



2020 Formulary / Formulario 2020

(List of covered drugs) / (Lista de medicamentos cubiertos)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS
EN ESTE PLAN

Approved formulary ID 00020355 / ID de formulario aprobado 00020355

- Devoted Health Miami-Dade HMO
- Devoted Health Broward HMO
- Devoted Health Palm Beach HMO
- Devoted Health Central Florida HMO
- Devoted Health Greater Tampa Bay HMO
- Devoted Health Prime Miami-Dade HMO
- Devoted Health Prime Broward HMO
- Devoted Health Prime Palm Beach HMO
- Devoted Health Prime Central Florida HMO
- Devoted Health Prime Greater Tampa Bay HMO
- Devoted Health Essentials Miami-Dade HMO
- Devoted Health Essentials Broward HMO
- Devoted Health Essentials Palm Beach HMO
- Devoted Health Essentials Central Florida HMO
- Devoted Health Essentials Greater Tampa Bay HMO

This formulary was updated on September 1, 2020. For more recent information or other questions, please contact Devoted Health Member Services at 1-800-338-6833 or, for TTY users, 711, Monday - Friday 8am - 8pm. (from Oct 1 - March 31, representatives are available 7 days a week, 8am - 8pm), or visit us at www.devoted.com.

Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal.

Este formulario se actualizó el 1 de septiembre de 2020. Para obtener información actualizada o si tiene otras preguntas, comuníquese con Devoted Health al 1-800-338-6833 o, para usuarios de TTY, al 711 de lunes a viernes de 8:00 a.m. a 8:00 p.m., (del 1 de octubre al 31 de marzo), representantes están disponibles los 7 días de la semana de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 711. O visite www.devoted.com/es.

Devoted Health es un plan HMO con un contrato con Medicare. La inscripción en Devoted Health depende de la renovación del contrato.

H1290_20M27_C

H1290_20M27SP_C

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 Devoted Health. When it refers to “plan” or “our plan,” it means Devoted Health HMO, Devoted Health Prime HMO, or Devoted Health Essentials HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Devoted Health Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Devoted Health Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Devoted Health Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of September 1, 2020. To get updated information about the drugs covered by Devoted Health, please contact us. Our contact information appears on the front and back cover pages. We will update the downloadable formularies each month and they will be available on www.devoted.com. In the event of a mid-year non-maintenance formulary change, you will be notified via an 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 16. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 14. 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 75. The Index provides an alphabetical list of all 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Devoted Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Devoted Health before you fill your prescriptions. If you don't get approval, Devoted Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Devoted Health limits the amount of the drug that Devoted Health will cover. For example, Devoted Health provides 30 capsules every 30 days for DEXILANT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Devoted 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, Devoted Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Devoted 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 16. 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 Devoted 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 Devoted Health formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Devoted Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Devoted Health.
- You can ask Devoted 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 Devoted Health Formulary?

You can ask Devoted 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Devoted 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, Devoted 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover 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 home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 30 days unless you have a prescription for fewer days. 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 Devoted Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Devoted 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>.

Devoted Health's Formulary

The formulary below provides coverage information about the drugs covered by Devoted Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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

B/D: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% co-insurance for Devoted Health members.

QL: Quantity Limit applies.

Because of potential safety and utilization concerns, Devoted Health has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor may ask Devoted Health to make an exception to our coverage rules. See the section, "How do I request an exception to the Devoted Health formulary?" on page 4 for information about how to request an exception.

LA: Limited Access drug.

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Devoted Health at 1-800-338-6833, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Mar. 31 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). TTY users should call 711.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

ST: Step Therapy Applies.

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for medications on the next Step. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Devoted Health for members who do not meet the Step Therapy criteria at the point of sale. See the section, "How do I request an exception to the Devoted Health formulary?" on page 4 for information about how to request an exception to Devoted Health's prior authorization and step therapy criteria.

GC: Gap Coverage.

For Devoted Health Miami-Dade HMO, Devoted Health Prime Miami-Dade HMO, Devoted Health Broward HMO, Devoted Health Palm Beach HMO, Devoted Health Central Florida HMO, & Devoted Health Greater Tampa Bay HMO members, we provide additional coverage for Tier 1 and Tier 2 drugs in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

About Drug Tiers

Tiers are just a way to group drugs based on how much they cost. Generally, the higher the tier, the more you'll have to pay out of your own pocket.

Tier	Description
1	Preferred Generic Drugs
2	Generic Drugs
3	Preferred Brand Drugs
4	Non-Preferred Drugs
5	Specialty Tier Drugs

lowercase italics = generic drug

ALL CAPS = brand-name drug

Nota para miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que lista aun contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro", significa Devoted Health. Cuando se refiere a "plan" o "nuestro plan" significa Devoted Health HMO, Devoted Health Prime HMO, o Devoted Health Essentials HMO.

Este documento incluye una lista de medicamentos (formulario) para nuestro plan el cual está vigente al 1 de septiembre de 2020. Contáctenos para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

En general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, y/o copagos/coseguro pueden cambiar el 1 de enero de 2021, y cada cierto tiempo a lo largo del año.

¿Qué es el Formulario de Devoted Health?

Un formulario es una lista de medicamentos cubiertos seleccionados por Devoted Health en consulta con un equipo de proveedores de atención médica, que representa las terapias de medicamentos considerados como una parte necesaria en un programa de tratamiento de calidad. Devoted Health, por lo general, cubrirá los medicamentos que se indican en nuestro formulario siempre que el medicamento sea necesario por razones médicas. El medicamento es surtido en una farmacia de la red de Devoted Health, y se siguen otras reglas del plan. Para obtener más información sobre cómo surtir sus medicamentos, revise su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos suceden el 1 de enero, pero podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debimos cumplir las reglas de Medicare al realizar estos cambios.

Cambios que pudieran afectarle este año: En los casos a continuación, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos, si lo reemplazamos con un medicamento genérico nuevo que aparecerá en el mismo nivel de costo compartido o con un costo compartido menor y con las mismas o menos restricciones. También, cuando se agrega un medicamento genérico nuevo, podríamos decidir conservar el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si en la actualidad usted está tomando ese medicamento de marca, pudiéramos no informarle por anticipado de ese cambio, pero más adelante le proporcionaremos información sobre el(los) cambio(s) específico(s) que hayamos hecho.
- Si hacemos tal cambio, usted o el profesional que emite su receta puede solicitarnos una excepción y continuar la cobertura del medicamento de marca que usted toma. La notificación que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Devoted Health?"

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento incluido en nuestro formulario es inseguro o si el fabricante del medicamento lo retira del mercado, nosotros inmediatamente retiraremos el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que esté actualmente incluido en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O podemos hacer cambios basados en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones en la terapia por fases en un medicamento o movemos el medicamento a un nivel de costo compartido mayor, debemos notificar a los miembros afectados del cambio, al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una repetición del medicamento, en cuyo caso, el miembro recibirá un suministro de 30 días del medicamento.
- Si hacemos estos otros cambios, usted o el profesional que emite su receta puede solicitarnos una excepción y continuar la cobertura del medicamento de marca que usted toma. La notificación que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Devoted Health?"

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si usted está tomando un medicamento incluido en nuestro formulario del 2020 que tenía cobertura a principios del año, no descontinuaremos o reduciremos la cobertura del medicamento durante la cobertura del 2020, salvo lo indicado anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo-compartido y sin nuevas restricciones para aquellos miembros que estarán tomándolos por el resto del año de la cobertura.

El formulario adjunto está actualizado al 1 de septiembre de 2020. Contáctenos para obtener información actualizada sobre los medicamentos cubiertos por Devoted Health. Nuestra información de contacto se encuentra en la portada y contraportada. Actualizaremos los formularios descargables cada mes y estos estarán disponibles en www.devoted.com/es. En el caso de que se produzca un cambio a mediados de año en el formulario que no sea de mantenimiento, se le notificará a través de una fe de erratas.

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 16. Los medicamentos en este formulario están agrupados por categorías dependiendo del tipo de condición médica para los que se utilizan. Por ejemplo, los medicamentos utilizados para el tratamiento de condiciones cardíacas están indicados bajo la categoría "Cardiovascular". Si usted conoce el uso que tiene su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 14. Luego busque su medicamento bajo el nombre de la categoría.

Lista alfabética

De no estar seguro en que categoría debe buscar, usted debería buscar su medicamento en el Índice que comienza en la página 75. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Ambos, los medicamentos de marca y los genéricos están indicados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página en la que puede encontrar la información de la cobertura. Vaya a la página indicada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Devoted Health cubre tanto los medicamentos de marca como los medicamentos genéricos. Un medicamento genérico recibe la aprobación de la FDA por tener los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos tienen un costo menor que los medicamentos de marca.

¿Mi cobertura tiene alguna restricción?

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

- **Autorización previa:** Devoted Health requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Devoted Health para poder surtir sus recetas. Si no obtiene la aprobación, Devoted Health pudiera no cubrir el medicamento.
- **Límites de la cantidad:** Para ciertos medicamentos, Devoted Health aplica límites en la cantidad del medicamento que Devoted Health cubrirá. Por ejemplo, Devoted Health provee 30 capsulas cada 30 días de DEXILANT. Esto pudiera ser adicional al suministro mensual estándar de un mes o de tres meses.
- **Terapia por fases:** En algunos casos, Devoted Health requiere que usted primero pruebe ciertos medicamentos para el tratamiento de su condición médica antes de cubrir otros medicamentos para esa condición. Por ejemplo, si el medicamento A y el medicamento B ambos son para el tratamiento de su condición médica, Devoted Health pudiera no cubrir el medicamento B, a menos, que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Devoted Health cubrirá el medicamento B.

Usted puede encontrar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 16. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia por fases. También puede pedir que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

Puede solicitar a Devoted Health hacer una excepción a dichas restricciones o límites; o solicitar una lista de otros medicamentos similares que pueden usarse para el tratamiento de su condición médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página 11 para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no ha sido incluido en este formulario (lista de medicamentos cubiertos), usted primero debe comunicarse con Servicios para miembros y preguntar si su medicamento está cubierto.

Si se entera que Devoted Health no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios para miembros una lista de medicamentos similares cubiertos por Devoted Health. Cuando reciba la lista, muéstresela a su médico y pídale le recete un medicamento similar que esté cubierto por Devoted Health.
- Usted puede pedirle a Devoted Health que haga una excepción y que cubra su medicamento. Vea a continuación información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Devoted Health?

Usted puede pedirle a Devoted Health que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que se cubra un medicamento aun cuando no esté en nuestro formulario. Si es aprobado, este medicamento será cubierto en un nivel de costo-compartido predeterminado, y no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Usted puede pedirnos cubrir un medicamento del formulario a un nivel de costo compartido más bajo, si el medicamento no se encuentra en el nivel de especialidad. Si es aprobado esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que eliminemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Devoted Health limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede solicitarnos que eliminemos el límite y que cubramos una mayor cantidad.

Por lo general, Devoted Health solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo-compartido más bajo o las restricciones de utilización adicionales no serían tan eficaces en el tratamiento de su condición y/o causaría que tenga efectos médicos adversos.

Debería contactarnos para solicitar una decisión sobre la cobertura inicial para un formulario o excepción de restricción de utilización. **Cuando solicita una excepción al formulario o restricción de utilización, debe enviar una declaración de su médico o profesional que emite su receta que respalde su solicitud.** En general, debemos tomar nuestras decisiones dentro de 72 horas después de haber recibido la declaración de respaldo del profesional que emite su receta. Usted puede solicitar una excepción acelerada (rápida), si usted o su médico consideraran que su salud podría verse seriamente perjudicada al esperar hasta 72 horas para que se tome una decisión. Si su solicitud de excepción acelerada se aprueba, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico u otro profesional que emita su receta.

¿Qué hago antes de poder hablar con mi médico sobre un cambio de medicamentos o solicitar una excepción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O, pudiera estar tomando un medicamento que esté en nuestro formulario pero su capacidad para obtenerlo es limitada. Por ejemplo, usted puede necesitar una autorización previa de nosotros antes de surtir su receta. Consulte a su médico para decidir si debe cambiarse a un medicamento apropiado cubierto por nosotros o solicitar una excepción del formulario, de manera que podamos cubrir el medicamento que usted toma. Mientras usted habla con su médico para determinar el curso correcto de acción, pudiéramos cubrir sus medicamentos en ciertos casos durante los primeros 90 días de su afiliación a nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, nosotros cubriremos un suministro temporal de 30 días. Si su receta está escrita por menos de días, permitiremos repeticiones de medicamentos para proporcionarle un suministro máximo de medicamento para 30 días. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted reside en un centro de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento, mientras procesa su excepción al formulario.

Si usted experimenta un cambio en su nivel de atención, tal como una mudanza de su hogar a un centro de cuidado a largo plazo, y necesita de un medicamento que no está incluido en nuestro formulario (o si su capacidad para obtenerlo es limitada), pudiéramos cubrir un suministro único temporal de una farmacia de la red hasta por 30 días, a menos, que tenga una receta por menos días. Debe usar el proceso de excepción del plan si desea continuar con la cobertura del medicamento después de que finalice el suministro temporal.

Para obtener más información

Para información más detallada sobre su cobertura de medicamentos recetados con Devoted Health, revise su Evidencia de cobertura y otros documentos del plan.

Contáctenos si tiene preguntas sobre Devoted Health. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas al día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de Devoted Health

El siguiente formulario provee información sobre la cobertura de los medicamentos que cubre Devoted Health. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 75.

La primera columna de la tabla muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, ENTRESTO) y los medicamentos genéricos se muestran en minúsculas y cursivas (por ejemplo, *omeprazole*).

La información en la columna de Requisitos/Límites le dice si Devoted Health tiene algún requisito especial para cubrir su medicamento.

B/D: Parte B o D de Medicare

Estos medicamentos requieren autorización previa para determinar la cobertura apropiada bajo la Parte B o la Parte D de Medicare. Algunos medicamentos de la Parte B requieren un coseguro del 20% para los miembros de Devoted Health.

QL: Se aplican límites en la cantidad.

Debido a preocupaciones potenciales de seguridad y utilización, Devoted Health ha colocado limitaciones de suministro en una pequeña cantidad de medicamentos con receta. Esto significa que la farmacia solo suministrará una cierta cantidad de un medicamento dentro de un período de tiempo determinado. Estas cantidades se basan en los estándares reconocidos de cuidados, tales como las recomendaciones de la Administración de Alimentos y Medicamentos de los Estados Unidos. Si su médico cree que usted necesita una cantidad mayor a la limitación establecida por el programa, su médico puede solicitar a Devoted Health hacer una excepción a nuestras reglas de cobertura. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página 11 para obtener información sobre cómo solicitar una excepción.

LA: Medicamento con acceso limitado.

Este medicamento recetado puede estar disponible solo en ciertas farmacias. Para obtener más información consulte su Directorio de farmacias o llame a Devoted Health al 1-800-338-6833, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (Del 1 de octubre al 31 de marzo, los representantes están disponibles los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.). Los usuarios de TTY deben llamar al 711.

PA: Se requiere autorización previa.

El proceso de Autorización previa fomenta recetar de manera racional medicamentos con importantes problemas de seguridad y/o financieros. Un proveedor puede presentar una solicitud de cobertura basado en la necesidad médica de un miembro por un medicamento en particular. Si es aprobado, el miembro paga el nivel designado de copago. Existe un proceso de apelación para las solicitudes rechazadas.

