galantamine hydrobromide</i>	47	<i>guanfacine hcl</i>	41
<i>galantamine hydrobromide er</i>	47	GUANIDINE HCL.....	56
GAMASTAN.....	79	GVOKE HYPOPEN.....	70
GAMMAGARD LIQUID.....	79	GVOKE PFS.....	70
GAMMAGARD S/D.....	79	H	
GAMMAKED.....	79	HAEGARDA.....	78
GAMMAPLEX.....	79	<i>hailey 1.5/30</i>	64
GAMUNEX-C.....	79	<i>haily 24 fe</i>	64
<i>ganciclovir</i>	23	<i>halobetasol propionate</i>	95
GARDASIL 9.....	81	<i>haloperidol</i>	51
<i>gatifloxacin</i>	86	<i>haloperidol decanoate</i>	51
GATTEX.....	75	<i>haloperidol lactate</i>	51
<i>gavilyte-c</i>	74	HARVONI.....	23
<i>gavilyte-g</i>	74	HAVRIX.....	81
<i>gavilyte-n/ flavor pack</i>	74	<i>heather</i>	64
<i>gemcitabine</i>	28	<i>heparin sodium</i>	77
<i>gemcitabine hcl</i>	28	HEPARIN SODIUM.....	77
<i>gemcitabine hydrochloride</i>	28	HEPARIN SODIUM/D5W.....	77
GEMCITABINE HYDROCHLORIDE.....	28	HEPARIN SODIUM/DEXTROSE.....	77
<i>gemfibrozil</i>	38	HEPARIN SODIUM/NACL 0.45%.....	77
<i>generlac</i>	74	HEPARIN SODIUM/SODIUM CHLORIDE.....	77
<i>engraf</i>	80	HEPATAMINE.....	85
GENOTROPIN.....	70	HERCEPTIN.....	31
GENOTROPIN MINIQUICK.....	70	HERCEPTIN HYLECTA.....	31
<i>gentak</i>	86	HETLIOZ.....	55
<i>gentamicin sulfate</i>	17, 86, 93	HIBERIX.....	81
<i>gentamicin sulfate/0.9% sodium chloride</i>	16, 17	HUMIRA.....	79
<i>gentamicin sulfate pediatric</i>	16	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	78
GENVOYA.....	21	HUMIRA PEN.....	78, 79
GEODON.....	51	HUMULIN R U-500 (CONCENTRATED).....	59
GIANVI.....	64	HUMULIN R U-500 KWIKPEN.....	59
GILENYA.....	56	<i>hydralazine hcl</i>	42
GILOTTRIF.....	31	<i>hydralazine hydrochloride</i>	42
GLEOSTINE.....	27		

Drug Name	Page #	Drug Name	Page #
<i>hydrochlorothiazide</i>	41	INFANRIX	81
<i>hydrocodone/acetaminophen</i>	14	INLYTA	32
<i>hydrocodone bitartrate/acetaminophen</i>	14	INQOVI	29
<i>hydrocodone/ibuprofen</i>	14	INREBIC	32
<i>hydrocortisone</i>	69, 74, 95, 96, 97	INTELENCE	20
<i>hydrocortisone/acetic acid</i>	98	INTRON A	80
<i>hydrocortisone butyrate</i>	95	<i>introvale</i>	64
<i>hydrocortisone butyrate (lipophilic)</i>	95	INVEGA SUSTENNA	51, 52
<i>hydrocortisone valerate</i>	95	INVEGA TRINZA	52
<i>hydromorphone hcl</i>	14	INVIRASE	20
HYDROMORPHONE HCL	14	IONOSOL-MB/DEXTROSE 5%	82
<i>hydromorphone hydrochloride</i>	15	IPOL INACTIVATED IPV	81
HYDROMORPHONE HYDROCHLORIDE	15	<i>ipratropium bromide</i>	89
<i>hydroxychloroquine sulfate</i>	79	<i>ipratropium bromide/albuterol sulfate</i>	89
<i>hydroxyurea</i>	29	<i>ipratropium bromide nasal</i>	89
<i>hydroxyzine hcl</i>	90	<i>irbesartan</i>	36, 37
<i>hydroxyzine hydrochloride</i>	90	<i>irbesartan/hydrochlorothiazide</i>	36
<i>hydroxyzine pamoate</i>	90	IRESSA	32
HYSINGLA ER	13	<i>irinotecan</i>	30
I		<i>irinotecan hcl</i>	30
<i>ibandronate sodium</i>	61	<i>irinotecan hydrochloride</i>	30
IBRANCE	31	ISENTRESS	20
<i>ibu</i>	13	ISENTRESS HD	20
<i>ibuprofen</i>	13	<i>isibloom</i>	64
<i>icatibant acetate</i>	78	ISOLYTE-P/DEXTROSE 5%	82
ICLUSIG	32	ISOLYTE-S	82
<i>idarubicin hcl</i>	27	<i>isoniazid</i>	22
IDHIFA	32	<i>isosorbide dinitrate</i>	42
IFEX	27	<i>isosorbide mononitrate</i>	42
<i>ifosfamide</i>	27	<i>isosorbide mononitrate er</i>	42
IFOSFAMIDE	27	<i>isotonic gentamicin</i>	17
ILEVRO	87	<i>isotretinoin</i>	92
<i>imatinib mesylate</i>	32	<i>isradipine</i>	40
IMBRUVICA	32	<i>itraconazole</i>	18
<i>imipenem/cilastatin</i>	17	<i>ivermectin</i>	17
<i>imipramine hcl</i>	48	IXIARO	81
<i>imipramine hydrochloride</i>	48	J	
<i>imipramine pamoate</i>	48	<i>jaimiess</i>	64
<i>imiquimod</i>	97	JAKAFI	32
IMIQUIMOD PUMP	97	<i>jantoven</i>	77
IMLYGIC	29	JANUMET	60
IMOVAX RABIES (H.D.C.V.)	81	JANUMET XR	60
<i>incassia</i>	64	JANUVIA	60
INCRELEX	70	JARDIANCE	60
INCRUSE ELLIPTA	89	<i>jasmiel</i>	64
<i>indapamide</i>	41	<i>jencycla</i>	64

Drug Name	Page #	Drug Name	Page #
JENTADUETO.....	60	<i>klor-con m15</i>	84
JETNADUETO XR.....	60	<i>klor-con m20</i>	84
<i>jinteli</i>	68	KORLYM.....	70
JOLESSA.....	64	<i>kurvelo</i>	65
JOLIVETTE.....	65	KUVAN.....	70
<i>juleber</i>	65		
JULUCA.....	21	L	
<i>junel 1.5/30</i>	65	<i>labetalol hydrochloride</i>	39
<i>junel 1/20</i>	65	<i>lactated ringers viaflex</i>	82
<i>junel fe 1.5/30</i>	65	<i>lactulose</i>	74
<i>junel fe 1/20</i>	65	<i>lamivudine</i>	20, 23
<i>junel fe 24</i>	65	<i>lamivudine/zidovudine</i>	21
JUXTAPID.....	38	<i>lamotrigine</i>	45
		<i>lamotrigine er</i>	45
K		<i>lamotrigine odt</i>	45
KADCYLA.....	32	<i>lamotrigine starter kit/blue</i>	45
<i>kaitlib fe</i>	65	<i>lamotrigine starter kit/green</i>	45
KALETRA.....	21	<i>lamotrigine starter kit/orange</i>	45
<i>kalliga</i>	65	<i>lansoprazole/amoxicillin/clarithromycin</i>	75
KALYDECO.....	91	<i>lansoprazole dr</i>	75
<i>kariva</i>	65	<i>larin 1.5/30</i>	65
KCL 0.3%/D5W/NACL 0.9%.....	82	<i>larin 1/20</i>	65
KCL 0.3%/D5W/NACL 0.45%.....	82	<i>larin 24 fe</i>	65
KCL 0.15%/D5W/NACL 0.2%.....	82	<i>larin fe 1.5/30</i>	65
KCL 0.15%/D5W/NACL 0.9%.....	82	<i>larin fe 1/20</i>	65
KCL 0.15%/D5W/NACL 0.45%.....	82	<i>larissia</i>	65
KCL 0.15%/D5W/NACL 0.225%.....	82	LASTACRAFT.....	88
KCL 0.075%/D5W/NACL 0.45%.....	82	<i>latanoprost</i>	88
<i>kelnor 1/35</i>	65	LATUDA.....	52
<i>kelnor 1/50</i>	65	LEENA.....	65
<i>ketoconazole</i>	19, 93, 94	<i>leflunomide</i>	79
<i>ketoprofen</i>	13	LENVIMA.....	32
<i>ketoprofen er</i>	13	LENVIMA 8 MG DAILY DOSE.....	32
<i>ketorolac tromethamine</i>	13, 87	LENVIMA 10 MG DAILY DOSE.....	32
KEYTRUDA.....	32	LENVIMA 14 MG DAILY DOSE.....	32
KHAPZORY.....	34	LENVIMA 18 MG DAILY DOSE.....	32
KINRIX.....	81	LENVIMA 20 MG DAILY DOSE.....	32
<i>kionex</i>	62	LENVIMA 24 MG DAILY DOSE.....	32
KISQALI.....	30, 32	<i>lessina</i>	65
KISQALI FEMARA 200MG-2.5MG CO-PACK.....	30	<i>letrozole</i>	29
KISQALI FEMARA 400MG-2.5MG CO-PACK.....	30	<i>leucovorin calcium</i>	34
KISQALI FEMARA 600MG-2.5MG CO-PACK.....	30	LEUKERAN.....	27
<i>klor-con</i>	84	<i>leuprolide acetate</i>	29
KLOR-CON 8.....	84	<i>levalbuterol hcl</i>	90
KLOR-CON 10.....	84	<i>levalbuterol hydrochloride</i>	90
KLOR-CON/EF.....	84	LEVALBUTEROL TARTRATE HFA.....	90
<i>klor-con m10</i>	84	LEVEMIR.....	59

