



# Select Health Medicare | 2025

# Essential Formulary

## LIST OF COVERED DRUGS

This formulary was updated on **09/01/2025**

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

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# Select Health Medicare 2025 Essential Formulary

## List of Covered Drugs

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

Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Select Health Medicare + Kroger pharmacy network includes limited lower-cost, preferred pharmacies in Bonneville County in Idaho. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **800-442-9900 (TTY 711)** or consult the online pharmacy directory at **[selecthealth.org/medicare/pharmacy](http://selecthealth.org/medicare/pharmacy)**.

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## **Multi-Language Interpreter Services**

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at **855-442-9900 (TTY: 711)**

**1-855-442-9900 (TTY:711)**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-442-9900**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-442-9900**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch, vui lòng gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-442-9900**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए बस हमें **1-855-442-9900** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-442-9900** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Select Health. When it refers to “plan” or “our plan,” it means Select Health Medicare.

This document includes a list of the drugs (formulary) for our plan **which is current as of September 1, 2025**. For an updated formulary, please contact us. Our contact information, along with the dates we last updated the formulary, appears on the front and back cover pages.

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

## **What is the Select Health Medicare Formulary?**

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

## **Can the Formulary (Drug List) change?**

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “*How do I request an exception to the Select Health Medicare Formulary?*”

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

- > **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- > **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least **30 days** before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 60-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request an exception to the Select Health Medicare Formulary?*”

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

**The enclosed formulary is current as of 09/01/2025** To get updated information about the drugs covered by Select Health Medicare, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes throughout the plan year, Select Health may make changes via errata sheets mailed to you. Additionally, you may visit [selecthealth.org/medicare](http://selecthealth.org/medicare) for a link to the errata sheet.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 123**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Select Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic

drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussions of drug types, please see the Evidence of Coverage, Chapter 5, Section 1.3, "The 'Drug List' tells which Part D drugs are covered."

## **Are there any restrictions on my coverage?**

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

- > **Prior Authorization:** Select Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Select Health before you fill your prescriptions. If you don't get approval, Select Health may not cover the drug.
- > **Quantity Limits:** For certain drugs, Select Health limits the amount of the drug that Select Health will cover. For example, Select Health provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.
- > **Step Therapy:** In some cases, Select Health 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, Select Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Select Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 1**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents

that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Select Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “*How do I request an exception to the Select Health Medicare formulary?*” on **page vi** for information about how to request an exception.

### **What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs not normally covered by a Medicare Prescription Drug Plan. Select Health pays for certain OTC drugs through your Select Health Medicare Flexible Benefits Mastercard. Please see your *Evidence of Coverage* for additional details on your OTC drug coverage. The cost to Select Health will not count towards your total Part D drug costs.

### **What if my drug is not on the Formulary?**

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

If you learn that Select Health Medicare does not cover your drug, you have two options:

- > You can ask Member Services for a list of similar drugs that are covered by Select Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Select Health Medicare.
- > You can ask Select Health to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Select Health Medicare Formulary?**

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

- > You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- > You can ask us to waive a coverage restriction including prior authorizations, step therapy, or a quantity limits on your drug. For example, for certain drugs, Select Health

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Select Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within **72 hours** of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to **72 hours** for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than **24 hours** after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first **90 days** you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary **30-day** supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum **30-day** supply of medication. If coverage is not approved, after your first **30-day** supply, we will not pay for these drugs, even if you have been a member of the plan less than **90-days**.

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should

use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## **For more information**

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

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

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

## Select Health Medicare Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by Select Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page123**.

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

**The second column of the chart lists the Drug Tier.** The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

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

- PA** – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.
- QL** – We limit the amount of the drug covered in a specific time period.
- ST** – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- LA** – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call **711**.
- NM** – This drug is not available through our mail order pharmacy.
- HI** – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call **711**.
- BvsD** – This drug may be covered under the Part B or Part D Medicare benefit.
- GC** – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.
- IC** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole 200 mg tab</i>	2	
<i>ivermectin 3 mg tab</i>	3	NM (Non-Mail Order)
<i>praziquantel 600 mg tab</i>	3	NM (Non-Mail Order)
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate 500 mg/2ml solution</i>	2	HI
<i>AMOXICILL-CLARITHRO-LANSOPRAZ 500 &amp; 500 &amp; 30 MG THER PACK</i>	3	QL (122 PER 14 DAYS), NM (Non-Mail Order)
<i>amoxicillin (125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml)</i>	2	
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml)</i>	2	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 250-62.5 mg/5ml recon susp, 500-125 mg tab, 875-125 mg tab)</i>	2	
<i>ampicillin 500 mg cap</i>	2	
<i>ampicillin sodium (1 gm soln, 10 gm soln)</i>	2	HI
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm soln, 3 (2-1) gm soln, 15 (10-5) gm soln)</i>	2	HI
<i>ARIKAYCE 590 MG/8.4ML SUSPENSION</i>	5	QL (252 PER 30 DAYS)
<i>azithromycin (100 mg/5ml, 200 mg/5ml)</i>	2	NM (Non-Mail Order)
<i>azithromycin (500 mg tab, 600 mg tab)</i>	2	NM (Non-Mail Order)
<i>azithromycin 250 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order)

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy

LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order

BvD: This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table mean by going to page ix

<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>azithromycin 500 mg recon soln</i>	2	HI, NM (Non-Mail Order)
<i>aztreonam (1 gm soln, 2 gm soln)</i>	2	HI, NM (Non-Mail Order)
BAXDELA 300 MG RECON SOLN	5	QL (28 PER 14 DAYS), HI, NM (Non-Mail Order)
BAXDELA 450 MG TAB	5	QL (28 PER 14 DAYS), NM (Non-Mail Order)
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	4	NM (Non-Mail Order)
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	4	NM (Non-Mail Order)
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	NM (Non-Mail Order)
CAYSTON 75 MG RECON SOLN	5	PA, QL (280 PER 30 DAYS), NM (Non-Mail Order)
CEFACLOR (250 MG CAP, 500 MG CAP)	2	NM (Non-Mail Order)
CEFACLOR ER 500 MG TAB 12H	2	NM (Non-Mail Order)
<i>cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap)</i>	2	NM (Non-Mail Order)
<i>cefazolin sodium (1 gm soln, 10 gm soln, 500 mg soln)</i>	2	HI, NM (Non-Mail Order)
<i>cefdinir (125 mg/5ml, 250 mg/5ml)</i>	2	NM (Non-Mail Order)
<i>cefdinir 300 mg cap</i>	2	NM (Non-Mail Order)
<i>cefepime hcl (1 gm soln, 2 gm soln)</i>	2	HI, NM (Non-Mail Order)
<i>cefixime (100 mg/5ml, 200 mg/5ml)</i>	3	NM (Non-Mail Order)
<i>cefixime 400 mg cap</i>	3	QL (60 PER 30 DAYS)
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	2	HI, NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)	3	NM (Non-Mail Order)
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	NM (Non-Mail Order)
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	2	HI, NM (Non-Mail Order)
<i>ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)</i>	2	HI, NM (Non-Mail Order)
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	3	NM (Non-Mail Order)
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	3	HI, NM (Non-Mail Order)
<i>cephalexin (125 mg/5ml, 250 mg/5ml)</i>	2	NM (Non-Mail Order)
<i>cephalexin (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)</i>	2	NM (Non-Mail Order)
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	NM (Non-Mail Order)
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	2	HI, NM (Non-Mail Order)
<i>clarithromycin (clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp)</i>	2	NM (Non-Mail Order)
<i>clarithromycin er 500 mg tab 24h</i>	3	NM (Non-Mail Order)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	NM (Non-Mail Order)
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	3	NM (Non-Mail Order)
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml)</i>	2	HI, NM (Non-Mail Order)
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	2	HI, NM (Non-Mail Order)

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<i>colistimethate sodium (cba) 150 mg recon soln</i>	2	HI, NM (Non-Mail Order)
DALVANCE 500 MG RECON SOLN	4	HI, NM (Non-Mail Order)
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln)</i>	2	HI, NM (Non-Mail Order)
<i>daptomycin 500 mg recon soln</i>	2	QL (150 PER 30 DAYS), HI, NM (Non-Mail Order)
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	3	NM (Non-Mail Order)
DIFICID 200 MG TAB	5	ST, QL (20 PER 10 DAYS), NM (Non-Mail Order)
DIFICID 40 MG/ML RECON SUSP	5	ST, QL (136 PER 10 DAYS), NM (Non-Mail Order)
<i>doxy 100 mg recon soln</i>	4	HI, NM (Non-Mail Order)
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	2	NM (Non-Mail Order)
<i>doxycycline hyclate 100 mg recon soln</i>	4	HI
<i>doxycycline hyclate 20 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	NM (Non-Mail Order)
<i>ertapenem sodium 1 gm recon soln</i>	2	HI, NM (Non-Mail Order)
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	2	HI, NM (Non-Mail Order)
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4	NM (Non-Mail Order)
<i>erythromycin base (250 mg tab, 500 mg tab)</i>	2	NM (Non-Mail Order)
<i>erythromycin base (erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr)</i>	4	NM (Non-Mail Order)
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	2	NM (Non-Mail Order)
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	2	

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<i>erythromycin lactobionate 500 mg recon soln</i>	2	
FIRVANQ 25 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
FIRVANQ 50 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	2	HI, NM (Non-Mail Order)
<i>gentamicin sulfate 40 mg/ml solution</i>	2	HI, NM (Non-Mail Order)
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	4	HI, NM (Non-Mail Order)
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	NM (Non-Mail Order)
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	2	HI, NM (Non-Mail Order)
<i>linezolid 100 mg/5ml recon susp</i>	3	NM (Non-Mail Order)
<i>linezolid 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non- Mail Order)
<i>linezolid 600 mg/300ml solution</i>	3	HI, NM (Non-Mail Order)
<i>meropenem (1 gm soln, 500 mg soln)</i>	2	HI, NM (Non-Mail Order)
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	NM (Non-Mail Order)
<i>moxifloxacin hcl 400 mg tab</i>	3	NM (Non-Mail Order)
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	3	HI, NM (Non-Mail Order)
<i>nafcillin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	2	HI, NM (Non-Mail Order)
<i>neomycin sulfate 500 mg tab</i>	2	NM (Non-Mail Order)
NUZYRA 100 MG RECON SOLN	4	QL (15 PER 14 DAYS), HI, NM (Non-Mail Order)

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NUZYRA 150 MG TAB	4	QL (30 PER 14 DAYS), NM (Non-Mail Order)
ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)	3	NM (Non-Mail Order)
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	2	HI, NM (Non-Mail Order)
penicillin g potassium 20000000 unit recon soln	2	HI, NM (Non-Mail Order)
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	2	HI, NM (Non-Mail Order)
penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)	2	NM (Non-Mail Order)
piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 40.5 (36-4.5) gm ln)	2	HI, NM (Non-Mail Order)
piperacillin sod-tazobactam so 13.5 (12-1.5) gm recon ln	2	HI, NM (Non-Mail Order)
SIVEXTRO 200 MG RECON SOLN	4	QL (6 PER 30 OVER TIME), HI, NM (Non-Mail Order)
SIVEXTRO 200 MG TAB	4	QL (6 PER 30 OVER TIME), NM (Non-Mail Order)
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	BVD, NM (Non-Mail Order)
sulfadiazine 500 mg tab	2	NM (Non-Mail Order)
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	2	NM (Non-Mail Order)
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	2	NM (Non-Mail Order)
sulfasalazine (500 mg tab, 500 mg tab dr)	2	NM (Non-Mail Order)
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	4	HI, NM (Non-Mail Order)
tetracycline hcl (250 mg cap, 500 mg cap)	3	NM (Non-Mail Order)

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tigecycline 50 mg recon soln	2	QL (28 PER 14 DAYS), HI, NM (Non-Mail Order)
tobramycin 300 mg/5ml nebu soln	5	PA, NM (Non-Mail Order)
tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution)	2	HI, NM (Non-Mail Order)
vancomycin hcl (1 gm soln, 10 gm soln, 500 mg soln, 750 mg soln)	3	HI, NM (Non-Mail Order)
vancomycin hcl (125 mg cap, 250 mg cap)	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)	3	QL (450 PER 30 DAYS), NM (Non-Mail Order)
vancomycin hcl 25 mg/ml recon soln	3	QL (450 PER 30 DAYS)
VANCOMYCIN HCL 750 MG RECON SOLN	3	
XIFAXAN 200 MG TAB	4	PA, QL (180 PER 30 DAYS), NM (Non-Mail Order)
XIFAXAN 550 MG TAB	5	PA, QL (90 PER 30 DAYS), NM (Non-Mail Order)

## **ANTIFUNGALS**

AMPHOTERICIN B 50 MG RECON SOLN	4	HI
amphotericin b liposome 50 mg recon susp	4	HI
caspofungin acetate (50 mg soln, 70 mg soln)	4	HI, NM (Non-Mail Order)
fluconazole (10 mg/ml, 40 mg/ml)	3	NM (Non-Mail Order)
fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	NM (Non-Mail Order)
fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)	2	HI, NM (Non-Mail Order)
flucytosine (250 mg cap, 500 mg cap)	2	NM (Non-Mail Order)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	3	NM (Non-Mail Order)

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<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	3	NM (Non-Mail Order)
<i>itraconazole 10 mg/ml solution</i>	3	NM (Non-Mail Order)
<i>itraconazole 100 mg cap</i>	3	QL (126 PER 30 DAYS), NM (Non-Mail Order)
<i>ketoconazole 200 mg tab</i>	2	NM (Non-Mail Order)
<i>micafungin sodium (50 mg soln, 100 mg soln)</i>	2	BVD
<b>NOXAFIL 300 MG PACKET</b>	5	PA, QL (31 PER 30 DAYS), NM (Non-Mail Order)
<i>nystatin 100000 unit/ml suspension</i>	2	NM (Non-Mail Order)
<i>nystatin 500000 unit tab</i>	2	NM (Non-Mail Order)
<i>posaconazole 100 mg tab dr</i>	5	PA, QL (240 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5	PA, NM (Non-Mail Order)
<i>terbinafine hcl 250 mg tab</i>	2	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<b>VIVJOA 150 MG CAP THPK</b>	4	PA, QL (21 PER 180 OVER TIME), NM (Non-Mail Order)
<i>voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)</i>	3	HI, NM (Non-Mail Order)
<i>voriconazole 200 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>voriconazole 40 mg/ml recon susp</i>	3	QL (450 PER 30 DAYS), NM (Non-Mail Order)
<i>voriconazole 50 mg tab</i>	3	QL (360 PER 30 DAYS), NM (Non-Mail Order)

## **ANTIMYCOBACTERIALS**

<i>dapsone (25 mg tab, 100 mg tab)</i>	3	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	NM (Non-Mail Order)
<i>isoniazid (100 mg tab, 300 mg tab)</i>	2	NM (Non-Mail Order)
<b>PRETOMANID 200 MG TAB</b>	3	PA, QL (30 PER 30 DAYS)
<b>PRIFTIN 150 MG TAB</b>	4	QL (32 PER 28 DAYS), NM (Non-Mail Order)

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pyrazinamide 500 mg tab	2	NM (Non-Mail Order)
rifabutin 150 mg cap	2	NM (Non-Mail Order)
rifampin (150 mg cap, 300 mg cap)	3	NM (Non-Mail Order)
rifampin 600 mg recon soln	3	HI, NM (Non-Mail Order)
SIRTURO 100 MG TAB	5	PA, QL (188 PER 180 OVER TIME), NM (Non-Mail Order)
SIRTURO 20 MG TAB	5	PA, QL (940 PER 180 OVER TIME), NM (Non-Mail Order)
TRECATOR 250 MG TAB	4	NM (Non-Mail Order)

## **ANTIPROTOZOALS**

atovaquone 750 mg/5ml suspension	4	NM (Non-Mail Order)
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	3	NM (Non-Mail Order)
chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)	2	NM (Non-Mail Order)
COARTEM 20-120 MG TAB	4	QL (24 PER 30 OVER TIME), NM (Non-Mail Order)
hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	2	NM (Non-Mail Order)
IMPAVIDO 50 MG CAP	4	PA, QL (84 PER 28 DAYS), NM (Non-Mail Order)
KRINTAFEL 150 MG TAB	4	QL (4 PER 30 OVER TIME), NM (Non-Mail Order)
LAMPIT (30 MG TAB, 120 MG TAB)	4	PA, NM (Non-Mail Order)
mefloquine hcl 250 mg tab	2	QL (5 PER 30 OVER TIME), NM (Non-Mail Order)
metronidazole (250 mg tab, 375 mg cap)	2	NM (Non-Mail Order)
metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)	2	HI, NM (Non-Mail Order)
metronidazole 500 mg tab	2	NM (Non-Mail Order)
nitazoxanide 500 mg tab	4	QL (20 PER 10 DAYS), NM (Non-Mail Order)

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pentamidine isethionate 300 mg recon soln	2	BVD, HI, NM (Non-Mail Order)
primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)	2	NM (Non-Mail Order)
pyrimethamine 25 mg tab	5	
quinine sulfate 324 mg cap	3	NM (Non-Mail Order)
tinidazole (250 mg tab, 500 mg tab)	2	NM (Non-Mail Order)

## **ANTIVIRALS**

abacavir sulfate 20 mg/ml solution	4	
abacavir sulfate 300 mg tab	4	QL (180 PER 30 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	4	QL (30 PER 30 DAYS)
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	1	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	2	
acyclovir sodium 50 mg/ml solution	2	HI
adefovir dipivoxil 10 mg tab	3	QL (30 PER 30 DAYS)
amantadine hcl (100 mg cap, 100 mg tab)	2	QL (120 PER 30 DAYS)
amantadine hcl 50 mg/5ml solution	2	QL (1200 PER 30 DAYS)
APTIVUS 250 MG CAP	5	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
BARACLUDE 0.05 MG/ML SOLUTION	4	NM (Non-Mail Order)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
CIMDUO 300-300 MG TAB	5	QL (30 PER 30 DAYS)
darunavir 600 mg tab	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
darunavir 800 mg tab	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
DELSTRIGO 100-300-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)

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DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
DOVATO 50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
EDURANT 25 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	5	NM (Non-Mail Order)
<i>emtricitabine 200 mg cap</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
EMTRIVA 10 MG/ML SOLUTION	4	QL (720 PER 30 DAYS), NM (Non-Mail Order)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>etravirine (100 mg tab, 200 mg tab)</i>	4	NM (Non-Mail Order)
EVOTAZ 300-150 MG TAB	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	NM (Non-Mail Order)
<i>fosamprenavir calcium 700 mg tab</i>	4	NM (Non-Mail Order)
GENVOYA 150-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
INTELENCE 25 MG TAB	4	NM (Non-Mail Order)
ISENTRESS 100 MG CHEW TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order)

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ISENTRESS 100 MG PACKET	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS 25 MG CHEW TAB	4	QL (180 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS 400 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS HD 600 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
JULUCA 50-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
KALETRA 400-100 MG/5ML SOLUTION	4	QL (390 PER 30 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	4	NM (Non-Mail Order)
<i>lamivudine (100 mg tab, 150 mg tab, 300 mg tab)</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	NM (Non-Mail Order)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA, QL (168 PER 365 OVER TIME)
LIVTENCITY 200 MG TAB	5	PA, QL (336 PER 28 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	4	QL (300 PER 30 DAYS), NM (Non-Mail Order)
<i>lopinavir-ritonavir 200-50 mg tab</i>	4	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>maraviroc (150 mg tab, 300 mg tab)</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
MAVYRET 100-40 MG TAB	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5	PA, QL (140 PER 28 DAYS)
<i>nevirapine 200 mg tab</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL (1200 PER 30 DAYS), NM (Non-Mail Order)
<i>nevirapine er 400 mg tab 24h</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
NORVIR 100 MG PACKET	4	QL (360 PER 30 DAYS), NM (Non-Mail Order)

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ODEFSEY 200-25-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 PER 180 OVER TIME), NM (Non-Mail Order)
<i>oseltamivir phosphate 45 mg cap</i>	3	QL (42 PER 180 OVER TIME), NM (Non-Mail Order)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	NM (Non-Mail Order)
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (42 PER 180 OVER TIME), NM (Non-Mail Order)
PAXLOVID (150/100) MG & 0MG TAB THPK	3	QL (30 PER 5 DAYS), NM (Non-Mail Order)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	3	QL (30 PER 5 DAYS), NM (Non-Mail Order)
PAXLOVID 6 150 MG & 5 100MG TAB THPK	3	QL (11 PER 5 DAYS), NM (Non-Mail Order)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 30 OVER TIME), NM (Non-Mail Order)
PEGASYS 180 MCG/ML SOLUTION	5	PA, QL (4 PER 28 OVER TIME), NM (Non-Mail Order)
PIFELTRO 100 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5	PA, QL (800 PER 365 OVER TIME)
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (100 PER 365 OVER TIME)
PREZCOBIX 800-150 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 100 MG/ML SUSPENSION	5	QL (360 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 150 MG TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 75 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REYATAZ 50 MG PACKET	5	QL (240 PER 30 DAYS), NM (Non-Mail Order)
RIBAVIRIN 200 MG CAP	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
RIBAVIRIN 200 MG TAB	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
<i>ritonavir 100 mg tab</i>	4	QL (450 PER 30 DAYS), NM (Non-Mail Order)
RUKOBIA 600 MG TAB ER 12H	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS), NM (Non-Mail Order)
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA, QL (30 PER 30 DAYS)
STRIBILD 150-150-200-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
SUNLENCA 300 MG TAB	5	QL (5 PER 28 OVER TIME), NM (Non-Mail Order)
SUNLENCA 4 X 300 MG TAB THPK	5	QL (4 PER 180 OVER TIME), NM (Non-Mail Order)
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 PER 180 OVER TIME), NM (Non-Mail Order)
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	QL (30 PER 30 DAYS), NM (Non-Mail Order)
TIVICAY 50 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
TIVICAY PD 5 MG TAB SOL	5	QL (180 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
TRIUMEQ PD 60-5-30 MG TAB SOL	5	QL (180 PER 30 DAYS)
TYBOST 150 MG TAB	3	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)

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<i>valganciclovir hcl 450 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	NM (Non-Mail Order)
VEMLIDY 25 MG TAB	5	PA, QL (30 PER 30 DAYS)
VIRACEPT (250 MG TAB, 625 MG TAB)	5	NM (Non-Mail Order)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
VIREAD 40 MG/GM POWDER	5	NM (Non-Mail Order)
VOSEVI 400-100-100 MG TAB	5	PA, QL (28 PER 28 DAYS)
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
XOFLUZA (80 MG DOSE) OFLUZA 2 40 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	4	NM (Non-Mail Order)