ST: Se aplica la Terapia por fases.

La Terapia por fases es una forma automática de Autorización previa que utiliza el historial de reclamaciones para la aprobación de un medicamento en el punto de venta. Los Programas de terapia por fases ayudan a fomentar el uso clínicamente probado de terapias de primera línea y están diseñados para garantizar que se utilicen, primero, los agentes más terapéuticamente apropiados y económicos, antes de que se puedan cubrir otros tratamientos.

Los miembros que actualmente toman medicamentos y que cumplen con el criterio inicial de Terapia por fases, automáticamente podrán surtir sus recetas por medicamentos en la próxima Fase. Si el miembro no cumple con el criterio inicial de Terapia por fases, el medicamento con receta será rechazado en el punto de venta con un mensaje que indica que se requiere la Autorización previa (PA). Los médicos pueden presentar a Devoted Health solicitudes de Autorización previa para miembros que no cumplen con el criterio de Terapia por fases en el punto de venta. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página 11 para obtener información sobre cómo solicitar una excepción a los criterios de autorización previa y terapia por fases de Devoted Health.

GC: Vacío de cobertura

Para los miembros de Devoted Health Miami-Dade HMO, Devoted Health Prime Miami-Dade HMO, Devoted Health Broward HMO, Devoted Health Palm Beach HMO, Devoted Health Central Florida HMO, y Devoted Health Greater Tampa Bay HMO, proveemos cobertura adicional para los Niveles 1 y Niveles 2 de medicamentos en el vacío de cobertura. Consulte nuestra Evidencia de Cobertura para obtener más información sobre esta cobertura.

NDS: Días de suministro de medicamento no extendido

En un esfuerzo por contener los costos de los medicamentos, algunos medicamentos de alto costo estarán limitados a un suministro de hasta 30 días por surtido.

Sobre niveles en los medicamentos

Los niveles son solo una forma de agrupar los medicamentos según el costo. Por lo general, cuanto más alto sea el nivel, más tendrá que pagar de su propio bolsillo.

Tier	Description
1	Medicamentos genéricos preferidos
2	Medicamentos genéricos
3	Medicamentos de marca preferidos
4	Medicamentos no preferidos
5	Medicamentos con nivel de especialidad

minúsculas y cursivas = medicamento genérico

TODAS MAYUSCULAS = medicamento de marca

Table of Contents / Índice de Contenido

Analgesics.....	16	Angiotensin II Receptor Antagonists	32
Gout.....	16	Antiarrhythmics.....	32
NSAIDs	16	Antilipemics, Hmg-Coa Reductase Inhibitors.....	33
Opioid Analgesics	16	Antilipemics, Miscellaneous.....	33
Opioid Analgesics, CII.....	17	Beta-Blocker/Diuretic Combinations	34
Anesthetics.....	18	Beta-Blockers	34
Local Anesthetics	18	Calcium Channel Blocker/Antilipemic Combinations	34
Anti-Infectives.....	18	Calcium Channel Blockers.....	34
Anti-Bacterials - Miscellaneous	18	Digitalis Glycosides	35
Anti-Infectives - Miscellaneous.....	18	Diuretics	35
Antifungals	19	Miscellaneous	36
Antimalarials.....	20	Nitrates	36
Antiretroviral Agents	20	Pulmonary Arterial Hypertension	36
Antiretroviral Combination Agents	21	Central Nervous System.....	37
Antitubercular Agents	22	Antianxiety.....	37
Antivirals	22	Anticonvulsants.....	37
Cephalosporins	23	Antidementia	39
Erythromycins/Macrolides	23	Antidepressants	40
Fluoroquinolones.....	24	Antiparkinsonian Agents.....	41
Penicillins	24	Antipsychotics.....	42
Tetracyclines.....	25	Attention Deficit Hyperactivity Disorder	44
Antineoplastic Agents.....	25	Hypnotics	45
Alkylating Agents.....	25	Migraine	45
Anthracyclines	25	Miscellaneous	45
Antimetabolites.....	26	Multiple Sclerosis Agents	46
Antimitotic, Taxoids	26	Musculoskeletal Therapy Agents.....	46
Antimitotic, Vinca Alkaloids	26	Narcolepsy/Cataplexy	47
Biologic Response Modifiers.....	26	Psychotherapeutic-Misc	47
Hormonal Antineoplastic Agents	27	Endocrine And Metabolic	47
Immunomodulators	28	Androgens	47
Kinase Inhibitors.....	28	Antidiabetics, Injectable	47
Miscellaneous	30	Antidiabetics, Oral	48
Platinum-Based Agents	31	Antidiabetics, Test Strips	50
Protective Agents.....	31	Bisphosphonates	50
Topoisomerase Inhibitors.....	31	Chelating Agents	50
Cardiovascular	31	Contraceptives	51
Ace Inhibitor Combinations.....	31	Endometriosis	54
Ace Inhibitors.....	31	Enzyme Replacements	54
Aldosterone Receptor Antagonists.....	32	Estrogens.....	54
Alpha Blockers	32	Glucocorticoids	54
Angiotensin II Receptor Antagonist Combinations....	32	Glucose Elevating Agents.....	55

Miscellaneous	55	Phosphodiesterase Type 5 Inhibitors	68
Phosphate Binder Agents	56	Phosphodiesterase Type 5 Inhibitors	68
Progestins	56	Respiratory	69
Thyroid Agents	56	Anticholinergic/Beta Agonist Combinations	69
Vasopressins	56	Anticholinergics.....	69
Gastrointestinal	57	Antihistamines	69
Antiemetics.....	57	Beta Agonists	69
Antispasmodics.....	57	Leukotriene Modulators.....	70
H2-Receptor Antagonists.....	57	Mast Cell Stabilizers	70
Inflammatory Bowel Disease	58	Miscellaneous	70
Laxatives	58	Nasal Steroids	70
Miscellaneous	58	Steroid Inhalants	70
Pancreatic Enzymes	59	Steroid/Beta-Agonist Combinations	71
Proton Pump Inhibitors.....	59	Topical	71
Genitourinary	59	Dermatology, Acne	71
Benign Prostatic Hyperplasia.....	59	Dermatology, Antibiotics	71
Miscellaneous	59	Dermatology, Antifungals.....	71
Urinary Antispasmodics.....	59	Dermatology, Antipsoriatics	72
Vaginal Anti-Infectives.....	60	Dermatology, Antiseborrheics	72
Hematologic.....	60	Dermatology, Corticosteroids.....	72
Anticoagulants	60	Dermatology, Local Anesthetics	73
Hematopoietic Growth Factors	60	Dermatology, Miscellaneous Skin and	
Miscellaneous	60	Mucous Membrane	73
Platelet Aggregation Inhibitors	61	Dermatology, Scabicides and Pediculides	73
Immunologic Agents	61	Dermatology, Wound Care Agents.....	74
Disease-Modifying Anti-Rheumatic Drugs		Mouth/Throat/Dental Agents	74
(Dmards)	61	Otic.....	74
Immunoglobulins.....	62	Notes / Notas	100
Immunomodulators	62		
Immunosuppressants.....	63		
Vaccines	63		
Nutritional/Supplements	64		
Electrolytes.....	64		
IV Nutrition	65		
IV Replacement Solutions	65		
Vitamins	66		
Ophthalmic	66		
Anti-Infective/Anti-Inflammatory	66		
Anti-Infectives.....	67		
Anti-Inflammatories.....	67		
Antiallergics.....	68		
Antiglaucoma.....	68		
Miscellaneous	68		

List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
NSAIDS		
<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	4	
<i>diflunisal TABS</i>	3	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	3	
<i>etodolac er</i>	3	
<i>flurbiprofen TABS 100mg</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS 250mg, 375mg, 500mg</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	3	
<i>oxaprozin</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)

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

List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>HYSINGLA ER</i>	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
<i>NUCYNTA ER</i>	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	4	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)

PA – Previa Autorización **QL** – Límites de Cantidad **ST** – Terapia por Fases **NM** – No Disponible en Pedido por Correo
B/D – Cobertura bajo Medicare B o D **LA** – Acceso Limitado **ED** – Medicamento Excluido **GC** – Proveemos cobertura de este medicamento con receta en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura. **NDS** – Días de Suministro no Extendido

List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NDS, NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	NDS
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	
<i>tobramycin sulfate SOLN</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS</i>	5	NDS
ALINIA	5	NDS
<i>atovaquone SUSP</i>	5	NDS
<i>aztreonam</i>	4	
CAYSTON	5	NDS, NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	NDS
EMVERM	5	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	4	

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B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage **NDS** - Non-Extended Days Supply

List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>imipenem-cilastatin</i>	3	
<i>ivermectin</i> TABS	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	NDS
<i>linezolid tab 600mg</i>	4	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i>	3	
<i>pentamidine isethionate inh</i>	4	B/D
<i>pentamidine isethionate inj</i>	4	
<i>praziquantel</i> TABS	3	
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	NDS
<i>tigecycline</i>	5	NDS
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (120 caps / 30 days)
<i>vancomycin hcl</i> CAPS 250mg	5	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	NDS, B/D
AMBISOME	5	NDS, B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i>	5	NDS
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	1	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
<i>micafungin sodium</i>	5	NDS

PA – Previa Autorización **QL** – Límites de Cantidad **ST** – Terapia por Fases **NM** – No Disponible en Pedido por Correo
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List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
MYCAMINE	5	NDS
NOXAFIL SUSP	5	NDS, QL (630 mL / 30 days)
<i>nystatin</i> TABS	3	
<i>posaconazole</i>	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR	5	NDS, PA
<i>voriconazole</i> SUSR	5	NDS, PA
<i>voriconazole</i> TABS 50mg	4	
<i>voriconazole</i> TABS 200mg	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate</i> 26.3mg	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN	4	NM
<i>abacavir sulfate</i> TABS	3	NM
APTIVUS	5	NDS, NM
<i>atazanavir sulfate</i>	4	NM
CRIXIVAN	4	NM
<i>didanosine</i>	4	NM
EDURANT	5	NDS, NM
<i>efavirenz</i> CAPS 50mg	4	NM
<i>efavirenz</i> CAPS 200mg	5	NDS, NM
<i>efavirenz</i> TABS	5	NDS, NM
EMTRIVA	3	NM
<i>fosamprenavir tab</i> 700 mg	5	NDS, NM
FUZEON	5	NDS, NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NDS, NM
INVIRASE	5	NDS, NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NDS, NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NDS, NM
ISENTRESS HD	5	NDS, NM
<i>lamivudine</i>	3	NM
LEXIVA SUSP	4	NM
<i>nevirapine susp</i> 50 mg/5ml	4	NM
<i>nevirapine tab</i> 100mg er	4	NM

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<i>nevirapine tab 200mg</i>	3	NM
<i>nevirapine tab 400mg er</i>	4	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NDS, NM
PREZISTA SUSP	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK	5	NDS, NM
<i>ritonavir</i>	3	NM
SELZENTRY SOLN	5	NDS, NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NDS, NM
<i>stavudine</i>	3	NM
<i>tenofovir disoproxil fumarate</i>	3	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NDS, NM
TIVICAY PD	3	NM
TROGARZO	5	NDS, NM, LA
TYBOST	4	NM
VIRACEPT	5	NDS, NM
VIREAD POWD	5	NDS, NM
VIREAD TABS 150mg, 200mg, 250mg	5	NDS, NM
<i>zidovudine cap 100mg</i>	4	NM
<i>zidovudine syp 50mg/5ml</i>	4	NM
<i>zidovudine tab 300mg</i>	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NDS, NM
ATRIPLA	5	NDS, NM
BIKTARVY	5	NDS, NM
CIMDUO	5	NDS, NM
COMPLERA	5	NDS, NM
DELSTRIGO	5	NDS, NM
DESCOVY	5	NDS, NM
DOVATO	5	NDS, NM
EVOTAZ	5	NDS, NM
GENVOYA	5	NDS, NM
JULUCA	5	NDS, NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NDS, NM

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<i>lamivudine-zidovudine</i>	4	NM
<i>lopinavir-ritonavir</i>	4	NM
ODEFSEY	5	NDS, NM
PREZCOBIX	5	NDS, NM
STRIBILD	5	NDS, NM
SYMFI	5	NDS, NM
SYMFI LO	5	NDS, NM
SYMTUZA	5	NDS, NM
TEMIXYS	5	NDS, NM
TRIUMEQ	5	NDS, NM
TRUVADA TAB 100-150	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
SIRTURO 100mg	5	NDS, LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	NDS, NM
BARACLUDE SOLN	5	NDS, NM
<i>entecavir</i>	4	NM
EPCLUSA	5	NDS, NM, PA
EPIVIR HBV SOLN	4	NM
<i>famciclovir</i> TABS	3	
<i>ganciclovir sodium</i>	4	B/D
HARVONI	5	NDS, NM, PA
<i>lamivudine (hbv)</i>	4	NM
MAVYRET	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)

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<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NDS, NM, PA
PEGASYS PROCLICK	5	NDS, NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribavirin</i> 200mg CAPS	3	NM
<i>ribavirin</i> 200mg TABS	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	NDS
VEMLIDY	5	NDS, NM
VOSEVI	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	2	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i>	4	
<i>cefixime</i> SUSR	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	

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<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	NDS
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate TABS</i>	4	
<i>erythromycin tab ec</i>	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin hcl tab 100mg</i>	4	
<i>ciprofloxacin hcl tab 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>moxifloxacin hcl TABS</i>	4	
<i>moxifloxacin hcl in sodium chloride</i>	4	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate 200-28.5 chw tabs</i>	4	
<i>amoxicillin & pot clavulanate 200/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 250-125 tabs</i>	4	
<i>amoxicillin & pot clavulanate 250/5ml susr</i>	4	
<i>amoxicillin & pot clavulanate 400-57 chw tabs</i>	4	
<i>amoxicillin & pot clavulanate 400/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 500-125 tabs</i>	2	
<i>amoxicillin & pot clavulanate 600/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 875-125 tabs</i>	2	
<i>amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs</i>	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium 1gm, 2gm</i>	4	
<i>nafcillin sodium 10gm</i>	5	NDS

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NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium</i> SOLR 1gm, 2gm	4	
<i>oxacillin sodium</i> SOLR 10gm	5	NDS
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
<i>piper/tazoba inj 12-1.5gm</i>	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> CAPS	2	
<i>mondoxylene nl cap 100mg</i>	2	
<i>tetracycline hcl</i> CAPS	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	NDS, B/D, NM
<i>cyclophosphamide</i> CAPS	3	B/D
<i>cyclophosphamide</i> SOLR	5	NDS, B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	NDS
LEUKERAN	5	NDS
ANTHRACYCLINES		
<i>adriamycin</i> SOLN	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	NDS, B/D
<i>epirubicin hcl</i>	4	B/D