Drug Name	Page #	Drug Name	Page #
LEVEMIR FLEXTOUCH	59	<i>lorcet hd</i>	15
<i>levetiracetam</i>	45	<i>lorcet plus</i>	15
<i>levetiracetam er</i>	45	<i>loryna</i>	65
<i>levetiracetam/sodium chloride</i>	45	<i>losartan potassium</i>	37
<i>levobunolol hcl</i>	88	<i>losartan potassium/hydrochlorothiazide</i>	36
<i>levocarnitine</i>	70	LOTEMAX	87
LEVOCARNITINE	70	LOTEMAX SM	87
<i>levocetirizine dihydrochloride</i>	90	<i>loteprednol etabonate</i>	87
<i>levofloxacin</i>	25, 86	<i>lovastatin</i>	38
<i>levofloxacin in d5w</i>	25	<i>low-ogestrel</i>	65
<i>levoleucovorin</i>	35	<i>loxapine</i>	52
<i>levonest</i>	65	<i>loxapine succinate</i>	52
<i>levonorgestrel/ethinyl estradiol</i>	65	<i>lo-zumandimine</i>	65
<i>levora</i>	65	LUDENT	84
LEVO-T	71	LUMIGAN	88
<i>levothyroxine sodium</i>	71, 72	LUMIZYME	70
LEVOTHYROXINE SODIUM	72	LUMOXITI	32
LEVOXYL	72	LUPRON DEPOT	29
LEXIVA	20	LUPRON DEPOT-PED (1-MONTH)	70
LIBTAYO	32	LUPRON DEPOT-PED (3-MONTH)	71
<i>lidocaine</i>	96	<i>lutea</i>	65
<i>lidocaine hcl</i>	16, 37	LYNPARZA	32
LIDOCAINE HCL	37	LYRICA CR	56
<i>lidocaine hcl external</i>	96	LYSODREN	29
LIDOCAINE HCL IN D5W	37	<i>lyza</i>	65
<i>lidocaine hydrochloride pf</i>	16	M	
<i>lidocaine/prilocaine</i>	96	<i>mafenide acetate</i>	93
<i>lidocaine viscous</i>	98	<i>magnesium sulfate</i>	83
<i>lillow</i>	65	MAGNESIUM SULFATE	82
<i>linezolid</i>	17	<i>malathion</i>	97
LINEZOLID	17	<i>maprotiline hcl</i>	48
LINZESS	75	<i>marlissa</i>	66
<i>liothyronine sodium</i>	72	MARPLAN	48
<i>lisinopril</i>	35	MATULANE	30
<i>lisinopril/hydrochlorothiazide</i>	35	<i>matzim la</i>	40
LITHIUM	56	MAVYRET	23
<i>lithium carbonate</i>	56	<i>meclizine hcl</i>	72
<i>lithium carbonate er</i>	56	<i>meclofenamate sodium</i>	13
<i>lojaimiess</i>	65	<i>medroxyprogesterone acetate</i>	66, 71
LOKELMA	62	<i>mefloquine hcl</i>	19
LONSURF	30	<i>megestrol acetate</i>	29, 71
<i>loperamide hcl</i>	75	MEKINIST	32
<i>lopinavir/ritonavir</i>	21	MEKTOVI	32
LOPREEZA	68	<i>melodetta 24 fe</i>	66
<i>lorazepam</i>	43	<i>meloxicam</i>	13
LORBRENA	32	<i>melphalan</i>	27
<i>lorcet</i>	15		

Drug Name	Page #	Drug Name	Page #
<i>melphalan hydrochloride</i>	27	<i>metronidazole in nacl</i>	17
MEMANTINE HCL TITRATION PAK.....	47	<i>mibelas 24 fe</i>	66
<i>memantine hydrochloride</i>	47	<i>micafungin</i>	19
<i>memantine hydrochloride er</i>	47	<i>miconazole 3</i>	76
MENACTRA.....	81	MICROGESTIN 1.5/30.....	66
MENVEO	81	MICROGESTIN 1/20.....	66
<i>meprobamate</i>	43	MICROGESTIN FE 1.5/30.....	66
<i>mercaptapurine</i>	28	MICROGESTIN FE 1/20.....	66
<i>meropenem</i>	17	<i>midodrine hcl</i>	42
<i>mesalamine</i>	74	<i>miglitol</i>	60
<i>mesalamine dr</i>	74	<i>miglustat</i>	71
<i>mesna</i>	35	<i>mili</i>	66
MESNEX.....	35	<i>mimvey</i>	68
<i>metadate er</i>	54	<i>minitran</i>	42
<i>metaproterenol sulfate</i>	90	<i>minocycline hcl</i>	26
<i>metformin hydrochloride</i>	60	<i>minocycline hydrochloride</i>	26
<i>metformin hydrochloride er</i>	60	<i>minocycline hydrochloride er</i>	26
<i>methadone hcl</i>	13	<i>minoxidil</i>	42
METHADONE HCL INJ	13	<i>mirtazapine</i>	48
<i>methazolamide</i>	41	<i>mirtazapine odt</i>	48
<i>methenamine hippurate</i>	17	<i>misoprostol</i>	75
METHENAMINE MANDELATE.....	17	MITIGARE	12
<i>methergine</i>	71	<i>mitomycin</i>	28
<i>methimazole</i>	72	<i>mitoxantrone hcl</i>	30
<i>methotrexate</i>	28, 79	M-M-R II.....	81
<i>methotrexate sodium</i>	28	M-NATAL PLUS	84
<i>methoxsalen</i>	94	<i>modafinil</i>	57
<i>methscopolamine bromide</i>	73	<i>moexipril hcl</i>	35
<i>methyldopa</i>	42	<i>molindone hydrochloride</i>	52
<i>methylergonovine maleate</i>	71	<i>mometasone furoate</i>	91, 96
<i>methylphenidate hydrochloride</i>	54	<i>mondoxylene nl</i>	26
<i>methylphenidate hydrochloride/5ml</i>	54	<i>mono-linyah</i>	66
<i>methylphenidate hydrochloride cd er</i>	54	<i>montelukast sodium</i>	90
<i>methylphenidate hydrochloride er</i>	54	<i>morgidox 1x100mg</i>	26
METHYLPHENIDATE HYDROCHLORIDE ER	54	<i>morgidox 2x100mg</i>	26
<i>methylprednisolone</i>	69	<i>morphine sulfate</i>	15
<i>methylprednisolone acetate</i>	69	MORPHINE SULFATE.....	15
<i>methylprednisolone sodium succinate</i>	69	<i>morphine sulfate er</i>	13, 14
<i>metoclopramide hcl</i>	72	MOVANTIK	75
<i>metoclopramide hydrochloride</i>	72	<i>moxifloxacin hydrochloride</i>	25, 86
<i>metoclopramide odt</i>	72	<i>moxifloxacin hydrochloride/sodium</i>	
METOCLOPRAMIDE ODT	72	<i>hydrochloride</i>	25
<i>metolazone</i>	41	MULTAQ	37
<i>metoprolol/hydrochlorothiazide</i>	39	MULTI VITAMIN/FLUORIDE	84
<i>metoprolol succinate er</i>	39	MULTIVITAMIN/FLUORIDE	84
<i>metoprolol tartrate</i>	39	MULTI-VITAMIN/FLUORIDE DROPS.....	84
<i>metronidazole</i>	17, 76, 97	MULTI-VITAMIN/FLUORIDE/IRON	84