## **URINARY ANTI-INFECTIVES**

<i>fosfomycin tromethamine 3 gm packet</i>	3	NM (Non-Mail Order)
<i>methenamine hippurate 1 gm tab</i>	3	NM (Non-Mail Order)
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	3	PA, NM (Non-Mail Order)
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	NM (Non-Mail Order)
<i>nitrofurantoin monohyd macro 100 mg cap</i>	3	NM (Non-Mail Order)
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	2	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	2	NM (Non-Mail Order)

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<b>ANTIHISTAMINE DRUGS</b>		
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<i>cyperheptadine hcl 2 mg/5ml syrup</i>	2	QL (4500 PER 30 DAYS)
<i>cyperheptadine hcl 4 mg tab</i>	3	QL (450 PER 30 DAYS)
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	3	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)</i>	2	
PROMETHEGAN (PROMETHEGAN 50 MG SUPPOS, PROMETHEGAN 25 MG SUPPOS)	3	
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	2	QL (300 PER 30 DAYS)
<i>desloratadine 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>abirtega 250 mg tab</i>	3	QL (120 PER 30 DAYS)
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAP	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TAB, 180 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	5	PA, QL (30 PER 180 OVER TIME)
AUGTYRO 160 MG CAP	5	PA, QL (60 PER 30 DAYS)

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AUGTYRO 40 MG CAP	5	PA, QL (240 PER 30 DAYS)
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	5	PA, QL (66 PER 28 OVER TIME)
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5	PA, QL (30 PER 30 DAYS)
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	5	PA, QL (84 PER 28 DAYS)
<i>bexarotene 75 mg cap</i>	5	PA
<i>bicalutamide 50 mg tab</i>	2	QL (30 PER 30 DAYS)
BOSULIF (100 MG CAP, 100 MG TAB)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5	PA, QL (210 PER 30 DAYS)
BRAFTOVI 75 MG CAP	5	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAP	5	PA, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	5	PA, QL (30 PER 30 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	5	PA, QL (60 PER 30 DAYS)
CAPRELSA (100 MG TAB, 300 MG TAB)	5	PA, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	5	PA
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	5	PA
COMETRIQ (60 MG DAILY DOSE) 20 KIT	5	PA
COPIKTRA (15 MG CAP, 25 MG CAP)	5	PA, QL (60 PER 30 DAYS)
COTELLIC 20 MG TAB	5	PA, LA, QL (63 PER 28 DAYS)

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CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	2	BVD
DANZITEN (71 MG TAB, 95 MG TAB)	5	PA, QL (120 PER 30 DAYS)
dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 140 mg tab)	5	PA, QL (60 PER 30 DAYS)
dasatinib 100 mg tab	5	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
ERIVEDGE 150 MG CAP	5	PA, QL (30 PER 30 DAYS)
ERLEADA 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5	PA, QL (120 PER 30 DAYS)
erlotinib hcl (100 mg tab, 150 mg tab)	3	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tab	3	PA, QL (60 PER 30 DAYS)
EULEXIN 125 MG CAP	5	PA, QL (180 PER 30 DAYS)
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	5	QL (120 PER 30 DAYS), BVD
everolimus (2 mg tab, 3 mg tab, 5 mg tab)	5	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5	PA, QL (30 PER 30 DAYS)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	PA, QL (21 PER 28 OVER TIME)
FRUZAQLA 1 MG CAP	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
gefitinib 250 mg tab	5	PA, QL (30 PER 30 DAYS)
GILOTTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	PA, QL (30 PER 30 DAYS)
GLEOSTINE 10 MG CAP	4	PA, QL (26 PER 42 OVER TIME)

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GLEOSTINE 100 MG CAP	5	PA, QL (3 PER 42 OVER TIME)
GLEOSTINE 40 MG CAP	5	PA, QL (7 PER 42 OVER TIME)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	5	PA, QL (240 PER 30 DAYS)
GOMEKLI 2 MG CAP	5	PA, QL (120 PER 30 DAYS)
<i>hydroxyurea 500 mg cap</i>	2	
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	PA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	5	PA, QL (30 PER 30 DAYS)
IDHIFA (50 MG TAB, 100 MG TAB)	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	3	QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 PER 30 DAYS)
IMKELDI 80 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
INLYTA 1 MG TAB	5	PA, QL (600 PER 30 DAYS)
INLYTA 5 MG TAB	5	PA, QL (120 PER 30 DAYS)
INQOVI 35-100 MG TAB	5	PA, QL (5 PER 28 OVER TIME)
INREBIC 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5	PA, QL (30 PER 30 DAYS)
IWILFIN 192 MG TAB	5	PA, QL (240 PER 30 DAYS)
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5	PA, QL (30 PER 30 DAYS)

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KISQALI (200 MG DOSE) (TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (400 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (600 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (91 PER 28 DAYS)
KOSELUGO (10 MG CAP, 25 MG CAP)	5	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate 250 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA (10 MG DAILY DOSE) CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG DAILY DOSE) (CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)

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LEUKERAN 2 MG TAB	5	PA
LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)	5	PA, QL (80 PER 28 DAYS)
LORBRENA 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TAB	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TAB	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5	PA, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	5	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TAB	3	
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
MATULANE 50 MG CAP	5	
MEKINIST 0.05 MG/ML RECON SOLN	5	PA, QL (1200 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TAB	5	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>mercaptopurine 2000 mg/100ml suspension</i>	5	PA, QL (300 PER 30 DAYS), NM (Non-Mail Order)
<i>mercaptopurine 50 mg tab</i>	2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	BVD

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<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	2	BVD
<i>methotrexate sodium 2.5 mg tab</i>	2	
<i>NERLYNX 40 MG TAB</i>	5	PA, QL (180 PER 30 DAYS)
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	5	PA, QL (120 PER 30 DAYS)
<i>nilutamide 150 mg tab</i>	5	
<i>NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)</i>	5	PA, QL (3 PER 28 OVER TIME)
<i>NUBEQA 300 MG TAB</i>	5	PA, QL (120 PER 30 DAYS)
<i>ODOMZO 200 MG CAP</i>	5	PA, LA, QL (30 PER 30 DAYS)
<i>OGSIVEO (100 MG TAB, 150 MG TAB)</i>	5	PA, QL (60 PER 30 DAYS)
<i>OGSIVEO 50 MG TAB</i>	5	PA, QL (180 PER 30 DAYS)
<i>OJEMDA 100 MG TAB</i>	5	PA, QL (24 PER 28 OVER TIME)
<i>OJEMDA 25 MG/ML RECON SUSP</i>	5	PA, QL (96 PER 28 OVER TIME)
<i>OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)</i>	5	PA, QL (30 PER 30 DAYS)
<i>ONUREG (200 MG TAB, 300 MG TAB)</i>	5	PA, QL (14 PER 28 OVER TIME)
<i>ORSERDU 345 MG TAB</i>	5	PA, QL (30 PER 30 DAYS)
<i>ORSERDU 86 MG TAB</i>	5	PA, QL (90 PER 30 DAYS)
<i>pazopanib hcl 200 mg tab</i>	5	PA
<i>PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)</i>	5	PA
<i>PIQRAY (200 MG DAILY DOSE) (TAB THPK</i>	5	PA, QL (30 PER 30 DAYS)
<i>PIQRAY (250 MG DAILY DOSE) 200 &amp; TAB THPK</i>	5	PA, QL (60 PER 30 DAYS)

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PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	5	PA, QL (60 PER 30 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	PA, QL (21 PER 28 OVER TIME)
QINLOCK 50 MG TAB	5	PA, QL (90 PER 30 DAYS)
RASUVO 10 MG/0.2ML SOLN A-INJ	3	ST, QL (0.8 PER 28 OVER TIME)
RASUVO 12.5 MG/0.25ML SOLN A-INJ	3	ST, QL (1 PER 28 OVER TIME)
RASUVO 15 MG/0.3ML SOLN A-INJ	3	ST, QL (1.2 PER 28 OVER TIME)
RASUVO 17.5 MG/0.35ML SOLN A-INJ	3	ST, QL (1.4 PER 28 OVER TIME)
RASUVO 20 MG/0.4ML SOLN A-INJ	3	ST, QL (1.6 PER 28 OVER TIME)
RASUVO 22.5 MG/0.45ML SOLN A-INJ	3	ST, QL (1.8 PER 28 OVER TIME)
RASUVO 25 MG/0.5ML SOLN A-INJ	3	ST, QL (2 PER 28 OVER TIME)
RASUVO 30 MG/0.6ML SOLN A-INJ	3	ST, QL (2.4 PER 28 OVER TIME)
RASUVO 7.5 MG/0.15ML SOLN A-INJ	3	ST, QL (0.6 PER 28 OVER TIME)
RETEVMO (120 MG TAB, 160 MG TAB)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
REVUFORJ (110 MG TAB, 160 MG TAB)	5	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TAB	5	PA, QL (240 PER 30 DAYS)
REZLIDHIA 150 MG CAP	5	PA, QL (60 PER 30 DAYS)
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5	PA, QL (8 PER 28 OVER TIME)
ROZLYTREK 100 MG CAP	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5	PA, QL (360 PER 30 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	PA, QL (120 PER 30 DAYS)

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RYDAPT 25 MG CAP	5	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib tosylate 200 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
STIVARGA 40 MG TAB	5	PA, QL (84 PER 21 DAYS)
<i>sunitinib malate (25 mg cap, 37.5 mg cap, 50 mg cap)</i>	5	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
TABLOID LOID 40 MG	5	PA
TABRECTA (150 MG TAB, 200 MG TAB)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5	PA, QL (900 PER 30 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	5	PA, LA, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	PA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5	PA, QL (90 PER 30 DAYS)
TAZVERIK 200 MG TAB	5	PA, QL (240 PER 30 DAYS)
TEPMETKO 225 MG TAB	5	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5	PA, QL (30 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5	QL (360 PER 30 DAYS)
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	3	
TRUQAP (160 MG TAB, 200 MG TAB)	5	PA, QL (64 PER 28 OVER TIME)
TUKYSA (50 MG TAB, 150 MG TAB)	5	PA, QL (120 PER 30 DAYS)
TURALIO 125 MG CAP	5	PA, QL (120 PER 30 DAYS)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VANFLYTA 17.7 MG TAB	5	PA, QL (30 PER 30 DAYS)
VANFLYTA 26.5 MG TAB	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA 10 MG TAB	4	PA, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA, QL (120 PER 30 DAYS)
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	PA, QL (60 PER 30 DAYS)
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK)	5	PA, QL (28 PER 28 DAYS)
VIJOICE 200 & 50 MG TAB THPK	5	PA, QL (56 PER 28 DAYS)
VIJOICE 50 MG PACKET	5	PA, QL (30 PER 30 DAYS)
VITRAKVI 100 MG CAP	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5	PA, QL (30 PER 30 DAYS)
WELIREG 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	5	PA, QL (120 PER 30 DAYS)
XALKORI (200 MG CAP, 250 MG CAP)	5	PA, QL (60 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5	PA, QL (180 PER 30 DAYS)
XOSPATA 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) (MG 10 MG TAB THPK, MG 40 MG TAB THPK)	5	PA, QL (4 PER 28 OVER TIME)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (32 PER 28 OVER TIME)
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	5	PA, QL (120 PER 30 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TAB	5	PA, QL (240 PER 30 DAYS)
ZOLINZA 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TAB	5	PA, QL (150 PER 30 DAYS)

## **ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND VACCINES**

### **ANTITOXINS AND IMMUNE GLOBULINS**

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5	PA
GAMMAKED 1 GM/10ML SOLUTION	5	PA

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GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA
GAMUNEX-C 1 GM/10ML SOLUTION	5	PA
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 25 GM/500ML SOLUTION)	5	PA
OCTAGAM 30 GM/300ML SOLUTION	5	PA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA

## **TOXOIDS**

ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	\$0 (PREVENTIVE)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	3	\$0 (PREVENTIVE)
DAPTACEL 23-15-5SUSPENSION	3	\$0 (PREVENTIVE)
INFANRIX 25-58-10SUSPENSION	3	\$0 (PREVENTIVE)
KINRIX 0.5 ML SUSP PRSYR	3	\$0 (PREVENTIVE)
PEDIARIX SUSPPRSYR	3	
PENTACEL RECONSUSP	3	
QUADRACEL 0.5 ML SUSP PRSYR	3	\$0 (PREVENTIVE)
QUADRACEL SUSPENSION	3	
TENIVAC 5-2 LFU INJECTABLE	3	\$0 (PREVENTIVE)

## **VACCINES**

ABRYSVO 120 MCG/0.5ML RECON SOLN	3	\$0 (PREVENTIVE)
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ACTHIB RECONSLN	3	
AREXVY 120 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
BCG VACCINE 50 MG RECON SOLN	3	\$0 (PREVENTIVE)
BEXSERO SUSPPRSYR	3	\$0 (PREVENTIVE)
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	3	BVD, \$0 (PREVENTIVE)
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	3	\$0 (PREVENTIVE)
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	3	\$0 (PREVENTIVE)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	BVD, \$0 (PREVENTIVE)
HIBERIX 10 MCG RECON SOLN	3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	\$0 (PREVENTIVE)
IPOP INJECTABLE	3	\$0 (PREVENTIVE)
IXCHIQ RECONSLN	3	PA, \$0 (PREVENTIVE)
IXIARO SUSPENSION	3	\$0 (PREVENTIVE)
JYNNEOS 0.5 ML SUSPENSION	3	\$0 (PREVENTIVE)
M-M-R II RECONSLN	3	\$0 (PREVENTIVE)
MENQUADFI SOLUTION	3	\$0 (PREVENTIVE)
MENVEO RECONSLN	3	\$0 (PREVENTIVE)
MENVEO SOLUTION	3	\$0 (PREVENTIVE)
MRESVIA 50 MCG/0.5ML SUSP PRSYR	3	\$0 (PREVENTIVE)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	
PENBRAYA RECONSUSP	3	\$0 (PREVENTIVE)
PRIORIX RECONSUSP	3	\$0 (PREVENTIVE)

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PROQUAD RECONSUSP	3	\$0 (PREVENTIVE)
RABAVERT RECONSUSP	3	\$0 (PREVENTIVE)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	3	BVD, \$0 (PREVENTIVE)
ROTARIX SUSPENSION	3	\$0 (PREVENTIVE)
ROTATEQ SOLUTION	3	\$0 (PREVENTIVE)
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	3	\$0 (PREVENTIVE)
TRUMENBA SUSPPRSYR	3	\$0 (PREVENTIVE)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	BVD, \$0 (PREVENTIVE)
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	3	\$0 (PREVENTIVE)
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	3	\$0 (PREVENTIVE)
VARIVAX 1350 PFU/0.5ML RECON SUSP	3	\$0 (Preventive)
VAXCHORA RECONSUSP	3	PA, \$0 (PREVENTIVE)
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	3	PA, \$0 (Preventive)
VIVOTIF CAPDR	3	PA, QL (4 PER 999 OVER TIME), \$0 (Preventive)
YF-VAX INJECTABLE	3	\$0 (PREVENTIVE)

## AUTONOMIC DRUGS

### ANTICHOLINERGIC AGENTS

ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	4	ST, QL (10.7 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	QL (8 PER 30 DAYS)
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	QL (240 PER 30 DAYS)
<i>dicyclomine hcl 10 mg/5ml solution</i>	2	QL (2400 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	4	ST, QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	BVD
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	2	BVD
<i>methscopolamine bromide 2.5 mg tab</i>	2	
<i>methscopolamine bromide 5 mg tab</i>	2	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	QL (10 PER 28 OVER TIME)
SPIRIVA HANDIHALER 18 MCG CAP	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
NICOTROL NS 10 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	3	QL (106 PER 365 OVER TIME)
varenicline tartrate 0.5 mg tab	3	QL (336 PER 365 OVER TIME)
varenicline tartrate 1 mg tab	3	QL (336 PER 365 OVER TIME)
varenicline tartrate(continue) 1 mg tab	3	QL (336 PER 365 OVER TIME)
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	2	
cevimeline hcl 30 mg cap	3	
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	2	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)	3	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	3	
pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)	3	
pyridostigmine bromide er 180 mg tab	3	
rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)	3	
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>SKELETAL MUSCLE RELAXANTS</b>		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2	
carisoprodol 350 mg tab	2	QL (120 PER 30 DAYS)
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	2	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	2	
metaxalone (400 mg tab, 800 mg tab)	3	
methocarbamol (500 mg tab, 750 mg tab)	2	
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP)	5	PA, QL (30 PER 30 DAYS)
SOHONOS 10 MG CAP	5	PA, QL (60 PER 30 DAYS)
SOHONOS 5 MG CAP	5	PA, QL (30 PER 30 DAYS)
tizanidine hcl 2 mg cap	2	ST, QL (540 PER 30 DAYS)
tizanidine hcl 2 mg tab	2	QL (540 PER 30 DAYS)
tizanidine hcl 4 mg cap	2	ST, QL (270 PER 30 DAYS)
tizanidine hcl 4 mg tab	2	QL (270 PER 30 DAYS)
tizanidine hcl 6 mg cap	2	ST, QL (180 PER 30 DAYS)
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
alfuzosin hcl er 10 mg tab 24h	2	QL (30 PER 30 DAYS)
dihydroergotamine mesylate 4 mg/ml solution	3	PA
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	3	QL (30 PER 30 DAYS)
phenoxybenzamine hcl 10 mg cap	5	PA, QL (3600 PER 30 DAYS)
silodosin (4 mg cap, 8 mg cap)	2	QL (30 PER 30 DAYS)
tamsulosin hcl 0.4 mg cap	1	QL (60 PER 30 DAYS)
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln)	2	BVD
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	2	

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albuterol sulfate (2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)	2	BVD
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	2	QL (17 PER 30 OVER TIME)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 PER 30 OVER TIME)
arformoterol tartrate 15 mcg/2ml nebu soln	3	QL (120 PER 30 DAYS), BVD
AUVI-Q (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg/act, 160-4.5 mcg/act)	4	QL (20.4 PER 30 DAYS)
budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)	4	QL (20.4 PER 30 DAYS)
droxidopa (100 mg cap, 200 mg cap, 300 mg cap)	4	PA, QL (180 PER 30 DAYS)
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	QL (2 PER 30 OVER TIME)
epinephrine (0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)	3	
fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	3	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	QL (12 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	QL (1 PER 30 DAYS)
formoterol fumarate 20 mcg/2ml nebu soln	4	QL (120 PER 30 DAYS), BVD

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levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)	2	BVD
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	
lofexidine hcl 0.18 mg tab	5	PA, QL (150 PER 30 DAYS)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 PER 30 DAYS)
wixela inhba (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	3	QL (60 PER 30 DAYS)

## BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS

### ANTIHEMORRHAGIC AGENTS

tranexamic acid 650 mg tab	2	QL (30 PER 30 DAYS)
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### ANTITHROMBOTIC AGENTS

anagrelide hcl (0.5 mg cap, 1 mg cap)	2	
CABLIVI 11 MG KIT	5	PA, QL (31 PER 30 DAYS)
cilostazol (50 mg tab, 100 mg tab)	2	
clopidogrel bisulfate 75 mg tab	1	QL (30 PER 30 DAYS)
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	2	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 PER 180 OVER TIME)

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enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)	3	
fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)	5	QL (30 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	4	QL (30 PER 30 DAYS)
heparin sodium (porcine) (5000 unit/ml, 10000 unit/ml, 20000 unit/ml)	3	ESRD
heparin sodium (porcine) 1000 unit/ml solution	3	ESRD
heparin sodium (porcine) pf 1000 unit/ml solution	3	ESRD
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	3	
pentoxifylline er 400 mg tab	2	
prasugrel hcl (5 mg tab, 10 mg tab)	2	QL (30 PER 30 DAYS)
SAVAYSA (15 MG TAB, 30 MG TAB, 60 MG TAB)	4	QL (30 PER 30 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	3	QL (60 PER 30 DAYS)
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
XARELTO (10 MG TAB, 20 MG TAB)	3	QL (30 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3	QL (600 PER 30 DAYS)
XARELTO 15 MG TAB	3	QL (42 PER 30 DAYS)
XARELTO 2.5 MG TAB	3	QL (60 PER 30 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (102 PER 365 OVER TIME)

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<b>HEMATOPOIETIC AGENTS</b>		
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	5	BVD, ESRD
ARANESP (ALBUMIN FREE) (25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	3	BVD, ESRD
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	BVD, ESRD
DOPTELET 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>eltrombopag olamine</i> (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	5	PA, QL (30 PER 30 DAYS)
<i>eltrombopag olamine</i> 12.5 mg packet	5	PA, QL (180 PER 30 DAYS)
<i>eltrombopag olamine</i> 25 mg packet	5	PA, QL (90 PER 30 DAYS)
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	BVD, ESRD
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	BVD
FYLNETRA 6 MG/0.6ML SOLN PRSYR	5	PA
GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	BVD
LEUKINE 250 MCG RECON SOLN	5	PA
MULPLETA 3 MG TAB	5	PA, QL (7 PER 30 OVER TIME)
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	PA

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	BVD
NIVESTYM (300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION)	5	BVD
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
RETACRIT (10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	BVD, ESRD
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3	BVD, ESRD
STIMUFEND 6 MG/0.6ML SOLN PRSYR	5	PA
UDENYCA 6 MG/0.6ML SOLN A-INJ	5	BVD
UDENYCA 6 MG/0.6ML SOLN PRSYR	5	BVD
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	QL (60 PER 30 DAYS)
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	QL (60 PER 30 DAYS)
<b>ANTI-LIPEMIC AGENTS</b>		
amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	ST, QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
cholestyramine (4 gm packet, 4 gm/dose powder)	3	QL (720 PER 30 DAYS)
cholestyramine light (4 gm packet, 4 gm/dose powder)	3	QL (1195 PER 30 DAYS)
colesevelam hcl 3.75 gm packet	4	QL (180 PER 30 DAYS)
colesevelam hcl 625 mg tab	3	QL (180 PER 30 DAYS)
colestipol hcl (5 gm granules, 5 gm packet)	3	QL (900 PER 30 DAYS)
colestipol hcl 1 gm tab	3	QL (480 PER 30 DAYS)
ezetimibe 10 mg tab	1	QL (30 PER 30 DAYS)
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	QL (30 PER 30 DAYS)
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibric acid (45 mg cap dr, 135 mg cap dr)	3	QL (60 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	1	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
gemfibrozil 600 mg tab	2	QL (60 PER 30 DAYS)
icosapent ethyl (0.5 gm cap, 1 gm cap)	3	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	5	PA, QL (90 PER 30 DAYS)
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	1	
NEXLETOL 180 MG TAB	3	PA, QL (30 PER 30 DAYS)
NEXLIZET 180-10 MG TAB	3	PA, QL (30 PER 30 DAYS)
niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)	2	QL (120 PER 30 DAYS)
omega-3-acid ethyl esters 1 gm cap	3	QL (120 PER 30 DAYS)
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	1	ST
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
prevalite (4 gm packet, 4 gm/dose powder)	3	QL (1195 PER 30 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 PER 30 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA, QL (3.5 PER 30 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA, QL (3 PER 30 OVER TIME)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
simvastatin 80 mg tab	1	QL (30 PER 30 DAYS)

