



2019 Formulary / Formulario 2019

(List of covered drugs) / (Lis medikaman ki kouvri yo)

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

TANPRI LI: DOKIMAN SA A GEN ENFÒMASYON SOU MEDIKAMAN KI KOVRI NAN PLAN SA A

Approved formulary ID 00019307 / ID fòmilè apwouve 00019307

Devoted Health HMO
Devoted Health Prime HMO

This formulary was updated on May 1, 2019. For more recent information or other questions, please call us 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 www.devoted.com/search-drugs.

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

Yo te mete fòmilè sa ajou a le 1 me, 2019. Pou plis enfòmasyon oswa lòt kesyon, tanpri kontakte nou, Devoted Health nan 1-800-338-6833 oswa, pou itilizatè TTY, 711, Lendi - Vandredi 8:00 am - 8:00 pm. (soti 1e Oktòb - 31 Mas), Gid Sèvis manm yo disponib 7 jou pa semèn, 8am - 8 pm). Oswa vizite www.devoted.com/search-drugs.

Devoted Health se yon plan HMO ak yon kontra Medicare. Enskripsyon nan Devoted Health depann de renouv lman kontra.

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 or Devoted Health Prime HMO plan.

This document includes a list of the drugs (formulary) for our plan which is current as of May 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front 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, 2019, 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take 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’s 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. 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.

The enclosed formulary is current as of May 1, 2019. To get updated information about the drugs covered by Devoted Health, please contact us. Our contact information appears on the front cover page. We will update the printed formularies each month and they will be available on www.Devoted.com/search-drugs.

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 Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 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 73. 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 (PA):** 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 (QL):** 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 (ST):** 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 web site, www.Devoted.com/search-drugs. 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 may ask Devoted Health to make an exception to these restrictions or limits 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 3 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Devoted Health pays for certain OTC drugs. Devoted Health will provide these OTC drugs at no cost to you. The cost to Devoted Health of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap)

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.

- **Formulary exception:** 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.
- **Tier exception:** 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, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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 (EOC) 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 cover page.

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 711 or visit <http://www.medicare.gov>.

Devoted Health Formulary

The formulary that begins on page 16 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 73.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA) 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 3 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 3 for information about how to request an exception to Devoted Health’s prior authorization and step therapy criteria.

GC: Gap Coverage.

For Devoted Health Prime Rx Plus 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.

LA: Limited Access: Specialty Pharmacy provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to Devoted Health members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications. The direct number for Devoted Health’s Specialty Pharmacy provider is: SP-CVS specialty: 1-800-237-2767.

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

Lè lis medikaman sa a (fòmilè) refere a "nou," sa vle di Devoted Health. Lè li refere a "plan" oswa "plan nou an," sa vle di Devoted Health HMO oswa plan Devoted Health Prime HMO.

Dokiman sa a gen ladan l yon lis medikaman (fòmilè) pou plan nou an ki ajou kòmmanse mwa 1 me, 2019. Pou yon fòmilè ki ajou, tanpri kontakte nou. Enfòmasyon kontak nou, ansanm ak dat nou dènye mete fòmilè a ajou, parèt sou paj kouvèti devan ak dèyè yo.

Jeneralman ou dwe itilize famasi ki nan rezo yo pou w ka itilize benefis medikaman preskripsyon ou yo. Benefis, fòmilè, rezo famasi, ak/oswa kopeman/ko-asirans ka chanje le 1e Janvyè 2019, ak de tan zan tan pandan ane a.

Ki sa Fòmilè Devoted Health la ye?

Yon fòmilè se yon lis medikaman ki kouvri ke Devoted Health chwazi apre li konsilte avèk yon ekip founisè swen sante, ki reprezante terapi preskripsyon ke yo kwè dwe yon pati nesèsè nan yon bon jan kalite pwogram tretman. An jeneral, Devoted Health ap kouvri medikaman ki nan lis fòmilè a depi ke medikaman an medikalman nesèsè, preskripsyon an te ranpli nan yon famasi ki nan rezo Devoted Health la, epi yo swiv lòt règ plan yo. Pou plis enfòmasyon sou kijan pou w ranpli preskripsyon ou yo, tanpri revize Prèyè Kouvèti Asirans ou an.

Èske Fòmilè a (lis medikaman) an ka chanje?

Anjeneral, si w ap pran yon medikaman ki sou fòmilè 2019 nou an ki te kouvri nan kòmansman ane a, nou pap sispann oswa diminye kouvèti asirans medikaman an pandan ane asirans 2019 lan eksepte lè yon nouvo medikaman ki pi chè vin disponib, lè yo divilge nouvo enfòmasyon sou sekirite oswa efikasite yon medikaman, oswa yo retire medikaman an sou mache a. (Gade pwèn ki anba yo pou plis enfòmasyon sou chanjman ki afekte manm k ap pran medikaman kounye a yo) Lòt kalite chanjman nan fòmilè a, tankou retire yon medikaman nan fòmilè nou an, pa pral afekte manm k ap pran medikaman an kounye a. L' ap rete disponib nan menm pri pataje a pou manm ki pran li pou rès ane kouvèti asirans lan.

Anba a se chanjman nan lis medikaman an ki pral afekte tou manm k ap pran medikaman kounye a:

- **Nouvo medikaman jenerik.** Nou ka imedyatman retire yon medikaman gwo mak sou Lis Medikaman nou an si nou ranplase li ak yon nouvo medikaman jenerik ki pral parèt sou menm nivo pri pataje a oswa pi ba ak menm oswa mwens restriksyon. Epi tou, lè nou ajoute nouvo medikaman jenerik la, nou ka deside kenbe medikaman gwo mak la sou Lis Medikaman nou an, men imedyatman mete li nan yon diferan nivo pri-pataje oswa ajoute nouvo restriksyon. Si w ap pran gwo mak medikaman sa a kounye a, nou ka pa di ou davans anvan nou fè chanjman sa a, men pita nou pral ba w enfòmasyon sou chanjman espesifik nou te fè yo.
 - Si nou fè chanjman sa yo, ou menm oswa moun ki ekri preskripsyon ou yo ka mande nou fè yon eksepsyon epi kontinye kouvri medikaman gwo mak lan pou ou. Avi nou ba ou a pral enkli tou enfòmasyon sou etap ou ka pran pou mande yon eksepsyon, epi ou ka jwenn enfòmasyon tou nan seksyon ki anba a ki rele "Kijan pou mwen mande yon eksepsyon nan Fòmilè Devoted Health la?"