Drug Name	Page #	Drug Name	Page #
<i>mupirocin</i>	93	NEUPRO	50
<i>mutamycin</i>	28	<i>nevirapine</i>	20
MYCAMINE	19	<i>nevirapine er</i>	20
<i>mycophenolate mofetil</i>	80	NEXAVAR	32
<i>mycophenolic acid dr</i>	80	<i>niacin</i>	38
MYLOTARG.....	32	<i>niacin er</i>	38
<i>myorisan</i>	92	<i>niacor</i>	38
MYRBETRIQ	76	<i>nicardipine hcl</i>	40
N		NICOTROL	57
<i>nabumetone</i>	13	NICOTROL INHALER.....	57
<i>nadolol</i>	39	<i>nifedical xl</i>	40
<i>nafticillin sodium</i>	26	<i>nifedipine er</i>	40
<i>naftifine hcl</i>	93	<i>nikki</i>	66
<i>naftifine hydrochloride</i>	93	<i>nilutamide</i>	29
NAGLAZYME.....	71	<i>nimodipine</i>	40
<i>nalbuphine hcl</i>	15	NINLARO	32
<i>naloxone hcl</i>	57	NIPENT	30
<i>naloxone hydrochloride</i>	57	<i>nisoldipine er</i>	40
<i>naltrexone hcl</i>	57	<i>nitisinone</i>	71
NAMZARIC.....	47	NITRO-BID.....	42
<i>naproxen</i>	13	NITRO-DUR	42
<i>naproxen dr</i>	13	<i>nitrofurantoin</i>	17
<i>naproxen/esomeprazole magnesium</i>	13	<i>nitrofurantoin macrocrystals</i>	17
<i>naproxen sodium</i>	13	<i>nitrofurantoin monohydrate</i>	17
NAPROXEN SODIUM CR	13	<i>nitroglycerin</i>	42
<i>naproxen sodium er</i>	13	NITROGLYCERIN INJ.....	42
<i>naratriptan hcl</i>	55	<i>nitroglycerin lingual</i>	42
NARCAN	57	<i>nitroglycerin subl</i>	42
NATACYN.....	86	NITYR	71
<i>nateglinide</i>	61	NIVA-PLUS.....	84
NATPARA.....	62	<i>nizatidine</i>	74
NAYZILAM	45	<i>nolix</i>	96
<i>necon 0.5/35-28</i>	66	NORA-BE	66
<i>nefazodone hcl</i>	48	<i>norethindrone</i>	66
<i>nefazodone hydrochloride</i>	48	<i>norethindrone acetate</i>	71
<i>neomycin</i>	17	<i>norethindrone acetate/ethinyl estradiol</i>	66, 68
<i>neomycin/bacitracin/polymyxin</i>	87	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	66
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> ..	86	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	66
<i>neomycin/polymyxin/dexamethasone</i>	86	<i>norgestimate/ethinyl estradiol</i>	66
<i>neomycin/polymyxin/gramicidin</i>	87	NORITATE.....	97
<i>neomycin/polymyxin/hydrocortisone</i>	86, 98, 99	<i>norlyda</i>	66
NEONATAL PLUS	84	NORMOSOL-M IN D5W	83
<i>neo-polycin</i>	86	NORMOSOL-R PH 7.4	83
NEPHRAMINE.....	85	NORPACE CR.....	37
NERLYNX	32	NORTHERA.....	42
<i>neuac</i>	92	<i>nortrel 0.5/35 (28)</i>	66

Drug Name	Page #	Drug Name	Page #
<i>nortrel 1/35</i>	66	<i>omeprazole</i>	75
<i>nortrel 7/7/7</i>	66	<i>ondansetron hcl</i>	72, 73
<i>nortriptyline hcl</i>	49	<i>ondansetron hydrochloride</i>	73
<i>nortriptyline hydrochloride</i>	49	<i>ondansetron odt</i>	73
NORVIR.....	20	OPSUMIT.....	42
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN		ORACEA.....	97
NEEDLE/ORIGINAL/ULTRA-FINE.....	58	<i>oralone dental paste</i>	98
NOVOLIN 70/30.....	59	ORFADIN.....	71
NOVOLIN 70/30 FLEXPEN.....	59	ORKAMBI.....	91
NOVOLIN N.....	59	<i>orsythia</i>	66
NOVOLIN N FLEXPEN.....	59	<i>oseltamivir phosphate</i>	23
NOVOLIN R.....	59	OSMOPREP.....	74
NOVOLIN R FLEXPEN.....	59	<i>oxacillin sodium</i>	26
NOVOLOG.....	59	<i>oxaliplatin</i>	27
NOVOLOG FLEXPEN.....	59	<i>oxandrolone</i>	58
NOVOLOG MIX 70/30.....	59	<i>oxaprozin</i>	13
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	59	<i>oxazepam</i>	43
NOVOLOG PENFILL.....	59	<i>oxcarbazepine</i>	45
NOXAFIL.....	19	<i>oxiconazole nitrate</i>	94
NUBEQA.....	29	<i>oxybutynin chloride</i>	76
NUEDEXTA.....	56	<i>oxybutynin chloride er</i>	76
NULOJIX.....	80	<i>oxycodone/acetaminophen</i>	15
NULYTELY/FLAVOR PACKS.....	74	<i>oxycodone/aspirin</i>	15
NUPLAZID.....	52	<i>oxycodone hcl</i>	15
NUTRILIPID.....	85	<i>oxycodone hydrochloride</i>	15
<i>nyamyc</i>	93	<i>oxymorphone hydrochloride</i>	15
NYMALIZE.....	40	OZEMPIC.....	61
<i>nystatin</i>	19, 93, 94, 98		
<i>nystop</i>	94	P	
O		<i>pacerone</i>	37
OCELLA.....	66	<i>paclitaxel</i>	30
OCTAGAM.....	79	PADCEV.....	33
<i>octreotide acetate</i>	71	<i>paliperidone er</i>	52
ODEFSEY.....	21	<i>pamidronate disodium</i>	62
ODOMZO.....	32	PAMIDRONATE DISODIUM.....	62
OFEV.....	91	PANRETIN.....	97
<i>ofloxacin</i>	87, 99	<i>pantoprazole sodium</i>	75
<i>okebo</i>	26	<i>pantoprazole sodium dr</i>	75
<i>olanzapine</i>	52	PANZYGA.....	79
<i>olanzapine odt</i>	52	<i>paraplatin</i>	27
<i>olmesartan medoxomil</i>	36, 37	<i>paricalcitol</i>	72
<i>olmesartan medoxomil/amlodipine/</i>		<i>paroex</i>	98
<i>hydrochlorothiazide</i>	36	<i>paromomycin</i>	17
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	<i>paroxetine hcl</i>	49
<i>olopatadine hcl</i>	88, 90	<i>paroxetine hcl er</i>	49
<i>omega-3-acid ethyl esters</i>	38	<i>paroxetine hydrochloride</i>	49
		PASER.....	22

Drug Name	Page #	Drug Name	Page #
PAXIL.....	49	<i>pioglitazone hydrochloride</i>	61
PAZEO	88	<i>piperacillin sodium/tazobactam sodium</i>	26
PEDIARIX	81	<i>piperacillin/tazobactam</i>	26
PEDVAX HIB	81	PIQRAY	33
<i>peg-3350/electrolytes</i>	74	<i>pirmella 1/35</i>	66
<i>peg-3350/nacl/na bicarbonate/kcl</i>	74	<i>pirmella 7/7/7</i>	66
PEGANONE	45	<i>piroxicam</i>	13
PEGASYS	23	PLASMA-LYTE-148	83
PEMAZYRE.....	33	PLASMA-LYTE A	83
<i>penicillamine</i>	62	<i>plenamine</i>	85
<i>penicillin g potassium</i>	26	PLENVU	74
PENICILLIN G POTASSIUM IN ISO-OSMOTIC		PN FOLIC ACID + IRON MULTIVITAMIN	84
DEXTROSE	26	PNV PRENATAL PLUS MULTIVITAMIN.....	84
PENICILLIN G PROCAINE	26	<i>podofilox</i>	97
<i>penicillin g sodium</i>	26	POLIVY	33
<i>penicillin v potassium</i>	26	<i>polycin</i>	87
PENNSAID	97	<i>polymyxin b sulfate/trimethoprim sulfate</i>	87
PENTACEL	81	POLY-VITAMIN/FLUORIDE	84
<i>pentamidine isethionate</i>	17	POMALYST	29
<i>pentoxifylline er</i>	78	<i>portia-28</i>	66
<i>perindopril erbumine</i>	35	<i>posaconazole dr</i>	19
<i>periogard</i>	98	<i>potassium chloride</i>	83, 84
<i>permethrin</i>	97	POTASSIUM CHLORIDE	83
<i>perphenazine</i>	49, 52	<i>potassium chloride cr</i>	84
<i>perphenazine/amitriptyline</i>	49	POTASSIUM CHLORIDE/DEXTROSE.....	83
PERSERIS	52	POTASSIUM CHLORIDE/DEXTROSE/SODIUM	
<i>phenadoz</i>	73	CHLORIDE	83
<i>phenelzine sulfate</i>	49	<i>potassium chloride er</i>	84
PHENOBARBITAL ELIX	45	<i>potassium chloride/sodium chloride</i>	83
PHENOBARBITAL SODIUM.....	45	POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	83
PHENOBARBITAL TABS.....	45	<i>potassium chloride sr</i>	84
PHENYTEK.....	45	<i>potassium citrate er</i>	76
<i>phenytoin</i>	45	POTELIGEO	33
<i>phenytoin sodium</i>	45	PRADAXA.....	77
<i>phenytoin sodium extended</i>	45	PRALUENT.....	38
<i>philith</i>	66	<i>pramipexole dihydrochloride</i>	50
PHOSPHOLINE IODIDE	88	<i>pramipexole dihydrochloride er</i>	50
PICATO	97	<i>prasugrel</i>	78
PIFELTRO	20	<i>pravastatin sodium</i>	38
<i>pilocarpine hcl</i>	88	<i>praziquantel</i>	17
<i>pilocarpine hydrochloride</i>	98	<i>prazosin hcl</i>	36
<i>pimozide</i>	52	<i>prazosin hydrochloride</i>	36
<i>pimtrex</i>	66	<i>prednicarbate</i>	96
<i>pindolol</i>	39	PREDNICARBATE	96
<i>pioglitazone hcl</i>	61	<i>prednisolone</i>	69
<i>pioglitazone hcl-glimepiride</i>	61	<i>prednisolone acetate</i>	87
<i>pioglitazone hcl/metformin hcl</i>	61	<i>prednisolone sodium phosphate</i>	69