## **BETA-ADRENERGIC BLOCKING AGENTS**

acebutolol hcl 200 mg cap	2	QL (120 PER 30 DAYS)
acebutolol hcl 400 mg cap	2	QL (90 PER 30 DAYS)
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	2	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	2	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2	
<b>CARTEOLOL HCL 1 % SOLUTION</b>	2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)</i>	3	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	3	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 20 mg tab)</i>	2	QL (90 PER 30 DAYS)
<i>nebivolol hcl 10 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>pindolol (5 mg tab, 10 mg tab)</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
<b>PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)</b>	2	
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	2	
<i>sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2	
<i>sotalol hcl 80 mg tab</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	
<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>	3	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	3	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	2	
<i>diltiazem hcl er coated beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)</i>	2	
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	2	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	1	

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nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
nimodipine 30 mg cap	2	
nisoldipine er (nisoldipine er 34 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 30 mg tab er 24h, nisoldipine er 40 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h)	2	
olmesartanamlodipinehctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	1	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	1	
tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)	3	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	1	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)	2	
verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)	1	

## CARDIAC DRUGS

amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
CORLANOR 5 MG/5ML SOLUTION	4	ST, QL (450 PER 30 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	2	
digoxin (digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution)	2	

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digoxin 62.5 mcg tab	3	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	3	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	2	
ivabradine hcl (5 mg tab, 7.5 mg tab)	4	ST, QL (60 PER 30 DAYS)
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	3	
MULTAQ 400 MG TAB	4	
NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H)	4	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	3	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2	
propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)	3	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	NM (Non-Mail Order)
ranolazine er (er 500 mg tab er, er 1000 mg tab er)	3	QL (120 PER 30 DAYS)
VYNDAMAX 61 MG CAP	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAP	5	PA, QL (120 PER 30 DAYS)

## **HYPOTENSIVE AGENTS**

clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	3	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
clonidine hcl er 0.1 mg tab 12h	1	QL (120 PER 30 DAYS)
furosemide 10 mg/ml solution	2	
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil (2.5 mg tab, 10 mg tab)	2	

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NIMODIPINE 60 MG/20ML SOLUTION	5	QL (1800 PER 30 DAYS)
NYMALIZE 6 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS)
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	2	ST, QL (30 PER 30 DAYS)
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	ST
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 PER 30 DAYS)
<i>eplerenone (25 mg tab, 50 mg tab)</i>	3	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	

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KERENDIA (10 MG TAB, 20 MG TAB)	4	PA, QL (30 PER 30 DAYS)
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>spironolactone-hctz 25-25 mg tab</i>	2	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	

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<b>VASODILATING AGENTS</b>		
aspirin-dipyridamole er 25-200 mg cap 12h	3	QL (60 PER 30 DAYS)
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab)	2	
isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)	2	
NITRO-BID 2 % OINTMENT	4	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)	2	
nitroglycerin 0.4 % ointment	4	QL (30 PER 30 OVER TIME)
nitroglycerin 0.4 mg/spray solution	3	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	3	
RECTIV 0.4 % OINTMENT	4	QL (30 PER 30 DAYS)
sildenafil citrate 10 mg/ml recon susp	3	PA, QL (180 PER 30 DAYS)
sildenafil citrate 20 mg tab	3	PA, QL (90 PER 30 DAYS)
tadalafil (pah) 20 mg tab	3	PA, QL (60 PER 30 DAYS)
tadalafil 5 mg tab	3	PA, QL (30 PER 30 DAYS)
TADLIQ 20 MG/5ML SUSPENSION	5	PA, QL (300 PER 30 DAYS)
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	PA, QL (30 PER 30 DAYS)

## CENTRAL NERVOUS SYSTEM AGENTS

### ANALGESICS AND ANTIPYRETICS

acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	3	QL (390 PER 30 DAYS)
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ascomp-codeine 50-325-40-30 mg cap	3	QL (180 PER 30 DAYS), NM (Non-Mail Order)
bac (butalbital-acetamin-caff) 50-325-40 mg tab	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	3	QL (4 PER 28 OVER TIME), NM (Non-Mail Order)
buprenorphine hcl 2 mg sl tab	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
buprenorphine hcl 8 mg sl tab	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
buprenorphine hcl-naloxone hcl (2-0.5 mg tab, 8-2 mg tab)	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)
buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg)	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)
butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
butalbital-asa-caff-codeine 50-325-40-30 mg cap	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
butalbital-aspirin-caffeine 50-325-40 mg cap	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
celecoxib 100 mg cap	2	QL (240 PER 30 DAYS)
celecoxib 200 mg cap	2	QL (120 PER 30 DAYS)
celecoxib 400 mg cap	2	QL (60 PER 30 DAYS)
celecoxib 50 mg cap	2	QL (480 PER 30 DAYS)
diclofenac potassium 50 mg tab	2	
diclofenac potassium(migraine) 50 mg packet	3	ST, QL (9 PER 30 OVER TIME)
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2	
diclofenac sodium er 100 mg tab 24h	2	
diflunisal 500 mg tab	2	QL (90 PER 30 DAYS)

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etodolac (200 mg cap, 400 mg tab, 500 mg tab)	2	
etodolac er (er 400 mg tab er, er 500 mg tab er)	2	QL (60 PER 30 DAYS)
etodolac er 600 mg tab 24h	2	QL (30 PER 30 DAYS)
fenoprofen calcium (fenoprofen calcium 400 mg cap, fenoprofen calcium 400 mg cap)	2	
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	3	PA, QL (10 PER 30 OVER TIME), NM (Non-Mail Order)
flurbiprofen (flurbiprofen 100 mg tab, flurbiprofen 100 mg tab)	2	
hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (240 PER 30 DAYS)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	3	QL (240 PER 30 DAYS), NM (Non-Mail Order)
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
ibu (600 mg tab, 800 mg tab)	2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
indomethacin 25 mg cap	2	QL (240 PER 30 DAYS)
indomethacin 50 mg cap	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 100 MG CAP	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 50 MG CAP	2	QL (240 PER 30 DAYS)
meloxicam (7.5 mg tab, 15 mg tab)	2	
methadone hcl (5 mg tab, 10 mg tab)	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
morphine sulfate er (er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)

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morphine sulfate er 15 mg tab	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
nabumetone (500 mg tab, 750 mg tab)	2	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 500 mg tab)	2	
naproxen sodium (275 mg tab, 550 mg tab)	2	
oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (180 PER 30 DAYS)
piroxicam (10 mg cap, 20 mg cap)	2	
sulindac (150 mg tab, 200 mg tab)	2	
tramadol hcl 100 mg tab	3	QL (120 PER 30 DAYS)
tramadol hcl 50 mg tab	3	QL (240 PER 30 DAYS)
tramadol hcl er 100 mg tab 24h	3	QL (120 PER 30 DAYS)
tramadol hcl er 200 mg tab 24h	3	QL (60 PER 30 DAYS)
tramadol hcl er 300 mg tab 24h	3	QL (30 PER 30 DAYS)
tramadol-acetaminophen 37.5-325 mg tab	3	QL (120 PER 30 DAYS)

## **ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS**

amphetamine-dextroamphetamine (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)	3	QL (60 PER 30 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (60 PER 30 DAYS)
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	3	QL (90 PER 30 DAYS)
dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)	3	QL (60 PER 30 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (60 PER 30 DAYS)

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dextroamphetamine sulfate er (er 10 mg cap er, er 15 mg cap er)	3	QL (120 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap 24h	3	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	3	ST, QL (30 PER 30 DAYS)
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	4	ST, QL (30 PER 30 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg tab, 10 mg tab, 20 mg tab)	3	QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg chew tab, 10 mg chew tab)	3	QL (180 PER 30 DAYS)
methylphenidate hcl 10 mg/5ml solution	3	QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg/5ml solution	3	QL (1800 PER 30 DAYS)
methylphenidate hcl er (cd) (er 20 mg cap er, er 50 mg cap er, er 60 mg cap er)	3	QL (30 PER 30 DAYS)
methylphenidate hcl er (cd) (er 30 mg cap er, er 40 mg cap er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (cd) 10 mg cap	3	QL (180 PER 30 DAYS)
methylphenidate hcl er (la) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er, er 72 mg tab er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er 10 mg tab	3	QL (120 PER 30 DAYS)
methylphenidate hcl er 20 mg tab	3	QL (90 PER 30 DAYS)
modafinil (100 mg tab, 200 mg tab)	3	QL (90 PER 30 DAYS)
WAKIX (4.45 MG TAB, 17.8 MG TAB)	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZEPBOUND (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	5	PA, QL (2 PER 28 OVER TIME)
<b>ANTICONVULSANTS</b>		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5	ST, QL (600 PER 30 DAYS)
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	2	QL (2400 PER 30 DAYS)
<i>carbamazepine 100 mg chew tab</i>	2	QL (480 PER 30 DAYS)
CARBAMAZEPINE 200 MG CHEW TAB	3	QL (240 PER 30 DAYS)
<i>carbamazepine 200 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er)</i>	3	QL (480 PER 30 DAYS)
<i>carbamazepine er (er 200 mg cap er, er 200 mg tab er)</i>	3	QL (240 PER 30 DAYS)
<i>carbamazepine er 300 mg cap 12h</i>	3	QL (150 PER 30 DAYS)
<i>carbamazepine er 400 mg tab 12h</i>	3	QL (120 PER 30 DAYS)
<i>clobazam (10 mg tab, 20 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	QL (480 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA, QL (300 PER 30 DAYS)
DILANTIN 100 MG CAP	4	QL (300 PER 30 DAYS)
DILANTIN 125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DILANTIN 30 MG CAP	4	QL (600 PER 30 DAYS)
DILANTIN INFATABS 50 MG CHEW	4	QL (600 PER 30 DAYS)
DILANTIN-125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)
<i>divalproex sodium 125 mg cap dr</i>	2	QL (1080 PER 30 DAYS)
<i>divalproex sodium 125 mg tab dr</i>	2	QL (600 PER 30 DAYS)
<i>divalproex sodium 250 mg tab dr</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium 500 mg tab dr</i>	2	QL (270 PER 30 DAYS)
<i>divalproex sodium er 250 mg tab 24h</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium er 500 mg tab 24h</i>	2	QL (270 PER 30 DAYS)
EPIDIOLEX 100 MG/ML SOLUTION	5	PA, QL (900 PER 30 DAYS)
<i>epitol 200 mg tab</i>	2	QL (240 PER 30 DAYS)
EPRONTIA 25 MG/ML SOLUTION	4	QL (480 PER 30 DAYS)
EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	4	ST, QL (180 PER 30 DAYS)
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	4	ST, QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	4	ST, QL (60 PER 30 DAYS)
<i>ethosuximide 250 mg cap</i>	2	
<i>ethosuximide 250 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
<i>felbamate 400 mg tab</i>	3	QL (270 PER 30 DAYS)
<i>felbamate 600 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>felbamate 600 mg/5ml suspension</i>	3	QL (900 PER 30 DAYS)
FINTEPLA 2.2 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	ST, QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5	ST, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	4	ST, QL (30 PER 30 DAYS)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	2	QL (960 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2	QL (330 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	4	QL (1200 PER 30 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 100 MG TAB DISP	4	QL (60 PER 30 DAYS)
LAMICTAL ODT 200 MG TAB DISP	4	QL (90 PER 30 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2	QL (600 PER 30 DAYS)
<i>lamotrigine 100 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>lamotrigine 100 mg tab disp</i>	3	QL (60 PER 30 DAYS)
<i>lamotrigine 150 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lamotrigine 200 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>lamotrigine 200 mg tab disp</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit</i>	4	QL (28 PER 180 OVER TIME)
<i>lamotrigine 25 &amp; 50 &amp; 100 mg kit</i>	4	QL (70 PER 365 OVER TIME)
<i>lamotrigine 25 mg tab</i>	2	QL (720 PER 30 DAYS)
<i>lamotrigine 25 mg tab disp</i>	3	QL (210 PER 30 DAYS)
<i>lamotrigine 42 x 50 mg &amp; 14x100 mg kit</i>	4	QL (56 PER 365 OVER TIME)
<i>lamotrigine 50 mg tab disp</i>	3	QL (120 PER 30 DAYS)
<i>lamotrigine er (er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er)</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine er 25 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>lamotrigine er 50 mg tab 24h</i>	3	QL (30 PER 30 DAYS)
<i>lamotrigine starter kit-blue 35 x 25 mg</i>	4	QL (70 PER 365 OVER TIME)

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<i>lamotrigine starter kit-green 84 x 25 mg &amp; 14x100 mg</i>	4	QL (196 PER 365 OVER TIME)
<i>lamotrigine starter kit-orange 42 x 25 mg &amp; 7 x 100 mg</i>	4	QL (98 PER 365 OVER TIME)
<i>levetiracetam (100 mg/ml, 500 mg/5ml)</i>	3	QL (900 PER 30 DAYS)
<i>levetiracetam (750 mg tab, 1000 mg tab)</i>	2	QL (120 PER 30 DAYS)
<i>levetiracetam 250 mg tab</i>	2	QL (480 PER 30 DAYS)
<b>LEVETIRACETAM 250 MG TAB</b>	4	ST, QL (90 PER 30 DAYS)
<i>levetiracetam 500 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>levetiracetam er (er 500 mg tab er, er 750 mg tab er)</i>	3	QL (120 PER 30 DAYS)
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	2	HI
<i>methsuximide 300 mg cap</i>	4	QL (120 PER 30 DAYS)
<i>oxcarbazepine 150 mg tab</i>	2	QL (600 PER 30 DAYS)
<i>oxcarbazepine 300 mg tab</i>	2	QL (300 PER 30 DAYS)
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	QL (1200 PER 30 DAYS)
<i>oxcarbazepine 600 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>oxcarbazepine er 150 mg tab 24h</i>	4	ST, QL (480 PER 30 DAYS)
<i>oxcarbazepine er 300 mg tab 24h</i>	4	ST, QL (240 PER 30 DAYS)
<i>oxcarbazepine er 600 mg tab 24h</i>	4	ST, QL (120 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
<i>phenytek 200 mg cap</i>	2	QL (180 PER 30 DAYS)
<i>phenytek 300 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	QL (750 PER 30 DAYS)
<i>phenytoin 50 mg chew tab</i>	2	QL (600 PER 30 DAYS)
<i>phenytoin infatabs infas 50 mg chew</i>	2	QL (600 PER 30 DAYS)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
phenytoin sodium extended 100 mg cap	2	QL (300 PER 30 DAYS)
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	2	
PRIMIDONE 125 MG TAB	2	QL (480 PER 30 DAYS)
primidone 250 mg tab	2	QL (240 PER 30 DAYS)
primidone 50 mg tab	2	QL (1200 PER 30 DAYS)
rufinamide 200 mg tab	4	PA, QL (120 PER 30 DAYS)
rufinamide 40 mg/ml suspension	5	PA, QL (2400 PER 30 DAYS)
rufinamide 400 mg tab	5	PA, QL (240 PER 30 DAYS)
SPRITAM 500 MG TAB	4	ST, QL (90 PER 30 DAYS)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS)
tiagabine hcl 12 mg tab	4	QL (120 PER 30 DAYS)
tiagabine hcl 16 mg tab	4	QL (90 PER 30 DAYS)
tiagabine hcl 2 mg tab	4	QL (840 PER 30 DAYS)
tiagabine hcl 4 mg tab	4	QL (420 PER 30 DAYS)
topiramate (15 mg cap, 25 mg cap)	2	QL (480 PER 30 DAYS)
topiramate 100 mg tab	2	QL (180 PER 30 DAYS)
topiramate 200 mg tab	2	QL (60 PER 30 DAYS)
topiramate 25 mg tab	2	QL (720 PER 30 DAYS)
topiramate 50 mg cap sprint	4	QL (360 PER 30 DAYS)
topiramate 50 mg tab	2	QL (360 PER 30 DAYS)
valproic acid (250 mg/5ml, 500 mg/10ml)	2	QL (3000 PER 30 DAYS)
valproic acid 250 mg cap	2	QL (540 PER 30 DAYS)
vigabatrin 500 mg packet	5	PA, QL (9000 PER 30 DAYS)
vigabatrin 500 mg tab	5	PA, QL (180 PER 30 DAYS)
vigadron 500 mg packet	5	PA, QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML SOLUTION	5	PA, QL (750 PER 30 OVER TIME)

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vigoder 500 mg packet	5	PA, QL (180 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (60 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	5	QL (28 PER 28 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	5	PA
zonisamide 100 mg cap	2	QL (180 PER 30 DAYS)
zonisamide 25 mg cap	2	QL (720 PER 30 DAYS)
zonisamide 50 mg cap	2	QL (360 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	5	PA, QL (1080 PER 30 DAYS)

## **ANTIMIGRAINE AGENTS**

AJOVY 225 MG/1.5ML SOLN A-INJ	3	QL (4.5 PER 84 OVER TIME)
AJOVY 225 MG/1.5ML SOLN PRSYR	3	QL (4.5 PER 84 OVER TIME)
eletriptan hydrobromide 20 mg tab	2	QL (9 PER 30 OVER TIME)
eletriptan hydrobromide 40 mg tab	2	QL (9 PER 30 OVER TIME)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	4	PA, QL (4 PER 84 OVER TIME)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	4	PA, QL (3 PER 30 OVER TIME)
frovatriptan succinate 2.5 mg tab	4	ST, QL (12 PER 30 OVER TIME)
naratriptan hcl (1 mg tab, 2.5 mg tab)	3	QL (9 PER 30 OVER TIME)
NURTEC 75 MG TAB DISP	3	PA, QL (8 PER 30 OVER TIME)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	4	PA, QL (30 PER 30 DAYS)

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REYVOW (50 MG TAB, 100 MG TAB)	4	PA, QL (8 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	2	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab</i>	2	QL (18 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	3	ST, QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	3	QL (4 PER 30 OVER TIME)
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	3	QL (4 PER 30 OVER TIME)
UBRELVY (50 MG TAB, 100 MG TAB)	3	PA, QL (16 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	3	QL (9 PER 30 OVER TIME)
<i>zolmitriptan (zolmitriptan 5 mg solution, zolmitriptan 2.5 mg solution)</i>	4	ST, QL (8 PER 30 OVER TIME)

## **ANTIPARKINSONIAN AGENTS**

<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	PA
<i>benztropine mesylate (0.5 mg tab, 1 mg tab)</i>	2	QL (90 PER 30 DAYS)
<i>benztropine mesylate 2 mg tab</i>	2	
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	3	
<i>cabergoline 0.5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>carbidopa 25 mg tab</i>	2	
<b>CARBIDOPA-LEVODOPA</b> (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB, CARBIDOPA-LEVODOPA 25-100 MG TAB, CARBIDOPA-LEVODOPA 25-250 MG TAB)	2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	2	QL (360 PER 30 DAYS)

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<i>carbidopa-levodopa-entacapone (carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 25-100-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab, carbidopa-levodopa-entacapone 50-200-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab, carbidopa-levodopa-entacapone 31.25-125-200 mg tab)</i>	3	
<i>entacapone 200 mg tab</i>	3	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	2	QL (120 PER 30 DAYS)
<i>pramipexole dihydrochloride er (er 0.375 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)</i>	3	ST, QL (30 PER 30 DAYS)
<i>pramipexole dihydrochloride er (er 0.75 mg tab er, er 1.5 mg tab er)</i>	3	ST, QL (90 PER 30 DAYS)
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	3	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2	
<i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er)</i>	3	QL (90 PER 30 DAYS)
<i>RYTARY 23.75-95 MG CAP ER</i>	3	ST, QL (750 PER 30 DAYS)
<i>RYTARY 36.25-145 MG CAP ER</i>	3	ST, QL (480 PER 30 DAYS)
<i>RYTARY 48.75-195 MG CAP ER</i>	3	ST, QL (360 PER 30 DAYS)
<i>RYTARY 61.25-245 MG CAP ER</i>	3	ST, QL (300 PER 30 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	3	
<i>tolcapone 100 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	2	QL (150 PER 30 DAYS)
<i>TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION</i>	2	
<i>ZELAPAR 1.25 MG TAB DISP</i>	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)	3	QL (150 PER 30 DAYS)
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er)	3	QL (90 PER 30 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL (300 PER 30 DAYS)
alprazolam xr (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er)	3	QL (90 PER 30 DAYS)
BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	ST, QL (30 PER 30 DAYS)
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	3	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	3	QL (180 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2	QL (120 PER 30 DAYS)
diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)	2	
diazepam 5 mg/5ml solution	2	QL (1200 PER 30 DAYS)
diazepam 5 mg/ml conc	2	QL (240 PER 30 DAYS)
diazepam intensol 5 mg/ml conc	2	QL (240 PER 30 DAYS)
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	2	QL (30 PER 30 DAYS)
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, QL (150 PER 30 DAYS)
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)	2	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml conc	2	QL (150 PER 30 DAYS)

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<i>lorazepam intensol 2 mg/ml conc</i>	2	QL (150 PER 30 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL (10 PER 30 OVER TIME)
<i>ramelteon 8 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>temazepam 30 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	3	QL (30 PER 30 DAYS)
VALTOCO 10 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
<i>zaleplon (5 mg cap, 10 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)</i>	2	QL (30 PER 30 DAYS)

## **CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS**

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	3	QL (30 PER 30 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	2	
<i>memantine hcl (2 mg/ml, 10 mg/5ml)</i>	3	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	2	QL (49 PER 28 DAYS)
<i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i>	2	QL (30 PER 30 DAYS)
QUELBREE 100 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)

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QELBREE 150 MG CAP ER 24H	4	ST, QL (60 PER 30 DAYS)
QELBREE 200 MG CAP ER 24H	4	ST, QL (90 PER 30 DAYS)
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
<i>riluzole 50 mg tab</i>	3	
SUNOSI (75 MG TAB, 150 MG TAB)	4	ST, QL (30 PER 30 DAYS)

## **OPIATE ANTAGONISTS**

<i>naloxone hcl (naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml solution, naloxone hcl 4 mg/10ml solution)</i>	2	QL (2 PER 30 OVER TIME)
<i>naloxone hcl 0.4 mg/ml soln prsyr</i>	2	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	2	