- **Medikaman yo retire sou mache a.** Si Administrasyon Manje ak Medikaman (Food and Drug Administration) an konsidere ke yon medikaman sou fòmilè nou an danjere oswa fabrikan medikaman an retire medikaman an sou mache a, nou pral imedyatman retire medikaman an nan fòmilè nou an epi bay manm ki t ap pran medikaman an yon avi.
- **Lòt chanjman.** Nou ka fè lòt chanjman ki afekte manm k ap pran yon medikaman kounye a. Pa egzanp, nou ka ajoute yon medikaman jenerik ki pa nouvo sou mache a pou ranplase yon medikaman gwo mak ki aktyèlman sou fòmilè a oswa ajoute nouvo restriksyon sou medikaman gwo mak la oswa mete li nan yon diferan nivo pri-pataje. Nou ka fè chanjman ki baze sou nouvo direktiv klinik nou an. Si nou retire medikaman nan fòmilè nou an, ajoute otorizasyon anvan, limit sou kantite ak/oswa restriksyon terapi pa etap sou yon medikaman, oswa mete yon medikaman nan yon nivo pri-pataje ki pi wo, nou dwe notifye manm ki afekte yo de chanjman an omwen 30 jou anvan chanjman an vin efektif, oswa nan moman manm lan mande pou yo ranpli medikaman an, lè sa manm lan pral resevwa yon rezèv medikaman an pou 30 jou.

Fòmilè ki nan anvlòp la ajou kòmanse 1 me, 2019. Pou jwenn enfòmasyon ajou sou medikaman ki kouvri pa Devoted Health, tanpri kontakte nou. Enfòmasyon kontak nou parèt sou paj kouvèti devan ak dèyè. Nou pral mete fòmilè ki enprime yo ajou chak mwa epi yo pral disponib sou www.Devoted.com/search-drugs.

Kouman pou mwen sèvi ak fòmilè a?

Gen de fason pou w jwenn medikaman ou a nan fòmilè a:

Kondisyon Medikal

Fòmilè la kòmanse nan paj 16. Medikaman nan fòmilè sa a gwoupe an kategori depann sou kalite kondisyon medikal ke yo itilize pou trete. Pa egzanp, medikaman ke yo itilize pou trete yon kondisyon kè nan lis la anba kategori, "Ajan kadyo-vaskilè". Si ou konnen pou ki sa yo itilize medikaman ou an, chache non kategori a nan lis ki kòmanse nan paj 14. Apre sa a, gade anba non kategori a pou medikaman ou an.

Lis Alfabetik

Si ou pa fin sèten anba ki kategori pou w gade, ou ta dwe chache medikaman ou an ou nan Endèks la ki kòmanse nan paj 73. Endèks la bay yon lis alfabetik tout medikaman ki enkli nan dokiman sa a. Ni medikaman gwo mak ni medikaman jenerik nan lis ki nan Endèks la. Gade nan Endèks la epi jwenn medikaman ou an. Sou kote medikaman ou an, w ap wè nimewo paj kote ou ka jwenn enfòmasyon kouvèti asirans lan. Ale nan paj ki endike nan Endèks la epi jwenn non medikaman ou an nan premye kolòn nan lis la.

Ki sa medikaman jenerik yo ye?

Devoted Health kouvri medikaman gwo mak ansanm ak medikaman jenerik. Yon medikaman jenerik apwouve pa FDA an kòm ki gen menm engredyan aktif la ak medikaman gwo mak la. Anjeneral, medikaman jenerik koute mwens pase medikaman gwo mak.

Èske gen restriksyon sou kouvèti asirans mwen an?

Gen kèk medikaman ki kouvri ki ka gen lòt kondisyon oswa limit sou kouvèti asirans. Kondisyon ak limit sa yo ka enkli:

- **Otorizasyon Anvan (PA):** Devoted Health egzije ke ou menm oswa doktè ou jwenn otorizasyon anvan pou sèten medikaman. Sa vle di ke ou pral bezwen jwenn apwobasyon nan men Devoted Health anvan ou ranpli preskripsyon ou yo. Si ou pa jwenn apwobasyon, Devoted Health ka pa kouvri medikaman an.
- **Limit Kantite (QL):** Pou sèten medikaman, Devoted Health limite kantite medikaman ke Devoted Health pral kouvri. Pa egzanp, Devoted Health bay 30 grenn chak 30 jou DEXILANT. Sa a kapab anplis yon rezèv estanda yon sèl mwa oswa twa mwa.
- **Terapi pa Etap (ST):** Nan kèk ka, Devoted Health mande pou ou eseye sèten medikaman avan pou trete kondisyon medikal ou anvan nou kouvri yon lòt medikaman pou kondisyon sa. Pa egzanp, si ni medikaman A ni medikaman B trete kondisyon medikal ou a, Devoted Health ka pa kouvri medikaman B sof si ou eseye medikaman A an premye. Si medikaman A pa travay pou ou, Devoted Health pral kouvri medikaman B.

Ou ka gade nan fòmilè a kòmanse nan paj 16 pou konnen si medikaman ou an gen nenpòt lòt kondisyon oswa limit. Ou ka jwenn plis enfòmasyon tou sou restriksyon yo aplike a medikaman espesifik ki kouvri lè w vizite sit entènèt nou an, www.Devoted.com/search-drugs. Nou afiche dokiman sou entènèt la ki eksplike otorizasyon anvan nou yo ak restriksyon terapi pa etap yo. Ou ka mande nou pou voye yon kopi ba ou tou. Enfòmasyon kontak nou an, ansanm ak dat nou dènye mete fòmilè a ajou, parèt sou paj kouvèti devan ak dèyè a.

Ou ka mande Devoted Health pou fè yon eksepsyon nan restriksyon sa yo oswa limit pou yon lis lòt, medikaman ki menm jan ki trete kondisyon sante ou. Gade seksyon, "Kijan pou mwen mande yon eksepsyon nan Fòmilè Devoted Health la" nan paj 3 pou jwenn enfòmasyon sou fason pou mande yon eksepsyon.

Ki sa medikaman ke yo vann san preskripsyon yo ye (OTC)?

Medikaman OTC yo se medikaman ki pa bezwen preskripsyon ki pa nòmalman kouvri pa yon Plan Medikaman Preskripsyon Medicare. Devoted Health peye pou sèten medikaman OTC. Devoted Health ap bay medikaman OTC san yo pa koute ou anyen. Pri medikaman OTC sa yo koute Devoted Health pa pral konte nan total depans medikaman Pati D ou yo (sa vle di, pri medikaman OTC yo pa konte pou diferans kouvèti asirans "coverage gap" la).

E si medikaman mwen an pa sou Fòmilè a?

Si medikaman ou a pa enkli nan fòmilè sa a (lis medikaman ki kouvri), ou dwe kontakte Sèvis Manm yo avan epi mande si medikaman ou an kouvri.