Drug Name	Page #	Drug Name	Page #
PREDNISOLONE SODIUM PHOSPHATE		<i>propranolol hydrochloride</i>	39
OPHTHALMIC SOLN 1%.....	87	<i>propranolol hydrochloride er</i>	39
<i>prednisone</i>	69	<i>propranolol/hydrochlorothiazide</i>	39
PREDNISON INTENSOL.....	69	<i>propylthiouracil</i>	72
<i>pregabalin</i>	45, 46	PROQUAD	81
PREMARIN	68	PROSOL	85
PREMASOL	85	<i>protriptyline hcl</i>	49
PREMPRO	69	PULMICORT FLEXHALER.....	92
PRENATAL	84	PULMOZYME.....	91
PRENATAL PLUS	84	PURIXAN.....	28
PRENATAL PLUS LOW IRON.....	84	<i>pyrazinamide</i>	22
PREPLUS.....	84	<i>pyridostigmine bromide</i>	56
PRETOMANID	22	<i>pyridostigmine bromide er</i>	56
<i>prevalite</i>	38		
<i>previfem</i>	67	Q	
PREVYMIS	23	QINLOCK	33
PREZCOBIX.....	21	QUADRACEL.....	81
PREZISTA	20	<i>quetiapine fumarate</i>	52
PRIFTIN	22	<i>quetiapine fumarate er</i>	52
<i>primaquine phosphate</i>	19	<i>quinapril hcl</i>	35
<i>primidone</i>	46	<i>quinapril hydrochloride</i>	35
PRIVIGEN	80	<i>quinapril/hydrochlorothiazide</i>	35
<i>probenecid</i>	12	<i>quinidine sulfate</i>	37
<i>probenecid/colchicine</i>	12	<i>quinine sulfate</i>	19
PROCALAMINE.....	85		
<i>prochlorperazine</i>	73	R	
<i>prochlorperazine edisylate</i>	73	RABAVERT	81
<i>prochlorperazine maleate</i>	73	<i>rabeprazole sodium dr</i>	75
PROCROT	77	<i>raloxifene hydrochloride</i>	71
<i>procto-med hc</i>	97	<i>ramipril</i>	35
<i>procto-pak</i>	97	<i>ranolazine er</i>	42
<i>proctosol hc</i>	97	<i>rasagiline mesylate</i>	50
<i>proctozone-hc</i>	97	REBIF.....	56
<i>progesterone</i>	71	REBIF REBIDOSE.....	56
PROGRAF.....	80	REBIF REBIDOSE TITRATION PACK.....	56
PROLASTIN-C	91	REBIF TITRATION PACK.....	56
PROLENSA.....	87	<i>reclipsen</i>	67
PROLIA.....	62	RECOMBIVAX HB	81
PROMACTA	78	RECTIV	97
<i>promethazine hcl</i>	73	REGRANEX.....	98
<i>promethazine hydrochloride</i>	73	RELENZA DISKHALER	23
<i>promethegan</i>	73	RELISTOR.....	75
<i>propafenone hcl</i>	37	RENFLEXIS	79
<i>propafenone hydrochloride er</i>	37	<i>repaglinide</i>	61
<i>proparacaine hcl</i>	89	RESCRIPTOR.....	20
<i>propranolol hcl</i>	39	RESTASIS	89
<i>propranolol hcl er</i>	39	RESTASIS MULTIDOSE	89

Drug Name	Page #	Drug Name	Page #
RETEVMO	33	<i>scopolamine</i>	73
REVLIMID.....	29	SECUADO	53
REXULTI	52, 53	<i>selegiline hcl</i>	50
REYATAZ	20	<i>selenium sulfide</i>	94
RHOPRESSA	88	SELZENTRY	20
<i>ribavirin</i>	23	SEREVENT DISKUS.....	90
<i>rifabutin</i>	22	<i>sertraline hcl</i>	49
<i>rifampin</i>	22	<i>sertraline hydrochloride</i>	49
RIFATER	22	<i>setlakin</i>	67
<i>riluzole</i>	56	SF98	
<i>rimantadine hydrochloride</i>	23	<i>sharobel</i>	67
RINGERS INJECTION.....	83	SHINGRIX.....	81
RINVOQ	79	SIGNIFOR.....	71
<i>risedronate sodium</i>	62	<i>sildenafil</i>	43
<i>risedronate sodium dr</i>	62	<i>silodosin</i>	76
RISPERDAL CONSTA.....	53	SILVER SULFADIAZINE.....	93
<i>risperidone</i>	53	SIMBRINZA.....	88
<i>risperidone odt</i>	53	<i>simliya</i>	67
<i>ritonavir</i>	20	<i>simpeesse</i>	67
RITUXAN	33	<i>simvastatin</i>	38
RITUXAN HYCELA	33	<i>sirolimus</i>	80
<i>rivastigmine patch</i>	47	SIRTURO	22
<i>rivastigmine tartrate</i>	47	SIVEXTRO.....	17
RIVELSA	67	SKYRIZI	79
<i>rizatriptan benzoate</i>	55	<i>sodium bicarbonate</i>	83
<i>rizatriptan benzoate odt</i>	55	SODIUM BICARBONATE	83
ROMIDEPSIN.....	33	<i>sodium chloride</i>	83
<i>ropinirole er</i>	50	SODIUM CHLORIDE 0.9% IRRIGATION SOLN.....	98
<i>ropinirole hcl</i>	50	<i>sodium chloride inj</i>	83
<i>ropinirole hydrochloride</i>	50	SODIUM CHLORIDE INJ.....	83
<i>rosadan</i>	97	SODIUM FLUORIDE.....	84, 85, 98
<i>rosuvastatin calcium</i>	38	<i>sodium phenylbutyrate</i>	71
ROTARIX	81	<i>sodium polystyrene sulfonate</i>	62
ROTATEQ.....	81	<i>sodium sulfacetamide</i>	87
<i>roweepra</i>	46	<i>solifenacin succinate</i>	76
<i>roweepra xr</i>	46	SOLQUA 100/33	59
ROZLYTREK	33	SOLTAMOX.....	29
RUBRACA.....	33	SOLU-CORTEF.....	69
RUKOBIA	20	SOMATULINE DEPOT	71
RYDAPT.....	33	SOMAVERT	71
S		<i>sorine</i>	37
SANCUSO	73	<i>sotalol hcl</i>	37
SANDIMMUNE.....	80	<i>sotalol hcl (af)</i>	37
SANTYL	98	<i>spironolactone</i>	35, 41
SAPHRIS.....	53	<i>spironolactone/hydrochlorothiazide</i>	41
SARCLISA.....	33	<i>sprintec 28</i>	67
		SPRITAM	46

Drug Name	Page #	Drug Name	Page #
SPRYCEL	33	SYNTHROID.....	72
<i>sps susp 15gm/60ml</i>	62	T	
<i>sronyx</i>	67	TABLOID	28
SSD.....	93	TABRECTA	33
<i>stavudine</i>	21	<i>tacrolimus</i>	80, 97
STELARA	79	<i>tadalafil</i>	43
STERILE WATER IRRIGATION PLASTIC BOTTLE ..	98	TAFINLAR.....	33
STIMATE	71	TAGRISSO	33
STIVARGA	33	TALTZ.....	79
<i>streptomycin sulfate</i>	17	TALZENNA.....	33
STRIBILD	21	<i>tamoxifen citrate</i>	29
<i>subvenite</i>	46	<i>tamsulosin hydrochloride</i>	76
<i>subvenite starter kit</i>	46	TARGRETIN.....	97
<i>sucralfate</i>	75	<i>tarina fe 1/20</i>	67
SUCRALFATE SUSP	75	<i>tarina fe 1/20 eq</i>	67
<i>sulfacetamide sodium</i>	87, 93	TASIGNA.....	33
<i>sulfacetamide sodium/prednisolone sodium</i>		<i>tazarotene</i>	94
<i>phosphate</i>	86	<i>tazicef</i>	24
SULFADIAZINE	17	TAZORAC	94
<i>sulfamethoxazole/trimethoprim</i>	17	<i>taztia xt</i>	40
<i>sulfamethoxazole/trimethoprim ds</i>	17	TAZVERIK.....	33
SULFAMYLON	93	TDVAX.....	81
<i>sulfasalazine</i>	74	TECENTRIQ.....	33
SULFASALAZINE.....	74	TEFLARO	24
<i>sulindac</i>	13	<i>telmisartan</i>	36, 37
<i>sumatriptan</i>	55	<i>telmisartan/amlodipine</i>	36
<i>sumatriptan/naproxen sodium</i>	55	<i>telmisartan/hydrochlorothiazide</i>	36
<i>sumatriptan succinate</i>	55	<i>temazepam</i>	55
<i>sumatriptan succinate refill</i>	55	TEMIXYS.....	22
SUPRAX.....	24	<i>temsirolimus</i>	33
SUPREP BOWEL PREP	74	TENIVAC	81
SUTENT.....	33	<i>tenofovir</i>	21
<i>syeda</i>	67	<i>terazosin hcl</i>	36
SYLATRON.....	30	<i>terazosin hydrochloride</i>	36
SYMBICORT.....	92	<i>terbinafine hcl</i>	19
SYMDEKO	91	<i>terbutaline sulfate</i>	90
SYMFI	22	<i>terconazole</i>	76, 77
SYMFI LO	22	<i>testosterone cypionate</i>	58
SYMLINPEN 60.....	61	<i>testosterone enanthate</i>	58
SYMLINPEN 120.....	61	<i>testosterone gel</i>	58
SYMPAZAN	46	<i>testosterone pump</i>	58
SYMTUZA.....	22	<i>testosterone topical</i>	58
SYNAREL.....	68	<i>tetrabenazine</i>	56
SYNERCID	18	<i>tetracycline hydrochloride</i>	26
SYNJARDY	61	TEXACORT	96
SYNJARDY XR.....	61	THALOMID	29
SYNRIBO	30		