## **PSYCHOTHERAPEUTIC AGENTS**

ABILITY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 PER 56 OVER TIME), BVD
ABILITY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 PER 56 OVER TIME), BVD
ABILITY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (2 PER 28 OVER TIME), BVD
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	4	ST, QL (30 PER 30 DAYS)
<i>ariPIPRAZOLE (10 mg tab disp, 15 mg tab disp)</i>	2	QL (60 PER 30 DAYS)
<i>ariPIPRAZOLE (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	

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ariPIPRAZOLE 1 mg/ml solution	2	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 PER 56 OVER TIME), BVD
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 PER 28 OVER TIME), BVD
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 PER 28 OVER TIME), BVD
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 PER 28 OVER TIME), BVD
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	QL (2.4 PER 28 OVER TIME), BVD
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	3	ST, QL (60 PER 30 DAYS)
AUVELITY 45-105 MG TAB ER	5	ST, QL (60 PER 30 DAYS)
bupropion hcl (75 mg tab, 100 mg tab)	2	
bupropion hcl er (smoking det) 150 mg tab 12h	2	
bupropion hcl er (sr) (er 100 mg tab er, er 150 mg tab er, er 200 mg tab er)	2	
bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)	2	
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5	PA, QL (30 PER 30 DAYS)
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC)	3	
citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	1	
citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)	2	
CITALOPRAM HYDROBROMIDE 30 MG CAP	3	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	3	ST

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<i>clozapine (100 mg tab, 150 mg tab disp, 200 mg tab disp)</i>	3	QL (180 PER 30 DAYS)
<i>clozapine (25 mg tab, 50 mg tab)</i>	3	QL (90 PER 30 DAYS)
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp)</i>	3	QL (270 PER 30 DAYS)
<i>clozapine 200 mg tab</i>	3	QL (135 PER 30 DAYS)
<b>COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)</b>	5	PA, QL (60 PER 30 DAYS)
<b>COBENFY STARTER PACK 50-20 &amp; 100-20 MG CAP THPK</b>	5	PA, QL (56 PER 180 OVER TIME)
<i>compro 25 mg suppos</i>	2	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<b>DESVENLAFAZINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)</b>	2	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)</i>	2	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>doxepin hcl 10 mg/ml conc</i>	2	
<b>DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)</b>	4	ST, QL (60 PER 30 DAYS)
<i>duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)</i>	2	
<i>duloxetine hcl 40 mg cp dr part</i>	2	QL (60 PER 30 DAYS)
<b>EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)</b>	5	ST, QL (30 PER 30 DAYS)
<b>ERZOFRI 117 MG/0.75ML SUSP PRSYR</b>	5	QL (0.75 PER 28 OVER TIME), BVD
<b>ERZOFRI 156 MG/ML SUSP PRSYR</b>	5	QL (1 PER 28 OVER TIME), BVD
<b>ERZOFRI 234 MG/1.5ML SUSP PRSYR</b>	5	QL (1.5 PER 28 OVER TIME), BVD

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ERZOFRI 351 MG/2.25ML SUSP PRSYR	5	QL (2.25 PER 28 OVER TIME), BVD
ERZOFRI 39 MG/0.25ML SUSP PRSYR	5	QL (0.25 PER 28 OVER TIME), BVD
ERZOFRI 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 PER 28 OVER TIME), BVD
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	2	
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A FNPT TITRATION PCK 1 & 2 & 4 & 6 MG TB	4	PA, QL (8 PER 30 OVER TIME)
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	ST, QL (30 PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST, QL (30 PER 30 DAYS)
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	
<i>fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab, fluoxetine hcl 60 mg tab)</i>	3	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	3	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	3	QL (4 PER 28 OVER TIME)
<i>fluphenazine decanoate 25 mg/ml solution</i>	3	BVD
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir)</i>	3	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	3	BVD

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<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)</i>	3	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	2	BVD
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	2	BVD
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	2	
<b>INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR</b>	5	QL (3.5 PER 180 OVER TIME), BVD
<b>INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR</b>	5	QL (5 PER 180 OVER TIME), BVD
<b>INVEGA SUSTENNA (78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)</b>	5	BVD
<b>INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR</b>	4	BVD
<b>INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR</b>	5	QL (0.88 PER 90 OVER TIME), BVD
<b>INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR</b>	5	QL (1.32 PER 90 OVER TIME), BVD
<b>INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR</b>	5	QL (1.75 PER 90 OVER TIME), BVD
<b>INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR</b>	5	QL (2.63 PER 90 OVER TIME), BVD
<i>lithium 8 meq/5ml solution</i>	2	

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<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	2	
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	2	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	2	
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)</i>	4	PA, QL (30 PER 30 DAYS)
<i>MARPLAN 10 MG TAB</i>	4	
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	2	
<i>MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)</i>	2	QL (270 PER 30 DAYS)
<i>NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)</i>	3	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>NUPLAZID (10 MG TAB, 34 MG CAP)</i>	5	PA, QL (60 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	2	BVD
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	4	
<i>OPIPZA (2 MG FILM, 5 MG FILM, 10 MG FILM)</i>	5	PA, QL (30 PER 30 DAYS)

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<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	3	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
<b>PAROXETINE HCL 10 MG/5ML SUSPENSION</b>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er, er 37.5 mg tab er)</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab 24h</i>	2	QL (90 PER 30 DAYS)
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	2	
<b>PERSERIS (90 MG PRSYR, 120 MG PRSYR)</b>	5	QL (1 PER 30 OVER TIME), BVD
<i>phenelzine sulfate (phenelzine sulfate 15 mg tab, phenelzine sulfate 15 mg tab)</i>	2	
<b>PIMOZIDE (1 MG TAB, 2 MG TAB)</b>	2	QL (150 PER 30 DAYS)
<i>prochlorperazine 25 mg suppos</i>	3	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	4	ST
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	2	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	3	
<b>RALDESY 10 MG/ML SOLUTION</b>	4	ST
<b>REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)</b>	4	PA, QL (30 PER 30 DAYS)
<i>risperidone (0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	2	QL (60 PER 30 DAYS)

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<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2	
<i>risperidone 0.25 mg tab</i>	2	
RISPERIDONE 0.25 MG TAB DISP	2	QL (30 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	QL (240 PER 30 DAYS)
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	4	BVD
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	5	BVD
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5	ST, QL (30 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	QL (300 PER 30 DAYS)
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	2	
<i>tranylcypromine sulfate 10 mg tab</i>	3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	ST
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	ST, QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 PER 28 OVER TIME), BVD
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 PER 28 OVER TIME), BVD
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 PER 28 OVER TIME), BVD

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UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 PER 28 OVER TIME), BVD
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 PER 28 OVER TIME), BVD
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 PER 28 OVER TIME), BVD
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 PER 28 OVER TIME), BVD
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	4	ST
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)</i>	2	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA, QL (600 PER 30 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	3	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	PA, QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	2	
<i>ziprasidone mesylate 20 mg recon soln</i>	2	BVD
ZURZUVAE (20 MG CAP, 25 MG CAP, 30 MG CAP)	5	PA, QL (28 PER 14 DAYS)

## **VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS**

AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 PER 30 DAYS)

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mean by going to page ix

DRUG NAME	TIER	REQUIREMENTS/LIMITS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 180 OVER TIME)
tetrabenazine 12.5 mg tab	2	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tab	5	PA, QL (120 PER 30 DAYS)

## ELECTROLYTIC, CALORIC, AND WATER BALANCE

### AMMONIA DETOXICANTS

carglumic acid 200 mg tab sol	5	PA
constulose 10 gm/15ml solution	2	
enulose 10 gm/15ml solution	2	
generlac 10 gm/15ml solution	3	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	2	
lactulose 20 gm packet	2	
lactulose encephalopathy 10 gm/15ml solution	2	
sodium phenylbutyrate 3 gm/tsp powder	5	

### CALORIC AGENTS

CLINIMIX E/DEXTROSE (2.75/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/15) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (8/10) % SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) (/14) % SOLUTION	3	

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CLINIMIX/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/15) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (6/5) (/5) % SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) % SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) (/14) % SOLUTION	3	
<i>clinisol sf 15 % solution</i>	2	HI
<i>dextrose (dextrose 10 % solution, dextrose 10 % solution)</i>	2	HI
<i>dextrose (dextrose 5 % solution, dextrose 5 % solution)</i>	2	HI
ISOLYTE-P IN D5W INSOLUTION	3	HI
NUTRILIPID 20 % EMULSION	3	HI
<i>plenamine 15 % solution</i>	2	HI
PREMASOL 10 % SOLUTION	3	HI
PROSOL 20 % SOLUTION	3	HI
TRAVASOL 10 % SOLUTION	3	HI
TROPHAMINE 10 % SOLUTION	3	HI
<b>DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	2	
AMILOLIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	

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<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	2	
DIURIL 250 MG/5ML SUSPENSION	3	
<i>ethacrynic acid 25 mg tab</i>	4	PA, QL (480 PER 30 DAYS)
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION)	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
JYNARQUE (15 MG TAB, 30 MG TAB)	5	PA, QL (120 PER 30 DAYS)
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk)</i>	5	PA, QL (60 PER 30 DAYS)
<i>tolvaptan (tolvaptan 15 mg tab, tolvaptan 15 mg tab)</i>	5	QL (30 PER 30 DAYS)
<i>tolvaptan 30 mg tab</i>	5	QL (120 PER 30 DAYS)
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	2	
<i>triamterene (50 mg cap, 100 mg cap)</i>	3	QL (90 PER 30 DAYS)
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	

## **ION-REMOVING AGENTS**

<i>kionex 15 gm/60ml suspension</i>	3	
LOKELMA 10 GM PACKET	3	QL (90 PER 30 DAYS)
LOKELMA 5 GM PACKET	3	QL (30 PER 30 DAYS)
<i>sodium polystyrene sulfonate powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	3	

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VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	5	PA, QL (30 PER 30 DAYS)
VELTASSA 1 GM PACKET	5	PA, QL (120 PER 30 DAYS)
<b>REPLACEMENT PREPARATIONS</b>		
DEXTROSE-NACL 5-0.9 % SOLUTION	2	
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	2	HI
ISOLYTE-S PH 7.4 SOLUTION	3	HI
<i>kcl in dextrose-nacl (in 10-5-0.45 meq/l-%-%, in 20-5-0.2 meq/l-%-%, in 20-5-0.225 meq/l-%-%, in 20-5-0.45 meq/l-%-%, in 20-5-0.9 meq/l-%-%, in 30-5-0.45 meq/l-%-%, in 40-5-0.45 meq/l-%-%, in 40-5-0.9 meq/l-%-%)</i>	2	HI
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	2	HI
<i>klor-con (8 tab er, 20 packet)</i>	3	
<i>klor-con 10 meq tab er</i>	3	
<i>klor-con m10 meq tab er</i>	3	
<i>klor-con m15 meq tab er</i>	4	
<i>klor-con m20 meq tab er</i>	3	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION	3	HI
PLASMA-LYTE 148 SOLUTION	3	HI
PLASMA-LYTE A SOLUTION	3	HI
<i>potassium chloride (10 %, 20 meq/15ml (10%), 40 meq/15ml (20%))</i>	3	

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potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/100ml solution)	3	HI
potassium chloride 2 meq/ml solution	3	HI
potassium chloride 20 meq packet	3	
potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)	1	
potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)	1	
potassium chloride in dextrose 20-5 meq/l-% solution	2	HI
potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)	3	HI
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	3	
sodium chloride (0.45 %, 3 %, 5 %)	2	HI
sodium chloride (pf) 0.9 % solution	2	HI
sodium chloride 0.9 % solution	2	BVD, HI
SODIUM CHLORIDE 0.9 % SOLUTION	2	BVD
TPN ELECTROLYTES CONC	2	HI

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>URICOSURIC AGENTS</b>		
<i>colchicine-probenecid 0.5-500 mg tab</i>	3	
<i>probenecid 500 mg tab</i>	3	
<b>ENZYMES</b>		
PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR)	5	PA, QL (60 PER 30 DAYS)
REVCovi 2.4 MG/1.5ML SOLUTION	5	PA
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, LA, QL (354 PER 30 DAYS)
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	2	
AZASITE 1 % SOLUTION	4	QL (10 PER 30 OVER TIME)
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	2	
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	2	
BESIVANCE 0.6 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
CILOXAN 0.3 % OINTMENT	4	QL (17.5 PER 30 OVER TIME)
CIPRO HC 0.2-1 % SUSPENSION	3	
<i>ciprofloxacin hcl 0.2 % solution</i>	3	NM (Non-Mail Order)
<i>ciprofloxacin hcl 0.3 % solution</i>	3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	3	
<i>erythromycin 5 mg/gm ointment</i>	2	
<i>gatifloxacin 0.5 % solution</i>	3	QL (15 PER 30 OVER TIME)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gentamicin sulfate 0.3 % solution</i>	2	
LEVOFLOXACIN 0.5 % SOLUTION	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (15 PER 30 OVER TIME)
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000, 5-400-10000)</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	2	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution, neomycin-polymyxin-hc 3.5-10000-1 suspension, neomycin-polymyxin-hc 3.5-10000-1 suspension)</i>	3	
<i>ofloxacin 0.3 % solution</i>	2	
<i>periogard 0.12 % solution</i>	2	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin 0.3 % solution</i>	2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	3	
TOBREX 0.3 % OINTMENT	4	
TRIFLURIDINE 1 % SOLUTION	3	
XDEMVY 0.25 % SOLUTION	5	PA
ZIRGAN 0.15 % GEL	4	
ZYLET 0.5-0.3 % SUSPENSION	4	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTI-INFLAMMATORY AGENTS</b>		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL (30 PER 30 DAYS)
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	3	
<i>cyclosporine 0.05 % emulsion</i>	3	QL (60 PER 30 DAYS)
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate 0.05 % emulsion</i>	3	QL (15 PER 30 OVER TIME)
FLAREX 0.1 % SUSPENSION	4	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	QL (50 PER 30 OVER TIME)
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>fluorometholone 0.1 % suspension</i>	3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	3	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (16 PER 30 OVER TIME)
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	QL (24 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL (10.6 PER 30 DAYS)
FML FORTE 0.25 % SUSPENSION	4	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	3	
ILEVRO 0.3 % SUSPENSION	4	QL (15 PER 30 OVER TIME)

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<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	2	
<i>kourzeq 0.1 % paste</i>	2	
LOTEMAX 0.5 % OINTMENT	4	QL (15 PER 30 OVER TIME)
LOTEMAX SM 0.38 % GEL	4	QL (15 PER 30 OVER TIME)
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	3	QL (15 PER 30 OVER TIME)
<i>loteprednol etabonate 0.2 % suspension</i>	4	QL (15 PER 30 OVER TIME)
MAXIDEX 0.1 % SUSPENSION	4	
<i>mometasone furoate 50 mcg/act suspension</i>	3	QL (34 PER 30 OVER TIME)
NEVANAC 0.1 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
OMNARIS 50 MCG/ACT SUSPENSION	4	ST, QL (12.5 PER 30 OVER TIME)
<i>prednisolone acetate 1 % suspension</i>	3	QL (30 PER 30 DAYS)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
QNASL 80 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME)
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME)
<i>triamcinolone acetonide 0.1 % paste</i>	2	
TYRVAYA 0.03 MG/ACT SOLUTION	3	QL (8.4 PER 30 OVER TIME)
XHANCE 93 MCG/ACT EXHU	4	PA
XiIDRA 5 % SOLUTION	3	QL (60 PER 30 DAYS)

## **ANTIALLERGIC AGENTS**

<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	2	QL (60 PER 30 DAYS)
<i>azelastine hcl 0.05 % solution</i>	3	
<i>bepotastine besilate 1.5 % solution</i>	3	QL (15 PER 30 OVER TIME)
<i>olopatadine hcl 0.6 % solution</i>	3	ST, QL (30.5 PER 30 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTIGLAUCOMA AGENTS</b>		
ALPHAGAN P ALHAGAN 0.1 % SOLUTION	3	QL (15 PER 30 OVER TIME)
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S 0.25 % SUSPENSION	4	
<i>bimatoprost 0.03 % solution</i>	3	QL (7.5 PER 30 OVER TIME)
<i>brimonidine tartrate 0.2 % solution</i>	2	
<i>brinzolamide 1 % suspension</i>	3	QL (15 PER 30 OVER TIME)
COMBIGAN 0.2-0.5 % SOLUTION	3	QL (10 PER 30 OVER TIME)
<i>dorzolamide hcl 2 % solution</i>	2	
<i>dorzolamide hcl-timolol mal (2, 22.3-6.8 mg/ml)</i>	3	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	3	
<i>latanoprost 0.005 % solution</i>	2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	
LUMIGAN 0.01 % SOLUTION	3	QL (5 PER 30 OVER TIME)
<i>methazolamide (25 mg tab, 50 mg tab)</i>	3	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	3	
RHOPRESSA 0.02 % SOLUTION	4	ST, QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	4	ST, QL (5 PER 30 OVER TIME)
SIMBRINZA 1-0.2 % SUSPENSION	3	QL (16 PER 30 OVER TIME)
<i>timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)</i>	3	
<i>timolol maleate (0.25 %, 0.5 %)</i>	2	
<i>timolol maleate (once-daily) 0.5 % solution</i>	3	
<i>timolol maleate oculose 0.5 % solution</i>	2	
<i>timolol maleate pf (0.25 %, 0.5 %)</i>	2	
VYZULTA 0.024 % SOLUTION	4	ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>EENT DRUGS, MISCELLANEOUS</b>		
acetic acid 2 % solution	2	
APRACLONIDINE HCL 0.5 % SOLUTION	2	
CYSTADROPS 0.37 % SOLUTION	5	PA, QL (20 PER 30 OVER TIME)
CYSTARAN 0.44 % SOLUTION	5	PA, QL (60 PER 30 DAYS)
IOPIDINE 1 % SOLUTION	4	
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	2	

## GASTROINTESTINAL DRUGS

### ANTI-INFLAMMATORY AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	4	QL (60 PER 30 DAYS)
<i>balsalazide disodium 750 mg cap</i>	3	
<i>budesonide er 9 mg tab 24h</i>	5	ST, QL (30 PER 30 DAYS)
DIPENTUM 250 MG CAP	4	
<i>mesalamine 1.2 gm tab dr</i>	3	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap 24h</i>	3	QL (120 PER 30 DAYS)
ROWASA 4 GM KIT	4	

### ANTIDIARRHEA AGENTS

<i>loperamide hcl 2 mg cap</i>	2	
XERMELO 250 MG TAB	5	PA, QL (90 PER 30 DAYS)

### ANTIEMETICS

<i>aprepitant (80 125 mg cap, 80 125 mg misc)</i>	3	QL (9 PER 30 OVER TIME), BVD
<i>aprepitant 125 mg cap</i>	3	QL (3 PER 30 OVER TIME), BVD
<i>aprepitant 40 mg cap</i>	3	QL (1 PER 30 OVER TIME), BVD
<i>aprepitant 80 mg cap</i>	3	QL (6 PER 30 OVER TIME), BVD
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	3	PA, QL (60 PER 30 DAYS)

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granisetron hcl 1 mg tab	3	BVD
ondansetron (4 mg tab disp, 8 mg tab disp)	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl (4 mg tab, 8 mg tab)	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl 4 mg/5ml solution	2	BVD
VARUBI (180 MG DOSE) 2 X 90 TAB THPK	4	QL (4 PER 28 OVER TIME), BVD

## **ANTIULCER AGENTS AND ACID SUPPRESSANTS**

bis subcit-metronid-tetracyc 140-125-125 mg cap	4	NM (Non-Mail Order)
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	4	NM (Non-Mail Order)
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	2	
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2	
famotidine 20 mg tab	2	
famotidine 40 mg tab	2	
famotidine 40 mg/5ml recon susp	3	
lansoprazole (15 mg cap dr, 30 mg cap dr)	2	
misoprostol (100 mcg tab, 200 mcg tab)	2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	2	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	2	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	2	
pantoprazole sodium 40 mg packet	3	QL (60 PER 30 DAYS)
rabeprazole sodium 20 mg tab dr	3	QL (60 PER 30 DAYS)
sucralfate 1 gm tab	2	
sucralfate 1 gm/10ml suspension	3	

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<b>CATHARTICS AND LAXATIVES</b>		
CLENPIQ 10-3.5-12 MG-GM - GM/175ML SOLUTION	3	
GAVILYTE-C 240 GM RECON SOLN	2	
<i>gavilyte-g 236 gm recon soln</i>	2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	2	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	2	
<i>peg-3350/electrolytes 236 gm recon soln</i>	2	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	3	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	3	
PLENUVU 140 GM RECON SOLN	4	ST
SUFLAVE 178.7 GM RECON SOLN	3	
SUPREP BOWEL PREP KIT SU17.5-3.13-1.6 GM/177ML SOLUTION	3	
SUTAB SU1479-225-188 MG	3	
<b>CHOLELITHOLYTIC AGENTS</b>		
CHENODAL 250 MG TAB	4	QL (240 PER 30 DAYS)
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
<b>DIGESTANTS</b>		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3	
PANCREAZE (2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART)	3	

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PERTZYE (16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	5	
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART)	4	
VIOKACE 10440-39150 UNIT TAB	4	
VIOKACE 20880-78300 UNIT TAB	5	
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	

## GI DRUGS, MISCELLANEOUS

CHOLBAM (50 MG CAP, 250 MG CAP)	5	PA, QL (120 PER 30 DAYS)
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	2	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
REZDIFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5	PA, QL (30 PER 30 DAYS)
SYMPROIC 0.2 MG TAB	3	

## PROKINETIC AGENTS

<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	2	
<i>metoclopramide hcl (5 mg/5ml, 10 mg/10ml)</i>	3	
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>prucalopride succinate (1 mg tab, 2 mg tab)</i>	4	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET 100 MG CAP	4	
deferasirox (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferasirox 125 mg tab sol	4	QL (720 PER 30 DAYS)
deferasirox 180 mg tab	5	QL (450 PER 30 DAYS)
deferasirox 250 mg tab sol	5	PA, QL (360 PER 30 DAYS)
deferasirox 360 mg tab	3	QL (120 PER 30 DAYS)
deferasirox 500 mg tab sol	5	PA, QL (180 PER 30 DAYS)
deferasirox 90 mg tab	4	QL (240 PER 30 DAYS)
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferiprone (500 mg tab, 1000 mg tab)	5	
FERRIPROX 100 MG/ML SOLUTION	5	QL (2970 PER 30 DAYS)
penicillamine 250 mg tab	5	
TRIENTINE HCL (TRIENTINE HCL 250 MG CAP, TRIENTINE HCL 500 MG CAP)	5	PA