Si w aprann ke Devoted Health pa kouvri medikaman ou, ou gen de opsyon:

- Ou ka mande Sèvis Manm yo pou yon lis medikaman ki menm jan an ke Devoted Health kouvri. Lè w resevwa lis la, montre doktè w la epi mande l pou l preskri yon medikaman ki menm jan an ki kouvri pa Devoted Health.
- Ou ka mande Devoted Health pou fè yon eksepsyon epi kouvri medikaman ou a. Gade anba a pou enfòmasyon sou kijan pou w mande yon eksepsyon.

Kijan pou mwen mande yon eksepsyon nan Fòmilè Devoted Health la?

Ou ka mande Devoted Health pou fè yon eksepsyon nan règleman kouvèti asirans nou an. Gen plizyè kalite eksepsyon ke ou ka mande nou fè.

- **Eksepsyon Fòmilè:** Ou ka mande nou kouvri yon medikaman menm si li pa sou fòmilè nou. Si nou apwouve, n ap kouvri medikaman sa nan yon nivo pri-pataje ki pre-detèmine, epi ou pap kapab mande nou pou bay medikaman an nan yon nivo pri-pataje ki pi ba.
- **Eksepsyon Nivo:** Ou ka mande nou pou kouvri yon medikaman ki nan fòmilè a nan yon nivo pri-pataje ki pi ba si medikaman sa a pa sou nivo espesyalite a. Si nou apwouve, sa ap diminye montan ou dwe peye pou medikaman ou.
- Ou ka mande nou pou nou retire restriksyon kouvèti asirans oswa limit sou medikaman ou an. Pa egzanp, pou sèten medikaman, Devoted Health limite kantite nan medikaman an ke nou pral kouvri. Si medikaman ou a gen yon limit kantite, ou ka mande nou pou retire limit la epi kouvri yon kantite ki plis.

Anjeneral, Devoted Health ap sèlman apwouve demann ou an pou yon eksepsyon si medikaman altènatif ki enkli nan fòmilè plan an, medikaman ki gen pri-pataje ki pi ba a oswa restriksyon itilizasyon ki anplis yo pa t'ap osi efikas nan trete kondisyon ou ak/oswa ka lakòz ou gen efè medikal negatif.

Ou dwe kontakte nou pou mande nou pou yon desizyon kouvèti asirans inisyal pou yon eksepsyon restriksyon fòmilè, nivo oswa itilizasyon. **Lè ou mande yon eksepsyon restriksyon fòmilè, nivo oswa itilizasyon ou dwe soumèt yon deklarasyon ki soti nan men moun ki ekri preskripsyon ou yo oswa doktè pou sipòte demann ou an.**

Anjeneral, nou dwe pran desizyon nou an nan lespas 72 èdtan apre nou resevwa deklarasyon sipò moun ki ekri preskripsyon ou yo a. Ou ka mande yon eksepsyon akselere (rapid) si ou menm oswa doktè ou kwè ke sante ou ka seryezman an danje si w rete tann jiska 72 èdtan pou yon desizyon. Si nou aksepte demann akselere ou a, nou dwe ba ou yon desizyon pa pita pase 24 èdtan apre nou fin resevwa yon deklarasyon sipò nan men doktè ou oswa lòt moun ki ekri preskripsyon you yo.

Ki sa pou mwen fè anvan mwen ka pale ak doktè mwen sou chanje medikaman mwen oswa mande yon eksepsyon?

Kòm yon nouvo manm oswa youn ki te nan plan nou an deja ou ka ap pran medikaman ki pa nan fòmilè nou an. Oswa, ou ka ap pran yon medikaman ki nan fòmilè nou an men kapasite w pou jwenn li limite. Pa egzanp, ou ka bezwen yon otorizasyon anvan nan men nou anvan ou ka ranpli preskripsyon ou. Ou ta dwe pale ak doktè ou pou deside si ou ta dwe chanje pou yon medikaman apwopriye ke nou kouvri oswa mande yon eksepsyon fòmilè pou ke nou kouvri medikaman ke ou pran an. Pandan w ap pale ak doktè ou pou detèmine kisa k ap pi bon pou ou, nou ka kouvri medikaman ou nan sèten ka pandan premye 90 jou ke ou se yon manm plan nou an.

Pou chak nan medikaman ou yo ki pa sou fòmilè nou an oswa si kapasite ou pou jwenn medikaman ou limite, nou pral kouvri yon rezèv tanporè de 30 jou. Si preskripsyon ou an ekri pou mwens jou, nou pral pèmèt ou ranpli l jiska yon maksimòm 30 jou rezèv medikaman an. Apre premye rezèv 30 jou a, nou p ap peye pou medikaman sa yo, menm si ou te yon manm plan an pou mwens pase 90 jou.

Si ou se yon rezidan nan yon etablisman swen alontèm epi ou bezwen yon medikaman ki pa nan fòmilè nou an oswa si kapasite pou ou jwenn medikaman ou a limite, men ou pase premye 90 jou depi ou manm nan plan nou an, nou pral kouvri yon rezèv pou ijans 31 jou nan medikaman an pandan w ap pouswiv yon eksepsyon fòmilè.

Si ou fè eksperyans yon chanjman nan nivo swen ou, tankou ou deplase soti nan yon kay pou ale nan yon anviwònman swen alontèm, epi ou bezwen yon medikaman ki pa nan fòmilè nou an (oswa si kapasite ou pou jwenn medikaman ou yo limite), pou yon fwa nou ka kouvri yon rezèv tanporè nan yon famasi rezo pou jiska 30 jou sof si ou gen yon preskripsyon pou mwens jou. Ou dwe itilize pwosesis eksepsyon plan an si ou vle kontinye gen kouvèti asirans pou medikaman an apre rezèv tanporè a fini.

Pou plis enfòmasyon

Pou plis detay sou kouvèti asirans medikaman preskripsyon Devoted Health ou a, tanpri gade Prèv Kouvèti Asirans ou a (EOC) ak lòt materyèl plan yo.

Si ou gen kesyon konsènan Devoted Health, tanpri kontakte nou. Enfòmasyon kontak nou, ansanm ak dat nou dènye mete fòmilè a ajou, parèt sou paj kouvèti devan ak dèyè yo.

Si ou gen kesyon jeneral sou kouvèti asirans medikaman preskripsyon Medicare, tanpri rele Medicare nan 1-800-MEDICARE (1-800-633-4227) 24 èdtan pa jou/7 jou pa semèn. Itilizatè TTY yo dwe rele 711 oswa vizite <http://www.medicare.gov>.

Fòmilè Devoted Health

Fòmilè ki kòmanse nan paj 16 bay enfòmasyon sou kouvèti asirans medikaman ki kouvri pa Devoted Health. Si ou gen pwoblèm pou jwenn medikaman ou nan lis la, ale nan Endèks ki kòmanse nan paj 73.

Premye kolòn tablo a gen lis non medikaman yo. Medikaman gwo mak yo ekri ak lèt majiskil (tankou, PROAIR HFA) epi medikaman jenerik yo ekri nan lis la ak lèt miniskil italik (tankou, *omeprazole*).