Drug Name	Page #	Drug Name	Page #
THEO-24	91	<i>travoprost</i>	89
<i>theophylline</i>	91	<i>trazodone hydrochloride</i>	49
<i>theophylline er</i>	91	TRECTOR	22
<i>thioridazine hcl</i>	53	TRELEGY ELLIPTA	89
<i>thiotepa</i>	27	TRELSTAR MIXJECT	29
<i>thiothixene</i>	53	<i>treprostinil</i>	43
<i>tiadylt er</i>	40	TRESIBA	59
<i>tiagabine hydrochloride</i>	46	TRESIBA FLEXTOUCH	59
TIBSOVO	33	<i>tretinoin</i>	30, 93
<i>tigecycline</i>	26	TRETINOIN MICROSPHERE.....	93
TILIA FE	67	<i>triamcinolone acetonide</i>	69, 96
<i>timolol maleate</i>	39, 88, 89	<i>triamcinolone acetonide dental paste</i>	98
TIMOLOL MALEATE OPHTHALMIC	88	<i>triamterene/hydrochlorothiazide</i>	41
<i>tinidazole</i>	18	<i>triazolam</i>	55
TIVICAY	21	TRICARE PRENATAL.....	85
TIVICAY PD	21	<i>triderm</i>	96
<i>tizanidine hcl</i>	57	<i>trientine hydrochloride</i>	62
<i>tizanidine hydrochloride</i>	57	<i>tri-estarylla</i>	67
TOBRADEX	86	<i>tri femynor</i>	67
TOBRADEX ST	86	<i>trifluoperazine hcl</i>	53
<i>tobramycin/dexamethasone</i>	86	<i>trifluridine</i>	87
<i>tobramycin nebu</i>	18	<i>trihexyphenidyl hcl</i>	50
<i>tobramycin sulfate</i>	18, 87	<i>trihexyphenidyl hydrochloride</i>	50
<i>tolterodine tartrate</i>	76	<i>tri-legest fe</i>	67
<i>tolterodine tartrate er</i>	76	<i>tri-lynyah</i>	67
<i>topiramate</i>	46	<i>tri-lo-estarylla</i>	67
TOPIRAMATE ER	46	<i>tri-lo-marzia</i>	67
<i>toposar</i>	30	<i>tri-lo-mili</i>	67
<i>topotecan hcl</i>	30	<i>tri-lo-sprintec</i>	67
TOPOTECAN HCL.....	30	<i>trilyte</i>	74
<i>toremifene citrate</i>	29	<i>trimethobenzamide hydrochloride</i>	73
<i>torsemide</i>	41	<i>trimethoprim</i>	18
<i>tovet</i>	96	<i>trimethoprim sulfate/polymyxin b sulfate</i>	87
TOVIAZ.....	76	<i>tri-mili</i>	67
TPN ELECTROLYTES	83	<i>trimipramine maleate</i>	49
TRACLEER.....	43	TRINTELLIX.....	49
TRADJENTA.....	61	<i>tri-previfem</i>	67
TRAMADOL ER CAPS	14	<i>tri-sprintec</i>	67
<i>tramadol hcl</i>	15	TRIUMEQ	22
<i>tramadol hcl er tabs</i>	14	TRI-VITE/FLUORIDE	85
<i>tramadol hydrochloride</i>	16	<i>trivora-28</i>	67
<i>tramadol hydrochloride/acetaminophen</i>	15	<i>tri-vylibra</i>	67
<i>trandolapril</i>	35	<i>tri-vylibra lo</i>	67
<i>trandolapril/verapamil hcl er</i>	35	TROGARZO.....	21
<i>tranexamic acid</i>	78	TROPHAMINE	85
<i>tranylcypromine sulfate</i>	49	<i>trospium chloride</i>	76
TRAVASOL	85	<i>trospium chloride er</i>	76

Drug Name	Page #	Drug Name	Page #
TRULICITY.....	61	VENTOLIN HFA	90
TRUMENBA	81	<i>verapamil hcl</i>	40, 41
TRUVADA.....	22	<i>verapamil hcl er</i>	40
TUKYSA.....	33, 34	<i>verapamil hcl sr</i>	40
<i>tulana</i>	67	VERAPAMIL HCL SR CP24 360MG.....	40
TURALIO	34	<i>verapamil hydrochloride</i>	40
TWINRIX.....	81	<i>verapamil hydrochloride er</i>	40
TYBOST	21	VERSACLOZ	53
<i>tydemy</i>	67	VERZENIO	34
TYKERB	34	VICTOZA	61
TYMLOS	62	VIDEX EC.....	21
TYPHIM VI.....	81	VIDEX PEDIATRIC	21
U		<i>vienva</i>	67
UNITHROID	72	<i>vigabatrin</i>	46
<i>ursodiol</i>	75	<i>vigadrone</i>	46
V		VIIBRYD.....	49
<i>valacyclovir hcl</i>	23	VIIBRYD STARTER PACK.....	49
<i>valacyclovir hydrochloride</i>	23	VIMOVO.....	13
VALCHLOR.....	97	VIMPAT	46
<i>valganciclovir</i>	23	<i>vinblastine sulfate</i>	30
<i>valganciclovir hydrochloride</i>	23	<i>vincristine sulfate</i>	30
<i>valproate sodium</i>	46	<i>vinorelbine tartrate</i>	30
<i>valproic acid</i>	46	<i>viorele</i>	68
<i>valsartan</i>	37	VIRACEP.....	21
<i>valsartan/hydrochlorothiazide</i>	36	VIREAD.....	21
VALTOCO.....	46	VITRAKVI.....	34
VANCOMYCIN	18	VIVITROL.....	57
<i>vancomycin hcl</i>	18	VIZIMPRO	34
VANCOMYCIN HCL.....	18	<i>volnea</i>	68
<i>vancomycin hydrochloride</i>	18	VOL-PLUS	85
VANCOMYCIN HYDROCHLORIDE	18	<i>voriconazole</i>	19
VANCOMYCIN HYDROCHLORIDE INJ	18	VOSEVI.....	23
VAQTA.....	82	VOTRIENT	34
VARIVAX.....	82	VP-PNV-DHA	85
VASCEPA.....	38	VRAYLAR.....	53
VELCADE.....	34	VRAYLAR CAP THERAPY PACK.....	53
<i>velivet</i>	67	<i>vyfemla</i>	68
VELTASSA	62	<i>vylibra</i>	68
VEMLIDY	23	VYVANSE.....	55
VENCLEXTA	34	W	
VENCLEXTA STARTING PACK.....	34	<i>warfarin sodium</i>	77
<i>venlafaxine hcl</i>	49	<i>wera</i>	68
<i>venlafaxine hcl er</i>	49	<i>wymzya fe</i>	68
<i>venlafaxine hydrochloride er</i>	49	X	
VENTAVIS.....	43	XALKORI	34