## HORMONES AND SYNTHETIC SUBSTITUTES

### ADRENALS

ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	3	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	3	QL (13 PER 30 DAYS)

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ASMANEX HFA 50 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	3	QL (240 PER 30 DAYS), BVD
<i>budesonide 3 mg cp dr part</i>	3	
<i>dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
HEMADY 20 MG TAB	4	PA, QL (60 PER 30 DAYS)
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
INTRAROSA 6.5 MG INSERT	4	QL (30 PER 30 DAYS)
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution)</i>	3	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML CONC	2	

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TARPEYO 4 MG CAP DR	5	PA, QL (120 PER 30 DAYS)
<b>ANDROGENS</b>		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	2	
depo-testosterone (100 mg/ml, 200 mg/ml)	4	QL (10 PER 30 OVER TIME), BVD
testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)	3	QL (150 PER 30 DAYS)
testosterone (testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel)	3	PA, QL (120 PER 30 DAYS)
testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)	3	QL (300 PER 30 DAYS)
testosterone 30 mg/act solution	3	PA, QL (180 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml)	3	QL (10 PER 28 OVER TIME), BVD
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	3	QL (10 PER 28 OVER TIME), BVD
<b>ANTIDIABETIC AGENTS</b>		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (90 PER 30 DAYS)
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	1	QL (30 PER 30 DAYS)
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	1	QL (60 PER 30 DAYS)
ALOGLIPTIN-PIOGLITAZONE (12.5- 30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	
glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)	1	

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glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	1	
glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)	1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	QL (120 PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3	QL (30 PER 30 DAYS)
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	3	\$35 (\$35/30)
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30)
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30)
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	3	\$35 (\$35/30)
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30)
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30)
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
HUMULIN R U-500 (CONCENTRATED) (CONCENTRATED) UNIT/ML SOLUTION	3	\$35 (\$35/30)
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	3	\$35 (\$35/30)
INSULIN ASP PROT & ASP FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
INSULIN ASPART 100 UNIT/ML SOLUTION	3	\$35 (\$35/30)

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INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30)
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	\$35 (\$35/30)
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30)
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	4	PA, QL (120 PER 30 DAYS), \$35 (\$35/30)
INSULIN DEGLUDEC FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	4	PA, QL (120 PER 30 DAYS), \$35 (\$35/30)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	3	\$35 (\$35/30)
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	\$35 (\$35/30)
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30)
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	\$35 (\$35/30)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB	3	QL (60 PER 30 DAYS)
JENTADUETO 2.5-500 MG TAB	3	QL (120 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)

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LANTUS 100 UNIT/ML SOLUTION	3	QL (120 PER 30 DAYS), \$35 (\$35/30)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	QL (120 PER 30 DAYS), \$35 (\$35/30)
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL (2 PER 28 OVER TIME)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	
NOVOLOG 100 UNIT/ML SOLUTION	3	\$35 (\$35/30)
NOVOLOG 70/30 FLEXPEN RELION FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30)
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30)
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30)
NOVOLOG MIX 70/30 FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30)
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	\$35 (\$35/30)
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	\$35 (\$35/30)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	QL (30 PER 30 DAYS)

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pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	1	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	1	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
saxagliptin hcl (2.5 mg tab, 5 mg tab)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er (er 5-1000 mg tab er, er 5-500 mg tab er)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er 2.5-1000 mg tab 24h	1	QL (60 PER 30 DAYS)
SEGLUROMET (2.5-1000 MG TAB, 2.5-500 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	4	ST, QL (60 PER 30 DAYS)
SITAGLIPTIN (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	QL (30 PER 30 DAYS)
SITAGLIPTIN BASE-METFORMIN HCL (50-1000 MG TAB, 50-500 MG TAB)	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	ST, QL (18 PER 30 OVER TIME), \$35 (\$35/30)
STEGLATRO (5 MG TAB, 15 MG TAB)	4	ST, QL (30 PER 30 DAYS)
SYMLINPEN 120 SYMLIN2700 MCG/2.7ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)
SYMLINPEN 60 SYMLIN1500 MCG/1.5ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (30 PER 30 DAYS), \$35 (\$35/30)

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TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (45 PER 30 DAYS), \$35 (\$35/30)
TRADJENTA 5 MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3	PA, QL (4 PER 28 OVER TIME)
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	5	PA, QL (2 PER 28 OVER TIME)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	5	PA, QL (3 PER 28 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)

## **ANTIHYPOGLYCEMIC AGENTS**

BAQSIMI ONE PACK 3 MG/DOSE POWDER	3
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3
<i>diazoxide 50 mg/ml suspension</i>	2
<i>glucagon emergency (glucagon emergency 1 mg kit, glucagon emergency 1 mg kit)</i>	3

## **CONTRACEPTIVES**

<i>abigale lo 0.5-0.1 mg tab</i>	3
<i>apri 0.15-30 mg-mcg tab</i>	2
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	2
<i>aviane 0.1-20 mg-mcg tab</i>	2

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azurette 0.15-0.02/0.01 mg (21/5) tab	2	
balziva 0.4-35 mg-mcg tab	2	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	2	
briellyn 0.4-35 mg-mcg tab	2	
camila 0.35 mg tab	2	
cryselle-28 0.3-30 mg-mcg tab	2	
dolishale 90-20 mcg tab	2	
drospirenen-eth estrad-levomefol 3-0.02-0.451 mg tab	2	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	2	
eluryng 0.12-0.015 mg/24hr ring	3	QL (1 PER 28 OVER TIME)
enilloring 0.12-0.015 mg/24hr	3	QL (1 PER 28 OVER TIME)
errin 0.35 mg tab	2	
estarrylla 0.25-35 mg-mcg tab	2	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	3	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	2	QL (1 PER 28 OVER TIME)
feirza 1.5/30 1.5-30 mg-mcg tab	2	
feirza 1/20 1-20 mg-mcg tab	2	
fyavolv (0.5-2.5 tab, 1-5 tab)	3	
gallifrey 5 mg tab	2	
hailey 24 fe 1-20 mg-mcg() tab	2	
haloette 0.12-0.015 mg/24hr ring	3	QL (1 PER 28 OVER TIME)
heather 0.35 mg tab	2	
iclevia 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
introvale 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)

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jaimiess 0.15-0.03 &0.01 mg tab	2	
jasmiel 3-0.02 mg tab	2	
jinteli 1-5 mg-mcg tab	3	
junel 1.5/30 1.5-30 mg-mcg tab	2	
junel 1/20 1-20 mg-mcg tab	2	
junel fe 1.5/30 1.5-30 mg-mcg tab	2	
junel fe 1/20 1-20 mg-mcg tab	2	
junel fe 24 1-20 mg-mcg() tab	2	
kariva 0.15-0.02/0.01 mg (21/5) tab	2	
kelnor 1/35 1-35 mg-mcg tab	2	
kelnor 1/50 1-50 mg-mcg tab	2	
lessina 0.1-20 mg-mcg tab	2	
levonest 50-30/75-40/ 125-30 mcg tab	2	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	2	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
levonorgestrel-ethynodiol dihydrogenetic acid 90-20 mcg tab	2	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	2	
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	QL (1 PER 365 OVER TIME), BVD
LO LOESTRIN FE ESTRIN 1 MG-10 MCG / 10 MCG TAB	4	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	4	
loestrin 1/20 (21) 1-20 mg-mcg tab	4	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	4	
loestrin fe 1/20 1-20 mg-mcg tab	4	
loryna 3-0.02 mg tab	2	
lutera 0.1-20 mg-mcg tab	2	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lyeq 0.35 mg tab</i>	2	
<i>marlissa 0.15-30 mg-mcg tab</i>	2	
<i>meleya 0.35 mg tab</i>	2	
<i>merzee 1-20 mg-mcg(24) cap</i>	2	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	2	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>mill 0.25-35 mg-mcg tab</i>	2	
<i>mimvey 1-0.5 mg tab</i>	3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	
<b>NEXPLANON 68 MG IMPLANT</b>	3	PA, QL (1 PER 365 OVER TIME)
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	2	QL (4 PER 28 OVER TIME)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	3	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	2	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	2	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	2	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	2	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	

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nylia 1/35 1-35 mg-mcg tab	2	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	2	
portia-28 0.15-30 mg-mcg tab	2	
reclipsen 0.15-30 mg-mcg tab	2	
SAFYRAL 3-0.03-0.451 MG TAB	4	
sprintec 28 0.25-35 mg-mcg tab	2	
sronyx 0.1-20 mg-mcg tab	2	
tarina 24 fe 1-20 mg-mcg() tab	2	
tilia fe 1-20/1-30/1-35 mg-mcg tab	2	
tri-estarrylla 0.18/0.215/0.25 mg-35 mcg tab	2	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	2	
tri-lo-estarrylla 0.18/0.215/0.25 mg-25 mcg tab	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	2	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	2	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	2	
turqoz 0.3-30 mg-mcg tab	2	
valtya 1/50 1-50 mg-mcg tab	2	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	
vestura 3-0.02 mg tab	2	
vienna 0.1-20 mg-mcg tab	2	
vylibra 0.25-35 mg-mcg tab	2	
xarah fe 1-20/1-30/1-35 mg-mcg tab	2	
xulane 150-35 mcg/24hr patch wk	2	QL (4 PER 28 OVER TIME)
zovia 1/35 (28) 1-35 mg-mcg tab	2	
zovia 1/35e (28) 1-35 mg-mcg tab	2	

## ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS

anastrozole 1 mg tab	2	QL (30 PER 30 DAYS)
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
DEPO-ESTRADIOL 5 MG/ML OIL	4	
<i>dotti (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3	
<i>dotti 0.025 mg/24hr patch tw</i>	3	
DUAVEE 0.45-20 MG TAB	3	QL (30 PER 30 DAYS)
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk)</i>	3	
<i>estradiol (0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	QL (450 PER 30 DAYS)
<i>estradiol 0.1 mg/gm cream</i>	3	QL (127.5 PER 30 OVER TIME)
<i>estradiol 10 mcg tab</i>	3	QL (30 PER 30 DAYS)
<i>exemestane 25 mg tab</i>	3	QL (60 PER 30 DAYS)
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	4	ST, QL (1 PER 90 OVER TIME)
IMVEXXY MAINTENANCE PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT)	4	ST, QL (30 PER 30 DAYS)
IMVEXXY STARTER PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT)	4	ST, QL (30 PER 30 DAYS)
<i>letrozole 2.5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>lyllana (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3	
<i>lyllana 0.025 mg/24hr patch tw</i>	3	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (60 PER 30 DAYS)
OSPHENA 60 MG TAB	4	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	QL (30 PER 30 DAYS)
PREMARIN 0.625 MG/GM CREAM	3	ST, QL (60 PER 30 DAYS)
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
<i>raloxifene hcl 60 mg tab</i>	2	QL (30 PER 30 DAYS)
SOLTAMOX 10 MG/5ML SOLUTION	4	
<i>tamoxifen citrate 10 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tamoxifen citrate 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>toremifene citrate 60 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>yuvafem 10 mcg tab</i>	3	QL (30 PER 30 DAYS)

## GONADOTROPINS AND ANTIGONADOTROPINS

ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT)	4	BVD
FIRMAGON (240 MG DOSE) 120 /VIAL RECON SOLN	5	BVD
FIRMAGON 80 MG RECON SOLN	4	BVD
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	BVD
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5	BVD
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5	BVD
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	BVD
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	BVD
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	BVD
MYFEMBREE 40-1-0.5 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORGOVYX 120 MG TAB	5	PA, QL (32 PER 30 DAYS)
ORILISSA 150 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
SYNAREL 2 MG/ML SOLUTION	4	PA
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	4	BVD

## PARATHYROID AND ANTIPARATHYROID AGENTS

calcitonin (salmon) 200 unit/act solution	2	ESRD
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	4	QL (120 PER 30 DAYS), ESRD
YORVIPATH (168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN, 420 MCG/1.4ML SOLN PEN)	5	PA, QL (2 PER 28 OVER TIME)

## PITUITARY

desmopressin ace spray refrig 0.01 % solution	3	QL (15 PER 30 OVER TIME)
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3	QL (180 PER 30 DAYS)
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	5	PA
OMNITROPE 5.8 MG RECON SOLN	5	PA

## PROGESTINS

CRINONE 4 % GEL	4	PA
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	3	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	2	QL (1 PER 90 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
megestrol acetate (20 mg tab, 40 mg tab)	2	
megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 800 mg/20ml suspension)	2	
progesterone (100 mg cap, 200 mg cap)	3	

## SOMATOSTATIN AGONISTS AND ANTAGONISTS

octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml)	4	PA
octreotide acetate (500 mcg/ml, 1000 mcg/ml)	5	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, QL (60 PER 30 DAYS)

## SOMATOTROPIN AGONISTS AND ANTAGONISTS

GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
INCRELEX 40 MG/4ML SOLUTION	5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	5	PA
SOMAVERT (15 MG RECON SOLN, 20 MG RECON SOLN)	5	PA, QL (60 PER 30 DAYS)
SOMAVERT (25 MG RECON SOLN, 30 MG RECON SOLN)	5	PA, QL (30 PER 30 DAYS)
SOMAVERT 10 MG RECON SOLN	5	PA, QL (90 PER 30 DAYS)

## THYROID AND ANTITHYROID AGENTS

levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
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<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	QL (90 PER 30 DAYS)
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
<i>SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)</i>	3	QL (90 PER 30 DAYS)
<i>TIROSINT-SOL (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)</i>	3	

## MISCELLANEOUS THERAPEUTIC AGENTS

### 5-ALPHA-REDUCTASE INHIBITORS

<i>dutasteride 0.5 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	1	QL (30 PER 30 DAYS)

### ALCOHOL DETERRENTS

<i>acamprosate calcium 333 mg tab dr</i>	3	QL (180 PER 30 DAYS)
<i>disulfiram (250 mg tab, 500 mg tab)</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTIDOTES</b>		
<i>acetylcysteine 10 % solution</i>	2	BVD
<i>acetylcysteine 20 % solution</i>	2	BVD
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>febuxostat (40 mg tab, 80 mg tab)</i>	2	QL (30 PER 30 DAYS)
<b>BONE ANABOLIC AGENTS</b>		
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.4 PER 30 OVER TIME)
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 PER 30 OVER TIME)
<b>BONE RESORPTION INHIBITORS</b>		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	
<i>alendronate sodium 10 mg tab</i>	1	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 OVER TIME)
PROLIA 60 MG/ML SOLN PRSYR	4	QL (1 PER 180 OVER TIME), BVD
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 OVER TIME)
<i>risedronate sodium 30 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 OVER TIME)
<i>risedronate sodium 35 mg tab</i>	3	QL (4 PER 28 OVER TIME)
<i>risedronate sodium 5 mg tab</i>	2	QL (30 PER 30 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	5	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide (125 mg tab, 250 mg tab)	2	
acetazolamide er 500 mg cap 12h	2	
KEVEYIS 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
<b>COMPLEMENT INHIBITORS</b>		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, QL (16 PER 28 OVER TIME)
icatibant acetate 30 mg/3ml soln prsyr	5	PA, QL (18 PER 30 OVER TIME)
ORLADEYO (110 MG CAP, 150 MG CAP)	5	PA, QL (30 PER 30 DAYS)
TAVNEOS 10 MG CAP	5	PA, QL (180 PER 30 DAYS)
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	5	PA, QL (3.2 PER 28 OVER TIME)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	5	PA, QL (0.8 PER 28 OVER TIME)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	5	PA, QL (2.4 PER 28 OVER TIME)
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	5	PA, QL (8 PER 28 OVER TIME)
leflunomide (10 mg tab, 20 mg tab)	3	
PYZCHIVA 45 MG/0.5ML SOLN PRSYR	4	PA, QL (2 PER 84 OVER TIME)
PYZCHIVA 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
RIDAURA 3 MG CAP	5	
SELARSDI 45 MG/0.5ML SOLN PRSYR	4	PA, QL (2 PER 84 OVER TIME)
SELARSDI 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	5	PA, QL (3 PER 28 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 PER 28 OVER TIME)
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)

## IMMUNOMODULATORY AGENTS

ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	PA
BESREMI 500 MCG/ML SOLN PRSYR	5	PA, QL (2 PER 28 OVER TIME)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	3	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	3	QL (60 PER 30 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	3	QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME)
<i>glatopa 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	3	QL (30 PER 30 DAYS)
THALOMID (50 MG CAP, 100 MG CAP)	5	QL (30 PER 30 DAYS)

## IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	4	ST, BVD
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	2	BVD
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
cyclosporine modified (25 mg cap, 100 mg cap, 100 mg/ml solution)	2	BVD
cyclosporine modified 50 mg cap	2	BVD
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA, QL (7 PER 168 OVER TIME)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	ST, BVD
gengraf (25 mg cap, 100 mg cap)	3	BVD
LUPKYNIS 7.9 MG CAP	5	PA, QL (180 PER 30 DAYS)
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	3	BVD
mycophenolate sodium 180 mg tab dr	3	QL (240 PER 30 DAYS), BVD
mycophenolate sodium 360 mg tab dr	3	QL (120 PER 30 DAYS), BVD
mycophenolic acid 180 mg tab dr	3	QL (240 PER 30 DAYS), BVD
mycophenolic acid 360 mg tab dr	3	QL (120 PER 30 DAYS), BVD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	BVD
REZUROCK 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	4	BVD
sirolimus 1 mg/ml solution	5	BVD
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2	BVD

## OTHER MISCELLANEOUS THERAPEUTIC AGENTS

AQNEURSA 1 GM PACKET	5	PA, QL (120 PER 30 DAYS)
ARCALYST 220 MG RECON SOLN	5	PA
betaine powder	5	
CYSTAGON (50 MG CAP, 150 MG CAP)	4	PA
dalfampridine er 10 mg tab 12h	3	QL (60 PER 30 DAYS)
FILSPARI (200 MG TAB, 400 MG TAB)	5	PA, QL (30 PER 30 DAYS)

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FIRDAPSE 10 MG TAB	5	PA, QL (240 PER 30 DAYS)
ISTURISA 1 MG TAB	5	PA, QL (240 PER 30 DAYS)
ISTURISA 5 MG TAB	5	PA, QL (360 PER 30 DAYS)
<i>l</i> -glutamine 5 gm packet	5	PA, QL (180 PER 30 DAYS)
<i>metyrosine</i> 250 mg cap	5	PA
MYALEPT 11.3 MG RECON SOLN	5	PA, QL (67.8 PER 30 DAYS)
<i>nitisinone</i> (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	5	PA, QL (600 PER 30 DAYS)
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	5	PA, QL (600 PER 30 DAYS)
ORFADIN 4 MG/ML SUSPENSION	5	PA, QL (1500 PER 30 DAYS)
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	5	PA, QL (56 PER 28 DAYS)
PYRUKYND TAPER PACK (PACK 5 MG TAB THPK, PACK 7 20 MG & 7 5 MG TAB THPK, PACK 7 50 MG & 7 20 MG TAB THPK)	5	PA, QL (56 PER 28 DAYS)
<i>sapropterin dihydrochloride</i> (100 mg packet, 100 mg tab, 500 mg packet)	5	PA
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	5	PA, QL (30 PER 30 DAYS)

## **PROTECTIVE AGENTS**

ELMIRON 100 MG CAP	4
<i>mesna</i> 400 mg tab	5

## **NONHORMONAL CONTRACEPTIVES**

PHEXXI 1.8-1-0.4 % GEL	4
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## **RESPIRATORY TRACT AGENTS**

<b>ANTI-INFLAMMATORY AGENTS</b>	
<i>cromolyn sodium</i> 100 mg/5ml conc	3

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CROMOLYN SODIUM 4 % SOLUTION	3	
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 PER 28 OVER TIME)
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (2 PER 56 OVER TIME)
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA, QL (2 PER 56 OVER TIME)
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	1	QL (30 PER 30 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN A-INJ)	5	PA, QL (6 PER 28 OVER TIME)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (6 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA, QL (4 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 28 OVER TIME)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	3	QL (60 PER 30 DAYS)

### **ANTI-INFLAMMATORY AGENTS (RESPIRATORY)**

<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	4	ST, QL (23 PER 30 OVER TIME)
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	BVD

### **ANTIFIBROTIC AGENTS**

OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5	PA, QL (270 PER 30 DAYS)
PIRFENIDONE 534 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 PER 30 DAYS)

### **CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS**

KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 PER 30 DAYS)
<b>MUCOLYTIC AGENTS</b>		
BRONCHITOL 40 MG CAP	5	PA, QL (600 PER 30 DAYS)
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (600 PER 30 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	QL (150 PER 30 DAYS), BVD
<b>VASODILATING AGENTS</b>		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	5	PA, LA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	PA, QL (60 PER 30 DAYS)
OPSUMIT 10 MG TAB	5	PA, QL (30 PER 30 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5	PA
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES</b>		
<i>acyclovir 5 % ointment</i>	3	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	3	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	3	
<i>ciclopirox 8 % solution</i>	3	NM (Non-Mail Order)
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	3	
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phos (once-daily) 1 % gel</i>	3	
<i>clindamycin phos (twice-daily) 1 % gel</i>	3	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clindamycin phos-benzoyl peroxy 1-5 % gel</i>	3	ST
<i>clindamycin phos-benzoyl peroxy 1.2-2.5 % gel</i>	2	ST
<i>clindamycin phos-benzoyl peroxy 1.2-5 % gel</i>	2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab, 2 % cream)</i>	3	
<i>clotrimazole (1 % cream, 1 % solution)</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)</i>	3	
<i>econazole nitrate 1 % cream</i>	3	
<i>ERY 2 % PAD</i>	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	2	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	3	
<i>ivermectin 1 % cream</i>	3	ST, QL (45 PER 30 OVER TIME)
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	3	
<i>klayesta 100000 unit/gm powder</i>	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion)</i>	3	
<i>metronidazole 1 % gel</i>	3	QL (60 PER 30 DAYS)
<i>MICONAZOLE 3 200 MG SUPPOS</i>	4	
<i>mupirocin 2 % ointment</i>	3	
<i>mupirocin calcium 2 % cream</i>	3	
<i>naftifine hcl 2 % cream</i>	3	
<i>nyamyc 100000 unit/gm powder</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	2	
<i>nystatin 100000 unit/gm powder</i>	2	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	3	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nystop 100000 unit/gm powder</i>	2	
<i>oxiconazole nitrate 1 % cream</i>	3	
<i>penciclovir 1 % cream</i>	4	
<i>permethrin 5 % cream</i>	3	
<i>silver sulfadiazine 1 % cream</i>	2	
<b>SPINOSAD 0.9 % SUSPENSION</b>	4	
<i>ssd 1 % cream</i>	2	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	3	
<i>terconazole (0.4 %, 0.8 %)</i>	3	
<i>terconazole 80 mg suppos</i>	3	
<b>VANDAZOLE 0.75 % GEL</b>	3	