Enfòmasyon ki nan kolòn Egzijans/Limit yo di ou si Devoted Health gen okenn egzijans espesyal pou kouvèti asirans medikaman ou a.

B/D: Medicare Pati B oswa D

Medikaman sa yo egzije otorizasyon anvan pou detèmine kouvèti asirans ki apwopriye dapre Medicare Pati B oswa Pati D. Gen kèk medikaman Pati B ki ka bezwen yon 20% ko-asirans pou manm Devoted Health yo.

QL: limit sou kantite aplike.

Poutèt potansyèl enkyetid sou sekirite ak itilizasyon, Devoted Health mete limit sou dispansman yon ti kantite medikaman preskripsyon. Sa vle di ke famasi a pral sèlman dispansman yon sèten kantite medikaman an nan yon peryòd done. Kantite sa yo baze sou estanda swen ki rekoni tankou rekòmandasyon itilizasyon ki soti nan Administrasyon Manje ak Medikaman Etazini an (U.S. Food and Drug Administration). Si doktè ou a kwè ou bezwen yon kantite ki pi plis pase limit pwogram nan, doktè ou a gendwa mande Devoted Health pou fè yon eksepsyon nan règleman kouvèti asirans nou an. Gade seksyon, "Kijan pou mwen mande yon eksepsyon nan fòmilè Devoted Health la?" nan paj 3 pou jwenn enfòmasyon sou fason pou mande yon eksepsyon.

LA: Medikaman Aksè Limite.

Preskripsyon sa a ka disponib sèlman nan sèten famasi. Pou plis enfòmasyon konsilte Anyè Famasi ou oswa rele Devoted Health nan 1-800-338-6833, Lendi-Vandredi 8:00 a.m. - 8:00 p.m. (Soti 1e Oktòb-31 Mas reprezantan disponib 7 jou pa semèn, 8:00 a.m. - 8:00 p.m.). Itilizatè TTY yo dwe rele 711.

PA: Otorizasyon Anvan Obligatwa.

Pwosesis Otorizasyon Anvan an ankouraje preskripsyon pwodwi medikaman rasyonèl ki gen enkyetid sekirite ak/oswa finansye enpòtan. Yon founisè ka soumèt yon demann pou asirans ki baze sou bezwen medikal yon manm pou yon medikaman an patikilye. Si yo apwouve l, manm lan ap peye nivo ko-peman ki deziyen an. Yon pwosesis apèl egziste pou demann ke yo refize yo.

ST: Terapi pa Etap.

Terapi pa Etap se yon fòm otomatik Otorizasyon Anvan, ki itilize istorik reklamasyon pou apwouve yon medikaman nan pwen vant lan. Pwogram Terapi pa Etap yo ede ankouraje itilizasyon klinikman pwouve premye liy terapi a e yo fèt pou asire itilizasyon ajan terapeitik ki pi apwopriye e ki gen pi bon pri a an premye, anvan lòt tretman yo ka kouvri.

Manm ki aktyèlman sou medikaman ki satisfè premye Kritè Terapi pa Etap yo pral otomatikman kapab ranpli preskripsyon yo pou medikaman yo nan pwochen etap la. Si manm lan pa satisfè premye kritè Terapi pa etap la, yo pral refize preskripsyon an nan pwen de vant la avèk yon mesaj ki endike ke Otorizasyon Anvan (PA) obligatwa. Doktè yo dwe soumèt demann otorizasyon alavans yo bay Devoted Health pou manm yo ki pa satisfè kritè Terapi pa Etap la nan pwen vant la. Gade seksyon, “Kijan pou mwen mande yon eksepsyon pou fòmilè Devoted Health la?” nan paj 3 la pou jwenn enfòmasyon sou kijan pou mande yon eksepsyon pou otorizasyon alavans Devoted Health la ak kritè pou terapi pa etap la.

GC: Diferans Asirans “Gap Coverage”:

Pou manm Devoted Health Premye Rx Plus yo, nou bay plis kouvèti asirans pou medikaman Nivo 1 ak Nivo 2 nan kouvèti asirans Gap la. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou asirans sa a.

NDS: Rezè Medikaman Lajounen ki pa pwolonje.

Nan yon efò pou kontwòle depans medikaman yo, sèten medikaman ki koute chè ap limite jiska yon rezè 30 jou pou chak ou ranpli l.

LA: Aksè limite: Founisè Famasi Espesyalite

Ou gen opsyon pou jwenn medikaman sa a atravè yon founisè Famasi Espesyalite ki deziyen. Famasi sa yo espesyalize nan bay yon sèten kantite medikaman dirèkteman a manm Devoted Health yo. Yo bay livrezon gratis lakay ou, sipò edikasyon 24/7 pa telefòn, sipò enfimiyè ak famasyen yo, epi yo pral travay de prè avèk doktè ou. Medikaman yo enkli, men pa limite a, medikaman yo itilize nan tretman nan sklewoz miltip, epatit C, atrit rimatoyid, ak kansè ki trete ak medikaman oral. Nimewo dirèk pou Famasi Espesyalite Devoted Health' la se: SP-CVS espesyalite: 1-800-237-2767

Konsènan nivo medikaman yo

Nivo yo se jis yon fason pou gwoupe medikaman yo dapre kantite lajan yo koute. An jeneral, plis nivo a pi wo, se plis ou ap gen pou peye ak pwòp lajan nan pòch ou.

Nivo	Deskripsyon
1	Medikaman Jenerik Prefere
2	Medikaman Jenerik yo
3	Medikaman Gwo Mak Prefere yo
4	Medikaman gwo Mak ki pa Prefere yo
5	Nivo Espesyalite