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ANTIMETABOLITES		
<i>adrucil inj</i>	3	B/D
ALIMTA	5	NDS, B/D
<i>azacitidine</i>	5	NDS, B/D, NM
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine TABS</i>	3	
<i>methotrexate sodium inj soln</i>	2	B/D
<i>methotrexate sodium inj solr</i>	2	B/D
PURIXAN	5	NDS, NM
TABLOID	5	NDS
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	NDS, B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml</i>	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	NDS, B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	NDS, B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE	5	NDS, B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NDS, NM, LA, PA
BORTEZOMIB	5	NDS, NM, PA
DAURISMO	5	NDS, NM, LA, PA
ERIVEDGE	5	NDS, NM, LA, PA
FARYDAK	5	NDS, NM, LA, PA
HERCEPTIN	5	NDS, NM, PA
HERCEPTIN HYLECTA	5	NDS, NM, PA
HERZUMA	5	NDS, NM, PA
IBRANCE CAPS	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
IDHIFA	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	NDS, B/D, NM
KANJINTI	5	NDS, NM, PA
KEYTRUDA	5	NDS, NM, PA
KISQALI	5	NDS, NM, PA

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KISQALI FEMARA 200 DOSE	5	NDS, NM, PA
KISQALI FEMARA 400 DOSE	5	NDS, NM, PA
KISQALI FEMARA 600 DOSE	5	NDS, NM, PA
LYNPARZA	5	NDS, NM, LA, PA
MVASI	5	NDS, NM, LA, PA
NINLARO	5	NDS, NM, PA
ODOMZO	5	NDS, NM, LA, PA
OGIVRI	5	NDS, NM, PA
ONTRUZANT	5	NDS, NM, PA
RITUXAN	5	NDS, NM, LA, PA
RITUXAN HYCELA	5	NDS, NM, LA, PA
RUBRACA	5	NDS, NM, LA, PA
RUXIENCE	5	NDS, NM, PA
TALZENNA	5	NDS, NM, LA, PA
TECENTRIQ	5	NDS, NM, LA, PA
TIBSOVO	5	NDS, NM, LA, PA
TRAZIMERA	5	NDS, NM, PA
TRUXIMA	5	NDS, NM, PA
VELCADE	5	NDS, NM, PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NDS, NM, LA, PA
VENCLEXTA STARTING PACK	5	NDS, NM, LA, PA
VERZENIO	5	NDS, NM, LA, PA
ZEJULA	5	NDS, NM, LA, PA
ZIRABEV	5	NDS, NM, PA
ZOLINZA	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	NDS, NM, PA
<i>anastrozole TABS</i>	1	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS, NM, LA, PA
<i>exemestane</i>	4	
<i>flutamide</i>	3	
<i>fulvestrant</i>	5	NDS, B/D
<i>letrozole TABS</i>	1	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA; 90 Day Supply Copay Applies
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	

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<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	NDS
NUBEQA	5	NDS, NM, LA, PA
SOLTAMOX	5	NDS
<i>tamoxifen citrate TABS</i>	1	
<i>toremifene citrate</i>	5	NDS
TRELSTAR DEP INJ 3.75MG	5	NDS, NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA; 90 Day Supply Copay Applies
XTANDI	5	NDS, NM, LA, PA
ZYTIGA 500mg	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NDS, NM, LA, PA
ALUNBRIG	5	NDS, NM, LA, PA
AYVAKIT	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA	5	NDS, NM, LA, PA
BOSULIF	5	NDS, NM, PA
BRAFTOVI	5	NDS, NM, LA, PA
BRUKINSA	5	NDS, NM, LA, PA

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CABOMETYX	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NDS, NM, LA, PA
CAPRELSA	5	NDS, NM, LA, PA
COMETRIQ	5	NDS, NM, LA, PA
COPIKTRA	5	NDS, NM, LA, PA
COTELLIC	5	NDS, NM, LA, PA
<i>erlotinib hcl</i> 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 30MG	5	NDS, NM, LA, PA
GILOTRIF TAB 40MG	5	NDS, NM, LA, PA
ICLUSIG	5	NDS, NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NDS, NM, LA, PA
INLYTA 1mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	NDS, NM, LA, PA
IRESSA	5	NDS, NM, LA, PA
JAKAFI	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NDS, NM, LA, PA
LORBRENA	5	NDS, NM, LA, PA
MEKINIST	5	NDS, NM, LA, PA
MEKTOVI	5	NDS, NM, LA, PA
NERLYNX	5	NDS, NM, LA, PA
NEXAVAR	5	NDS, NM, LA, PA
PEMAZYRE	5	NDS, NM, LA, PA

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PIQRAY 200MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 250MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE	5	NDS, NM, PA
QINLOCK	5	NDS, NM, LA, PA
RETEVMO	5	NDS, NM, LA, PA
ROZLYTREK	5	NDS, NM, LA, PA
RYDAPT	5	NDS, NM, PA
SPRYCEL	5	NDS, NM, PA
STIVARGA	5	NDS, NM, LA, PA
SUTENT	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA	5	NDS, NM, PA
TAFINLAR	5	NDS, NM, LA, PA
TAGRISSO	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NDS, NM, PA
TUKYSA	5	NDS, NM, LA, PA
TURALIO	5	NDS, NM, LA, PA
TYKERB	5	NDS, NM, LA, PA
VITRAKVI	5	NDS, NM, LA, PA
VIZIMPRO	5	NDS, NM, LA, PA
VOTRIENT	5	NDS, NM, LA, PA
XALKORI	5	NDS, NM, LA, PA
XOSPATA	5	NDS, NM, LA, PA
ZELBORAF	5	NDS, NM, LA, PA
ZYDELIG	5	NDS, NM, LA, PA
ZYKADIA	5	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NDS, NM, PA
<i>hydroxyurea CAPS</i>	2	
LONSURF	5	NDS, NM, PA
MATULANE	5	NDS, LA
SYLATRON	5	NDS, NM, PA
SYNRIBO	5	NDS, NM, PA
TAZVERIK	5	NDS, NM, LA, PA
<i>tretinoin (chemotherapy)</i>	5	NDS
XPOVIO 40 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NDS, NM, LA, PA

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PLATINUM-BASED AGENTS		
carboplatin	3	B/D
cisplatin SOLN	3	B/D
oxaliplatin inj 50mg	5	NDS, B/D
oxaliplatin inj 50mg/10ml	4	B/D
oxaliplatin inj 100mg	5	NDS, B/D
oxaliplatin inj 100mg/20ml	4	B/D
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml	4	B/D
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS	5	NDS
TOPOISOMERASE INHIBITORS		
etoposide SOLN	3	B/D
irinotecan hcl	4	B/D
toposar	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine--benazepril hcl cap 10-20 mg	1	
amlodipine-benazepril hcl cap 2.5-10 mg	1	
amlodipine-benazepril hcl cap 5-10 mg	1	
amlodipine-benazepril hcl cap 5-20 mg	1	
amlodipine-benazepril hcl cap 5-40 mg	1	
amlodipine-benazepril hcl cap 10-40mg	1	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril hcl TABS	1	
captopril TABS	1	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	

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ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i> 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium</i> TABS	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	4	

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<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	5	NDS, ST
<i>atorvastatin calcium TABS</i>	1	
EZALLOR SPRINKLE	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ZYPITAMAG	4	ST
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	4	
<i>cholestyramine</i>	3	
<i>cholestyramine light pack</i>	4	
<i>cholestyramine light powd</i>	3	
<i>choline fenofibrate</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	3	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	3	
<i>gemfibrozil TABS</i>	1	
JUXTAPID	5	NDS, NM, LA, PA
<i>niacin (antihyperlipidemic)</i>	4	
<i>niacin er (antihyperlipidemic) 500mg</i>	4	QL (60 tabs / 30 days)

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<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	4	
<i>niacor</i>	4	
PRALUENT	3	NM, PA
<i>prevalite PACK</i>	4	
<i>prevalite POWD</i>	3	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	3	
<i>metoprolol & hctz tab 100-25mg</i>	3	
<i>metoprolol & hctz tab 100-50mg</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	3	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	4	
<i>diltiazem cap er/12hr</i>	4	

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<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl coated beads</i> CP24	4	
<i>diltiazem hcl coated beads</i> TB24	3	
<i>diltiazem hcl coated beads cap sr</i> 24hr	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	3	
<i>matzim la</i>	3	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	NDS
<i>nisoldipine</i>	4	
NYMALIZE	5	NDS
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil cap er</i> 100mg, 200mg, 300mg, 360mg	4	
<i>verapamil cap er</i> 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	2	PA; PA if 70 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	2	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol</i> 50mcg/ml	4	PA; PA if 70 years and older
DIURETICS		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	3	
<i>chlorothiazide</i> TABS	3	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	

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<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i>	4	
BIDIL	3	
<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSER	5	NDS, PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i>	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i> 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate</i> 40mg	5	NDS
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 62.5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA

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OPSUMIT	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i>	5	NDS, NM, LA, PA
VENTAVIS	5	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl TABS 5mg, 10mg, 15mg</i>	1	
<i>bupirone hcl TABS 7.5mg, 30mg</i>	3	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
<i>carbamazepine CHEW; TABS</i>	3	
<i>carbamazepine CP12; SUSP; TB12</i>	4	
CELONTIN	4	
<i>clobazam</i>	4	PA
<i>clonazepam TABS 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam TABS</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older

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List of Covered Drugs / Lista de Medicamentos

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<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR	4	
<i>divalproex sodium</i> TB24; TBEC	3	
EPIDIOLEX	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	NDS
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	1	
<i>lamotrigine</i> TB24; TBDP	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	2	
<i>levetiracetam</i> TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
NAYZILAM	4	
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN	4	PA; PA if 70 years and older

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PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj</i> 50mg/ml	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	NDS, PA
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	3	
<i>valproic acid</i> CAPS	3	
VALTOCO	4	
<i>vigabatrin powd pack</i> 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
XCOPRI MAINTENANCE PAK 150-200MG	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 12.5-25MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	NDS, QL (56 tabs / 28 days)
XCOPRI TABS 50mg	5	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI TITRATION PAK 150-200MG	5	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)

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<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	3	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab 25mg</i>	3	
<i>amoxapine tab 50mg</i>	3	
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl</i> TABS	2	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> TABS	1	
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	2	
<i>maprotiline hcl</i>	3	

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MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine er tab</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24; TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab</i> 0.5mg	3	PA; PA if 70 years and older
<i>benztropine mesylate tab</i> 1mg	3	PA; PA if 70 years and older
<i>benztropine mesylate tab</i> 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa</i> TABS	5	NDS
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	

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<i>pramipexole er</i>	4	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate TABS</i>	4	
<i>ropinirole er</i>	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS; TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml	5	NDS, QL (1 injection / 28 days)
ARISTADA 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	NDS
CAPLYTA	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)

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<i>haloperidol</i> TABS	3	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	3	
<i>haloperidol lactate inj</i> 5mg/ml	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZA 273mg/0.875ml	5	QL (1 injection / 90 days); 90 Day Supply Copay Applies
INVEGA TRINZA 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 injection / 90 days); 90 Day Supply Copay Applies
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	3	
PERSERIS	5	NDS, QL (1 injection / 30 days)
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)

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<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
SECUADO	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i>	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	NDS, QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW	4	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tbc</i> 10 mg	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbc</i> 20mg	4	QL (90 tabs / 30 days)

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VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i>	3	QL (30 tabs / 30 days)
HETLIOZ	5	NDS, NM, LA, PA
<i>temazepam 7.5mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	5	NDS, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine TABS</i>	4	
<i>frovatriptan succinate</i>	4	QL (18 tabs / 30 days)
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA

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AUSTEDO 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	PA
INGREZZA CAPS	5	NDS, QL (30 caps / 30 days), NM, PA
INGREZZA CPPK	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
SAVELLA	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<i>tetrabenazine 12.5mg</i>	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine TB12</i>	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

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NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	3	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	4	QL (60 tabs / 30 days), PA
XYREM	5	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i> SOCT	1	
<i>naloxone inj 0.4mg/ml</i> SOLN 4mg/10ml	2	
<i>naloxone inj 0.4mg/ml</i> SOLN .4mg/ml	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	NDS, PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	PA
<i>oxandrolone</i> TABS 10mg	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	1	
BD ALCOHOL SWABS	1	
BD ULTRAFINE INSULIN SYRINGE	1	
BD ULTRAFINE/NANO PEN NEEDLES	1	

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BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
GAUZE PADS 2" X 2"	1	
HUMULIN R INJ U-500	5	NDS, B/D
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGE	1	
LEVEMIR	1	
LEVEMIR FLEXTOUCH	1	
NOVOLIN 70/30	1	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	1	(brand RELION not covered)
NOVOLIN N	1	(brand RELION not covered)
NOVOLIN N FLEXPEN	1	(brand RELION not covered)
NOVOLIN R	1	(brand RELION not covered)
NOVOLIN R FLEXPEN	1	(brand RELION not covered)
NOVOLOG	1	
NOVOLOG 70/30 FLEXPEN	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30	1	
NOVOLOG PENFILL	1	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	1	
TRESIBA INJ	1	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i> TABS	3	
<i>alogliptin benzoate</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-metformin hcl</i>	1	QL (60 tabs / 30 days)
FARXIGA	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	2	QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	2	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)

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<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
GLYXAMBI	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000 MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000 MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)

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XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
ANTIDIABETICS, TEST STRIPS		
ACCU-CHEK AVIVA PLUS STRP	PART B	QL (500 strips / 90 days)
ACCU-CHEK COMPACT PLUS	PART B	QL (500 strips / 90 days)
ACCU-CHEK GUIDE STRP	PART B	QL (500 strips / 90 days)
ACCU-CHEK SMARTVIEW STRIP	PART B	QL (500 strips / 90 days)
BAYER BREEZE 2 TEST DISC	PART B	QL (500 strips / 90 days)
BREEZE 2 TEST DISC	PART B	QL (500 strips / 90 days)
CONTOUR BLOOD GLUCOSE TES	PART B	QL (500 strips / 90 days)
CONTOUR NEXT BLOOD GLUCOS STRP	PART B	QL (500 strips / 90 days)
FREESTYLE INSULINX BLOOD STRP	PART B	QL (500 strips / 90 days)
FREESTYLE LIBRE 14 DAY/SE	PART B	
FREESTYLE LIBRE/SENSOR/FL	PART B	
FREESTYLE LITE TEST STRIP	PART B	QL (500 strips / 90 days)
FREESTYLE PRECISION NEO B STRP	PART B	QL (500 strips / 90 days)
FREESTYLE TEST STRIPS	PART B	QL (500 strips / 90 days)
ONETOUCH ULTRA	PART B	QL (500 strips / 90 days)
ONETOUCH VERIO TEST STRIP	PART B	QL (500 strips / 90 days)
PRECISION XTRA STRP	PART B	QL (500 strips / 90 days)
PRECISION XTRA BLOOD GLUC	PART B	QL (500 strips / 90 days)
BISPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml</i>	4	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	3	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium inj</i>	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tabs</i>	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium 30mg/10ml, 90mg/10ml</i>	3	B/D
<i>pamidronate inj 30mg</i>	3	B/D
<i>pamidronate inj 90mg</i>	3	B/D
<i>risedronate sodium</i>	4	
<i>zoledronic acid inj 4mg/100ml</i>	4	B/D, NM
<i>zoledronic acid inj 5mg/100ml</i>	4	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	4	B/D, NM
CHELATING AGENTS		
CHEMET	4	