## **ANTI-INFLAMMATORY AGENTS**

<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	3
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.12 % foam, betamethasone valerate 0.1 % lotion)</i>	3
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	4
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	3
<i>clobetasol prop emollient base 0.05 % cream</i>	3
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	3

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<i>clobetasol propionate 0.05 % liquid</i>	3	QL (125 PER 14 OVER TIME)
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>	4	
<i>diclofenac sodium 1.5 % solution</i>	3	QL (450 PER 30 DAYS)
<i>diclofenac sodium 3 % gel</i>	3	
<b>ENSTILAR 0.005-0.064 % FOAM</b>	5	
<b>EUCRISA 2 % OINTMENT</b>	3	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	3	
<i>fluocinolone acetonide 0.025 % ointment</i>	3	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	3	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	3	
<i>fluocinonide emulsified base 0.05 % cream</i>	3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	3	
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	2	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	3	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>proto-med hc 2.5 % cream</i>	2	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>proctosol hc 2.5 % cream</i>	2	
<i>protozone-hc 2.5 % cream</i>	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triderm 0.5 % cream</i>	2	
<b>KERATOLYTIC AGENTS</b>		
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	ST
<i>ammonium lactate 12 % cream</i>	2	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4	QL (60 PER 30 DAYS)
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	3	ST
<i>ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)</i>	5	PA, QL (6 PER 28 OVER TIME)
<i>ALTRENO 0.05 % LOTION</i>	4	QL (45 PER 30 OVER TIME)
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	3	
<i>azelaic acid 15 % gel</i>	3	QL (50 PER 30 OVER TIME)
<i>AZELEX 20 % CREAM</i>	4	ST
<i>bexarotene 1 % gel</i>	5	PA
<i>calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	3	
<i>CALCITRIOL 3 MCG/GM OINTMENT</i>	3	
<i>CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)</i>	5	PA, QL (30 PER 30 DAYS)
<i>claravis (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>claravis 30 mg cap</i>	3	
<i>dapsone 5 % gel</i>	3	ST

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME)
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
FILSUVEZ 10 % GEL	5	PA
FINACEA 15 % FOAM	4	
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	3	
HYFTOR 0.2 % GEL	5	PA
<i>imiquimod 5 % cream</i>	3	
<i>isotretinoin (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>isotretinoin 30 mg cap</i>	3	
METHOXSALEN RAPID 10 MG CAP	5	
PANRETIN 0.1 % GEL	5	PA, QL (60 PER 30 DAYS)
<i>pimecrolimus 1 % cream</i>	4	ST
PODOFILOX 0.5 % SOLUTION	2	
SANTYL 250 UNIT/GM OINTMENT	4	
<i>tacrolimus (0.03 %, 0.1 %)</i>	3	QL (100 PER 30 OVER TIME)
<i>tazarotene (0.05 % gel, 0.1 % gel)</i>	4	
<i>tazarotene 0.05 % cream</i>	4	ST
<i>tazarotene 0.1 % cream</i>	3	ST
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	3	
<i>tretinoin 0.05 % gel</i>	3	ST
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere 0.1 % gel)</i>	4	ST
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	4	ST
VALCHLOR 0.016 % GEL	5	PA, QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
VTAMA 1 % CREAM	4	ST, QL (60 PER 30 DAYS)
<i>zenatane</i> (10 mg cap, 20 mg cap, 40 mg cap)	3	
<i>zenatane</i> 30 mg cap	3	
ZORYVE (0.3 % CREAM, 0.3 % FOAM)	4	ST, QL (60 PER 30 DAYS)
ZORYVE 0.15 % CREAM	4	ST, QL (60 PER 30 OVER TIME)

## SKIN AND MUCOUS MEMBRANE PREPARATIONS

### ANTIPRURITICS AND LOCAL ANESTHETICS

<i>agoneaze</i> 2.5-2.5 % kit	3
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3
<i>lidocaine</i> 5 % patch	3
<i>lidocaine viscous hcl</i> 2 % solution	3
<i>lidocaine-prilocaine</i> 2.5-2.5 % cream	3
<i>lidocaine-prilocaine</i> 2.5-2.5 % kit	3
<i>lidocan</i> 5 % patch	3
<i>livixil pak</i> 2.5-2.5 % kit	3
<i>prilovix</i> 2.5-2.5 % kit	3
<i>prilovix lite</i> 2.5-2.5 % kit	3
<i>prilovix lite plus</i> 2.5-2.5 % kit	3
<i>prilovix plus</i> 2.5-2.5 % kit	3
<i>prilovix ultralite</i> 2.5-2.5 % kit	3
<i>prilovix ultralite plus</i> 2.5-2.5 % kit	3
<i>tridacaine ii</i> 5 % patch	3
<i>tridacaine iii</i> 5 % patch	3

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<i>darifenacin hydrobromide er (er 7.5 mg tab er, er 15 mg tab er)</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er (er 4 mg tab er, er 8 mg tab er)</i>	2	QL (30 PER 30 DAYS)
<i>flavoxate hcl 100 mg tab</i>	2	
GEMTESA 75 MG TAB	4	ST, QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 PER 30 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5ml solution</i>	2	QL (473 PER 23 DAYS)
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	1	QL (60 PER 30 DAYS)
<i>solifenacain succinate (5 mg tab, 10 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	3	QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride er 60 mg cap 24h</i>	3	QL (30 PER 30 DAYS)
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	3	QL (30 PER 30 DAYS)
<i>theophylline er (theophylline er 400 mg tab er 24h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	3	

## SUPPLIES

AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
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AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ASSURE ID INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE NANO U/F 32GX4MMMISC	2	QL (200 PER 30 DAYS)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ESSENTRA WIPES 9X9" 70 % SHEET	2	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MARATHON MEDICAL PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)

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MONOJECT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
PRO COMFORT PEN NEEDLES (PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC)	2	QL (200 PER 30 DAYS)
SURE COMFORT PEN NEEDLES (PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)

## **Uncategorized**

### **Unclassified**

BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	QL (200 PER 30 DAYS)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>VITAMINS</b>		
<b>VITAMIN D</b>		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2	ESRD
<i>calcitriol 1 mcg/ml solution</i>	2	ESRD
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	2	ESRD
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	3	ESRD
ALTRIXA OB 15-0.4-0.6 MG TAB	3	
ATABEX EC AEX 29-1 MG DR	3	
AZESCO 13-1 MG TAB	3	
C-NATE DHA 28-1-200 MG CAP	3	
CITRANATAL 90 DHA -1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL DHA 27-1 & 250 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CITRANATAL RX 27-1 MG TAB	3	
CO-NATAL FA TAB	3	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
DERMACINRX PRETRATE 1 MG TAB	3	

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DUET DHA 400 25-1 & MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
EMBRIVA 13-1 MG TAB	3	
FOLATEXCEL 1 MG TAB	3	
INATAL GT TAB	3	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
M-NATAL PLUS 27-1 MG TAB	3	
MATERVIA 0.5 MG CAP	3	
MULTI-MAC 15-0.75-1 MG TAB	3	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	2	
NATACHEW NATA28-1 MG TAB	3	
NATALVIT TAB	3	
NEO-VITAL RX 1 MG TAB	3	
NEOMATERNA 1 MG TAB	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NESTABS DHA 32-1 MG MISC	3	
NESTABS NESS 32-1 MG	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB	3	
PNV 27-CA/FE/FA 60-1 MG TAB	3	
PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC	3	
PNV TABS 20-1 S MG	3	
PNV TABS 29-1 S MG	3	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	3	
PNV-SELECT 27-0.6-0.4 MG TAB	3	
PREGEN DHA 28-1-35 MG CAP	3	
PREGENNA 20-1 MG TAB	3	
PRENA 1 TRUE 30-.4 & 300 MG MISC	3	
PRENA1 1.4 MG CHEW TAB	3	
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	
PRENAISSANCE 29-1.25-325 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS IRON 29-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	

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PRENATE ELITE 20-0.6-0.4 MG TAB	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PRENATVITE COMPLETE 1 MG TAB	3	
PRENATVITE PLUS 1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
PRETAB PRE29-1 MG	3	
PRIMACARE 30-1-470 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
SE-NATAL 19 (19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	3	
SELECT-OB+DHA 29-1 & 250 MG MISC	3	
SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)	2	
THRIVITE RX 29-1 MG TAB	3	
TRICARE TAB	3	
TRINATAL RX 1 60-MG TAB	3	

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<b>DRUG NAME</b>	<b>TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRINATE TAB	3	
TRINAZ 12-1 MG TAB	3	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
TRIVEEN-DUO DHA 29-1-200 & 300 MG MISC	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
VIRT-NATE DHA 28-1-200 MG CAP	3	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL-NANO 18-0.6-0.4 MG TAB	3	
VITAFOL-OB TAB	3	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	3	
VITAFOL-ONE 29-1-200 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	
VITAMEDMD REDICHEW RX 1.4 MG TAB	3	
VITAPEARL 30-1.4-200 MG CAP ER	3	
VITATRUE 30-1.4 & 300 MG MISC	3	
VIVA DHA 28-1-200 MG CAP	3	
VP-PNV-DHA 28-1-215.8 MG CAP	3	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	3	
WESNATE DHA 28-1-200 MG CAP	3	

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WESTAB PLUS WES27-1 MG	3	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	3	
ZALVIT 13-1 MG TAB	3	
ZIPHEX 13-1 MG TAB	3	

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# Appendix

## A

alendronate sodium.....	101	amphetamine-dextroamphet er.....	49
alfuzosin hcl er.....	32	amphetamine-	
abacavir sulfate.....	10	aliskiren fumarate.....	44 dextroamphetamine.....
abacavir sulfate-lamivudine ..	10	allopurinol.....	101 AMPHOTERICIN B.....
abigale lo.....	91	ALOGLIPTIN BENZOATE .....	86 amphotericin b liposome.....
ABILIFY ASIMTUFII.....	61	ALOGLIPTIN-METFORMIN	ampicillin.....
ABILIFY MAINTENA.....	61	HCL.....	86 ampicillin sodium.....
abiraterone acetate.....	16	ALOGLIPTIN-	ampicillin-sulbactam sodium.....
abirtega.....	16	PIOGLITAZONE.....	86 anagrelide hcl.....
ABRYSVO.....	27	alosetron hcl.....	80 anastrozole.....
acamprosate calcium.....	100	ALPHAGAN P.....	79 ANORO ELLIPTA.....
acarbose.....	86	alprazolam.....	59 APLENZIN.....
accutane.....	111	alprazolam er.....	59 apomorphine hcl.....
acebutolol hcl.....	39	ALPRAZOLAM INTENSOL .....	59 APRACLONIDINE HCL.....
acetaminophen-codeine .....	46	alprazolam xr.....	59 aprepitant.....
acetazolamide.....	102	ALTRENO.....	111 apri.....
acetazolamide er.....	102	ALTRIXA OB.....	117 APTIVUS.....
acetic acid.....	80	ALUNBRIG.....	16 AQ INSULIN SYRINGE.....
acetylcysteine.....	101	amantadine hcl.....	10 AQINJECT PEN NEEDLE .....
acitretin.....	111	ambrisentan.....	107 AQNEURSA.....
ACTHIB.....	28	amikacin sulfate.....	1 aranelle.....
ACTIMMUNE.....	103	amiloride hcl.....	71 ARANESP (ALBUMIN FREE) ..
acyclovir.....	10,107	AMILORIDE-	ARCALYST.....
acyclovir sodium.....	10	HYDROCHLOROTHIAZIDE .....	71 AREXVY.....
ADACEL.....	27	amiodarone hcl.....	42 arformoterol tartrate.....
adapalene.....	111	amitriptyline hcl.....	61 ARIKAYCE.....
adapalene-benzoyl		AMJEVITA.....	102 aripiprazole.....
peroxide.....	111	amlodipine besy-benazepril	61,62 ARISTADA.....
ADBRY.....	111	hcl.....	62 ARISTADA INITIO.....
adefovir dipivoxil.....	10	amlodipine besylate.....	41 armofadotinil.....
ADEMPAS.....	107	amlodipine besylate-valsartan	41 ARNUITY ELLIPTA.....
agoneaze.....	113	amlodipine-atorvastatin.....	38 ascomp-codeine.....
AJOVY.....	56	amlodipine-olmesartan .....	41 asenapine maleate.....
ak-poly-bac.....	75	ammonium lactate.....	111 ASMANEX (120 METERED
AKEEGA.....	16	amnesteem.....	111 DOSES).....
albendazole.....	1	amoxapine.....	61 ASMANEX (30 METERED
albuterol sulfate .....	32,33	AMOXICILL-CLARITHRO-	DOSES).....
albuterol sulfate hfa.....	33	LANSOPRAZ.....	1 ASMANEX (60 METERED
ALBUTEROL SULFATE HFA33	33	amoxicillin.....	1 DOSES).....
alclometasone dipropionate	109	amoxicillin-pot clavulanate .....	1 ASMANEX HFA.....
ALECENSA.....	16		84,85 aspirin-dipyridamole er.....

ASSURE ID INSULIN SAFETY	balsalazide disodium.....	80 BIKTARVY.....	10
SYR.....	115 BALVERSA.....	17 bimatoprost.....	79
ASTAGRAF XL.....	103 balziva.....	92 bis subcit-metronid-tetracyc...	81
ATABEX EC.....	117 BAQSIMI ONE PACK.....	91 bismuth/metronidaz/tetracyclin	81
atazanavir sulfate.....	10 BAQSIMI TWO PACK.....	91 bisoprolol fumarate.....	40
atenolol.....	39 BARACLUDE.....	10 bisoprolol-hydrochlorothiazide	40
atenolol-chlorthalidone.....	39 BAXDELA.....	2 BIVIGAM.....	26
atomoxetine hcl.....	60 BCG VACCINE.....	28 blisovi fe 1.5/30.....	92
atorvastatin calcium.....	38 BD INSULIN SYRINGE U-	BOOSTRIX.....	27
atovaquone.....	9 500.....	116 bosentan.....	107
atovaquone-proguanil hcl.....	9 BD PEN NEEDLE NANO	BOSULIF.....	17
ATROVENT HFA.....	30 U/F.....	115 BRAFTOVI.....	17
AUGTYRO.....	16,17 BD SAFETYGLIDE INSULIN	BREO ELLIPTA.....	33
AUSTEDO.....	69 SYRINGE.....	115 breyna.....	33
AUSTEDO XR.....	69 BELSOMRA.....	59 BREZTRI AEROSPHERE.....	30
AUSTEDO XR PATIENT	benazepril hcl.....	44 briellyn.....	92
TITRATION.....	70 benazepril-	brimonidine tartrate.....	79
AUVELITY.....	62 hydrochlorothiazide.....	44 brinzolamide.....	79
AUVI-Q.....	.33 BENLYSTA.....	103 BRIVIACT.....	51
aviane.....	91 benzoyl peroxide-	bromfenac sodium (once-daily)	77
AVMAPKI FAKZYNJA CO-	erythromycin.....	107 bromocriptine mesylate.....	57
PACK.....	17 benztropine mesylate.....	57 BRONCHITOL.....	107
AYVAKIT.....	17 bepotastine besilate.....	78 BRONCHITOL TOLERANCE	
AZASITE.....	75 BESIVANCE.....	75 TEST.....	107
azathioprine.....	103 BESREMI.....	103 BRUKINSA.....	17
azelaic acid.....	111 betaine.....	104 budesonide.....	85
azelastine hcl.....	78 betamethasone dipropionate	109 budesonide er.....	80
azelastine-fluticasone.....	106 betamethasone dipropionate	budesonide-formoterol	
AZELEX.....	111 aug.....	109 fumarate.....	33
AZESCO.....	117 betamethasone valerate.....	109 bumetanide.....	71
azithromycin.....	1,2 betaxolol hcl.....	40 buprenorphine.....	47
aztreonam.....	.2 BETAXOLOL HCL.....	79 buprenorphine hcl.....	47
azurette.....	92 bethanechol chloride.....	31 buprenorphine hcl-naloxone	
	BETOPTIC-S.....	79 hcl.....	47
<b>B</b>	BEVESPI AEROSPHERE.....	30 bupropion hcl.....	62
bac (butalbital-acetamin-caff) 47	bexarotene.....	17,111 bupropion hcl er (smoking det)	62
bacitra-neomycin-polymyxin- hc.....	BEXSERO.....	28 bupropion hcl er (sr).....	62
BACITRACIN.....	75 bicalutamide.....	17 bupropion hcl er (xl).....	62
bacitracin-polymyxin b.....	75 BICILLIN C-R.....	.2 buspirone hcl.....	59
baclofen.....	75 BICILLIN C-R 900/300.....	.2 butalbital-apap-caff-cod.....	47
	32 BICILLIN L-A.....	.2 butalbital-apap-caffeine.....	47

butalbital-asa-caff-codeine	47	cefdinir	2 CITRANATAL B-CALM	117
butalbital-aspirin-caffeine	47	cefepime hcl	2 CITRANATAL DHA	117
		cefixime	2 CITRANATAL HARMONY	117
		cefoxitin sodium	2 CITRANATAL RX	117
<b>C</b>				
C-NATE DHA	117	CEFPODOXIME PROXETIL	3 claravis	111
cabergoline	.57	cefprozil	3 clarithromycin	3
CABLIVI	.34	CEFTAZIDIME	3 clarithromycin er	3
CABOMETYX	.17	ceftriaxone sodium	3 CLENPIQ	82
calcipotriene	.111	cefuroxime axetil	3 CLEOCIN	107
calcipotriene-betameth		cefuroxime sodium	3 clindamycin hcl	3
diprop	.109	celecoxib	47 clindamycin palmitate hcl	3
calcitonin (salmon)	.98	cephalexin	.3 clindamycin phos (once-daily)	107
CALCITRIOL	.111	cetirizine hcl	16 clindamycin phos (twice-daily)	107
calcitriol	.117	cevimeline hcl	31 clindamycin phos-benzoyl	
CALQUENCE	.17	CHEMET	.84 perox	108
camila	.92	CHENODAL	.82 clindamycin phosphate	3,108
candesartan cilexetil	.44	chlorhexidine gluconate	.75 clindamycin phosphate in d5w	.3
candesartan cilexetil-hctz	.44	chloroquine phosphate	.9 CLINIMIX E/DEXTROSE	
CAPLYTA	.62	chlorpromazine hcl	.62 (2.75/5)	70
CAPRELSA	.17	CHLORPROMAZINE HCL	.62 CLINIMIX E/DEXTROSE	
captopril	.44	chlorthalidone	.72 (4.25/10)	70
carbamazepine	.51	CHOLBAM	.83 CLINIMIX E/DEXTROSE	
CARBAMAZEPINE	.51	cholestyramine	.38 (4.25/5)	70
carbamazepine er	.51	cholestyramine light	.38 CLINIMIX E/DEXTROSE	
carbidopa	.57	CIBINQO	.111 (5/15)	70
CARBIDOPA-LEVODOPA	.57	ciclopirox	.107 CLINIMIX E/DEXTROSE	
carbidopa-levodopa er	.57	ciclopirox olamine	.107 (5/20)	70
carbidopa-levodopa-		cilstazol	.34 CLINIMIX E/DEXTROSE	
entacapone	.58	CILOXAN	.75 (8/10)	70
carglumic acid	.70	CIMDUO	.10 CLINIMIX E/DEXTROSE	
carisoprodol	.32	cimetidine	.81 (8/14)	70
CARTEOLOL HCL	.40	cinacalcet hcl	.98 CLINIMIX/DEXTROSE	
cartia xt	.41	CIPRO HC	.75 (4.25/10)	71
carvedilol	.40	ciprofloxacin hcl	.3,75 CLINIMIX/DEXTROSE (4.25/5)	71
carvedilol phosphate er	.40	ciprofloxacin in d5w	.3 CLINIMIX/DEXTROSE (5/15)	71
caspofungin acetate	.7	ciprofloxacin-dexamethasone	.75 CLINIMIX/DEXTROSE (5/20)	71
CAYSTON	.2	citalopram hydrobromide	.62 CLINIMIX/DEXTROSE (6/5)	71
CEFACLOR	.2	CITALOPRAM	CLINIMIX/DEXTROSE (8/10)	71
CEFACLOR ER	.2	HYDROBROMIDE	.62 CLINIMIX/DEXTROSE (8/14)	71
cefadroxil	.2	CITRANATAL 90 DHA	.117 clinisol sf	71
cefazolin sodium	.2	CITRANATAL ASSURE	.117 clobazam	.51

clobetasol prop emollient	cromolyn sodium.....	105,106 DESVENLAFAXINE ER.....	63
base.....	109 CROMOLYN SODIUM.....	106 desvenlafaxine succinate er....	63
clobetasol propionate ..	109,110 cryselle-28.....	92 dexamethasone.....	85
clobetasol propionate e ..	110 cyclobenzaprine hcl.....	32 DEXAMETHASONE.....	85
clomipramine hcl.....	62 CYCLOPHOSPHAMIDE.....	18 DEXAMETHASONE SODIUM	
clonazepam.....	51 cyclosporine.....	77,103 PHOSPHATE.....	77
clonidine.....	43 cyclosporine modified.....	104 dexmethylphenidate hcl er....	49
clonidine hcl.....	43 cyproheptadine hcl.....	16 dextroamphetamine sulfate....	49
clonidine hcl er.....	43 CYSTADROPS.....	80 dextroamphetamine sulfate er..	50
clopidogrel bisulfate.....	34 CYSTAGON.....	104 dextrose.....	71
clorazepate dipotassium.....	59 CYSTARAN.....	80 DEXTROSE-NACL.....	73
clotrimazole.....	108	dextrose-sodium chloride.....	73
clotrimazole-		DIACOMIT.....	51
betamethasone.....	108 dabigatran etexilate mesylate.	34 diazepam.....	59
clozapine.....	63 dalfampridine er.....	104 diazepam intensol.....	59
CO-NATAL FA.....	117 DALVANCE.....	4 diazoxide.....	91
COARTEM.....	9 danazol.....	86 diclofenac potassium.....	47
COBENFY.....	63 dantrolene sodium.....	32 diclofenac potassium(migraine)47	
COBENFY STARTER PACK.63 DANZITEN.....		18 diclofenac sodium.....	47,77,110
colchicine.....	101 dapsone.....	8,111 diclofenac sodium er.....	47
colchicine-probenecid.....	75 DAPTACEL.....	27 dicloxacillin sodium.....	4
colesevelam hcl.....	38 daptomycin.....	4 dicyclomine hcl.....	30
colestipol hcl.....	38 darifenacin hydrobromide er.	114 DIFICID.....	4
colistimethate sodium (cba)...	4 darunavir.....	10 diflunisal.....	47
COMBIGAN.....	79 dasatinib.....	18 difluprednate.....	77
COMBIVENT RESPIMAT....	30 DAURISMO.....	18 digoxin.....	42,43
COMETRIQ (100 MG DAILY	deferasirox.....	84 dihydroergotamine mesylate...	32
DOSE).....	17 deferasirox granules.....	84 DILANTIN.....	51,52
COMETRIQ (140 MG DAILY	deferiprone.....	84 DILANTIN INFATABS.....	52
DOSE).....	17 DELSTRIGO.....	10 DILANTIN-125.....	52
COMETRIQ (60 MG DAILY	DEPO-ESTRADIOL.....	96 dilt-xr.....	41
DOSE).....	17 DEPO-SUBQ PROVERA 104.	98 diltiazem hcl.....	41
COMPLETE NATAL DHA ..	117 depo-testosterone.....	86 diltiazem hcl er.....	41
COMPLETENATE.....	117 DERMACINRX PRETRATE.	117 diltiazem hcl er beads.....	41
compro.....	63 DESCovy.....	11 diltiazem hcl er coated beads..	41
constulose.....	70 desipramine hcl.....	63 dimethyl fumarate.....	103
COPIKTRA.....	17 desloratadine.....	16 dimethyl fumarate starter	
CORLANOR.....	42 desmopressin ace spray refrig	98 pack.....	103
COTELLIC.....	17 desmopressin acetate.....	98 DIPENTUM.....	80
CREON.....	82 desonide.....	110 diphenoxylate-atropine.....	30
CRINONE.....	98 desoximetasone.....	110 DIPHENOXYLATE-ATROPINE30	