Drug Name	Page #	Drug Name	Page #
XARELTO.....	77	ZOSTAVAX.....	82
XARELTO STARTER PACK.....	77	<i>zovia 1/35e</i>	68
XATMEP.....	79	<i>zumandimine</i>	68
XCOPRI.....	34, 46	ZYCLARA PUMP.....	97
XCOPRI MAINTENACE PACK.....	46	ZYDELIG.....	34
XCOPRI TITRATION PACK.....	46	ZYKADIA.....	34
XELJANZ.....	79	ZYLET.....	86
XELJANZ XR.....	79	ZYPREXA RELPREVV.....	53
XGEVA.....	62	ZYTIGA.....	29
XIFAXAN.....	75		
XIGDUO XR.....	61		
XOLAIR.....	91		
XOSPATA.....	34		
XPOVIO.....	34		
XTANDI.....	29		
XULTOPHY.....	59		
XYREM.....	57		
Y			
YERVOY.....	34		
YF-VAX.....	82		
<i>yuvafem</i>	69		
Z			
<i>zafirlukast</i>	90		
<i>zaleplon</i>	55		
<i>zarah</i>	68		
ZARXIO.....	77		
ZEJULA.....	34		
ZELBORAF.....	34		
ZEMAIRA.....	91		
<i>zenatane</i>	93		
ZENPEP.....	75		
<i>zenzedi</i>	55		
<i>zidovudine</i>	21		
<i>ziprasidone hcl</i>	53		
<i>ziprasidone mesylate</i>	53		
ZIRGAN.....	87		
<i>zoledronic acid</i>	62		
ZOLEDRONIC ACID.....	62		
ZOLINZA.....	34		
<i>zolmitriptan</i>	56		
<i>zolmitriptan odt</i>	55		
ZOLOFT.....	50		
<i>zolpidem tartrate</i>	55		
<i>zonisamide</i>	46		
ZORTRESS.....	80		

Additional Medicaid Drug Coverage List

EMERGENCY CONTRACEPTIVES

LEVONORGESTREL (EMERGENCY OC) TABLET 1.5MG	
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ANTIDIABETICS

DEXTROSE (DIABETIC USE) CHEW 4GM, 5GM	
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COUGH/COLD/ALLERGY

BROMPHENIRAMINE & PSEUDOEPH CAPSULE 4-60MG	GUAIFENESIN SYRUP 100MG/5ML
BROMPHENIRAMINE & PSEUDOEPH ELIXIR 1-15 MG/5ML	GUAIFENESIN TABLET 200MG
BROMPHENIRAMINE & PSEUDOEPH LIQUID 1-7.5 MG/ML, 4-20 MG/5ML	GUAIFENESIN 12 HR TABLET 600MG, 1200MG
CETIRIZINE HCL CHEW 5MG, 10MG	GUAIFENESIN-CODEINE SOLUTION 100-10MG/5ML
CETIRIZINE HCL SOLUTION 1 MG/ML (5 MG/5ML)	LORATADINE & PSEUDOEPHEDRINE 12 HR TABLET 5-120MG
CETIRIZINE HCL TABLET 5MG, 10MG	LORATADINE & PSEUDOEPHEDRINE 24 HR TABLET 10-240MG
CETIRIZINE-PSEUDOEPHEDRINE 12 HR TABLET 5-120 MG	LORATADINE CHEW 5MG
CHLORPHENIRAMINE & PHENYLEPHRINE LIQUID 1-3.5 MG/ML	LORATADINE SOLUTION 5MG/5ML
CHLORPHENIRAMINE & PSEUDOEPH LIQUID 2-30 MG/5ML	LORATADINE TABLET 10MG
CHLORPHENIRAMINE & PSEUDOEPH TABLET 4-60 MG	LORATADINE DISPERSIBLE TABLET 10MG
CHLORPHENIRAMINE MALEATE TABLET 4MG	OXYMETAZOLINE HCL SOLUTION 0.05%
CHLORPHENIRAMINE MALEATE CR TABLET 12MG	PHENYLEPHRINE W/ DM-GG LIQUID 2.5-5.100MG/5ML, 5-10-100MG/5ML
CLEMASTINE FUMARATE TABLET 1.34 MG (1 MG BASE EQUIV)	PHENYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN LIQUID
CROMOLYN SODIUM (NASAL) AEROSOL 5.2MG/ACT (4%)	PHENYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN TABLET
DEXTROMETHORPHAN POLISTIREX ER SUSPENSION 30MG/5ML	PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID 2.5-1-5 MG/5ML, 7.5-4-15MG/5ML

DEXTROMETHORPHAN-GUAIFENESIN LIQUID 5-100MG/5ML, 10-100MG/5ML	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 3.5-1-3MG/ML, 10-2-15MG/5ML, 10-4-15MG/5ML
DEXTROMETHORPHAN-GUAIFENESIN PACK 5-100MG	PHENYLEPHRINE-DM-GG W/ APAP LIQUID 5-10-200-325MG/10ML
DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100MG/5ML	PHENYLEPHRINE-DM-GG W/ APAP TABLET 5-10-200-325MG
DEXTROMETHORPHAN-GUAIFENESIN 12 HR TABLET 30-600MG, 60-1200MG	PHENYLEPHRINE-GUAIFENESIN LIQUID 2.5-100MG/5ML, 5-100MG/5ML
DIPHENHYDRAMINE HCL CAPSULE 25MG, 50MG	PHENYLEPHRINE-GUAIFENESIN TABLET 10-400MG
DIPHENHYDRAMINE HCL CHEW 12.5MG	PSEUDOEPHED-BROMPHEN-DM LIQUID 20-4-20 MG/5ML
DIPHENHYDRAMINE HCL ELIXIR 12.5MG/5ML	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML
DIPHENHYDRAMINE HCL LIQUID 12.5MG/5ML	PSEUDOEPHEDRINE HCL LIQUID 30MG/5ML
DIPHENHYDRAMINE HCL SYRUP 12.5MG/5ML	PSEUDOEPHEDRINE HCL SYRUP 30MG/5ML
DIPHENHYDRAMINE HCL TABLET 25MG, 50MG	PSEUDOEPHEDRINE HCL TABLET 30MG, 60MG
FEXOFENADINE HCL SUSPENSION 30 MG/5ML (6 MG/ML)	PSEUDOEPHEDRINE HCL 12 HR TABLET 120MG
FEXOFENADINE HCL TABLET 30MG, 60MG, 180MG	PSEUDOEPHEDRINE W/ CODEINE-GG SOLUTION 30-10-100MG/5ML
FEXOFENADINE-PSEUDOEPHEDRINE 12 HR TABLET 60-120MG	PSEUDOEPHEDRINE W/ DM-GG LIQUID 30-10-100MG/5ML
FEXOFENADINE-PSEUDOEPHEDRINE 24 HR TABLET 180-240MG	PSEUDOEPHEDRINE-GUAIFENESIN 12 HR TABLET 60-600MG, 120-1200MG
FLUTICASONE PROPIONATE (NASAL) SUSPENSION 50MCG/ACT	SALINE SOLUTION 0.65%
GUAIFENESIN LIQUID 100MG/5ML	SODIUM CHLORIDE (INHALANT) NEBULIZER 0.9%, 7%
GUAIFENESIN PACK 50MG, 100MG	TRIAMCINOLONE ACETONIDE (NASAL) AERO 55MCG

LAXATIVES

BENZOCAINE-DOCUSATE SODIUM ENEMA 20-283MG	MAGNESIUM OXIDE (LAXATIVE) TABLET 500MG
BISACODYL ENEMA 10MG/30ML	METHYLCELLULOSE (LAXATIVE) POWDER
BISACODYL SUPPOSITORY 10MG	METHYLCELLULOSE (LAXATIVE) TABLET 500MG
BISACODYL EC TABLET 5MG	POLYETHYLENE GLYCOL 3350 POWDER
CALCIUM POLYCARBOPHIL TABLET 625MG	PSYLLIUM CAPSULE 0.52GM
CASCARA SAGRADA CAPSULE 450MG	PSYLLIUM PACK 28.3%, 52.3%, 58.6%

CASTOR OIL	PSYLLIUM POWDER 28.3%, 30.9%, 48.57%, 52.3%, 55.46%, 58.6%, 60.3%, 63%, 68%, 71.67%, 92%, 95%, 100%
CORN DEXTRIN POWDER	SENNA TABLET 187MG
DOCUSATE CALCIUM CAPSULE 240MG	SENNOSIDES A&B, CALCIUM SYRUP 176MG/5ML
DOCUSATE SODIUM CAPSULE 50MG, 100MG, 250MG	SENNOSIDES CHEW 15MG
DOCUSATE SODIUM ENEMA 283MG	SENNOSIDES LIQUID 8.8MG/ML
DOCUSATE SODIUM LIQUID 150MG/15ML	SENNOSIDES SYRUP 8.8MG/5ML
DOCUSATE SODIUM SYRUP 60MG/15ML	SENNOSIDES TABLET 8.6MG, 15MG, 25MG
DOCUSATE SODIUM TABLET 100MG	SENNOSIDES-DOCUSATE SODIUM TABLET 8.6-50MG
GLYCERIN (LAXATIVE) SUPPOSITORY 2.1GM	SODIUM PHOSPHATES ENEMA
MAGNESIUM CITRATE SOLUTION	SORBITOL (LAXATIVE) SOLUTION 70%
MAGNESIUM HYDROXIDE SUSPENSION 400MG/5ML	

ANTIDIARRHEALS

BISMUTH SUBSALICYLATE CHEW 262MG	LOPERAMIDE HCL CAPSULE 2MG
BISMUTH SUBSALICYLATE SUSPENSION 262 MG/15ML, 525 MG/15ML, 690 MG/30ML	LOPERAMIDE HCL LIQUID 1 MG/5ML (0.2 MG/ML), 1 MG/7.5ML
BISMUTH SUBSALICYLATE TABLET 262MG	LOPERAMIDE HCL TABLET 2MG