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<i>clovique</i>	5	NDS, PA
<i>deferasirox tab</i>	5	NDS, NM, PA
JADENU 180mg	5	NDS, NM, LA, PA
JADENU SPRINKLE	5	NDS, NM, LA, PA
<i>kionex sus 15gm/60ml</i>	3	
LOKELMA	3	
<i>penicillamine TABS</i>	5	NDS
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	NDS, PA
VELTASSA	4	LA, PA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drosiprenone-ethinyl estradiol</i>	3	
ELLA	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	2	

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<i>ethynodiol tab 1-50</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	3	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	

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<i>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be tab</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0 .18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtree</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	4	
SYNAREL	5	NDS
ENZYME REPLACEMENTS		
ALDURAZYME	5	NDS, NM, LA, PA
CARBAGLU	5	NDS, NM, LA, PA
CERDELGA	5	NDS, NM, PA
CEREZYME	5	NDS, NM, LA, PA
CYSTADANE	5	NDS, NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NDS, NM, LA, PA
KUVAN	5	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NDS, NM, LA, PA
<i>miglustat</i>	5	NDS, NM, PA
NAGLAZYME	5	NDS, NM, LA, PA
<i>nitisinone</i>	5	NDS, NM, PA
NITYR	5	NDS, NM, LA, PA
ORFADIN	5	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NDS, NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estradiol</i> PTWK	3	
<i>estradiol</i> TABS	2	
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tab</i>	4	
<i>estradiol valerate</i> OIL	4	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	

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<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ss inj</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	3	
<i>prednisone pak 10mg</i>	3	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	3	
<i>calcitonin (salmon)</i>	3	B/D
<i>cinacalcet hcl</i> 30mg, 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NDS, NM, PA
GENOTROPIN	5	NDS, NM, PA

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GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX	5	NDS, NM, LA, PA
KORLYM	5	NDS, NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NDS, NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NDS, NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM; 90 Day Supply Copay Applies
<i>raloxifene hcl</i>	3	
SIGNIFOR	5	NDS, NM, LA, PA
SOMATULINE DEPOT	5	NDS, NM, PA
SOMAVERT	5	NDS, NM, LA, PA
TYMLOS	5	NDS, NM, PA
XGEVA	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	3	
THYROID AGENTS		
euthyrox	2	
levo-t	2	
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	3	
methimazole TABS	1	
propylthiouracil TABS	3	
SYNTHROID	3	
unithroid	2	
VASOPRESSINS		
desmopressin acetate spray	4	

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<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NDS, NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl TABS 24mg</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
SANCUSO	5	NDS, QL (4 patches / 28 days)
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SUSR</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>nizatidine CAPS</i>	3	

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INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	3	
<i>budesonide ec</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine CPDR</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine SUPP</i>	5	NDS
<i>mesalamine TBEC 1.2gm</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	3	
<i>enulose</i>	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	3	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose SOLN</i>	3	
<i>lactulose (encephalopathy)</i>	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
<i>cromolyn sodium (mastocytosis)</i>	5	NDS
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NDS, NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	3	
<i>misoprostol TABS</i>	3	
MOVANTI 12.5mg	3	QL (60 tabs / 30 days)
MOVANTI 25mg	3	QL (30 tabs / 30 days)

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RELISTOR SOLN	5	NDS, PA
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDD	4	QL (30 tabs / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	4	
<i>pantoprazole sodium tbec</i>	1	
PRILOSEC	4	
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>fnasteride</i> TABS 5mg	1	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	4	
MYRBETRIQ	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	3	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
OXYTROL	4	
<i>tolterodine tartrate cap er</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)

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<i>tropium chloride</i> TABS	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml, 95000unit/3.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 caps / 30 days)
<i>warfarin sodium</i>	1	
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO	5	NDS, NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	4	
BERINERT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NDS, NM, LA, PA

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HAEGARDA 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i>	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	4	
<i>tranexamic acid</i> TABS	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ENBREL SOLR	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI	5	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK	5	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	NDS, QL (6 syringes / 28 days), NM, PA

PA – Previa Autorización **QL** – Límites de Cantidad **ST** – Terapia por Fases **NM** – No Disponible en Pedido por Correo **B/D** – Cobertura bajo Medicare B o D **LA** – Acceso Limitado **ED** – Medicamento Excluido **GC** – Proveemos cobertura de este medicamento con receta en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura. **NDS** – Días de Suministro no Extendido

List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS, NM, PA
HUMIRA PEN	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NDS, NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NDS, NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER	5	NDS, NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NDS, NM, PA
RENFLEXIS	5	NDS, NM, LA, PA
RINVOQ	5	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI	5	NDS, QL (7 kits / year), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	NDS, QL (1 syringe / 28 days), NM, PA
TREXALL	4	B/D
XATMEP	4	B/D
XELJANZ	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	5	NDS, NM, PA
GAMASTAN	3	B/D, NM
GAMMAGARD LIQUID	5	NDS, NM, PA
GAMMAGARD S/D	5	NDS, NM, PA
GAMMAKED	5	NDS, NM, PA
GAMMAPLEX	5	NDS, NM, PA
GAMMAPLEX 10GM/100ML	5	NDS, NM, PA
GAMUNEX-C	5	NDS, NM, PA
OCTAGAM	5	NDS, NM, PA
PANZYGA	5	NDS, NM, PA
PRIVIGEN	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NDS, NM, LA, PA
ARCALYST	5	NDS, NM, PA
INTRON-A INJ 10MU	5	NDS, B/D, NM
INTRON-A INJ 18MU	5	NDS, B/D, NM
INTRON-A INJ 25MU	5	NDS, B/D, NM

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INTRON-A INJ 50MU	5	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS	3	B/D
BENLYSTA	5	NDS, NM, PA
cyclosporine CAPS; SOLN	4	B/D, NM
cyclosporine modified (for microemulsion)	4	B/D, NM
everolimus (immunosuppressant) .5mg, .75mg	5	NDS, B/D, NM
everolimus (immunosuppressant) .25mg	4	B/D, NM
gengraf	4	B/D, NM
mycophenolate mofetil CAPS; TABS	3	B/D, NM
mycophenolate mofetil SUSR	5	NDS, B/D, NM
mycophenolate sodium tbec	4	B/D, NM
NULOJIX	5	NDS, B/D, NM
PROGRAF PACK	4	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
sirolimus SOLN	5	NDS, B/D, NM
sirolimus TABS 2mg	5	NDS, B/D, NM
sirolimus TABS .5mg, 1mg	4	B/D, NM
tacrolimus CAPS	4	B/D, NM
ZORTRESS TAB 0.5MG	5	NDS, B/D, NM
ZORTRESS TAB 0.25MG	5	NDS, B/D, NM
ZORTRESS TAB 0.75MG	5	NDS, B/D, NM
ZORTRESS TAB 1MG	5	NDS, B/D, NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
I POL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	3	
<i>potassium chloride PACK</i>	4	
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	

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TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	3	
KCL 0.3%/D5W/NACL 0.9%	4	

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<i>kcl 0.3%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	3	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	3	
<i>kcl/d5w/nacl inj .15/.45%</i>	3	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	3	
<i>sodium chloride 0.45%</i>	3	
<i>sodium chloride inj 0.9%</i>	3	
VITAMINS		
<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>doxercalciferol CAPS</i>	4	B/D
M-NATAL PLUS	3	
ONE VITE WOMENS PRENATAL	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	NDS
TRICARE	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	

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TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	3	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i>	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	3	
ILEVRO	3	
<i>ketorolac tromethamine (ophth) .4%</i>	3	
<i>ketorolac tromethamine (ophth) .5%</i>	2	
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	

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PROLENSA	3	
ANTIALLERGICS		
azelastine drop 0.05%	3	
BEPREVE	3	
cromolyn sodium (ophth)	1	
LASTACAFT	4	
olopatadine hcl 0.1%	3	
olopatadine hcl 0.2%	4	
PAZEO	3	
ZERVIATE	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
betaxolol hcl (ophth)	3	
BETOPTIC-S	3	
brimonidine sol 0.2%	1	
brimonidine sol 0.15%	4	
carteolol hcl (ophth)	2	
COMBIGAN	3	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
latanoprost SOLN	2	
levobunolol hcl	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl SOLN	3	
RHOPRESSA	3	
SIMBRINZA	3	
timolol maleate (ophth) soln	1	
timolol maleate gel	4	
timolol maleate ophth soln 0.5% (once-daily)	4	
travoprost	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NDS, NM, LA, PA
proparacaine hcl SOLN	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
Phosphodiesterase Type 5 Inhibitors		
Phosphodiesterase Type 5 Inhibitors		
sildenafil citrate TABS	2	ED, GC, QL (6 tabs / 30 days); CAP=72 TABS EVERY YEAR

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RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS</i>	3	
<i>diphenhydramine hcl inj 50mg/ml</i>	3	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	
<i>olopatadine hcl (nasal)</i>	4	
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	3	B/D
<i>albuterol sulfate NEBU .083%</i>	2	B/D
<i>albuterol sulfate SYRP</i>	2	
<i>albuterol sulfate TABS</i>	4	
<i>albuterol sulfate TB12</i>	3	
BROVANA	5	NDS, B/D
<i>levalbuterol hcl NEBU</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	NDS, B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	4	

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VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	2	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	1	
<i>zafirlukast</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> nebu	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NDS, NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of AdrenaClick)
ESBRIET	5	NDS, NM, PA
FASENRA	5	NDS, NM, LA, PA
FASENRA PEN	5	NDS, NM, LA, PA
KALYDECO	5	NDS, NM, PA
NUCALA	5	NDS, NM, LA, PA
OFEV	5	NDS, NM, PA
ORKAMBI	5	NDS, NM, PA
PROLASTIN-C	5	NDS, NM, LA, PA
PULMOZYME	5	NDS, NM, PA
SYMDEKO	5	NDS, NM, LA, PA
SYMJEPI	4	
THEO-24	4	
<i>theophylline</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab sr 24hr</i>	3	
TRIKAFTA	5	NDS, NM, LA, PA
XOLAIR	5	NDS, NM, LA, PA
ZEMAIRA	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)

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FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnesteem</i>	4	PA
<i>avita</i>	4	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical) GEL</i>	4	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical) LOTN</i>	3	
<i>clindamycin phosphate (topical) SOLN</i>	4	QL (60 mL / 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>isotretinoin CAPS</i>	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin GEL .01%, .025%</i>	4	QL (45 grams / 30 days), PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA</i>	4	
<i>gentamicin sulfate (topical) OINT</i>	3	
<i>mupirocin OINT</i>	2	QL (220 grams / 30 days)
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA</i>	3	QL (90 grams / 30 days)
<i>ciclopirox SUSP</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA</i>	3	
<i>clotrimazole (topical) SOLN</i>	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone CREA</i>	3	
<i>ketconazole cream</i>	3	QL (60 grams / 30 days)
<i>nyamyc</i>	3	QL (60 grams / 30 days)
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	QL (60 grams / 30 days)

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<i>nystop</i>	3	QL (60 grams / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 grams / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 grams / 30 days), PA
<i>tazarotene</i> CREA	3	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre</i> 1%	1	
<i>ala-cort cre</i> 2.5%	2	
<i>alclometasone dipropionate</i> CREA	4	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>calcipotriene-betamethasone dipropionate</i> SUSP	5	NDS, QL (400 grams / 28 days), PA
CORDRAN TAPE	4	
ENSTILAR	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide</i> CREA; OINT	3	
<i>fluocinolone acetonide</i> OIL	4	
<i>fluocinolone acetonide</i> SOLN	4	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	QL (120 grams / 30 days)
<i>fluocinonide</i> GEL	4	QL (60 grams / 30 days)
<i>fluocinonide</i> OINT	4	QL (60 grams / 30 days)
<i>fluocinonide</i> SOLN	4	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	4	QL (120 grams / 30 days)
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	QL (50 grams / 30 days)
<i>hydrocortisone (topical) cream</i> 1%	1	
<i>hydrocortisone (topical) cream</i> 2.5%	2	
<i>hydrocortisone (topical) lotion</i> 2.5%	3	
<i>hydrocortisone (topical) oint</i> 2.5%	2	
<i>hydrocortisone butyrate cream</i> 0.1%	4	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint</i> 0.1%	4	QL (45 grams / 30 days)
<i>mometasone furoate</i> CREA; OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	

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<i>triamcinolone acetonide (topical)</i> AERS	4	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 grams / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine oint</i> 5%	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA	2	
<i>ammonium lactate</i> LOTN	3	
<i>azelaic acid</i> GEL	4	QL (50 grams / 30 days)
<i>diclofenac sodium (topical)</i> 1% gel	3	QL (1000 grams / 30 days), PA
FINACEA AER 15%	4	
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 grams / 30 days)
<i>fluorouracil (topical)</i> SOLN	3	QL (10 mL / 30 days)
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel</i> 0.75%	4	
NORITATE	5	NDS, QL (60 grams / 30 days)
PANRETIN	5	NDS, QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre</i> 2.5%	3	
<i>proctozone-hc</i>	3	
RECTIV	4	QL (30 grams / 30 days)
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	QL (100 grams / 30 days)
TARGRETIN GEL	5	NDS, QL (60 grams / 30 days), NM, PA
VALCHLOR	5	NDS, QL (60 grams / 30 days), NM, LA, PA
ZYCLARA PUMP 2.5%	5	NDS, QL (15 grams / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	

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DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	NDS, QL (30 grams / 30 days), PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
clotrimazole TROC	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
periogard	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetamide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
CIPRO HC	4	
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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Index / Índice