Italik an miniskil = medikaman jenerik

LÈT MAJISKIL = medikaman ki gen mak

Table of Contents / Tab Dè Matyè

Analgesics.....	16	Angiotensin II Receptor Antagonist Combinations...	31
Gout.....	16	Angiotensin II Receptor Antagonists	32
Nsaids.....	16	Antiarrhythmics.....	32
Opioid Analgesics	16	Antilipemics, Hmg-Coa Reductase Inhibitors.....	32
Opioid Analgesics, Cii.....	16	Antilipemics, Miscellaneous.....	33
Anesthetics.....	18	Beta-Blocker/Diuretic Combinations	33
Local Anesthetics	18	Beta-Blockers.....	33
Anti-Infectives.....	18	Calcium Channel Blocker/Antilipemic Combinations	34
Anti-Bacterials - Miscellaneous	18	Calcium Channel Blockers.....	34
Anti-Infectives - Miscellaneous.....	18	Digitalis Glycosides	35
Antifungals	19	Direct Renin Inhibitors/Combinations.....	35
Antimalarials.....	20	Diuretics	35
Antiretroviral Agents	20	Miscellaneous	35
Antiretroviral Combination Agents	21	Nitrates	36
Antitubercular Agents	22	Pulmonary Arterial Hypertension	36
Antivirals	22	Central Nervous System.....	36
Cephalosporins	23	Antianxiety.....	36
Erythromycins/Macrolides	24	Anticonvulsants.....	37
Fluoroquinolones.....	24	Antidementia	39
Penicillins	25	Antidepressants	39
Tetracyclines.....	25	Antiparkinsonian Agents.....	41
Antineoplastic Agents.....	26	Antipsychotics.....	41
Alkylating Agents.....	26	Attention Deficit Hyperactivity Disorder	43
Anthracyclines	26	Hypnotics	44
Antibiotics	26	Migraine	45
Antimetabolites.....	26	Miscellaneous	45
Antimitotic, Taxoids	26	Multiple Sclerosis Agents	46
Antimitotic, Vinca Alkaloids	27	Musculoskeletal Therapy Agents.....	46
Biologic Response Modifiers.....	27	Narcolepsy/Cataplexy	46
Hormonal Antineoplastic Agents	27	Psychotherapeutic-Misc	46
Immunomodulators	28	Endocrine And Metabolic	47
Kinase Inhibitors.....	28	Androgens	47
Miscellaneous	30	Antidiabetics, Injectable.....	47
Platinum-Based Agents	30	Antidiabetics, Oral	48
Protective Agents.....	30	Antidiabetics, Test Strips	49
Topoisomerase Inhibitors.....	30	Bisphosphonates	49
Cardiovascular	31	Calcium Receptor Agonists	50
Ace Inhibitor Combinations.....	31	Chelating Agents	50
Ace Inhibitors.....	31	Contraceptives	50
Aldosterone Receptor Antagonists.....	31	Endometriosis	53
Alpha Blockers	31	Enzyme Replacements	53
		Estrogens.....	54

Glucocorticoids	54	Phosphodiesterase Type 5 Inhibitors	68
Glucose Elevating Agents.....	55	Phosphodiesterase Type 5 Inhibitors	68
Miscellaneous	55	Respiratory	68
Phosphate Binder Agents.....	55	Anticholinergic/Beta Agonist Combinations	68
Progestins.....	55	Anticholinergics.....	68
Thyroid Agents	56	Antihistamines	68
Vasopressins	56	Beta Agonists	68
Gastrointestinal	56	Leukotriene Modulators.....	69
Antiemetics.....	56	Mast Cell Stabilizers	69
Antispasmodics.....	57	Miscellaneous	69
H2-Receptor Antagonists.....	57	Nasal Steroids	69
Inflammatory Bowel Disease	57	Steroid Inhalants	69
Laxatives	57	Steroid/Beta-Agonist Combinations	70
Miscellaneous	58	Topical	70
Pancreatic Enzymes	58	Dermatology, Acne	70
Proton Pump Inhibitors.....	58	Dermatology, Antibiotics	70
Genitourinary	58	Dermatology, Antifungals.....	70
Benign Prostatic Hyperplasia.....	58	Dermatology, Antipsoriatics	70
Miscellaneous	59	Dermatology, Antiseborrheics	71
Urinary Antispasmodics.....	59	Dermatology, Corticosteroids.....	71
Vaginal Anti-Infectives.....	59	Dermatology, Local Anesthetics	71
Hematologic.....	59	Dermatology, Miscellaneous Skin And Mucous Membrane	72
Anticoagulants	59	Dermatology, Scabicides And Pediculides.....	72
Hematopoietic Growth Factors	60	Dermatology, Wound Care Agents.....	72
Miscellaneous	60	Mouth/Throat/Dental Agents	72
Platelet Aggregation Inhibitors	60	Otic.....	73
Immunologic Agents	61	Notes / Notas	98
Disease-Modifying Anti-Rheumatic Drugs (Dmards) 61			
Immunoglobulins.....	61		
Immunomodulators	61		
Immunosuppressants.....	62		
Vaccines	62		
Nutritional/Supplements	63		
Electrolytes.....	63		
Iv Nutrition.....	64		
Iv Replacement Solutions.....	64		
Vitamins	65		
Ophthalmic	66		
Anti-Infective/Anti-Inflammatory	66		
Anti-Infectives	66		
Anti-Inflammatories	66		
Antiallergics	67		
Antiglaucoma.....	67		
Miscellaneous	68		

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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>	3	
ULORIC	3	ST
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; TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	4	
<i>diflunisal</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	4	
<i>flurbiprofen TABS</i>	3	
<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</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<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)
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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
FENTORA	5	NDS, QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	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)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	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 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS 15mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	3	QL (90 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 (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>oxycodone hcl</i> CONC	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<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</i> SOLN	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	3	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin</i> NEBU	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 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS	5	NDS
ALINIA	5	NDS
<i>atovaquone</i> SUSP	5	NDS
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
CAYSTON	5	NDS, NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<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	

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>colistimethate sodium</i> SOLR	4	
<i>dapsone</i> TABS	3	
DAPTOMYCIN 350mg	5	NDS
<i>daptomycin</i> 500mg	5	NDS
EMVERM	5	NDS
<i>ertapenem sodium</i>	4	
<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>	5	NDS
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>pentamidine isethionate</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>	4	
<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	
<i>vancomycin hcl</i> CAPS 250mg	5	NDS
<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	3	B/D
<i>caspofungin acetate</i>	5	NDS

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèw Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	NDS
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	NDS
NOXAFIL SUSP	5	NDS, QL (630 mL / 30 days)
NOXAFIL TBEC	5	NDS, QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
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>	5	NDS, 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 700 mg</i>	5	NDS, NM
FUZEON	5	NDS, NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NDS, NM
INVIRASE	5	NDS, NM

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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 50 mg/5ml</i>	4	NM
<i>nevirapine tab 100mg er</i>	4	NM
<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	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg NM	5	NDS, QL (240 tabs / 30 days),
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
RESCRIPTOR	4	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>	5	NDS, NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NDS, NM
TROGARZO	5	NDS, NM, LA
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NDS, NM
VIRAMUNE SUSP	4	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 sulfata-lamivudine</i>	3	NM

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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
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
<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
TRIUMEQ	5	NDS, NM
TRUVADA TAB 100-150	5	NDS, QL (60 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	
RIFATER	4	
SIRTURO	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