disulfiram	100	efavirenz	11	EPRONTIA	.52
DIURIL	72	efavirenz-emtricitab-tenofo df.	11	EQUETRO	.52
divalproex sodium	52	efavirenz-lamivudine-tenofovir	11	ERIVEDGE	.18
divalproex sodium er	52	eletriptan hydrobromide	56	ERLEADA	.18
dofetilide	43	ELIGARD	97	erlotinib hcl	.18
dolishale	92	ELIQUIS	34	errin	.92
donepezil hcl	31	ELIQUIS DVT/PE STARTER		ertapenem sodium	.4
DOPTELET	36	PACK	34	ERY	.108
dorzolamide hcl	79	ELMIRON	105	erythrocin lactobionate	.4
dorzolamide hcl-timolol mal	79	eltrombopag olamine	36	erythromycin	.4,75,108
dorzolamide hcl-timolol mal		eluryng	92	erythromycin base	.4
pf	79	EMBECTA INSULIN		erythromycin ethylsuccinate	.4
dotti	96	SYRINGE	115	erythromycin lactobionate	.5
DOVATO	11	EMBECTA INSULIN SYRINGE		ERZOFRI	.63,64
doxazosin mesylate	38	U-500	116	escitalopram oxalate	.64
doxepin hcl	63	EMBRIVA	118	eslicarbazepine acetate	.52
doxercalciferol	117	EMGALITY	56	esomeprazole magnesium	.81
doxy 100	4	EMGALITY (300 MG DOSE)	56	ESSENTRA WIPES 9X9"	.115
doxycycline hyclate	4	EMSAM	63	estarrylla	.92
doxycycline monohydrate	4	emtricitab-rilpivir-tenofov df	11	estradiol	.96
DRIZALMA SPRINKLE	63	emtricitabine	11	estradiol-norethindrone acet	.92
dronabinol	.80	emtricitabine-tenofovir df	11	eszopiclone	.59
DROPSAFE SAFETY		EMTRIVA	11	ethacrylic acid	.72
SYRINGE/NEEDLE	115	enalapril maleate	44	ethambutol hcl	.8
drospiren-eth estrad-		enalapril-hydrochlorothiazide	44	ethosuximide	.52
levomefol	.92	ENGERIX-B	28	ethynodiol diac-eth estradiol	.92
drospirenone-ethinyl		enilloring	92	etodolac	.48
estradiol	.92	exoxaparin sodium	35	etodolac er	.48
droxidopa	33	ENSPRYNG	104	etonogestrel-ethinyl estradiol	.92
DUAVEE	96	ENSTILAR	110	etravirine	.11
DUET DHA 400	118	entacapone	58	EUCRISA	.110
DUET DHA BALANCED	118	entecavir	11	EULEXIN	.18
duloxetine hcl	63	ENTRESTO	44	EVENITY	.101
DUPIXENT	112	enulose	70	everolimus	.18
dutasteride	100	ENVARSUS XR	104	EVOTAZ	.11
dutasteride-tamsulosin hcl	32	EPIDIOLEX	52	exemestane	.96
		EPINEPHRINE	33	ezetimibe	.38
		epinephrine	33	ezetimibe-simvastatin	.38
econazole nitrate	108	epitol	52		
EDARBYCLOR	44	eplerenone	44	F	
EDURANT	11	EPOGEN	36	famciclovir	.11

## E

econazole nitrate

EDARBYCLOR

EDURANT

famotidine.....	81	fluocinolone acetonide scalp.....	110
FANAPT.....	64	fluocinonide.....	110
FANAPT TITRATION PACK		fluocinonide emulsified base.....	110
A.....	64	fluorometholone.....	77
FARXIGA.....	86	fluorouracil.....	112
FASENRA.....	106	fluoxetine hcl.....	64
FASENRA PEN.....	106	FLUOXETINE HCL.....	64
febuxostat.....	101	FLUOXETINE HCL (PMDD).....	64
feirza 1.5/30.....	92	fluphenazine decanoate.....	64
feirza 1/20.....	92	fluphenazine hcl.....	64
felbamate.....	52	FLUPHENAZINE HCL.....	64
felodipine er.....	41	flurbiprofen.....	48
FEMRING.....	96	FLURBIPROFEN SODIUM.....	77
fenofibrate.....	38	fluticasone propionate.....	77,110
fenofibrate micronized.....	38	FLUTICASONE PROPIONATE	gatifloxacin.....
fenofibric acid.....	38	DISKUS.....	77
fenoprofen calcium.....	48	FLUTICASONE PROPIONATE	gavilyte-g.....
fentanyl.....	48	HFA.....	77
FERRIPROX.....	84	fluticasone-salmeterol.....	33
fesoterodine fumarate er.....	114	FLUTICASONE-	gefitinib.....
FETZIMA.....	64	SALMETEROL.....	33
FETZIMA TITRATION.....	64	fluvastatin sodium.....	38
FILSPARI.....	104	fluvoxamine maleate.....	65
FILSUVEZ.....	112	fluvoxamine maleate er.....	65
FINACEA.....	112	FML FORTE.....	77
finasteride.....	100	FOLATEXCEL.....	118
fingolimod hcl.....	103	fondaparinux sodium.....	35
FINTEPLA.....	52	formoterol fumarate.....	33
FIRDAPSE.....	105	fosamprenavir calcium.....	11
FIRMAGON.....	97	fosfomycin tromethamine.....	15
FIRMAGON (240 MG DOSE).....	97	fosinopril sodium.....	44
FIRVANQ.....	5	fosinopril sodium-hctz.....	44
FLAREX.....	77	FOTIVDA.....	18
flavoxate hcl.....	114	frovatriptan succinate.....	56
flecainide acetate.....	43	FRUZAQLA.....	18
fluconazole.....	7	FULPHILA.....	36
fluconazole in sodium chloride.....	7	furosemide.....	43,72
flucytosine.....	7	FUROSEMIDE.....	72
fludrocortisone acetate.....	85	fyavolv.....	92
flunisolide.....	77	FYCOMPA.....	52
fluocinolone acetonide.....	77,110	FYLNETRA.....	36

## G

GLYXAMBI	.87	hydrochlorothiazide	.72	INCRUSE ELLIPTA	.30
GOMEKLI	.19	hydrocodone-acetaminophen	.48	indapamide	.72
granisetron hcl	.81	HYDROCODONE-		indomethacin	.48
GRANIX	.36	ACETAMINOPHEN	.48	INFANRIX	.27
griseofulvin microsize	.7	hydrocortisone	.85,110	INLYTA	.19
griseofulvin ultramicrosize	.8	hydrocortisone (perianal)	.110	INQOVI	.19
guanfacine hcl er	.60	HYDROCORTISONE ACE-		INREBIC	.19
		PRAMOXINE	.113	INSULIN ASP PROT & ASP	
<b>H</b>		hydrocortisone-acetic acid	.77	FLEXPEN	.87
HADLIMA	.102	hydromorphone hcl	.48	INSULIN ASPART	.87
HADLIMA PUSHTOUCH	.102	hydroxychloroquine sulfate	.9	INSULIN ASPART FLEXPEN	.88
HAEGARDA	.102	hydroxyurea	.19	INSULIN ASPART PENFILL	.88
hailey 24 fe	.92	hydroxyzine hcl	.59	INSULIN ASPART PROT &	
halobetasol propionate	.110	hydroxyzine pamoate	.59	ASPART	.88
haloette	.92	HYFTOR	.112	INSULIN DEGLUDEC	.88
haloperidol	.65			INSULIN DEGLUDEC	
haloperidol decanoate	.65			FLEXTOUCH	.88
haloperidol lactate	.65	ibandronate sodium	.101	INSULIN LISPRO	.88
HAVRIX	.28	IBRANCE	.19	INSULIN LISPRO (1 UNIT	
heather	.92	ibu	.48	DIAL)	.88
HEMADY	.85	ibuprofen	.48	INSULIN LISPRO JUNIOR	
heparin sodium (porcine)	.35	icatibant acetate	.102	KWIKPEN	.88
heparin sodium (porcine) pf	.35	iclevia	.92	INSULIN LISPRO PROT &	
HEPLISAV-B	.28	ICLUSIG	.19	LISPRO	.88
HETLIOZ LQ	.59	icosapent ethyl	.39	INSULIN SYRINGE-NEEDLE U-	
HIBERIX	.28	IDHIFA	.19	100	.115
HUMALOG	.87	ILEVRO	.77	INTELENCE	.11
HUMALOG JUNIOR		imatinib mesylate	.19	INTRAROSA	.85
KWIKPEN	.87	IMBRUVICA	.19	introvale	.92
HUMALOG KWIKPEN	.87	imipenem-cilastatin	.5	INVEGA HAFYERA	.65
HUMALOG MIX 50/50	.87	imipramine hcl	.65	INVEGA SUSTENNA	.65
HUMALOG MIX 50/50		imipramine pamoate	.65	INVEGA TRINZA	.65
KWIKPEN	.87	imiquimod	.112	IOPIDINE	.80
HUMALOG MIX 75/25	.87	IMKELDI	.19	IPOL	.28
HUMALOG MIX 75/25		IMOVAX RABIES	.28	ipratropium bromide	.30,80
KWIKPEN	.87	IMPAVIDO	.9	ipratropium-albuterol	.30
HUMULIN R U-500		IMVEXXY MAINTENANCE		irbesartan	.44
(CONCENTRATED)	.87	PACK	.96	irbesartan-hydrochlorothiazide	.44
HUMULIN R U-500		IMVEXXY STARTER PACK	.96	ISENTRESS	.11,12
KWIKPEN	.87	INATAL GT	.118	ISENTRESS HD	.12
hydralazine hcl	.43	INCRELEX	.99	ISOLYTE-P IN D5W	.71

ISOLYTE-S PH 7.4.....	73	KALYDECO.....	106	LAMICTAL ODT.....	53
isoniazid.....	8	kariva.....	93	lamivudine.....	12
isosorbide dinitrate.....	46	kcl in dextrose-nacl.....	73	lamivudine-zidovudine.....	12
isosorbide mononitrate.....	46	KCL-LACTATED RINGERS-		lamotrigine.....	53
isosorbide mononitrate er.....	46	D5W.....	73	lamotrigine er.....	53
isotretinoin.....	112	kelnor 1/35.....	93	lamotrigine starter kit-blue.....	53
isradipine.....	41	kelnor 1/50.....	93	lamotrigine starter kit-green.....	54
ISTURISA.....	105	KERENDIA.....	45	lamotrigine starter kit-orange ..	54
ITOVEBI.....	19	ketoconazole.....	8,108	LAMPIT.....	9
itraconazole.....	8	ketorolac tromethamine.....	78	IANSOPRAZOLE.....	81
ivabradine hcl.....	43	KEVEYIS.....	102	LANTUS.....	89
ivermectin.....	1,108	KINRIX.....	27	LANTUS SOLOSTAR.....	89
IWILFIN.....	19	kionex.....	72	lapatinib ditosylate.....	20
IXCHIQ.....	28	KISQALI (200 MG DOSE)....	20	latanoprost.....	79
IXIARO.....	28	KISQALI (400 MG DOSE)....	20	LAZCLUZE.....	20
		KISQALI (600 MG DOSE)....	20	LEDIPASVIR-SOFOSBUVIR..	12
		KISQALI FEMARA (200 MG		leflunomide.....	102
jaimiess.....	93	DOSE).....	20	lenalidomide.....	20
JAKAFI.....	19	KISQALI FEMARA (400 MG		LENVIMA (10 MG DAILY	
jantoven.....	35	DOSE).....	20	DOSE).....	20
JANUMET.....	88	KISQALI FEMARA (600 MG		LENVIMA (12 MG DAILY	
JANUMET XR.....	88	DOSE).....	20	DOSE).....	20
JANUVIA.....	88	klayesta.....	108	LENVIMA (14 MG DAILY	
JARDIANCE.....	88	klor-con.....	73	DOSE).....	20
jasmiel.....	93	klor-con 10.....	73	LENVIMA (18 MG DAILY	
JAYPIRCA.....	19	klor-con m10.....	73	DOSE).....	20
JENTADUETO.....	88	klor-con m15.....	73	LENVIMA (20 MG DAILY	
JENTADUETO XR.....	88	klor-con m20.....	73	DOSE).....	20
jinteli.....	93	KOSELUGO.....	20	LENVIMA (24 MG DAILY	
JULUCA.....	12	KOSHER PRENATAL PLUS		DOSE).....	20
junel 1.5/30.....	93	IRON.....	118	LENVIMA (4 MG DAILY	
junel 1/20.....	93	kourzeq.....	78	DOSE).....	20
junel fe 1.5/30.....	93	KRAZATI.....	20	LENVIMA (8 MG DAILY	
junel fe 1/20.....	93	KRINTAFEL.....	9	DOSE).....	20
junel fe 24.....	93			lessina.....	93
JUXTAPID.....	39	<b>L</b>		letrozole.....	96
JYNARQUE.....	72	I-glutamine.....	105	leucovorin calcium.....	101
JYNNEOS.....	28	labetalol hcl.....	40	LEUKERAN.....	21
		lacosamide.....	53	LEUKINE.....	36
		lactulose.....	70	leuprolide acetate.....	97
KALETRA.....	12	lactulose encephalopathy.....	70		

LEUPROLIDE ACETATE (3 MONTH)	97	loestrin fe 1/20	93	LYTGOBI (20 MG DAILY DOSE)	21
levalbuterol hcl	34	lofexidine hcl	34	DOSE)	
LEVALBUTEROL TARTRATE	34	LOKELMA	72	<b>M</b>	
LEVALBUTEROL TARTRATE	34	LONSURF	21		
levetiracetam	54	loperamide hcl	80	M-M-R II	28
LEVETIRACETAM	54	lopinavir-ritonavir	12	M-NATAL PLUS	118
levetiracetam er	54	lorazepam	59	MAGELLAN INSULIN SAFETY	
LEVOBUNOLOL HCL	79	lorazepam intensol	60	SYR	115
levocetirizine dihydrochloride	16	LORBRENA	21	magnesium sulfate	54
levofloxacin	5	Ioryna	93	MARATHON MEDICAL	
LEVOFLOXACIN	76	losartan potassium	45	PENTIPS	115
levofloxacin in d5w	5	losartan potassium-hctz	45	maraviroc	12
levonest	93	LOTEMAX	78	marlissa	94
levonorg-eth estrad triphasic	93	LOTEMAX SM	78	MARPLAN	66
levonorgest-eth estrad 91-day	93	loteprednol etabonate	78	MATERVIA	118
levonorgestrel-ethinyl estrad	93	lovastatin	39	MATULANE	21
levora 0.15/30 (28)	93	loxapine succinate	66	matzim la	41
levothyroxine sodium	99	lubiprostone	83	MAVYRET	12
levoxyxl	100	LUMAKRAS	21	MAXIDEX	78
lidocaine	113	LUMIGAN	79	MECLOFENAMATE SODIUM	48
lidocaine viscous hcl	113	LUPKYNIS	104	medroxyprogesterone	
lidocaine-prilocaine	113	LUPRON DEPOT (1-MONTH)	97	acetate	98,99
lidocan	113	LUPRON DEPOT (3-MONTH)	97	mefloquine hcl	9
LILETTA (52 MG)	93	LUPRON DEPOT (4-MONTH)	97	megestrol acetate	99
linezolid	5	LUPRON DEPOT (6-MONTH)	97	MEKINIST	21
LINZESS	83	LUPRON DEPOT-PED (1-MONTH)	97	MEKTOVI	21
liothyronine sodium	100	LUPRON DEPOT-PED (3-MONTH)	97	meleya	94
lisdexamfetamine dimesylate	50	Iurasidone hcl	66	meloxicam	48
lisinopril	45	Iutera	93	memantine hcl	60
lisinopril-hydrochlorothiazide	45	LYBALVI	66	menveo	28
lithium	65	lyeq	94	mercaptopurine	21
lithium carbonate	66	lyllana	96	meropenem	5
lithium carbonate er	66	LYNPARZA	21	merzee	94
livixil pak	113	LYSODREN	21	mesalamine	80
LIVTENCITY	12	LYTGOBI (12 MG DAILY DOSE)	21	mesalamine er	80
LO LOESTRIN FE	93	LYTGOBI (16 MG DAILY DOSE)	21	mesna	105
loestrin 1.5/30 (21)	93	LYTGOBI (20 MG DAILY DOSE)	21	metaxalone	32
loestrin 1/20 (21)	93	LYTGOBI (24 MG DAILY DOSE)	21	metformin hcl	89
loestrin fe 1.5/30	93	LYTGOBI (28 MG DAILY DOSE)	21	metformin hcl er	89

methadone hcl.....	48	mirtazapine.....	66	naltrexone hcl.....	61
methazolamide.....	79	misoprostol.....	81	naproxen.....	49
methenamine hippurate.....	15	modafinil.....	50	naproxen sodium.....	49
methimazole.....	100	moexipril hcl.....	45	naratriptan hcl.....	56
methocarbamol.....	32	MOLINDONE HCL.....	66	NATACHEW.....	118
METHOTREXATE SODIUM.....	21	mometasone furoate.....	78,110	NATALVIT.....	118
methotrexate sodium.....	22	MONOJECT INSULIN		nateglinide.....	89
methotrexate sodium (pf).....	22	SYRINGE.....	116	NAYZILAM.....	60
METHOXSALEN RAPID.....	112	MONOJECT ULTRA COMFORT		nebivolol hcl.....	40
methscopolamine bromide.....	30	SYRINGE.....	116	necon 0.5/35 (28).....	94
methsuximide.....	54	montelukast sodium.....	106	NEFAZODONE HCL.....	66
methylphenidate.....	50	morphine sulfate.....	48	NEO-VITAL RX.....	118
methylphenidate hcl.....	50	morphine sulfate er.....	48,49	NEOMATERNA.....	118
methylphenidate hcl er.....	50	MOUNJARO.....	89	neomycin sulfate.....	5
methylphenidate hcl er (cd).....	50	MOVANTIK.....	83	neomycin-bacitracin zn-	
methylphenidate hcl er (la).....	50	moxifloxacin hcl.....	5,76	polymyx.....	76
methylphenidate hcl er (osm).....	50	MOXIFLOXACIN HCL IN		neomycin-polymyxin-dexameth	76
methylprednisolone.....	85	NACL.....		5 NEOMYCIN-POLYMYXIN-	
metoclopramide hcl.....	83	MRESVIA.....	28	GRAMICIDIN.....	76
METOCLOPRAMIDE HCL.....	83	MULPLETA.....	36	neomycin-polymyxin-hc.....	76
metolazone.....	72	MULTAQ.....	43	NEONATAL + DHA.....	118
metoprolol succinate er.....	40	MULTI-MAC.....	118	NEONATAL COMPLETE.....	118
metoprolol tartrate.....	40	MULTIPLE ELECTRO TYPE 1		NEONATAL PLUS.....	118
metoprolol-		PH 5.5.....	73	NERLYNX.....	22
hydrochlorothiazide.....	40	mupirocin.....	108	NESTABS.....	118
metronidazole.....	9,108	mupirocin calcium.....	108	NESTABS DHA.....	118
metyrosine.....	105	MYALEPT.....	105	NEULASTA.....	36
mexiletine hcl.....	43	mycophenolate mofetil.....	104	NEUPOGEN.....	37
micafungin sodium.....	8	mycophenolate sodium.....	104	NEVANAC.....	78
MICONAZOLE 3.....	108	mycophenolic acid.....	104	nevirapine.....	12
microgestin 1.5/30.....	94	MYFEMBREE.....	98	NEVIRAPINE.....	12
microgestin 1/20.....	94	MYRBETRIQ.....	114	nevirapine er.....	12
microgestin fe 1.5/30.....	94			NEXLETOL.....	39
microgestin fe 1/20.....	94	<b>N</b>		NEXLIZET.....	39
midodrine hcl.....	34	na sulfate-k sulfate-mg sulf.....	82	NEXPLANON.....	94
mifepristone.....	89	nabumetone.....	49	niacin er (antihyperlipidemic) ..	39
MIGLITOL.....	89	nadolol.....	40	nicardipine hcl.....	41
milri.....	94	nafcillin sodium.....	5	NICOTROL NS.....	31
mimvey.....	94	nafrinse.....	118	nifedipine.....	41
minocycline hcl.....	5	naftifine hcl.....	108	nifedipine er.....	42
minoxidil.....	43	naloxone hcl.....	61	nifedipine er osmotic release ..	42