A

abacavir sulfate	20	alendronate sodium tab 5 mg.....	50
abacavir sulfate-lamivudine.....	21	alendronate sodium tab 10 mg	50
abacavir sulfate-lamivudine-zidovudine	21	alendronate sodium tab 35 mg	50
ABELCET	19	alendronate sodium tab 40 mg	50
ABILIFY MAINTENA	42	alendronate sodium tab 70 mg.....	50
abiraterone acetate	27	alfuzosin hcl	59
ABRAXANE	26	ALIMTA	26
acamprosate calcium.....	47	ALINIA	18
acarbose.....	48	aliskiren fumarate	36
ACCU-CHEK AVIVA PLUS	50	allopurinol tab	16
ACCU-CHEK COMPACT PLUS.....	50	alogliptin benzoate.....	48
ACCU-CHEK GUIDE	50	alogliptin-metformin hcl	48
ACCU-CHEK SMARTVIEW STRIP.....	50	alosetron hcl	58
acebutolol hcl.....	34	ALPHAGAN P SOL 0.1%.....	68
acetaminophen w/ codeine 300-15mg	16	alprazolam tab 0.5mg	37
acetaminophen w/ codeine 300-30mg	16	alprazolam tab 0.25mg	37
acetaminophen w/ codeine 300-60mg.....	16	alprazolam tab 1mg	37
acetaminophen w/ codeine soln.....	16	alprazolam tab 2mg.....	37
acetazolamide	35	ALREX.....	67
acetic acid	74	altavera tab.....	51
acetic acid (otic)	74	ALTOPREV	33
acetylcysteine.....	70	ALUNBRIG	28
acitretin.....	72	alyacen 1/35	51
ACTHIB	63	amantadine hcl.....	41
ACTIMMUNE	62	AMBISOME	19
acyclovir	22	ambrisentan.....	36
acyclovir sodium	22	amikacin sulfate.....	18
ADACEL	63	amiloride hcl	35
adefovir dipivoxil.....	22	amiloride & hydrochlorothiazide	35
ADEMPAS	36	AMINOSYN II INJ 10%	65
adriamycin	25	AMINOSYN-PF 7%	65
adrucil inj.....	26	amiodarone hcl soln	32
ADVAIR DISKUS	71	amiodarone tab 100mg	32
ADVAIR HFA.....	71	amiodarone tab 200mg.....	32
AFINITOR	28	amiodarone tab 400mg.....	32
AFINITOR DISPERZ	28	AMITIZA CAP 8MCG.....	58
AIMOVIG	45	AMITIZA CAP 24MCG	58
ala-cort cre 1%	72	amitriptyline hcl.....	40
ala-cort cre 2.5%	72	amlodipine-benazepril hcl cap 2.5-10 mg.....	31
albendazole.....	18	amlodipine-benazepril hcl cap 5-10 mg	31
albuterol sulfate.....	69	amlodipine-benazepril hcl cap 5-20 mg.....	31
alclometasone dipropionate	72	amlodipine-benazepril hcl cap 5-40 mg	31
ALDURAZYME.....	54	amlodipine--benazepril hcl cap 10-20 mg.....	31
ALECENSA.....	28	amlodipine-benazepril hcl cap 10-40mg.....	31
alendronate sodium soln 70mg/75ml	50	amlodipine besylate	34
		amlodipine besylate-atorvastatin calcium	34

amlodipine besylate-olmesartan medoxomil.....	32	amphetamine-dextroamphetamine tab 10 mg	44
amlodipine besylate-valsartan tab 5-160 mg	32	amphetamine-dextroamphetamine tab 12.5 mg...	44
amlodipine besylate-valsartan tab 5-320 mg	32	amphetamine-dextroamphetamine tab 15 mg.....	44
amlodipine besylate-valsartan tab 10-160 mg.....	32	amphetamine-dextroamphetamine tab 20 mg....	44
amlodipine besylate-valsartan tab 10-320 mg	32	amphetamine-dextroamphetamine tab 30 mg....	44
amlodipine-valsartan-hydrochlorothiazide		amphotericin b	19
5-160-12.5mg	32	ampicillin cap 500mg	24
amlodipine-valsartan-hydrochlorothiazide		ampicillin inj.....	24
5-160-25mg	32	ampicillin sodium.....	24
amlodipine-valsartan-hydrochlorothiazide		ampicillin & sulbactam sodium.....	24
10-160-12.5mg.....	32	ANADROL-50	47
amlodipine-valsartan-hydrochlorothiazide		anagrelide hcl.....	60
10-160-25mg.....	32	anastrozole	27
amlodipine-valsartan-hydrochlorothiazide		ANDRODERM	47
10-320-25mg.....	32	ANORO ELLIPTA	69
ammonium lactate	73	ANTARA	33
amnestem	71	APOKYN	41
amoxapine tab 25mg.....	40	aprepitant.....	57
amoxapine tab 50mg	40	aprepitant pak 80mg & 125mg	57
amoxapine tab 100mg.....	40	apri	51
amoxapine tab 150mg	40	APTIOM.....	37
amoxicillin	24	APTIVUS	20
amoxicillin-clarithromycin w/ lansoprazole	58	ARALAST NP	70
amoxicillin & pot clavulanate 200/5ml susr	24	aranelle	51
amoxicillin & pot clavulanate 200-28.5 chw tabs..	24	ARCALYST.....	62
amoxicillin & pot clavulanate 250/5ml susr	24	aripiprazole odt	42
amoxicillin & pot clavulanate 250-125 tabs	24	aripiprazole oral solution 1 mg/ml.....	42
amoxicillin & pot clavulanate 400/5ml susr.....	24	aripiprazole tab.....	42
amoxicillin & pot clavulanate 400-57 chw tabs	24	ARISTADA.....	42
amoxicillin & pot clavulanate 500-125 tabs.....	24	ARISTADA INITIO	42
amoxicillin & pot clavulanate 600/5ml susr.....	24	armodafinil.....	47
amoxicillin & pot clavulanate 875-125 tabs.....	24	ARNUIITY ELLIPTA.....	70
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs .	24	aspirin-dipyridamole	61
amphetamine-dextroamphetamine		atazanavir sulfate	20
cap sr 24hr 5 mg.....	44	atenolol	34
amphetamine-dextroamphetamine		atenolol & chlorthalidone	34
cap sr 24hr 10 mg	44	atomoxetine hcl	44
amphetamine-dextroamphetamine		atorvastatin calcium	33
cap sr 24hr 15 mg.....	44	atovaquone	18
amphetamine-dextroamphetamine		atovaquone-proguanil hcl	20
cap sr 24hr 20 mg.....	44	ATRIPLA	21
amphetamine-dextroamphetamine		ATROPINE SULFATE	68
cap sr 24hr 25 mg	44	ATROVENT HFA	69
amphetamine-dextroamphetamine		aubra	51
cap sr 24hr 30 mg.....	44	AURYXIA.....	56
amphetamine-dextroamphetamine tab 5 mg.....	44	AUSTEDO	45, 46
amphetamine-dextroamphetamine tab 7.5 mg	44	AVASTIN.....	26
		aviane.....	51

avita.....	71
AYVAKIT	28
azacitidine	26
AZASITE	67
azathioprine	63
azelaic acid	73
azelastine drop 0.05%	68
azelastine spr 0.1%.....	69
azelastine spr 0.15%	69
azithromycin.....	23
AZOPT.....	68
aztreonam.....	18

B

bacitracin (ophthalmic).....	67
bacitracin-polymyxin b (ophth)	67
bacitracin-poly-neomycin-hc	66
baclofen	46
balsalazide disodium	58
BALVERSA	28
balziva	51
BANZEL SUS 40MG/ML	37
BANZEL TAB 200MG	37
BANZEL TAB 400MG.....	37
BARACLUDE.....	22
BASAGLAR KWIKPEN.....	47
BAYER BREEZE 2 TEST DISC	50
BCG VACCINE	63
BD ALCOHOL SWABS.....	47
BD ULTRAFINE INSULIN SYRINGE	47
BD ULTRAFINE/NANO PEN NEEDLES.....	47
bekyree	51
BELSOMRA	45
benazepril hcl.....	31
benazepril & hydrochlorothiazide.....	31
BENDEKA	25
BENLYSTA.....	63
benzoyl peroxide-erythromycin	71
benztropine mesylate inj	41
benztropine mesylate tab 0.5mg	41
benztropine mesylate tab 1mg.....	41
benztropine mesylate tab 2mg	41
BEPREVE	68
BERINERT	60
BESIVANCE	67
betamethasone dipropionate augmented	72
betamethasone dipropionate (topical)	72
betamethasone valerate.....	72
BETASERON	46

betaxolol hcl (ophth)	68
bethanechol chloride.....	59
BETOPTIC-S	68
BEVESPI AEROSPHERE	69
bexarotene.....	30
BEXSERO	63
bicalutamide	27
BICILLIN L-A	24
BIDIL	36
BIKTARVY	21
bisoprolol fumarate	34
bisoprolol & hydrochlorothiazide	34
BIVIGAM.....	62
BLEPHAMIDE	66
blisovi fe 1.5/30	51
BOOSTRIX.....	63
BORTEZOMIB	26
bosentan	36
BOSULIF.....	28
BRAFTOVI	28
BREEZE 2 TEST DISC	50
BREO ELLIPTA	71
briellyn	51
BRILINTA.....	61
brimonidine sol 0.2%	68
brimonidine sol 0.15%.....	68
BRIVIACT INJ 50MG/5ML	37
BRIVIACT SOL 10MG/ML.....	37
BRIVIACT TAB 10MG	37
BRIVIACT TAB 25MG	37
BRIVIACT TAB 50MG	37
BRIVIACT TAB 75MG	37
BRIVIACT TAB 100MG	37
bromfenac sodium (ophth)	67
bromocriptine mesylate	41
BROMSITE	67
BROVANA.....	69
BRUKINSA	28
budesonide ec	58
budesonide (inhalation)	70
bumetanide.....	35
buprenorphine hcl.....	47
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg	47
buprenorphine hcl-naloxone hcl dihydrate 4-1mg	47
buprenorphine hcl-naloxone hcl dihydrate 8-2mg.....	47

buprenorphine hcl-naloxone hcl dihydrate 12-3mg.....	47
buprenorphine hcl-naloxone hcl sl.....	47
bupropion hcl.....	40
bupropion hcl (smoking deterrent)	47
buspiron hcl	37
butorphanol tartrate.....	16
BYDUREON BCISE	48
BYDUREON PEN.....	48
BYETTA	48
BYSTOLIC.....	34

C

cabergoline	55
CABOMETYX	29
calcipotriene	72
calcipotriene-betamethasone dipropionate	72
calcitonin (salmon)	55
calcitrene.....	72
calcitriol	66
calcitriol inj	66
calcitriol oral soln 1 mcg/ml.....	66
calcium acetate (phosphate binder)	56
CALQUENCE	29
camila	51
candesartan cilexetil.....	32
candesartan cilexetil-hydrochlorothiazide.....	32
CAPLYTA	42
CAPRELSA	29
captopril.....	31
captopril & hydrochlorothiazide	31
CARBAGLU	54
carbamazepine	37
carbidopa	41
carbidopa-levodopa	41
carbidopa/levodopa/entacapone	41
carboplatin	31
carteolol hcl (ophth).....	68
cartia xt cap 120/24hr	34
cartia xt cap 180/24hr	34
cartia xt cap 240/24hr.....	34
cartia xt cap 300/24hr	34
carvedilol.....	34
caspofungin acetate	19
CAYSTON.....	18
caziant pak.....	51
cefaclor	23
CEFACLOR MONOHYDRATE ER.....	23
cefadroxil.....	23

CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	23
cefazolin inj.....	23
cefazolin sodium	23
CEFAZOLIN SODIUM 1 GM/50ML.....	23
cefdinir	23
cefepime hcl.....	23
cefixime	23
cefoxitin sodium.....	23
cefpodoxime proxetil	23
cefprozil.....	23
ceftazidime	23
CEFTAZIDIME/DEXTROSE	23
ceftriaxone sodium.....	23
cefuroxime axetil.....	23
cefuroxime sodium	23
celecoxib	16
CELONTIN	37
cephalexin	23
CERDELGA.....	54
CEREZYME.....	54
cetirizine syrup	69
cevimeline hcl	74
CHANTIX.....	47
CHANTIX CONTINUING MONTH	47
CHANTIX STARTER PACK	47
CHEMET.....	50
chlorhexidine gluconate (mouth-throat).....	74
chloroquine phosphate	20
chlorothiazide.....	35
chlorpromazine hcl.....	42
CHLORPROMAZINE INJ.....	42
chlorthalidone	35
cholestyramine	33
cholestyramine light pack.....	33
cholestyramine light powd	33
choline fenofibrate	33
ciclopirox	71
cilostazol	60
CILOXAN	67
CIMDUO	21
cinacalcet hcl	55
CIPRO	24
CIPRODEX	74
ciprofloxacin hcl (ophth)	67
ciprofloxacin hcl tab	24
ciprofloxacin in d5w.....	24
CIPRO HC	74
cisplatin.....	31

DESCOVY.....	21	didanosine	20
desipramine hcl	40	DIFICID	24
desloratadine	69	diflunisal.....	16
desmopressin acetate spray	56	digitek	35
desmopressin acetate spray refrigerated	57	digox	35
desmopressin acetate tabs.....	57	digoxin.....	35
desmopressin inj 4mcg/ml	57	digoxin inj	35
desogestrel & ethinyl estradiol	51	digoxin sol 50mcg/ml	35
desogestrel-ethinyl estradiol (biphasic).....	51	dihydroergotamine mesylate inj 1 mg/ml	45
desvenlafaxine succinate.....	40	dihydroergotamine mesylate nasal spr 4 mg/ml ..	45
dexamethasone	55	DILANTIN-125 SUSP	38
DEXAMETHASONE	54	DILANTIN CAP 30MG	38
dexamethasone sodium phosphate.....	55	DILANTIN CAP 100MG	38
dexamethasone sodium phosphate (ophth)	67	DILANTIN CHEW TAB 50MG.....	38
DEXILANT.....	59	diltiazem cap 240mg cd	34
dexmethylphenidate hcl.....	44	diltiazem cap 360mg cd	34
dextrose 2.5%/nacl 0.45%	65	diltiazem cap er/12hr	34
dextrose 5%	65	diltiazem hcl.....	35
DEXTROSE 5% /ELECTROLYTE.....	65	diltiazem hcl coated beads	35
dextrose 5%/nacl 0.2%.....	65	diltiazem hcl coated beads cap sr 24hr.....	35
DEXTROSE 5%/NACL 0.3%	65	diltiazem hcl extended release beads cap sr	35
dextrose 5%/nacl 0.9%.....	65	diltiazem inj.....	35
dextrose 5%/nacl 0.45%	65	dilt-xr cap	34
dextrose 5%/nacl 0.225%.....	65	diphenhydramine hcl inj 50mg/ml	69
dextrose 5%/potassium chl	65	diphenoxylate w/ atropine.....	58
dextrose 10% flex contain.....	65	DIPHThERIA/TETANUS TOXOID	63
dextrose 10%/nacl 0.45%.....	65	disopyramide phosphate.....	33
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%.....	65	disulfram.....	47
dextrose 50%	65	divalproex sodium	38
dextrose inj 70%	65	docetaxel	26
dextrose in lactated ringers	65	DOCETAXEL	26
DIASTAT ACUDIAL	37	dofetilide	33
DIASTAT PEDIATRIC	37	donepezil hydrochloride.....	39, 40
diazepam	37	dorzolamide hcl	68
diazepam gel	38	dorzolamide hcl-timolol maleate	68
diazepam inj	38	DOVATO	21
diazepam intensol	38	doxazosin mesylate	32
diazepam oral soln 1 mg/ml	38	doxepin hcl	40
diazoxide	55	doxepin hcl (sleep).....	45
diclofenac potassium.....	16	doxercalciferol	66
diclofenac sodium	16	doxorubicin hcl	25
diclofenac sodium (ophth).....	67	doxorubicin hcl liposomal	25
diclofenac sodium (topical) 1% gel	73	doxy 100	25
diclofenac w/ misoprostol	16	doxycycline hyclate	25
dicloxacillin sodium.....	24	doxycycline (monohydrate)	25
dicyclomine hcl cap 10mg	57	DRIZALMA SPRINKLE.....	40
dicyclomine hcl soln 10mg/5ml	57	dronabinol	57
dicyclomine hcl tab 20mg.....	57	drospirenone-ethinyl estradiol	51

DROXIA	60
duloxetine hcl.....	40
DUREZOL	67
dutasteride	59
dutasteride-tamsulosin hcl.....	59