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>adefovir dipivoxil</i>	5	NDS, NM
BARACLUDE SOLN	5	NDS, NM
<i>entecavir</i>	5	NDS, NM
EPCLUSA	5	NDS, NM, PA
EPIVIR HBV SOLN	4	NM
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	3	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)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NDS, NM, PA
PEGASYS PROCLICK	5	NDS, NM, PA
REBETOL SOLN	5	NDS, NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
RIBASPHERE TABS 400mg	5	NDS, NM
<i>ribasphere</i> TABS 600mg	5	NDS, NM
<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
ZEPATIER	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACTOR 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, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefдинир</i> CAPS	3	
<i>cefдинир</i> SUSR	4	
<i>cefepime hcl</i>	4	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	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>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	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	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	NDS
e.e.s 400	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocine stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj</i> 25mg/ml	4	
<i>levofloxacin oral soln</i> 25 mg/ml	4	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl</i> TABS	4	

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>moxifloxacin hcl in sodium chloride</i>	4	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate CHEW; TB12</i>	4	
<i>amoxicillin & pot clavulanate SUSR</i>	3	
<i>amoxicillin & pot clavulanate TABS</i>	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
AUGMENTIN SUS 125/5ML	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium 1gm, 2gm</i>	4	
<i>nafcillin sodium 10gm</i>	5	NDS
NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium 1gm, 2gm</i>	4	
<i>oxacillin sodium 10gm</i>	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 SOLR</i>	2	
<i>penicillin v potassium TABS</i>	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	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>mondoxylene nl cap 100mg</i>	2	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèy Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	NDS, B/D, NM
<i>cyclophosphamide CAPS</i>	4	B/D
<i>cyclophosphamide SOLR</i>	5	NDS, B/D
<i>dacarbazine 100mg</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	4	B/D
LEUKERAN	5	NDS
ANTHRACYCLINES		
<i>adriamycin SOLN</i>	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
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	NDS, B/D
ANTIMETABOLITES		
<i>adrucil</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>	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NDS, NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	NDS, B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</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 80mg/4ml	5	NDS, B/D

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar pfs</i>	2	B/D
<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
IBRANCE	5	NDS, NM, LA, PA
IDHIFA	5	NDS, NM, LA, PA
KADCYLA	5	NDS, B/D, NM
KEYTRUDA	5	NDS, NM, PA
KISQALI	5	NDS, NM, PA
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
MYLOTARG	5	NDS, NM, LA, PA
NINLARO	5	NDS, NM, PA
ODOMZO	5	NDS, NM, LA, PA
RITUXAN	5	NDS, NM, LA, PA
RITUXAN HYCELA	5	NDS, NM, LA, PA
RUBRACA	5	NDS, NM, LA, PA
TALZENNA	5	NDS, NM, LA, PA
TECENTRIQ	5	NDS, NM, LA, PA
TIBSOVO	5	NDS, NM, LA, PA
VELCADE	5	NDS, NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 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
ZOLINZA	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	NDS, NM, PA
<i>anastrozole TABS</i>	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS, NM, LA, PA

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèk Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>exemestane</i>	4	
FASLODEX	5	NDS, B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	2	
<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	NDS, NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate</i> TABS	1	
<i>toremifene citrate</i>	5	NDS
TRELSTAR DEP INJ 3.75MG	5	NDS, NM, PA
TRELSTAR LA INJ 11.25MG	5	NDS, NM, PA
XTANDI	5	NDS, NM, LA, PA
ZYTIGA 500mg	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS, NM, LA, PA
POMALYST CAP 2MG	5	NDS, NM, LA, PA
POMALYST CAP 3MG	5	NDS, NM, LA, PA
POMALYST CAP 4MG	5	NDS, NM, LA, PA
REVLIMID	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	NDS, QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR	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
BOSULIF	5	NDS, NM, PA

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
BRAFTOVI	5	NDS, NM, LA, PA
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
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
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
RYDAPT	5	NDS, NM, PA
SPRYCEL	5	NDS, NM, PA
STIVARGA	5	NDS, NM, LA, PA
SUTENT	5	NDS, NM, PA
TAFINLAR	5	NDS, NM, LA, PA
TAGRISSO	5	NDS, NM, LA, PA

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
TARCEVA 25mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NDS, NM, 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</i> CAPS	2	
LONSURF	5	NDS, NM, PA
MATULANE	5	NDS, LA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO	5	NDS, NM, PA
<i>tretinoin (chemotherapy)</i>	5	NDS
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	NDS, B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	NDS, B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	NDS, B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
MESNEX TABS	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	NDS, B/D
TOPOTECAN INJ 4MG/4ML	5	NDS, B/D

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
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	

PA– Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèy Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
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>	1	
<i>olmesartan medoxomil TABS</i>	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	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</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	
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG	4	ST
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	4	
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate</i>	4	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NDS, NM, LA, PA
KYNAMRO	5	NDS, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
PRALUENT	5	NDS, PA
<i>prevalite</i>	4	
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</i> CAPS	2	
<i>atenolol</i> TABS	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</i> TABS	3	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS	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>	3	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i> 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads cap sr 180mg</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	4	
<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>	3	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	3	
<i>verapamil cap er 360mg</i>	4	

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	3	PA; PA if 70 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol 50mcg/ml</i>	4	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKURNA	4	
TEKURNA HCT	4	
DIURETICS		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<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		
BIDIL	3	
<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSEER	5	NDS, PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	

PA– Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>midodrine hcl</i>	3	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NDS, NM, LA, PA
RANEXA	3	
<i>ranolazine</i>	3	
NITRATES		
ISORDIL TITRADOSE 40mg	5	NDS
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	NDS, QL (60 tabs / 30 days), 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>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>buspirone hcl TABS 30mg</i>	4	
<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)

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ANTICONSULTANTS		
APTIOU 200mg	5	NDS, QL (180 tabs / 30 days)
APTIOU 400mg	5	NDS, QL (90 tabs / 30 days)
APTIOU 600mg, 800mg	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</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clobazam</i>	3	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASSTAT ACUDIAL	4	
DIASSTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<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; TB24	4	
<i>divalproex sodium</i> TBEC	3	
EPIDIOLEX	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24; TBDP	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
<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
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite tab</i>	2	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	NDS, PA
<i>tiagabine hcl</i>	4	

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin</i> powd pack 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> tab 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)
<i>zonisamide</i> CAPS	3	
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)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl</i> cp24	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</i> 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine</i> tab 25mg	3	
<i>amoxapine</i> tab 50mg	3	
<i>amoxapine</i> tab 100mg	3	
<i>amoxapine</i> tab 150mg	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	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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	
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	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	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap</i> 10mg	1	
<i>fluoxetine cap</i> 20mg	1	
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	2	
<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	2	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>venlafaxine hcl</i> TABS	3	
VIIIBRYD STARTER PACK	4	
VIIIBRYD 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 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	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; TBCR	2	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole hydrochloride</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</i> CAPS; TABS	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)