ANTACIDS

ALUM & MAG HYDROX-SIMETHICONE SUSPENSION 200-200-20MG/5ML, 400-400-40 MG/5ML, 500-450-40 MG/5ML	CALCIUM CARBONATE/MAG CARB TABLET 311-232MG
ALUMINUM HYDROXIDE SUSPENSION 320MG/5ML, 600MG/5ML	MAG HYDROX/AL HYDROX/SIMETHICONE CHEW 200-200-25MG
ALUMINUM HYDROXIDE-MAG CARB CHEW 160-105	MAGNESIUM OXIDE CAP 140 MG (85 MG ELEMENTAL), 400MG
CALCIUM CARBONATE (ANTACID) CHEW 420MG, 500MG, 750MG	MAGNESIUM OXIDE TABLET 250MG, 400MG, 420MG
CALCIUM CARBONATE (ANTACID) SUSPENSION 1250MG/5ML	SODIUM BICARBONATE (ANTACID) TABLET 325MG, 650MG
CALCIUM CARBONATE (ANTACID) TABLET 648MG	

ULCER DRUGS

CIMETIDINE TABLET 200MG	OMEPRazole MAGNESIUM DR CAPSULE 20.6MG (20MG BASE EQUIV)
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ESOMEPRAZOLE MAGNESIUM DR CAPSULE 20MG	OMEPRAZOLE EC TABLET 20MG
FAMOTIDINE TABLET 10MG, 20MG	OMEPRAZOLE-SODIUM BICARBONATE CAPSULE 20-1100MG
LANSOPRAZOLE DR CAPSULE 15MG	RANITIDINE HCL TABLET 75MG, 150MG

ANTIEMETICS

MECLIZINE HCL TABLET 12.5MG, 25MG	MECLIZINE HCL CHEW 25MG
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GASTROINTESTINAL AGENTS - MISC.

IPECAC SYRUP	SIMETHICONE CHEW 80MG
	SIMETHICONE SUSPENSION 40MG/0.6ML

VAGINAL PRODUCTS

CLOTRIMAZOLE VAGINAL CREAM 1%, 2%	NONOXYNOL-9 GEL 2%, 3%, 4%
MICONAZOLE NITRATE VAGINAL CREAM 2%, 4% (200 MG/5GM)	NONOXYNOL 9 SUPPOSITORY 100MG
MICONAZOLE NITRATE VAGINAL SUPPOSITORY 100MG	NONOXYNOL-9 SPONGE 1000MG
MICONAZOLE NITRATE VAGINAL KIT 400 MG & 2% CREAM 9 GM, VAGAPP 100 MG & 2% CREAM 9 GM KIT, VAG APP 100 MG & 2% CREAM 9 GM KIT	NONOXYNOL-9 FILM 28%
MICONAZOLE NITRATE VAGINAL SUPP 200 MG & 2% CREAM 9 GM,	NONOXYNOL 9 FOAM 12.5%

HYPNOTICS/SEDATIVES

DOXYLAMINE SUCCINATE (SLEEP) TABLET 25MG	DIPHENHYDRAMINE HCL (SLEEP) TAB 50 MG
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SMOKING CESSATION

NICOTINE PATCH 7MG, 14MG, 21MG	NICOTINE LOZENGE 2MG, 4MG
NICOTINE GUM 2MG, 4MG	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR

ANALGESICS

ACETAMINOPHEN CAPSULE 500MG	ASPIRIN CHEW 81MG
ACETAMINOPHEN CHEW 80MG, 160MG	ASPIRIN POWDER
ACETAMINOPHEN ELIXIR 160MG/5ML	ASPIRIN SUPPOSITORY 300MG, 600MG

ACETAMINOPHEN LIQUID 160MG/5ML, 167MG/5ML, 500MG/5ML	ASPIRIN TABLET 325MG
ACETAMINOPHEN SOLUTION 100MG/ML, 160MG/5ML	ASPIRIN DELAYED RELEASE 81MG, 325MG
ACETAMINOPHEN SUPPOSITORY 120MG, 325MG, 650MG	IBUPROFEN CAPSULE 200MG
ACETAMINOPHEN SUSPENSION 80MG/0.8ML, 160MG/5ML	IBUPROFEN CHEW 100MG
ACETAMINOPHEN TABLET 325MG, 500MG	IBUPROFEN SUSPENSION 40MG/ML, 100MG/5ML
ACETAMINOPHEN CR TABLET 650MG	IBUPROFEN TABLET 100MG, 200MG
ACETAMINOPHEN DISPERSIBLE TABLET 80MG, 160MG	NAPROXEN SODIUM CAPSULE 220MG
ASPIRIN BUFFERED (CAL CARB-MAG CARB-MAG OXIDE) TABLET 325MG	NAPROXEN SODIUM TABLET 220MG

VITAMINS/MULTIVITAMINS & MINERALS

ASCORBATE CALCIUM SOLR	FERROUS SULFATE DRIED 160MG
ASCORBIC ACID BUFFERED CAPSULE 1000MG	FERROUS SULFATE ELIXIR 220MG/5ML (44MG/5ML ELEMENTAL FE)
ASCORBIC ACID BUFFERED EFFERVESCENT POWDER	FERROUS SULFATE LIQUID 5MG/20ML, 220MG/5ML
ASCORBIC ACID CAPSULE 500MG	FERROUS SULFATE SOLUTION 75MG/ML (15MG/ML ELEMENTAL FE)
ASCORBIC ACID CHEW 100MG, 120MG, 250MG, 300MG, 500MG,1000MG	FERROUS SULFATE TABLET 28MG, 325MG (65MG ELEMENTAL FE)
ASCORBIC ACID CR CAPSULE 500MG	FOLIC ACID TABLET 400MCG, 800MCG, 1MG
ASCORBIC ACID CRYSTALS TABLET 500MG, 1000MG, 1500MG	IRON-VITAMIN C-VITAMIN B12-FOLIC ACID TABLET
ASCORBIC ACID LIQUID 500MG/5ML, 500MG/15ML	LUTEIN CAPSULE 6MG, 8MG, 20MG, 40MG
ASCORBIC ACID LOZENGE 60MG	LUTEIN ESTERS CAPSULE 18.6MG
ASCORBIC ACID LOLLIPOP 100MG	LUTEIN TABLET 6MG, 10MG, 20MG
ASCORBIC ACID SYRUP 500MG/5ML, 500MG/15ML	MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE 400MG, 500MG
ASCORBIC ACID TABLET 100MG, 250MG, 500MG, 1000MG	MAGNESIUM OXIDE (MG SUPPLEMENT) POWDER
ASCORBIC ACID	MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET 200MG, 250MG, 400MG,420MG, 500MG
ASCORBIC ACID WAFER 500MG	MAGNESIUM TABLET 400MG
B COMPLEX W/ C TABLET	MULTIPLE VITAMIN CAPSULE
B-COMPLEX VITAMINS TABLET	MULTIPLE VITAMIN LIQUID
B-COMPLEX W/ C & E + ZN TABLET	MULTIPLE VITAMIN TABLET

B-COMPLEX W/ C & FOLIC ACID CAPSULE	MULTIPLE VITAMINS W/ IRON TABLET
B-COMPLEX W/ C & FOLIC ACID TABLET	MULTIPLE VITAMINS W/ MINERALS CAPSULE
B-COMPLEX W/ MINERALS TABLET	MULTIPLE VITAMINS W/ MINERALS CHEW
CALCIUM ASCORBATE TABLET 500MG	MULTIPLE VITAMINS W/ MINERALS LIQUID
CALCIUM CARBONATE POWDER	MULTIPLE VITAMINS W/ MINERALS TABLET
CALCIUM CARBONATE SUSPENSION	NIACIN POWDER
CALCIUM CARBONATE TABLET 600MG, 1250MG, 1500MG	NIACIN TABLET 50MG, 100MG, 250MG, 500MG
CALCIUM CARBONATE-CHOLECALCIFEROL CHEW 500MG- 600	PED MULTIVITAMINS W/FL & IRON SOLUTION
CALCIUM CARBONATE-CHOLECALCIFEROL TABLET 500MG-200 UNIT,500MG-400 UNIT, 600MG-200 UNIT, 600MG-400 UNIT, 600MG- 800 UNIT	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW 60
CALCIUM CARBONATE-VITAMIN D TABLET 250MG-125 UNIT, 500MG-125 UNIT, 500MG-200 UNIT, 500MG-400 UNIT, 600MG-125 UNIT,600MG-200 UNIT, 600MG-400UNIT	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C SOLUTION
CALCIUM CARBONATE-VITAMIN D W/ MINERALS CHEW 500MG-400	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS LIQUID
CALCIUM CARBONATE-VITAMIN D W/ MINERALS TABLET	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW 15MG
CALCIUM CARBONATE-VITAMIN D-SOY ISOFLAVONES TABLET	PEDIATRIC MULTIPLE VITAMINS W/ IRON LIQUID 11MG/ML
CALCIUM CITRATE TABLET 250MG, 950MG	PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION
CALCIUM GLUCONATE TABLET 650MG	PEDIATRIC VITAMINS A/C/D W/ IRON SOLUTION
CALCIUM W/ VITAMINS C & D CHEW	POLYSACCHARIDE IRON COMPLEX LIQUID 15MG/0.5ML
CHOLECALCIFEROL CAPSULE 400 UNIT, 1000 UNIT, 2000 UNIT, 5000UNIT, 10000 UNIT, 50000 UNIT	PRENATAL MV & MIN W/FE-FA
CHOLECALCIFEROL CHEW 400 UNIT, 1000 UNIT, 2000 UNIT	PYRIDOXINE HCL TABLET 25MG, 50MG, 100MG, 200MG, 250MG, 500MG
CHOLECALCIFEROL LIQUID 400 UNIT/ML, 1000 UNIT/10ML, 1200UNIT/15ML	PYRIDOXINE HCL TABLET CR 200MG
CHOLECALCIFEROL TABLET 400 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT,5000 UNIT, 50000 UNIT	THIAMINE HCL CAPSULE 50MG
CHOLECALCIFEROL DISPERSIBLE TABLET 5000 UNIT	THIAMINE HCL TABLET 50MG, 100MG, 250MG, 500MG
CHOLECALCIFEROL WAFER 50000 UNIT	THIAMINE MONONITRATE TABLET 100MG
CYANOCOBALAMIN SUBLINGUAL TABLET	VITAMIN D TABLET 400 UNIT
CYANOCOBALAMIN TABLET	VITAMIN E CAPSULE 100 UNIT, 200 UNIT, 400 UNIT, 600 UNIT, 1000 UNIT