E

ec-naproxen	16
EDARBI	32
EDARBYCLOR	32
EDURANT	20
efavirenz	20
eletriptan hydrobromide	45
ELIQUIS.....	60
ELIQUIS STARTER PACK.....	60
ELLA.....	51
eluryng	51
EMCYT	25
EMEND	57
EMGALITY	45
emoquette	51
EMSAM	40
EMTRIVA	20
EMVERM	18
enalapril maleate	31
enalapril maleate & hydrochlorothiazide.....	31
ENBREL.....	61
ENBREL MINI	61
ENBREL SURECLICK	61
ENDARI	60
endocet 2.5-325mg.....	17
endocet 5-325mg	17
endocet 7.5-325mg	17
endocet 10-325mg	17
ENGERIX-B	63
enoxaparin sodium	60
enpresse-28	51
enskyce	51
ENSTILAR.....	72
entacapone	41
entecavir.....	22
ENTRESTO	32
enulose.....	58
EPCLUSA	22
EPIDIOLEX.....	38
epinephrine (anaphylaxis)	70
epirubicin hcl	25
epitol	38
EPIVIR HBV	22

eplerenone.....	32
ergotamine w/ caffeine	45
ERIVEDGE.....	26
ERLEADA.....	27
erlotinib hcl.....	29
errin	51
ertapenem sodium	18
ery pad 2%.....	71
ery-tab	24
ERYTHROCIN LACTOBIONATE	24
erythrocin stearate.....	24
erythromycin (acne aid)	71
erythromycin base.....	24
erythromycin cap 250mg ec.....	24
erythromycin ethylsuccinate	24
erythromycin (ophth).....	67
erythromycin tab ec.....	24
ESBRIET	70
escitalopram oxalate	40
esomeprazole magnesium	59
estarylla tab 0.25-35.....	51
estradiol	54
estradiol vaginal cream	54
estradiol vaginal tab	54
estradiol valerate	54
ethambutol hcl	22
ethosuximide.....	38
ethynodiol diacet & eth estrad	51
ethynodiol tab 1-50.....	52
etodolac	16
etodolac er.....	16
etonogestrel-ethinyl estradiol	52
etoposide.....	31
euthyrox	56
everolimus	29
everolimus (immunosuppressant)	63
EVOTAZ	21
exemestane.....	27
EZALLOR SPRINKLE.....	33
ezetimibe	33
ezetimibe-simvastatin.....	33

F

FABRAZYME	54
falmina	52
famciclovir	22
famotidine	57
famotidine inj	57
famotidine in nacl	57

gavilyte-n/flavor pack	58	haloperidol	43
gemcitabine inj soln	26	haloperidol conc 2mg/ml	43
gemcitabine inj solr	26	haloperidol decanoate	43
gemfibrozil	33	haloperidol lactate inj 5mg/ml	43
generlac	58	HARVONI	22
gengraf	63	HAVRIX	63
GENOTROPIN	55	heather	52
GENOTROPIN MINIQUICK	56	heparin sod inj 1000/ml	60
gentak	67	heparin sod inj 5000/ml	60
gentamicin in saline	18	heparin sod inj 10000/ml	60
gentamicin sulfate	18	heparin sod inj 20000/ml	60
gentamicin sulfate soln (ophth)	67	HEPARIN SODIUM/NACL 0.45%	60
gentamicin sulfate (topical)	71	heparin sod (porcine) in d5w	60
GENVOYA	21	hepatamine	65
GEODON	42	HERCEPTIN	26
gianvi	52	HERCEPTIN HYLECTA	26
GILENYA CAP 0.5MG	46	HERZUMA	26
GILOTRIF TAB 20MG	29	HETLIOZ	45
GILOTRIF TAB 30MG	29	HIBERIX	63
GILOTRIF TAB 40MG	29	HUMIRA	61
glatiramer acetate 20mg/ml	46	HUMIRA INJ 10MG/0.2ML	61
glatiramer acetate 40mg/ml	46	HUMIRA KIT 20MG/0.4ML	61
glatopa	46	HUMIRA KIT 40MG/0.8ML	61
GLEOSTINE	25	HUMIRA PEDIATRIC CROHNS DISEASE	62
glimepiride	48	HUMIRA PEN	62
glipizide	49	HUMIRA PEN CD/UC/HS STARTER	62
glipizide xl	49	HUMIRA PEN INJ CD/UC/HS STARTER	62
glip/metform tab 2.5-250mg	48	HUMIRA PEN INJ PS/UV STARTER	62
glip/metform tab 2.5-500mg	48	HUMIRA PEN-PS/UV STARTER	62
glip/metform tab 5-500mg	48	HUMULIN R INJ U-500	48
GLUCAGEN HYPOKIT	55	HUMULIN R U-500 KWIKPEN	48
GLUCAGON EMERGENCY KIT	55	hydralazine hcl	36
glycopyrrolate tab 1mg	57	hydrochlorothiazide	35
glycopyrrolate tab 2mg	57	hydroco/apap tab 5-325mg	17
glydo	73	hydroco/apap tab 7.5-325	17
GLYXAMBI	49	hydroco/apap tab 10-325mg	17
GOLYTELY	58	hydrocodone-acetaminophen 7.5-325 mg/15ml ...	17
GRALISE	46	hydrocodone-ibuprofen tab 7.5-200 mg	17
GRALISE STARTER	46	hydrocortisone	55
granisetron hcl	57	hydrocortisone butyrate cream 0.1%	72
griseofulvin microsize	19	hydrocortisone butyrate oint 0.1%	72
griseofulvin ultramicrosize	19	hydrocortisone (enema)	58
guanfacine er (adhd)	44	hydrocortisone (topical) cream 1%	72
GVOKE HYOPEN 2-PACK	55	hydrocortisone (topical) cream 2.5%	72
GVOKE PFS	55	hydrocortisone (topical) lotion 2.5%	72
		hydrocortisone (topical) oint 2.5%	72
		hydromorphone hcl	17
		hydroxychloroquine sulfate	62
H			
HAEGARDA	61		
halobetasol propionate	72		

hydroxyurea	30
hydroxyzine hcl	69
hydroxyzine hcl inj	69
hydroxyzine pamoate	69
HYSINGLA ER	17

I

ibandronate sodium inj	50
ibandronate sodium tabs.....	50
IBRANCE	26
ibuprofen	16
ibu tab 600mg	16
ibu tab 800mg	16
icatibant acetate	61
ICLUSIG.....	29
IDHIFA	26
ILEVRO.....	67
imatinib mesylate.....	29
IMBRUVICA	29
imipenem-cilastatin	19
imipramine hcl.....	40
imiquimod.....	73
IMOVAX RABIES (H.D.C.V.)	63
incassia	52
INCRELEX.....	56
INCRUSE ELLIPTA.....	69
indapamide	36
INFANRIX	63
INGREZZA	46
INLYTA	29
INREBIC	29
INSULIN PEN NEEDLE.....	48
INSULIN SAFETY NEEDLES.....	48
INSULIN SYRINGE	48
INTELENCE	20
INTRALIPID 30%.....	65
INTRALIPID INJ 20%	65
INTRON-A INJ 10MU.....	62
INTRON-A INJ 18MU	62
INTRON-A INJ 25MU.....	62
INTRON-A INJ 50MU	63
introvale	52
INVEGA SUST INJ 39 MG/0.25 ML	43
INVEGA SUST INJ 78 MG/0.5 ML.....	43
INVEGA SUST INJ 117 MG/0.75 ML.....	43
INVEGA SUST INJ 156MG/ML	43
INVEGA SUST INJ 234 MG/1.5 ML.....	43
INVEGA TRINZA.....	43
INVIRASE.....	20

IPOL INACTIVATED IPV	63
ipratropium-albuterol nebu	69
ipratropium bromide	69
ipratropium bromide (nasal)	69
irbesartan	32
irbesartan-hydrochlorothiazide	32
IRESSA.....	29
irinotecan hcl	31
ISENTRESS.....	20
ISENTRESS HD.....	20
isibloom.....	52
ISOLYTE P	65
ISOLYTE S	65
isoniazid	22
isoniazid syp 50mg/5ml	22
isosorbide dinitrate	36
isosorbide mononitrate er	36
isosorb mononitrate tab.....	36
isotretinoin.....	71
isradipine.....	35
itraconazole	19
ivermectin.....	19
IXIARO	63

J

JADENU	51
JADENU SPRINKLE.....	51
JAKAFI.....	29
jantoven.....	60
JANUMET	49
JANUMET XR TAB 50-500MG	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 100-1000.....	49
JANUVIA	49
JARDIANCE	49
jasmiel.....	52
JENTADUETO	49
JENTADUETO TAB XR 2.5-1000 MG	49
JENTADUETO TAB XR 5-1000 MG	49
jinteli.....	54
jolessa tab 0.15-0.03 mg.....	52
jolivette	52
juleber.....	52
JULUCA.....	21
junel 1.5/30	52
junel 1/20	52
junel fe 1.5/30	52
junel fe 1/20	52
JUXTAPID	33

K

KADCYLA.....	26
KALETRA TAB 100-25MG	21
KALETRA TAB 200-50MG	21
KALYDECO	70
KANJINTI	26
kariva	52
KCL 0.3%/D5W/NACL 0.9%.....	65
kcl 0.3%/d5w/nacl 0.45%	66
kcl0.15%/d5w/nacl0.2%.....	65
kcl 0.15%/d5w/nacl 0.9%.....	66
KCL 0.15%/D5W/NACL 0.225%	66
kcl 0.075%/d5w/nacl 0.45%	66
kcl/d5w/nacl inj 0.22%/0.45%	66
kcl/d5w/nacl inj .15/.45%	66
kcl/nacl inj 0.3-0.9	66
kcl/nacl inj 0.15%-0.9%	66
kelnor 1/35	52
kelnor 1/50	52
ketoconazole	19
ketoconazole cream.....	71
ketoconazole shampoo	72
ketorolac tromethamine (ophth)	67
KEYTRUDA.....	26
KINRIX	63
kionex sus 15gm/60ml.....	51
KISQALI.....	26
KISQALI FEMARA 200 DOSE.....	27
KISQALI FEMARA 400 DOSE	27
KISQALI FEMARA 600 DOSE	27
klor-con 8	64
klor-con 10	64
klor-con m10	64
klor-con m15.....	64
klor-con m20	64
klor-con pak 20meq.....	64
klor-con spr cap 8meq	64
klor-con spr cap 10meq.....	64
KORLYM	56
KRISTALOSE	58
kurvelo	52
KUVAN.....	54

L

labetalol hcl	34
lactated ringer's.....	66
lactulose.....	58
lactulose (encephalopathy)	58
lamivudine	20

lamivudine (hbv).....	22
lamivudine-zidovudine	22
lamotrigine	38
lansoprazole.....	59
larin 1.5/30	52
larin 1/20	52
larin fe 1.5/30.....	52
larin fe 1/20	52
larissia tab	52
LASTACRAFT	68
latanoprost	68
LATUDA.....	43
leena.....	52
leflunomide.....	62
LENVIMA 4 MG DAILY DOSE	29
LENVIMA 8 MG DAILY DOSE	29
LENVIMA 10 MG DAILY DOSE	29
LENVIMA 12MG DAILY DOSE.....	29
LENVIMA 14 MG DAILY DOSE.....	29
LENVIMA 18 MG DAILY DOSE.....	29
LENVIMA 20 MG DAILY DOSE	29
LENVIMA 24 MG DAILY DOSE	29
lessina	52
letrozole	27
leucovorin calcium	31
LEUKERAN.....	25
leuprolide inj 1mg/0.2	27
levalbuterol hcl.....	69
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml ...	69
levalbuterol tartrate hfa	69
LEVEMIR	48
LEVEMIR FLEXTOUCH	48
levetiracetam	38
levetiracetam in sodium chloride.....	38
levetiracetam oral soln 100 mg/ml.....	38
levobunolol hcl	68
levocarnitine (metabolic modifiers)	54
levocetirizine dihydrochloride	69
levofloxacin	24
levofloxacin in d5w	24
levofloxacin inj 25mg/ml.....	24
levofloxacin oral soln 25 mg/ml	24
levonest.....	52
levonor/ethi tab	52
levonorgestrel & eth estradiol	52
levonorgestrel-ethinyl estradiol (91-day).....	52
levora 0.15/30-28	52
levo-t	56

levothyroxine sodium.....	56	LUPRON DEP-PED INJ 7.5MG	56
levoxyl	56	LUPRON DEP-PED INJ 11.25MG (3-MONTH)	56
LEXIVA	20	lutera	52
lidocaine.....	73	LYNPARZA	27
lidocaine hcl.....	73	LYRICA CR	46
lidocaine hcl (local anesth.).....	18	LYSODREN.....	27
lidocaine hcl (mouth-throat).....	74	lyza	52
lidocaine inj 0.5%	18		
lidocaine inj 1%.....	18	M	
lidocaine inj 1.5% preservative free (pf).....	18	magnesium sulfate	64
lidocaine oint 5%	73	MAGNESIUM SULFATE	64
lidocaine-prilocaine	73	MAGNESIUM SULFATE IN D5W	64
linezolid inj.....	19	magnesium sulfate in dextrose.....	64
linezolid in sodium chloride	19	magnesium sulfate inj 50%.....	64
linezolid susp.....	19	malathion	73
linezolid tab 600mg.....	19	maprotiline hcl	40
LINZESS	58	marlissa.....	52
liothyronine sodium.....	56	MARPLAN TAB 10MG	41
lisinopril	31	MATULANE	30
lisinopril & hydrochlorothiazide	31	matzim la.....	35
lithium carbonate.....	46	MAVYRET.....	22
lithium carbonate er	46	meclizine hcl	57
LITHIUM SOLN 8MEQ/5ML.....	46	medroxyprogesterone acetate (contraceptive)	52
LIVALO.....	33	medroxyprogesterone acetate tab	56
LOKELMA	51	mefloquine hcl.....	20
LONSURF	30	megestrol ac sus 40mg/ml	27
loperamide hcl.....	58	megestrol ac tab 20mg	27
lopinavir-ritonavir.....	22	megestrol ac tab 40mg	28
lorazepam	37	megestrol sus 625mg/5ml	28
lorazepam intensol.....	37	MEKINIST	29
LORBRENA	29	MEKTOVI	29
lorcet hd tab 10-325mg	17	meloxicam	16
lorcet plus tab 7.5-325.....	17	memantine hcl cp24	40
lorcet tab 5-325mg	17	memantine soln	40
loryna.....	52	memantine tabs.....	40
losartan-hydrochlorothiazide.....	32	MENACTRA.....	63
losartan potassium.....	32	MENVEO	63
LOTEMAX	67	mercaptopurine	26
loteprednol etabonate	67	meropenem.....	19
lovastatin	33	mesalamine.....	58
low-ogestrel	52	mesalamine w/ cleanser	58
loxapine succinate.....	43	MESNEX.....	31
LUMIGAN	68	metadate er tab 20mg	44
LUMIZYME	54	metformin er	49
LUPRON DEPOT (1-MONTH).....	27	metformin hcl.....	49
LUPRON DEPOT INJ 11.25MG (3-MONTH)	27	methadone hcl.....	17
LUPRON DEPOT-PED (1-MONTH).....	56	methadone hcl 5mg.....	17
LUPRON DEPOT-PED (3-MONTH)	56	methadone hcl 10mg	17