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	NDS, QL (1 injection / 56 days)
ARISTADA INITIO	5	NDS
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	4	PA
<i>clozapine odt</i> 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	3	
<i>clozapine tab</i> 50mg	3	
<i>clozapine tab</i> 100mg	4	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	4	
<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	5	NDS, QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 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
NUPLAZID TABS 17MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	NDS, QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
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)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
REXULTI 1mg	5	NDS, QL (90 tabs / 30 days)
REXULTI 2mg	5	NDS, QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI .5mg	5	NDS, QL (180 tabs / 30 days)
REXULTI .25mg	5	NDS, QL (360 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 .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 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)
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)

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 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 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	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 CHEW</i>	4	QL (180 tabs / 30 days)
<i>methylphenidate hcl CP24 10mg</i>	4	
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days)
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days)
<i>VYVANSE CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days)
<i>VYVANSE CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days)
HYPNOTICS		
<i>HETLIOZ</i>	5	NDS, NM, LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	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>	2	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

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal</i>	5	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	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</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	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, LA, PA
AUSTEDO 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	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 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<i>tetrabenazine 12.5mg</i>	5	NDS, QL (240 tabs / 30 days), NM, PA

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>tetrabenazine</i> 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	
<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	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	4	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	4	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</i> 2-0.5mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg	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</i> 0.4mg/ml	3	
<i>naloxone inj</i> 1mg/ml	3	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NDS
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 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	1	
BASAGLAR KWIKPEN	1	
BD ULTRAFINE INSULIN SYRINGE	1	
BD ULTRAFINE/NANO PEN NEEDLES	1	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	1	
FIASP FLEXTOUCH	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 R	1	(brand RELION not covered)
NOVOLOG	1	
NOVOLOG 70/30 FLEXPEN	1	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèw Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	3	
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>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	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)
<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	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 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)

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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)
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)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	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 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 BLUE	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</i> SOLN	4	
<i>alendronate sodium</i> TABS	1	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i> SOLN	4	B/D, QL (1 injection / 90 days)

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>risedronate sodium</i>	4	
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
<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
SENSIPAR 30mg, 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NDS
JADENU	5	NDS, NM, LA, PA
JADENU SPRINKLE	5	NDS, NM, LA, PA
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp</i> 15gm/60ml	3	
<i>trientine hcl</i>	5	NDS, 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>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</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>	3	
<i>ethynodiol tab 1-50</i>	3	
<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>	3	
<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	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèk Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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	
<i>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	2	
<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>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<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>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	NDS
ENZYME REPLACEMENTS		
ADAGEN	5	NDS, NM, LA, PA
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

PA– Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèk Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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 PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tab</i>	3	
<i>estradiol valerate OIL</i>	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	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 SOLN 15mg/5ml</i>	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>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	1	B/D

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<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		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NDS, NM, PA
GENOTROPIN	5	NDS, NM, PA
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	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NDS, NM, PA
NATPARA	5	NDS, NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NDS, NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<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
<i>calcium acetate (phosphate binder) CAPS</i>	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate TABS</i>	4	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>norethindrone acetate</i> TABS	3	
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	
<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</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl</i> TABS 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> TABS 24mg	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</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SYRP; TABS	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 patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
TRANSDERM-SCOP	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>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine inj</i>	3	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	NDS
<i>colocort enema 100mg</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine SUPP</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>peg 3350- potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
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	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	NDS, PA
<i>sucralfate TABS</i>	3	
SYMPROIC	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	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>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole CPDR</i>	3	QL (30 caps / 30 days)
<i>lansoprazole TBDP</i>	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 SOLR</i>	4	
<i>pantoprazole sodium tbec</i>	2	
PRILOSEC	3	
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	2	
<i>silodosin</i>	4	
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	4	
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	3	
<i>oxybutynin chloride TABS</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	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)
<i>tropium chloride TABS</i>	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 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	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	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

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NDS, NM, PA
NEUPOGEN	5	NDS, NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	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
FIRAZYR	5	NDS, QL (9 syringes / 30 days), NM, PA
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>pentoxifylline TBCR</i>	2	
PROMACTA PACK	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5 NM, LA, PA	NDS, QL (360 tabs / 30 days),
PROMACTA TABS 25mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/o.1ml, 20mg/o.2ml	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/o.4ml	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/o.2ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/o.4ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/o.8ML	5	NDS, QL (6 syringes / 28 days), NM, PA
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 TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NDS, 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
CARIMUNE NANOFILTERED	5	NDS, NM, PA
FLEBOGAMMA DIF	5	NDS, NM, PA
GAMASTAN S/D	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		

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
INTRON-A INJ 50MU	5	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NDS, NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i>	4	B/D, NM
<i>gengraf</i>	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR	5	NDS, B/D, NM
<i>mycophenolate sodium tbec</i>	4	B/D, NM
NULOJIX	5	NDS, B/D, NM
RAPAMUNE SOLN	5	NDS, B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
<i>sirolimus</i> SOLN	5	NDS, B/D, NM
<i>sirolimus</i> TABS 2mg	5	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D, NM
<i>tacrolimus</i> 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	
IPOl INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
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>	3	
<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</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	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
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol sol 6%</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	

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>dextrose 5%/nacl 0.33%</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%/NACL 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	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<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 .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
VITAMINS		
<i>calcitriol CAPS</i>	3	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

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
M-NATAL PLUS	3	
<i>paricalcitol</i> CAPS	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	
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>	4	
<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	

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	3	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
RHOPRESSA	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
MISCELLANEOUS		
CYSTARAN	5	NDS, NM, LA, PA
<i>proparacaine hcl SOLN</i>	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		
<i>sildenafil citrate TABS</i>	2	ED, GC, QL (4 tabs / 30 days); CAP=48 TABS EVERY YEAR
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>	4	
<i>cetirizine syrup</i>	2	
CLARINEX SYRP	4	
<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>	2	
<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</i>	2	B/D
<i>albuterol sulfate SYRP</i>	3	

PA–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order
B/D–Covered under Medicare B or D **LA**–Limited Access **ED**- 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>albuterol sulfate</i> TABS	4	
<i>albuterol sulfate</i> TB12	4	
BROVANA	5	NDS, B/D
<i>levalbuterol hcl</i> NEBU	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</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	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/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NDS, NM, PA
KALYDECO	5	NDS, NM, 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
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
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)
FLOVENT HFA	3	QL (2 inhalers / 30 days)

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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>amnesteam</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamycin phosphate (topical) GEL; LOTN</i>	4	
<i>clindamycin phosphate (topical) SOLN; SWAB</i>	3	
<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	PA
<i>tretinoin GEL .01%, .025%</i>	4	PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone CREA</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	NDS, PA

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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	3	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole</i> shampoo	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> 1%	1	
<i>ala-cort</i> 2.5%	2	
<i>alclometasone dipropionate</i>	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	
CORDRAN TAPE	4	
ENSTILAR	4	PA
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream</i> 0.1%	4	
<i>hydrocortisone butyrate oint</i> 0.1%	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TACLONEX SUSP	5	NDS, PA
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> AERS	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	3	QL (30 mL / 30 days), PA