nilotinib hcl.....	22	NOVOLOG FLEXPEN	olanzapine-fluoxetine hcl.....	66
nilutamide.....	22	RELION.....	olmesartan medoxomil.....	45
nimodipine.....	42	NOVOLOG MIX 70/30.....	olmesartan medoxomil-hctz.....	45
NIMODIPINE.....	44	NOVOLOG MIX 70/30	olmesartan-amlodipine-hctz.....	42
NINLARO.....	22	FLEXPEN.....	olopatadine hcl.....	78
nisoldipine er.....	42	NOVOLOG MIX 70/30	omega-3-acid ethyl esters.....	39
nitazoxanide.....	.9	RELION.....	omeprazole.....	81
nitisinone.....	105	NOVOLOG PENFILL.....	OMNARIS.....	78
NITRO-BID.....	46	NOVOLOG RELION.....	OMNITROPE.....	98,99
nitrofurantoin.....	15	NOXAFIL.....	ondansetron.....	81
nitrofurantoin macrocrystal .....	15	NUBEQA.....	ondansetron hcl.....	81
nitrofurantoin monohyd .....		NUPLAZID.....	ONUREG.....	22
macro.....	15	NURTEC.....	OPIPZA.....	66
nitroglycerin.....	46	NUTRILIPID.....	OPSUMIT.....	107
NITROLINGUAL.....	46	NUZYRA.....	ORFADIN.....	105
NITYR.....	105	nyamyc.....	ORGOVYX.....	98
NIVESTYM.....	.37	nylia 1/35.....	ORIAHNN.....	96
NIZATIDINE.....	.81	nylia 7/7/7.....	ORILISSA.....	98
norelgestromin-eth estradiol .....	.94	NYMALIZE.....	ORKAMBI.....	107
norethin ace-eth estrad-fe .....	.94	nystatin.....	ORLADEYO.....	102
norethindron-ethinyl estrad- fe .....		nystatin-triamcinolone.....	ORSERDU.....	22
norethindrone.....	.94	nystop.....	oseltamivir phosphate.....	13
norethindrone.....	.94	NYVEPRIA.....	OSPHENA.....	96
norethindrone acet-ethinyl est.....	.94	<b>O</b>	oxcarbazepine.....	54
norethindrone acetate.....	.94	OB COMPLETE ONE.....	oxiconazole nitrate.....	109
norethindrone-eth estradiol .....	.94	OB COMPLETE PETITE.....	oxybutynin chloride.....	114
norgestim-eth estrad triphasic.....		OB COMPLETE PREMIER.....	oxybutynin chloride er.....	114
norgestimate-eth estradiol .....	.94	OB COMPLETE/DHA.....	oxycodone hcl.....	49
NORPACE CR.....	.43	OBSTETRIX EC (WITH DOCUSATE).....	oxycodone-acetaminophen.....	49
nortrel 0.5/35 (28).....	.94	OCTAGAM.....	<b>P</b>	27
nortrel 1/35 (21).....	.94	octreotide acetate.....	pacerone.....	43
nortrel 1/35 (28).....	.94	ODEFSEY.....	paliperidone er.....	67
nortrel 7/7/7.....	.94	ODOMZO.....	PALYNZIQ.....	75
nortriptyline hcl.....	.66	OFEV.....	PANCREAZE.....	82
NORVIR.....	.12	ofloxacin.....	PANRETIN.....	112
NOVOLOG.....	.89	OGSIVEO.....	pantoprazole sodium.....	81
NOVOLOG 70/30 FLEXPEN		OJEMDA.....	paricalcitol.....	117
RELION.....	.89	OJJAARA.....	paroxetine hcl.....	67
NOVOLOG FLEXPEN.....	.89	olanzapine.....	PAROXETINE HCL.....	67

paroxetine hcl er.....	67	PIFELTRO.....	13	potassium citrate er.....	74
PAXLOVID.....	13	pilocarpine hcl.....	31,79	pramipexole dihydrochloride ..	58
PAXLOVID (150/100).....	13	pimecrolimus.....	112	pramipexole dihydrochloride er.	58
PAXLOVID (300/100).....	13	PIMOZIDE.....	67	prasugrel hcl.....	35
pazopanib hcl.....	22	pindolol.....	40	pravastatin sodium.....	39
PEDIARIX.....	27	pioglitazone hcl.....	89	praziquantel.....	1
PEDVAX HIB.....	28	pioglitazone hcl-glimepiride ..	90	prazosin hcl.....	38
peg 3350-kcl-na bicarb-nacl ..	82	pioglitazone hcl-metformin hcl.	90	prednisolone.....	85
peg-3350/electrolytes.....	82	piperacillin sod-tazobactam so.	6	prednisolone acetate.....	78
peg-		PIQRAY (200 MG DAILY		PREDNISOLONE SODIUM	
3350/electrolytes/ascorbat ..	82	DOSE).....	22	PHOSPHATE.....	78
peg-kcl-nacl-nasulf-na asc-c.	82	PIQRAY (250 MG DAILY		prednisolone sodium	
PEGASYS.....	13	DOSE).....	22	phosphate.....	85
PEMAZYRE.....	22	PIQRAY (300 MG DAILY		prednisone.....	85
PEN NEEDLES.....	116	DOSE).....	23	PREDNISONE.....	85
PENBRAYA.....	28	pirfenidone.....	106	PREDNISONE INTENSOL .....	85
penciclovir.....	109	PIRFENIDONE.....	106	pregabalin.....	55
penicillamine.....	84	piroxicam.....	49	PREGEN DHA.....	119
PENICILLIN G POT IN		pitavastatin calcium.....	39	PREGENNA.....	119
DEXTROSE.....	6	PLASMA-LYTE 148.....	73	PREMARIN.....	97
penicillin g potassium.....	6	PLASMA-LYTE A.....	73	PREMASOL.....	71
PENICILLIN G SODIUM.....	6	plenamine.....	71	PREMPHASE.....	97
penicillin v potassium.....	6	PLENU.....	82	PREMPRO.....	97
PENTACEL.....	27	PNV 27-CA/FE/FA.....	119	PRENA 1 TRUE.....	119
pentamidine isethionate.....	10	PNV PRENATAL PLUS		PRENA1.....	119
PENTIPS.....	116	MULTIVIT+DHA.....	119	PRENA1 PEARL.....	119
pentoxifylline er.....	35	PNV TABS 20-1.....	119	PRENAISSANCE.....	119
PERINDOPRIL ERBUMINE ..	45	PNV TABS 29-1.....	119	PRENAISSANCE PLUS .....	119
periogard.....	76	PNV-DHA+DOCUSATE .....	119	PRENATAL .....	119
permethrin.....	109	PNV-SELECT .....	119	PRENATAL 19.....	119
perphenazine.....	67	PODOFILOX .....	112	PRENATAL PLUS .....	119
PERSERIS.....	67	polymyxin b-trimethoprim.....	15	PRENATAL PLUS IRON .....	119
PERTZYE.....	83	POMALYST .....	23	PRENATAL PLUS	
phenelzine sulfate.....	67	portia-28.....	95	VITAMIN/MINERAL .....	119
phenobarbital.....	54	posaconazole .....	8	PRENATAL VITAMIN PLUS	
phenoxybenzamine hcl.....	32	potassium chloride.....	73,74	LOW IRON .....	119
phenytek.....	54	potassium chloride crys er .....	74	PRENATE DHA .....	119
phenytoin.....	54	potassium chloride er .....	74	PRENATE ELITE .....	120
phenytoin infatabs.....	54	potassium chloride in .....		PRENATE ENHANCE .....	120
phenytoin sodium extended ..	55	dextrose .....	74	PRENATE MINI .....	120
PHEXXI.....	105	potassium chloride in nacl .....	74	PRENATE PIXIE .....	120

PRENATE RESTORE	120	PROPRANOLOL HCL	40	rasagiline mesylate	.58
PRENATRIX	120	propranolol hcl er	40	RASUVO	.23
PRENATRYL	120	propylthiouracil	100	reclipsen	.95
PRENATVITE COMPLETE	120	PROQUAD	29	RECOMBIVAX HB	.29
PRENATVITE PLUS	120	PROSOL	71	RECTIV	.46
PREPLUS	120	protriptyline hcl	67	RELENZA DISKHALER	.13
PRETAB	120	PROVIDA OB	120	RELEUKO	.37
PRETOMANID	8	prucalopride succinate	83	repaglinide	.90
prevalite	39	PULMOZYME	107	REPATHA	.39
PREVYMIS	13	pyrazinamide	9	REPATHA PUSHTRONEX	
PREZCOBIX	13	pyridostigmine bromide	31	SYSTEM	.39
PREZISTA	13	pyridostigmine bromide er	31	REPATHA SURECLICK	.39
PRIFTIN	8	pyrimethamine	10	RETACRIT	.37
prilovix	113	PYRUKYND	105	RETEVMO	.23
prilovix lite	113	PYRUKYND TAPER PACK	105	REVCORI	.75
prilovix lite plus	113	PYZCHIVA	102	REVUFORJ	.23
prilovix plus	113			REXULTI	.67
prilovix ultralite	113	<b>Q</b>		REYATAZ	.14
prilovix ultralite plus	113	QUELBREE	60,61	REVVOW	.57
PRIMACARE	120	QINLOCK	23	REZDIFRA	.83
primaquine phosphate	10	QNDSL	78	REZLIDHIA	.23
PRIMIDONE	55	QNDSL CHILDRENS	78	REZUROCK	.104
primidone	55	QUADRACEL	27	RHOPRESSA	.79
PRIORIX	28	quetiapine fumarate	67	RIBAVIRIN	.14
PRIVIGEN	27	quetiapine fumarate er	67	RIDAURA	.102
PRO COMFORT PEN		quinapril hcl	45	rifabutin	.9
NEEDLES	116	QUINIDINE SULFATE	43	rifampin	.9
probenecid	75	quinine sulfate	10	riluzole	.61
prochlorperazine	67	QULIPTA	56	risedronate sodium	.101
prochlorperazine maleate	67			risperidone	.67,68
procto-med hc	110	<b>R</b>		RISPERIDONE	.68
proctosol hc	111	RABAVERT	29	risperidone microspheres er	.68
proctozone-hc	111	rabeprazole sodium	81	ritonavir	.14
progesterone	99	RADICAVA ORS	61	rivastigmine	.31
PROGRAF	104	RADICAVA ORS STARTER		rivastigmine tartrate	.31
PROLIA	101	KIT	61	rizatriptan benzoate	.57
promethazine hcl	16	RALDESY	67	ROCKLATAN	.79
PROMETHEGAN	16	raloxifene hcl	97	roflumilast	.114
propafenone hcl	43	ramelteon	60	ROMVIMZA	.23
propafenone hcl er	43	ramipril	45	ropinirole hcl	.58
propranolol hcl	40	ranolazine er	43	ropinirole hcl er	.58

rosuvastatin calcium.....	39	SITAGLIPTIN BASE-	sulfacetamide sodium (acne). . . . .	109
ROTARIX.....	29	METFORMIN HCL.....	SULFACETAMIDE-	
ROTATEQ.....	29	SIVEXTRO.....	6 PREDNISOLONE.....	76
ROWASA.....	80	sodium chloride.....	sulfadiazine.....	6
ROZLYTREK.....	23	SODIUM CHLORIDE.....	sulfamethoxazole-trimethoprim. . . . .	6
RUBRACA.....	23	sodium chloride (pf).....	sulfasalazine.....	6
rufinamide.....	55	SODIUM FLUORIDE.....	sulindac.....	49
RUKOBIA.....	14	sodium phenylbutyrate.....	sumatriptan.....	57
RYDAPT.....	24	sodium polystyrene sulfonate. . . . .	sumatriptan succinate.....	57
RYTARY.....	58	SOFOBUVIR-	sumatriptan succinate refill.....	57
		VELPATASVIR.....	sunitinib malate.....	24
<b>S</b>		SOHONOS.....	SUNLENCA.....	14
SAFYRAL.....	95	solifenacin succinate.....	SUNOSI.....	61
SANTYL.....	112	SOLIQUA.....	SUPREP BOWEL PREP KIT. . . . .	82
sapropterin dihydrochloride. . . . .	105	SOLTAMOX.....	SURE COMFORT PEN	
SAVAYSA.....	35	SOMAVERT.....	NEEDLES.....	116
saxagliptin hcl.....	90	sorafenib tosylate.....	SUTAB.....	82
saxagliptin-metformin er.....	90	sotalol hcl.....	SYMLINPEN 120.....	90
SCEMBLIX.....	24	sotalol hcl (af).....	SYMLINPEN 60.....	90
scopolamine.....	30	SPINOSAD.....	SYMPAZAN.....	55
SE-NATAL 19.....	120	SPIRIVA HANDIHALER.....	SYMPROIC.....	83
SECUADO.....	68	SPIRIVA RESPIMAT.....	SYMTUZA.....	14
SEGLUROMET.....	90	spironolactone.....	SYNAREL.....	98
SELARSDI.....	102	spironolactone-hctz.....	SYNJARDY.....	90
SELECT-OB.....	120	sprintec 28.....	SYNJARDY XR.....	90
SELECT-OB+DHA.....	120	SPRITAM.....	SYNTHROID.....	100
selegiline hcl.....	58	SPS (SODIUM POLYSTYRENE		
SELZENTRY.....	14	SULF).....	T	
SEREVENT DISKUS.....	34	sronyx.....	TABLOID.....	24
sertraline hcl.....	68	ssd.....	TABRECTA.....	24
SHINGRIX.....	29	STEGLATRO.....	tacrolimus.....	104,112
SIGNIFOR.....	99	STIMUFEND.....	tadalafil.....	46
sildenafil citrate.....	46	STIOLTO RESPIMAT.....	tadalafil (pah).....	46
silodosin.....	32	STIVARGA.....	TADLIQ.....	46
silver sulfadiazine.....	109	STREPTOMYCIN SULFATE. . . . .	TAFINLAR.....	24
SIMBRINZA.....	79	STRIBILD.....	TAGRISSO.....	24
simvastatin.....	39	STRIVERDI RESPIMAT.....	TALTZ.....	102
sirolimus.....	104	SUCRAID.....	TALZENNA.....	24
SIRTURO.....	9	sucralfate.....	tamoxifen citrate.....	97
SITAGLIPTIN.....	90	SUFLAVE.....	tamsulosin hcl.....	32
		sulfacetamide sodium.....	tarina 24 fe.....	95

TARPEYO	86	timolol maleate ocudose	79	TREXALL	24
tasimelteon	.60	timolol maleate pf	.79	tri-estarylla	.95
TAVALISSE	.35	tinidazole	.10	tri-legest fe	.95
TAVNEOS	.102	TIROSINT-SOL	.100	tri-lo-estarylla	.95
tazarotene	.112	TIVICAY	.14	tri-lo-sprintec	.95
TAZVERIK	.24	TIVICAY PD	.14	tri-sprintec	.95
TEFLARO	.6	tizanidine hcl	.32	tri-vylibra lo	.95
telmisartan	.45	TOBRADEX	.76	triamcinolone acetonide	.78,111
TELMISARTAN-		tobramycin	.7,76	triamterene	.72
AMLODIPINE	.42	tobramycin sulfate	.7	triamterene-hctz	.72
telmisartan-hctz	.45	tobramycin-dexamethasone	.76	triazolam	.60
temazepam	.60	TOBREX	.76	TRICARE	.120
TENIVAC	.27	tolcapone	.58	tridacaine ii	.113
tenofovir disoproxil fumarate	.14	tolterodine tartrate	.114	tridacaine iii	.113
TEPMETKO	.24	tolterodine tartrate er	.114	triderm	.111
terazosin hcl	.38	tolvaptan	.72	TRIENTINE HCL	.84
terbinafine hcl	.8	topiramate	.55	trifluoperazine hcl	.68
terbutaline sulfate	.34	toremifene citrate	.97	TRIFLURIDINE	.76
terconazole	.109	torpenz	.24	trihexyphenidyl hcl	.58
teriflunomide	.103	torsemide	.72	TRIHEXYPHENIDYL HCL	.58
teriparatide	.101	TOUJEO MAX SOLOSTAR	.90	TRIJARDY XR	.91
testosterone	.86	TOUJEO SOLOSTAR	.91	trimethoprim	.15
testosterone cypionate	.86	TPN ELECTROLYTES	.74	trimipramine maleate	.68
TESTOSTERONE		TRADJENTA	.91	TRINATAL RX 1	.120
ENANTHATE	.86	tramadol hcl	.49	TRINATE	.121
tetrabenazine	.70	tramadol hcl er	.49	TRINAZ	.121
tetracycline hcl	.6	tramadol-acetaminophen	.49	TRINTELLIX	.68
THALOMID	.103	trandolapril	.45	TRISTART DHA	.121
theophylline er	.114	TRANDOLAPRIL-VERAPAMIL	TRIUMEQ		.14
thioridazine hcl	.68	HCL ER	.42	TRIUMEQ PD	.14
thiothixene	.68	tranexamic acid	.34	TRIVEEN-DUO DHA	.121
THRIVITE RX	.120	tranylcypromine sulfate	.68	TROPHAMINE	.71
tiadylt er	.42	TRAVASOL	.71	trospium chloride	.114
tiagabine hcl	.55	trazodone hcl	.68	trospium chloride er	.114
TIBSOVO	.24	TRECATOR	.9	TRULICITY	.91
ticagrelor	.35	TRELEGY ELLIPTA	.30,31	TRUMENBA	.29
TICOVAC	.29	TRELSTAR MIXJECT	.98	TRUQAP	.24
tigecycline	.7	tretinoin	.24,112	TUKYSA	.24
tilia fe	.95	tretinoin microsphere	.112	TURALIO	.24
timolol maleate	.40,79	TRETINOIN MICROSPHERE	turqoz		.95
timolol maleate (once-daily)	.79	PUMP	.112	TWINRIX	.29

TYBOST	14	VELTASSA	.73	VITAPEarl	121
TYENNE	103	VEMLIDY	15	VITATRUE	121
TYMLOS	101	VENCLEXTA	25	VITRAKVI	25
TYPHIM VI	29	VENCLEXTA STARTING		VIVA DHA	121
TYRVAYA	78	PACK	25	VIVJOA	8
<b>U</b>		VENLAFAXINE BESYLATE	VIVOTIF		29
		ER	69	VIZIMPRO	25
UBRELVY	57	venlafaxine hcl	69	VONJO	25
UDENYCA	37	venlafaxine hcl er	69	VORANIGO	25
ULTICARE INSULIN SAFETY		VENTOLIN HFA	34	voriconazole	8
SYR	116	verapamil hcl	42	VOSEVI	15
ULTILET INSULIN		verapamil hcl er	42	VOXZOGO	105
SYRINGE	116	VERQUVO	46	VP-PNV-DHA	121
ursodiol	82	VERSACLOZ	69	VRAYLAR	69
UZEDY	68,69	VERZENIO	25	VTAMA	113
<b>V</b>		vestura	95	vylibra	95
		vienna	95	VYNDAMAX	43
valacyclovir hcl	14	vigabatrin	55	VYNDAQEL	43
VALCHLOR	112	vigadron	55	VYZULTA	79
valganciclovir hcl	15	VIGAFYDE	55	<b>W</b>	
valproic acid	55	vigpoder	56		
valsartan	45	VIJOICE	25	WAKIX	50
valsartan-		vilazodone hcl	69	warfarin sodium	35
hydrochlorothiazide	45	VIMKUNYA	29	WEGOVY	91
VALTOCO 10 MG DOSE	60	VINATE II	121	WELIREG	25
VALTOCO 15 MG DOSE	60	VINATE ONE	121	WESNATAL DHA	
VALTOCO 20 MG DOSE	60	VIOKACE	83	COMPLETE	121
VALTOCO 5 MG DOSE	60	VIRACEPT	15	WESNATE DHA	121
valtya 1/50	95	VIREAD	15	WESTAB PLUS	122
vancomycin hcl	7	VIRT-NATE DHA	121	WESTGEL DHA	122
VANCOMYCIN HCL	7	VITAFOL FE+	121	WINREVAIR	107
VANDAZOLE	109	VITAFOL GUMMIES	121	wixela inhub	34
VANFLYTA	25	VITAFOL ULTRA	121	<b>X</b>	
VAQTA	29	VITAFOL-NANO	121		
varenicline tartrate	31	VITAFOL-OB	121	XALKORI	25
varenicline tartrate (starter)	31	VITAFOL-OB+DHA	121	xarah fe	95
varenicline tartrate(continue)	31	VITAFOL-ONE	121	XARELTO	35
VARIVAX	29	VITAMEDMD ONE		XARELTO STARTER PACK	35
VARUBI (180 MG DOSE)	81	RX/QUATREFOLIC	121	XCOPRI	56
VAXCHORA	29	VITAMEDMD REDICHEW		XCOPRI (250 MG DAILY	
VELIVET	95	RX	121	DOSE)	56

XCOPRI (350 MG DAILY DOSE)	.....	ZARXIO.....	37
XDEMVY.....	.....	ZEJULA.....	26
XELJANZ.....	.....	ZELAPAR.....	58
XELJANZ XR.....	.....	ZELBORAF.....	26
XERMELO.....	.....	zenatane.....	113
XGEVA.....	.....	ZENPEP.....	83
XHANCE.....	.....	ZEPBOUND.....	51
XIFAXAN.....	.....	zidovudine.....	15
XIGDUO XR.....	.....	ZIEXTENZO.....	37
XiIDRA.....	.....	ZIPHEX.....	122
XOFLUZA (40 MG DOSE) .....	15	ziprasidone hcl.....	69
XOFLUZA (80 MG DOSE) .....	15	ziprasidone mesylate .....	69
XOLAIR.....	.....	ZIRGAN.....	76
XOSPATA.....	.....	ZOLINZA.....	26
XPOVIO (100 MG ONCE WEEKLY).....	25	zolmitriptan.....	57
XPOVIO (40 MG ONCE WEEKLY).....	25	zolpidem tartrate.....	60
XPOVIO (40 MG TWICE WEEKLY).....	25	zolpidem tartrate er.....	60
XPOVIO (60 MG ONCE WEEKLY).....	25	ZONISADE.....	56
XPOVIO (60 MG TWICE WEEKLY).....	26	zonisamide.....	56
XPOVIO (80 MG ONCE WEEKLY).....	26	ZORYVE.....	113
XPOVIO (80 MG TWICE WEEKLY).....	26	zovia 1/35 (28).....	95
XTANDI.....	.....	zovia 1/35e (28).....	95
xulane.....	.....	ZTALMY.....	56
XPOVIO (80 MG ONCE WEEKLY).....	26	ZURZUVAE.....	69
XPOVIO (80 MG TWICE WEEKLY).....	26	ZYDELIG.....	26
XPOVIO (80 MG TWICE WEEKLY).....	26	ZYKADIA.....	26
XPOVIO (80 MG TWICE WEEKLY).....	26	ZYLET.....	76
XPOVIO (80 MG TWICE WEEKLY).....	26		
YTANDI.....	.....		
yuvalane.....	.....		

## Y

YF-VAX.....	.....	29
YORVIPATH.....	.....	98
yuvafem.....	.....	97

## Z

zaflunukast.....	.....	106
zaleplon.....	.....	60
ZALVIT.....	.....	122



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