methadone hcl intensol.....	17	moexipril hcl	31
methazolamide	36	molindone hcl.....	43
methenamine hippurate.....	19	mometasone furoate	72
methimazole.....	56	mondoxyne nl cap 100mg.....	25
methotrexate sodium inj soln	26	mono-lynyah tab 0.25-35	53
methotrexate sodium inj solr	26	montelukast sodium	70
methotrexate sodium tabs.....	62	morphine ext-rel tab.....	17
methylphenidate hcl.....	44	morphine sulfate.....	17
methylphenidate hcl oral soln.....	44	MORPHINE SULFATE.....	17
methylphenidate hcl tbcr 10 mg	44	morphine sulfate oral soln 10mg/5ml.....	17
methylphenidate hcl tbcr 20mg.....	44	morphine sulfate oral soln 20mg/5ml.....	17
methylprednisolone acetate	55	morphine sulfate oral soln 100mg/5ml.....	17
methylpred pak 4mg.....	55	morphine sul inj 1mg/ml.....	17
methylpred tab 4mg	55	MOVANTIK.....	58
methylpred tab 8mg	55	MOXEZA.....	67
methylpred tab 16mg	55	moxifloxacin hcl	24
methylpred tab 32mg.....	55	moxifloxacin hcl in sodium chloride	24
methylpr ss inj	55	moxifloxacin hcl (ophth).....	67
metoclopramide hcl	57	MOXIFLOXACIN HYDROCHLORID	24
metoclopramide hcl inj	57	MULTAQ	33
metolazone	36	mupirocin	71
metoprolol & hctz tab 50-25mg	34	MVASI.....	27
metoprolol & hctz tab 100-25mg.....	34	MYCAMINE	20
metoprolol & hctz tab 100-50mg	34	mycophenolate mofetil	63
metoprolol succinate.....	34	mycophenolate sodium tbec.....	63
metoprolol tartrate.....	34	myorisan.....	71
metronidazole	19	MYRBETRIQ	59
metronidazole gel 0.75%	73		
metronidazole in nacl	19	N	
metronidazole (topical).....	73	nabumetone.....	16
metronidazole vaginal.....	60	nadolol	34
micafungin sodium	19	nafcillin sodium	24
microgestin 1.5/30	52	NAFCILLIN SODIUM FOR INJ 10GM	25
microgestin 1/20	52	NAGLAZYME	54
microgestin fe 1.5/30	52	nalbuphine hcl.....	16
microgestin fe 1/20	52	naloxone inj 0.4mg/ml	47
midodrine hcl	36	naloxone inj 1mg/ml.....	47
miglustat	54	naltrexone hcl.....	47
mili	53	NAMZARIC.....	40
minitran.....	36	naproxen.....	16
minocycline hcl.....	25	naproxen dr.....	16
minoxidil.....	36	naproxen sodium	16
mirtazapine	41	naratriptan hcl.....	45
misoprostol	58	NARCAN	47
MITIGARE	16	NATACYN	67
M-M-R II.....	63	nateglinide.....	49
M-NATAL PLUS	66	NATPARA.....	56
modafinil	47	NAYZILAM	38
		necon 0.5/35-28.....	53

nefazodone hcl	41	norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	53
neomycin-bacitracin zn-polymyxin	67	NORITATE	73
neomycin-polymy-dexameth.....	66	NORMOSOL-M IN D5W	66
neomycin-polymyxin-gramicidin.....	67	NORMOSOL-R	66
neomycin-polymyxin-hc (ophth).....	66	NORMOSOL-R IN D5W	66
neomycin-polymyxin-hc (otic).....	74	NORPACE CR	33
neomycin sulfate.....	18	NORTHERA	36
NEPHRAMINE	65	nortrel 0.5/35 (28)	53
NERLYNX.....	29	nortrel 1/35.....	53
NEUPRO.....	41	nortrel 7/7/7	53
nevirapine susp 50 mg/5ml.....	20	nortriptyline hcl	41
nevirapine tab 100mg er.....	20	NORVIR PACK.....	21
nevirapine tab 200mg	21	NORVIR SOLN	21
nevirapine tab 400mg er	21	NOVOLIN 70/30	48
NEXAVAR	29	NOVOLIN 70/30 FLEXPEN	48
niacin (antihyperlipidemic).....	33	NOVOLIN N	48
niacin er (antihyperlipidemic)	33, 34	NOVOLIN N FLEXPEN	48
niacor	34	NOVOLIN R.....	48
nicardipine hcl.....	35	NOVOLIN R FLEXPEN.....	48
NICOTROL INHALER.....	47	NOVOLOG	48
NICOTROL NS	47	NOVOLOG 70/30 FLEXPEN	48
nifedipine.....	35	NOVOLOG FLEXPEN	48
nifedipine er	35	NOVOLOG MIX 70/30	48
nikki	53	NOVOLOG PENFILL	48
nilutamide.....	28	NOXAFIL	20
nimodipine.....	35	NUBEQA.....	28
NINLARO.....	27	NUCALA.....	70
nisoldipine	35	NUCYNTA ER.....	17
nitisinone	54	NUEDEXTA.....	46
NITRO-BID	36	NULOJIX	63
NITRO-DUR DIS 0.3MG/HR	36	NULYTELY/FLAVOR PACKS	58
NITRO-DUR DIS 0.8MG/HR	36	NUPLAZID CAPS	43
nitrofurantoin macrocrystal	19	NUPLAZID TABS 10MG	43
nitrofurantoin monohyd macro.....	19	NUTRILIPID INJ 20%	65
nitroglycerin	36	nyamyc	71
nitroglycerin td patch	36	NYMALIZE	35
NITYR	54	nystatin	20
nizatidine	57	nystatin (mouth-throat)	74
nora-be tab	53	nystatin pow 100000	71
norethindrone acetate	56	nystatin (topical).....	71
norethindrone acetate-ethinyl estradiol	54	nystop	72
norethindrone acet & eth estra.....	53		
norethindrone (contraceptive)	53	O	
norgest/ethi tab 0.25/35.....	53	ocella tab 3-0.03mg	53
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg.....	53	OCTAGAM	62
		octreotide acetate.....	56
		ODEFSEY	22
		ODOMZO	27

OFEV	70	pacerone	33
ofloxacin (ophth).....	67	paclitaxel	26
ofloxacin (otic).....	74	paliperidone.....	43
OGIVRI	27	pamidronate disodium.....	50
olanzapine	43	PAMIDRONATE DISODIUM	50
olmesartan medoxomil	32	pamidronate inj 30mg.....	50
olmesartan medoxomil-		pamidronate inj 90mg.....	50
amlodipine-hydrochlorothiazide	32	PANRETIN	73
olmesartan medoxomil-hydrochlorothiazide	32	pantoprazole sodium	59
olopatadine hcl 0.1%	68	pantoprazole sodium tbec.....	59
olopatadine hcl 0.2%	68	PANZYGA	62
olopatadine hcl (nasal)	69	paricalcitol.....	66
omeprazole cap 10mg	59	paroex sol 0.12%	74
omeprazole cap 20mg.....	59	paromomycin sulfate	18
omeprazole cap 40mg	59	paroxetine er tab.....	41
OMNARIS	70	paroxetine hcl tabs.....	41
ondansetron hcl.....	57	PASER D/R.....	22
ondansetron hcl inj.....	57	PAXIL.....	41
ondansetron hcl oral soln.....	57	PAZEO.....	68
ondansetron odt	57	PEDIARIX.....	64
ONETOUCH ULTRA	50	PEDVAX HIB	64
ONETOUCH VERIO TEST STRIP.....	50	peg 3350-kcl-sod bicarb-sod	
ONE VITE WOMENS PRENATAL.....	66	chloride-sod sulfate.....	58
ONTRUZANT	27	peg 3350-potassium chloride-sod	
OPSUMIT	37	bicarbonate-sod chloride	58
ORFADIN	54	PEGANONE.....	38
ORKAMBI.....	70	PEGASYS	23
orsythia	53	PEGASYS PROCLICK.....	23
oseltamivir phosphate	22, 23	PEMAZYRE.....	29
OSPHENA	56	penicillamine.....	51
oxacillin sodium.....	25	PENICILLIN G POT IN DEXTROSE 2MU.....	25
oxaliplatin inj 50mg	31	PENICILLIN G POT IN DEXTROSE 3MU.....	25
oxaliplatin inj 50mg/10ml.....	31	PENICILLIN G PROCAINE.....	25
oxaliplatin inj 100mg.....	31	penicillin g sodium	25
oxaliplatin inj 100mg/20ml	31	penicillin v potassium	25
oxandrolone	47	penicilln gk inj 5mu.....	25
oxaprozin	16	penicilln gk inj 20mu.....	25
oxcarbazepine	38	PENTACEL	64
oxybutynin chloride	59	pentamidine isethionate inh	19
oxycodone hcl	17	pentamidine isethionate inj	19
oxycodone w/ acetaminophen 2.5-325mg	17	pentoxifylline.....	61
oxycodone w/ acetaminophen 5-325mg	18	PERFOROMIST	69
oxycodone w/ acetaminophen 7.5-325mg	18	perindopril erbumine.....	31
oxycodone w/ acetaminophen 10-325mg	18	periogard	74
OXYTROL.....	59	permethrin cre 5%	73
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	48	perphenazine.....	43
OZEMPIC INJ 1MG/DOSE	48	PERSERIS	43
		pfizerpen-g inj 5mu.....	25

P

pfizerpen-g inj 20mu.....	25	PRADAXA	60
phenelzine sulfate	41	PRALUENT	34
phenobarbital.....	38	pramipexole er.....	42
phenobarbital sodium.....	38	pramipexole tab 0.5mg	42
PHENYTEK	39	pramipexole tab 0.25mg.....	42
phenytoin.....	39	pramipexole tab 0.75mg.....	42
phenytoin sodium extended.....	39	pramipexole tab 0.125mg.....	42
phenytoin sodium inj 50mg/ml.....	39	pramipexole tab 1.5mg.....	42
philith.....	53	pramipexole tab 1mg	42
PHOSPHOLINE IODIDE.....	68	prasugrel hcl	61
PICATO.....	73	pravastatin sodium.....	33
PIFELTRO.....	21	praziquantel	19
pilocarpine hcl.....	68	prazosin hcl.....	32
pilocarpine hcl (oral)	74	PRECISION XTRA	50
pimozide.....	43	PRECISION XTRA BLOOD GLUC	50
pimtree.....	53	prednisolone acetate (ophth).....	67
pindolol	34	prednisolone sodium phosphate	55
pioglitazone hcl	49	PREDNISOLONE SODIUM PHOSPHATE	
piper/tazoba inj 2-0.25gm	25	(OPHTH).....	67
piper/tazoba inj 3-0.375gm	25	prednisolone sol 15mg/5ml.....	55
piper/tazoba inj 4-0.5gm.....	25	prednisolone sol 25mg/5ml	55
piper/tazoba inj 12-1.5gm.....	25	PREDNISON CON 5MG/ML.....	55
piper/tazoba inj 36-4.5gm	25	prednisone pak 5mg	55
PIQRAY 200MG DAILY DOSE.....	30	prednisone pak 10mg.....	55
PIQRAY 250MG DAILY DOSE.....	30	prednisone sol 5mg/5ml.....	55
PIQRAY 300MG DAILY DOSE.....	30	prednisone tab 1mg	55
pirmella 1/35	53	prednisone tab 2.5mg	55
piroxicam	16	prednisone tab 5mg.....	55
PLASMA-LYTE-148	66	prednisone tab 10mg	55
PLASMA-LYTE A	66	prednisone tab 20mg.....	55
plenamine.....	65	prednisone tab 50mg.....	55
PLENVU	58	pred sod pho sol 5mg/5ml.....	55
PNV FOLIC ACID + IRON MUL.....	66	pregabalin.....	39
podoflox.....	73	PREMASOL SOL 10%	65
polymyxin b-trimethoprim	67	PRENATAL	66
POMALYST CAP 1MG	28	PRENATAL PLUS.....	66
POMALYST CAP 2MG.....	28	PRENATAL PLUS LOW IRON	66
POMALYST CAP 3MG.....	28	prevalite	34
POMALYST CAP 4MG	28	previfem	53
portia-28.....	53	PREZCOBIX	22
posaconazole	20	PREZISTA.....	21
potassium chloride.....	64, 66	PRIFTIN.....	22
POTASSIUM CHLORIDE	66	PRILOSEC	59
potassium chloride in nacl.....	66	primaquine phosphate.....	20
potassium chloride microencapsulated		PRIMAQUINE PHOSPHATE	20
crystals er	64	primidone	39
potassium citrate (alkalinizer) er tabs	59	PRIVIGEN	62
pot chloride inj 2meq/ml	66	probenecid.....	16

PROCALAMINE	65	rasagiline mesylate.....	42
prochlorperazine inj.....	57	RAYALDEE	66
prochlorperazine maleate.....	57	reclipsen.....	53
prochlorperazine supp	57	RECOMBIVAX HB	64
PROCRIT	60	RECTIV.....	73
procto-med hc.....	73	REGANEX	74
procto-pak	73	RELENZA DISKHALER	23
proctosol hc cre 2.5%	73	RELISTOR	59
proctozone-hc	73	REMICADE.....	62
PROGLYCEM SUS 50MG/ML	55	RENFLEXIS	62
PROGRAF	63	repaglinide.....	49
PROLASTIN-C.....	70	RESTASIS.....	68
PROLENSA.....	68	RESTASIS MULTIDOSE	68
PROLIA	56	RETEVMO	30
PROMACTA	61	REVLIMID	28
promethazine hcl	57	REXULTI	43
promethazine hcl inj	57	REYATAZ.....	21
propafenone hcl.....	33	RHOPRESSA.....	68
propafenone hcl 12hr	33	ribavirin 200mg	23
proparacaine hcl.....	68	rifabutin.....	22
propranolol cap er.....	34	rifampin.....	22
propranolol hcl	34	riluzole	46
propranolol & hydrochlorothiazide.....	34	rimantadine hydrochloride	23
propranolol oral sol	34	RINVOQ	62
propylthiouracil	56	risedronate sodium	50
PROQUAD.....	64	RISPERDAL INJ 12.5MG	43
PROSOL	65	RISPERDAL INJ 25MG	43
protriptyline hcl.....	41	RISPERDAL INJ 37.5MG	43
PULMICORT FLEXHALER	71	RISPERDAL INJ 50MG	43
PULMOZYME	70	risperidone	43, 44
PURIXAN	26	ritonavir.....	21
pyrazinamide.....	22	RITUXAN	27
pyridostigmine tab 60mg	46	RITUXAN HYCELA	27
Q			
QINLOCK.....	30	rivastigmine tartrate	40
QUADRACEL	64	rivastigmine td patch 24hr 4.6 mg/24hr.....	40
quetiapine fumarate	43	rivastigmine td patch 24hr 9.5 mg/24hr.....	40
quinapril hcl	31	rivastigmine td patch 24hr 13.3 mg/24hr	40
quinapril-hydrochlorothiazide	31	rizatriptan benzoate	45
quinidine sulfate	33	rizatriptan benzoate odt.....	45
quinine sulfate.....	20	ropinirole er	42
R			
RABAVERT	64	ropinirole tab 0.5mg	42
rabeprazole sodium	59	ropinirole tab 0.25mg	42
raloxifene hcl.....	56	ropinirole tab 1mg	42
ramipril	31	ropinirole tab 2mg.....	42
ranolazine	36	ropinirole tab 3mg.....	42
		ropinirole tab 4mg.....	42
		ropinirole tab 5mg.....	42
		rosadan	73

rosuvastatin calcium.....	33
ROTARIX.....	64
ROTATEQ.....	64
roweepra.....	39
roweepra xr.....	39
ROZLYTREK.....	30
RUBRACA.....	27
RUXIENCE.....	27
RYBELSUS.....	49
RYDAPT.....	30