ERGOCALCIFEROL SOLUTION 8000 UNIT/ML	VITAMIN E CHEW 400 UNIT
ERGOCALCIFEROL TABLET 400 UNIT	VITAMINS W/ LIPOTROPICS TABLET
ERGOCALCIFEROL CAPSULE 50,000 UNIT	ZINC GLUCONATE TABLET 50MG
FERROUS GLUCONATE TABLET 240 MG (27 MG ELEMENTAL FE), 324 MG(38 MG ELEMENTAL FE), 325 MG (36 MG ELEMENTAL FE), 325 MG (37.5 MG ELEMENTAL FE)	ZINC SULFATE TABLET 220MG
FERROUS FUMARATE TABLET 325 MG (106 MG ELEMENTAL FE)	

ANTIHYPERLIPIDEMICS

OMEGA-3 FATTY ACIDS CAPSULE 300MG, 306MG, 435MG, 500MG,554MG, 645MG, 1000MG, 1200MG, 1400MG	OMEGA-3 FATTY ACIDS CAPSULE DR 1200MG
OMEGA-3 FATTY ACIDS CHEW 113.5MG, 240MG, 875MG	OMEGA FATTY ACIDS-VITAMINS CHEW

OPHTHALMIC AGENTS

CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION 0.25%, 0.5%	POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION
KETOTIFEN FUMARATE (OPHTH) SOLUTION 0.025%	POLYVINYL ALCOHOL SOLUTION 1.4%
LANOLIN/MIN OIL/PETROLATUM, WHITE OINTMENT	PROPYLENE GLYCOL SOLUTION 0.6%
NAPHAZOLINE W/ PHENIRAMINE SOLUTION 0.025-0.3%, 0.027-0.315%	SODIUM CHLORIDE HYPERTONIC OPHTH SOLUTION
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) GEL 0.4-0.3%	SODIUM CHLORIDE HYPERTONIC OPHTH OINTMENT

OTIC AGENTS

CARBAMIDE PEROXIDE (OTIC) SOLUTION 6.5%	
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MOUTH/THROAT/DENTAL AGENTS

ARTIFICIAL SALIVA SOLUTION	ARTIFICIAL SALIVA AEROSOL
ARTIFICIAL SALIVA GUM	ARTIFICIAL SALIVA GEL
ARTIFICIAL SALIVA PACK	ARTIFICIAL SALIVA LOZENGE

DERMATOLOGICALS

ANTISEBORRHEIC CREAM	HYDROCORTISONE (TOPICAL) OINTMENT 0.5%, 1%
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BACITRACIN (TOPICAL) OINTMENT 500 UNIT/GM	HYDROCORTISONE ACETATE (TOPICAL) CREAM 0.5%, 1%
BACITRACIN-POLYMYXIN B OINTMENT	HYDROCORTISONE ACETATE (TOPICAL) OINTMENT 1%
BALSAM PERU/ZINC OXIDE OINTMENT	HYDROCORTISONE ACETATE-ALOE VERA OINTMENT 1%
BENZOYL PEROXIDE CLEANSER 4.25%	HYDROCORTISONE-ALOE VERA CREAM 0.5%, 1%
BENZOYL PEROXIDE CREAM 2.5%, 10%	LACTIC ACID (AMMONIUM LACTATE) CREAM 12%
BENZOYL PEROXIDE GEL 2.5%, 5%, 10%	LACTIC ACID (AMMONIUM LACTATE) LOTION 12%
BENZOYL PEROXIDE KIT 4%/5%	LIDOCAINE HCL CREAM 4%
BENZOYL PEROXIDE LIQUID 4%, 5%, 5.25%, 8%, 10%	LIDOCAINE HCL GEL 2%
BENZOYL PEROXIDE LOTION 3%, 4%, 5%, 6%, 10%	LIDOCAINE PATCH 4%
BUTENAFINE HCL CREAM 1%	MICONAZOLE NITRATE (TOPICAL) CREAM 2%
CAPSAICIN CREAM 0.025%, 0.035%, 0.075%, 0.1%	MICONAZOLE NITRATE (TOPICAL) POWDER 2%
CLOTRIMAZOLE (TOPICAL) CREAM 1%	MINERAL OIL-HYDROPHILIC PETROLATUM OINTMENT
CLOTRIMAZOLE (TOPICAL) SOLUTION 1%	NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT
COAL TAR EXTRACT OIL 7.5%	PERMETHRIN CRÈME RINSE 1%
COAL TAR EXTRACT SHAMPOO 0.5%, 1%, 2.5%, 2.8%, 10%	PERMETHRIN LOTION 1%
COAL TAR-JUNIPER TAR-PINE TAR SHAMPOO	PYRETHRINS-PIPERONYL BUTOXIDE LIQUID 0.33-4%
DERMATOLOGICAL PRODUCTS, MISC. CREAM	PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO 0.33-4%
DERMATOLOGICAL PRODUCTS, MISC. LOTION	SALICYLIC ACID LIQUID 17%
DOCOSANOL CREAM 10%	TERBINAFINE HCL (TOPICAL) CREAM 1%
EMOLLIENT CREAM	TOLNAFTATE AERO POWDER 1%
EMOLLIENT LOTION	TOLNAFTATE AEROSOL 1%
GLYCERIN (TOPICAL) LIQUID	TOLNAFTATE CREAM 1%
HYDROCORTISONE (TOPICAL) CREAM 0.5%, 1%	TOLNAFTATE POWDER 1%
HYDROCORTISONE (TOPICAL) GEL 1%	ZINC OXIDE (TOPICAL) OINTMENT 40%
HYDROCORTISONE (TOPICAL) LOTION 1%	

DIAGNOSTIC PRODUCTS

ACETONE (URINE) TEST TABLET	GLUCOSE URINE TEST-(COPPER SULFATE) TABLET
ACETONE (URINE) TEST STRIP	PH TEST
ALBUMIN (URINE) TEST STRIP	MULTIPLE URINE TESTS STRIP
GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	URINE GLUCOSE-KETONES TEST STRIP

SUPPLIES

CONDOMS LATEX LUBRICATED - MALE DEVI	CONDOMS - FEMALE MISC
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CONDOMS, LATEX, NON-LUBRICATED MISC	
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MISCELLANEOUS

ACETIC ACID SOLUTION 3%, 5%, 33%, 36%, (GLACIAL) 99%	GELATIN CAPSULE (EMPTY) CAPSULE
BENZYL ALCOHOL LIQUID	GLYCERIN (BULK) LIQUID
BENZYL BENZOATE (BULK) LIQUID	OLIVE OIL
CASTOR OIL (PHARMACEUTIC AID) OIL 100%	ORAL VEHICLES
COTTONSEED OIL (BULK) OIL	PHARMACEUTICAL EXCIPIENTS
CREAM BASE CREAM	SESAME OIL (BULK) OIL
ETHYL OLEATE (BULK) LIQUID	STARCH-MALTODEXTRIN (THICKENING) POWDER
FLAVORING AGENTS	STEVIA (BULK) POWDER 90%

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material. If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

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TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。(Traditional Chinese)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente em seu cartão de identificação de membros. (Portuguese)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા તમારા સભ્ય ઓળખ કાર્ડ પરના ફોન નંબર પર કોલ કરો. (Gujarati)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono presente sul Suo tesserino identificativo. (Italian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному на вашей идентификационной карточке участника плана. (Russian)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki sou kat idantifikasyon manm ou an. (Haitian Creole)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị.
(Vietnamese)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

This formulary was updated on 10/01/2020. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Medicare Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](https://www.aetna.com/new-jersey-hmosnp/drug-formulary)**

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