S

SANCUSO.....	57
SANDIMMUNE.....	63
SANTYL.....	74
SAPHRIS.....	44
SAVELLA.....	46
SAVELLA TITRATION PACK.....	46
scopolamine.....	57
SECUADO.....	44
selegiline hcl.....	42
selenium sulfide.....	72
SELZENTRY.....	21
SEREVENT DISKUS.....	69
sertraline hcl.....	41
setlakin tab.....	53
sevelamer carbonate.....	56
sharobel.....	53
SHINGRIX.....	64
SIGNIFOR.....	56
sildenafil citrate.....	68
sildenafil citrate tab 20 mg (pulmonary hypertension).....	37
silodosin.....	59
silver sulfadiazine.....	71
SIMBRINZA.....	68
simvastatin.....	33
sirolimus.....	63
SIRTURO.....	22
SIVEXTRO.....	19
SKYRIZI.....	62
sodium chloride.....	64, 66
sodium chloride 0.45%.....	66
sodium chloride inj 0.9%.....	66
sodium chlor sol 0.9% irr.....	74
sodium fluoride chew tab 1.1 (0.5 f) mg/ml soln.....	64
sodium phenylbutyrate.....	54
sodium polystyrene sulfonate powder.....	51

sodium polystyrene sulfonate susp.....	51
SOLQUA 100/33.....	48
SOLTAMOX.....	28
SOLU-CORTEF.....	55
SOMATULINE DEPOT.....	56
SOMAVERT.....	56
sorine.....	33
sotalol hcl.....	33
sotalol hcl (afib/afl).....	33
spironolactone.....	32
spironolactone & hydrochlorothiazide.....	36
sprintec 28.....	53
SPRITAM.....	39
SPRYCEL.....	30
sps susp 15gm/60ml.....	51
sronyx.....	53
ssd.....	71
stavudine.....	21
STELARA.....	62
STIMATE.....	57
STIVARGA.....	30
streptomycin sulfate.....	18
STRIBILD.....	22
subvenite tab.....	39
sucrafate.....	59
sulfacetamide sodium (acne).....	71
sulfacetamide sodium (ophth).....	67
sulfacetamide sod-prednisolone.....	66
SULFADIAZINE.....	18
sulfamethoxazole-trimethop ds.....	19
sulfamethoxazole-trimethoprim inj.....	19
sulfamethoxazole-trimethoprim susp.....	19
sulfamethoxazole-trimethoprim tab 400-80mg.....	19
SULFAMYLON.....	71
sulfasalazine.....	58
sulfasalazine ec.....	58
sulindac.....	16
sumatriptan.....	45
sumatriptan inj 4mg/0.5ml.....	45
sumatriptan inj 6mg/0.5ml.....	45
sumatriptan succinate.....	45
SUPREP BOWEL PREP KIT.....	58
SUTENT.....	30
syeda.....	53
SYLATRON.....	30
SYMBICORT.....	71
SYMDEKO.....	70

SYMFI	22
SYMFI LO	22
SYMJEPI	70
SYMPAZAN	39
SYMTUZA	22
SYNAREL	54
SYNERCID	19
SYNJARDY TAB 5-500MG	49
SYNJARDY TAB 5-1000MG	49
SYNJARDY TAB 12.5-500MG	49
SYNJARDY TAB 12.5-1000MG	49
SYNJARDY XR TAB 5-1000MG	49
SYNJARDY XR TAB 10-1000MG	49
SYNJARDY XR TAB 12.5-1000MG	49
SYNJARDY XR TAB 25-1000MG	49
SYNRIBO	30
SYNTHROID	56

T

TABLOID	26
TABRECTA	30
tacrolimus	63
tacrolimus (topical)	73
TAFINLAR	30
TAGRISSE	30
TALZENNA	27
tamoxifen citrate	28
tamsulosin hcl	59
TARGRETIN	73
tarina fe 1/20	53
TASIGNA	30
TAXOTERE	26
tazarotene	72
tazicef	23
TAZORAC	72
taztia xt	35
TAZVERIK	30
TDVAX	64
TECENTRIQ	27
TEFLARO	23
telmisartan	32
telmisartan-amlodipine	32
telmisartan-hydrochlorothiazide	32
temazepam	45
TEMIXYS	22
TENIVAC	64
tenofovir disoproxil fumarate	21
terazosin hcl	32
terbinafine hcl	20

terbutaline sulfate	69
terconazole vaginal	60
testosterone	47
testosterone cypionate	47
testosterone enanthate	47
tetrabenazine	46
tetracycline hcl	25
TEXACORT SOLN 2.5%	72
THALOMID	28
THEO-24	70
theophylline	70
theophylline tab er 12hr 300 mg	70
theophylline tab er 12hr 450 mg	70
theophylline tab sr 24hr	70
thioridazine hcl	44
thiothixene	44
tiadylt er	35
tiagabine hcl	39
TIBSOVO	27
tigecycline	19
tilia fe	53
timolol maleate	34
timolol maleate gel	68
timolol maleate (ophth) soln	68
timolol maleate ophth soln 0.5% (once-daily)	68
TIVICAY	21
TIVICAY PD	21
tizanidine hcl	46
TOBRADEX	67
TOBRADEX ST	67
tobramycin	18
tobramycin-dexamethasone	67
tobramycin inj 1.2gm	18
tobramycin inj 1.2 gm/30ml	18
tobramycin inj 10mg/ml	18
tobramycin inj 80mg/2ml	18
tobramycin (ophth)	67
tobramycin sulfate	18
tolterodine tartrate cap er	59
tolterodine tartrate tabs	59
topiramate	39
toposar	31
toremifene citrate	28
toremide tabs	36
TOVIAZ	59
TPN ELECTROLYTES	65
TRADJENTA	49
tramadol-acetaminophen	16

tramadol hcl tab 50 mg.....	16	trivora-28.....	53
trandolapril.....	31	tri-vylibra.....	53
tranexamic acid.....	61	tri-vylibra lo.....	53
tranylcypromine sulfate.....	41	TROGARZO.....	21
TRAVASOL.....	65	TROPHAMINE INJ 10%.....	65
travoprost.....	68	tropium chloride.....	60
TRAZIMERA.....	27	TRULICITY.....	48
trazodone hcl.....	41	TRUMENBA.....	64
TRECTOR.....	22	TRUVADA TAB 100-150.....	22
TRELEGY ELLIPTA.....	69	TRUVADA TAB 133-200.....	22
TRELSTAR DEP INJ 3.75MG.....	28	TRUVADA TAB 167-250.....	22
TRELSTAR LA INJ 11.25MG.....	28	TRUVADA TAB 200-300.....	22
treprostinil.....	37	TRUXIMA.....	27
TRESIBA FLEXTOUCH.....	48	TUKYSA.....	30
TRESIBA INJ.....	48	tulana.....	53
tretinoin.....	71	TURALIO.....	30
tretinoin (chemotherapy).....	30	TWINRIX INJ.....	64
TREXALL.....	62	TYBOST.....	21
triamcinolone acetonide (mouth).....	74	TYKERB.....	30
triamcinolone acetonide (topical).....	73	TYMLOS.....	56
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	36	TYPHIM VI.....	64
triamterene & hydrochlorothiazide tabs.....	36		
TRICARE.....	66	U	
trientine hcl.....	51	unithroid.....	56
tri-estarylla.....	53	ursodiol.....	59
trifluoperazine hcl.....	44		
trifluridine.....	67	V	
trihexyphenidyl hcl.....	42	valacyclovir hcl.....	23
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG.....	49	VALCHLOR.....	73
TRIJARDY XR TAB ER 24HR 10-5-1000 MG.....	49	valganciclovir hcl.....	23
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	49	valproate sodium.....	39
TRIJARDY XR TAB ER 24HR 25-5-1000 MG.....	49	valproic acid.....	39
TRIKAFTA.....	70	valsartan.....	32
tri-legest fe.....	53	valsartan-hydrochlorothiazide.....	32
tri-linyah.....	53	VALTOCO.....	39
tri-lo-estarylla.....	53	vancomycin hcl.....	19
tri-lo marzia.....	53	VANCOMYCIN IN NAACL.....	19
tri-lo-sprintec.....	53	vandazole.....	60
trilyte.....	58	VAQTA.....	64
trimethoprim.....	19	VARIVAX.....	64
tri-mili.....	53	VASCEPA.....	34
trimipramine maleate.....	41	VELCADE.....	27
TRINTELLIX.....	41	velivet.....	54
tri-previfem.....	53	VELTASSA.....	51
tri-sprintec.....	53	VELMIDY.....	23
TRIUMEQ.....	22	VENCLEXTA.....	27
		VENCLEXTA STARTING PACK.....	27
		venlafaxine hcl.....	41
		VENTAVIS.....	37

VENTOLIN HFA	70
verapamil cap er	35
verapamil hcl.....	35
verapamil hcl tab er.....	35
VERSACLOZ	44
VERZENIO	27
VICTOZA.....	48
vienva.....	54
vigabatrin powd pack 500mg.....	39
vigabatrin tab 500mg	39
vigadrone.....	39
VIIBRYD STARTER PACK.....	41
VIIBRYD TAB.....	41
VIMPAT	39
VIMPAT INJ 200MG/20ML	39
VIMPAT SOL 10MG/ML	39
vincristine sulfate.....	26
vinorelbine tartrate	26
viorele	54
VIRACEPT	21
VIREAD	21
VITRAKVI.....	30
VIVITROL.....	47
VIZIMPRO	30
voriconazole	20
VOSEVI.....	23
VOTRIENT.....	30
VRAYLAR.....	44
VRAYLAR THERAPY PACK	44
vyfemla.....	54
vylibra	54
VYVANSE.....	45

W

warfarin sodium.....	60
water for irrigation, sterile	74

X

XALKORI.....	30
XARELTO	60
XARELTO STARTER PACK	60
XATMEP	62
XCOPRI MAINTENANCE PAK 150-200MG	39
XCOPRI PAK 12.5-25MG	39
XCOPRI PAK 50-100MG	39
XCOPRI PAK 50-200MG	39
XCOPRI TABS.....	39
XCOPRI TITRATION PAK 150-200MG	39
XELJANZ	62

XELJANZ XR.....	62
XGEVA	56
XIFAXAN	59
XIGDUO XR TAB 2.5-1000MG	49
XIGDUO XR TAB 5-500MG	50
XIGDUO XR TAB 5-1000MG	50
XIGDUO XR TAB 10-500MG.....	50
XIGDUO XR TAB 10-1000MG	50
XOLAIR	70
XOSPATA	30
XPOVIO 40 MG ONCE WEEKLY	30
XPOVIO 40 MG TWICE WEEKLY	30
XPOVIO 60 MG ONCE WEEKLY	30
XPOVIO 60 MG TWICE WEEKLY	30
XPOVIO 80 MG ONCE WEEKLY	30
XPOVIO 80 MG TWICE WEEKLY	30
XPOVIO 100 MG ONCE WEEKLY	30
XTANDI	28
xulane	54
XULTOPHY 100/3.6.....	48
XYREM	47

Y

YF-VAX.....	64
yuvafem vaginal tablet 10mcg	54

Z

zafirlukast	70
zarah	54
ZARXIO	60
ZEJULA	27
ZELBORAF	30
ZEMAIRA	70
zenatane	71
ZENPEP	59
ZERVIAE.....	68
zidovudine cap 100mg	21
zidovudine syp 50mg/5ml.....	21
zidovudine tab 300mg	21
ziprasidone hcl	44
ziprasidone mesylate	44
ZIRABEV.....	27
ZIRGAN	67
zoledronic acid inj 4mg/100ml	50
zoledronic acid inj 5mg/100ml	50
zoledronic inj 4mg/5ml	50
ZOLINZA	27
zolmitriptan.....	45
zolmitriptan odt.....	45

zolpidem tartrate	45
zonisamide.....	39
ZORTRESS TAB 0.5MG.....	63
ZORTRESS TAB 0.25MG	63
ZORTRESS TAB 0.75MG	63
ZORTRESS TAB 1MG	63
ZOSTAVAX	64
zovia 1/35e	54
ZYCLARA PUMP	73
ZYDELIG.....	30
ZYKADIA.....	30
ZYLET	67
ZYPITAMAG.....	33
ZYPREXA RELPREVV	44
ZYPREXA RELPREVV INJ 210MG.....	44
ZYTIGA.....	28

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Devoted Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other language

If you need these services, contact Devoted Health at 1-800-338-6833 (TTY 711).

If you believe that Devoted Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Devoted Health – Appeals & Grievances
PO Box 21327
Eagan, MN 55121
1-800-338-6833 (TTY 711)

You can file a grievance in person, by mail and by phone. If you need help filing a grievance, call 1-800-338-6833 (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Devoted Health

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- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

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PO Box 21327
Eagan, MN 55121
1-800-338-6833 (TTY 711)

Puede presentar una queja formal en persona, por correo y por teléfono. Si necesita ayuda para presentar una queja formal, llame al 1-800-338-6833 (TTY 711).

También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, por medios electrónicos a través del portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-338-6833 (TTY 711).

العربية (Arabic): المساعدة خدمات اليك متوفر، الإنجليزية اللغة تتحدث كنت إذا: هلمة ملاحظة (Arabic): 711: البكم و للصم (1-800-338-6833) بالرقم اتصل. مجاناً اللغوية

您講中文 (Chinese): 注意：如果您講英語，則可免費獲得語言幫助服務。請呼叫 1-800-338-6833 (TTY 711)。

فارسی (Farsi):

توجه : اگر به زبان فارسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با این شماره تماس بگیرید: 1-800-338-6833 (TTY 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-338-6833 (ATS 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-338-6833 (TTY 711).

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ (લેન્ગવેજ આસિસ્ટન્સ સર્વિસીસ) આપના માટે વિનામૂલ્યે ઉપલબ્ધ છે. 1-800-338-6833 (TTY 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-338-6833 (TTY 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, dei servizi di assistenza linguistica gratuiti sono disponibili. Chiamare 1-800-338-6833 (TTY 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-338-6833 (TTY 711) まで、お電話にてご連絡ください。

한국어 (Korean): 주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-338-6833 (TTY 711). 번으로 전화해 주십시오.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-338-6833 (TTY 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-338-6833 (TTY 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-338-6833 (телетайп 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-6833 (TTY 711).

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-338-6833(TTY 711).

ไทย (Thai): โปรดทราบ: หากคุณสื่อสารด้วยภาษาไทย บริการช่วยเหลือด้านภาษาไม่คิดค่าบริการ พร้อมให้บริการช่วยเหลือฟรี โทรศัพท 1-800-338-6833 (พิมพ์ TTY 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-338-6833 (TTY 711).



This formulary was updated on September 1, 2020. For more recent information or other questions, please contact Devoted Health Member Services at 1-800-338-6833 or, for TTY users, 711, Monday - Friday 8am - 8pm. (from Oct 1 - March 31, representatives are available 7 days a week, 8am - 8pm), or visit us at www.devoted.com.

Need help? Call 1-800-338-6833 (TTY 711) / **¿Necesita ayuda?** Llame al 1-800-338-6833 (TTY 711)