PA– Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèv Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

List of Covered Drugs / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>lidocaine</i> PTCH	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%	2	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; LOTN	3	
<i>azelaic acid</i> GEL	4	
<i>diclofenac sodium (topical)</i> 1% gel	3	PA
FINACEA FOAM	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA 3.75%	5	NDS
<i>imiquimod</i> CREA 5%	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel</i> 0.75%	4	
NORITATE	5	NDS
PANRETIN	5	NDS
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	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	
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NDS, NM, PA
VALCHLOR	5	NDS, NM, LA, PA
ZYCLARA	5	NDS
ZYCLARA PUMP	5	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid</i> .25%	2	
REGRANEX	5	NDS, PA
SANTYL	4	
<i>sodium chlor sol</i> 0.9% irr	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	

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 durg 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 / Lis Medikaman Ki Kouvri Yo

DRUG NAME / NON DWÒG	DRUG TIER/ DWÒG NIVEAU	REQUIREMENTS / LIMITS KONDISYON / LIMIT
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl</i> (mouth-throat)	2	
<i>nystatin</i> (mouth-throat)	3	
<i>paroex sol</i> 0.12%	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i> (oral)	4	
<i>triamcinolone acetonide</i> (mouth)	3	
OTIC		
<i>acetic acid</i> (otic)	3	
CIPRO HC	4	
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetonide</i> (otic)	4	
<i>neomycin-polymyxin-hc</i> (otic)	3	
<i>ofloxacin</i> (otic)	4	

PA– Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmand pa-lapòs **B/D** – Kouvri anba Medicare B oswa D **LA** – Aksè limite **ED** – Medikaman ki ekskli **GC** – Nou bay kouvèti asirans pou medikaman preskripsyon sa a nan espas san kouvèti asirans (coverage gap) lan. Tanpri gade nan Prèk Asirans nou an pou plis enfòmasyon sou kouvèti asirans sa a. **NDS** – Rezèv pou jou ki pa pwolonje

Index

A

abacavir sulfate	20	alendronate sodium.....	50
abacavir sulfate-lamivudine.....	22	alfuzosin hcl	59
abacavir sulfate-lamivudine-zidovudine	22	ALIMTA	26
ABELCET	19	ALINIA	18
ABILIFY MAINTENA	42	allopurinol tab	16
abiraterone acetate	27	alosetron hcl	58
ABRAXANE	26	ALPHAGAN P SOL 0.1%.....	67
acamprosate calcium.....	46	alprazolam tab 0.5mg	36
acarbose.....	48	alprazolam tab 0.25mg	37
ACCU-CHEK AVIVA PLUS	49	alprazolam tab 1mg	37
ACCU-CHEK COMPACT PLUS.....	49	alprazolam tab 2mg.....	37
ACCU-CHEK GUIDE	49	ALREX.....	67
ACCU-CHEK SMARTVIEW STRIP.....	49	altavera tab.....	50
acebutolol hcl.....	34	ALTOPREV	33
acetaminophen w/ codeine 300-15mg	16	ALUNBRIG	29
acetaminophen w/ codeine 300-30mg	16	alyacen 1/35	50
acetaminophen w/ codeine 300-60mg.....	16	amantadine hcl.....	41
acetaminophen w/ codeine soln.....	16	AMBISOME	20
acetazolamide	35	amikacin sulfate.....	18
acetic acid	73	amiloride hcl	35
acetic acid (otic).....	73	amiloride & hydrochlorothiazide	35
acetylcysteine.....	69	AMINOSYN	64
acitretin.....	71	AMINOSYN 7%/ELECTROLYTES	64
ACTHIB	62	aminosyn 8.5%/electrolyte	64
ACTIMMUNE	62	AMINOSYN-HBC	64
acyclovir	22, 23	aminosyn ii 8.5%/electrol.....	64
acyclovir sodium	23	AMINOSYN II INJ 8.5%	64
ADACEL	63	AMINOSYN II INJ 10%	64
ADAGEN.....	54	AMINOSYN M	64
adefovir dipivoxil.....	23	AMINOSYN-PF 7%	64
ADEMPAS	36	AMINOSYN-PF INJ 10%	64
adriamycin	26	AMINOSYN-RF.....	64
adrucil.....	26	amiodarone hcl soln	32
ADVAIR DISKUS	70	amiodarone tab 100mg	32
ADVAIR HFA.....	70	amiodarone tab 200mg.....	32
AFINITOR	28	amiodarone tab 400mg.....	32
AFINITOR DISPERZ	28, 29	AMITIZA CAP 8MCG.....	58
AIMOVIG	45	AMITIZA CAP 24MCG	58
ala-cort	71	amitriptyline hcl.....	40
albendazole.....	18	amlodipine-benazepril hcl cap 2.5-10 mg.....	31
albuterol sulfate.....	69	amlodipine-benazepril hcl cap 5-10 mg	31
alclometasone dipropionate	71	amlodipine-benazepril hcl cap 5-20 mg.....	31
ALCOHOL SWABS	47	amlodipine-benazepril hcl cap 5-40 mg	31
ALDURAZYME.....	54	amlodipine--benazepril hcl cap 10-20 mg.....	31
ALECENSA.....	29	amlodipine-benazepril hcl cap 10-40mg.....	31
		amlodipine besylate	34

amlodipine besylate-atorvastatin calcium	34	APRISO	57
amlodipine besylate-olmesartan medoxomil.....	31	APTIOM.....	37
amlodipine besylate-valsartan tab 5-160 mg	31	APTIVUS	20
amlodipine besylate-valsartan tab 5-320 mg.....	32	ARALAST NP	69
amlodipine besylate-valsartan tab 10-160 mg.....	32	aranelle	50
amlodipine besylate-valsartan tab 10-320 mg	32	ARCALYST.....	62
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg..	32	aripiprazole odt	42
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg ...	32	aripiprazole oral solution 1 mg/ml.....	42
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg	32	aripiprazole tab.....	42
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg ..	32	ARISTADA.....	42
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg..	32	ARISTADA INITIO	42
ammonium lactate	72	armodafinil.....	46
amnesteem	70	ARNUITY ELLIPTA.....	70
amoxapine tab 25mg.....	40	aspirin-dipyridamole	61
amoxapine tab 50mg	40	atazanavir sulfate	20
amoxapine tab 100mg.....	40	atenolol	34
amoxapine tab 150mg	40	atenolol & chlorthalidone	33
amoxicillin	25	atomoxetine hcl	44
amoxicillin-clarithromycin w/ lansoprazole	58	atorvastatin calcium	33
amoxicillin & pot clavulanate	25	atovaquone	18
amphetamine-dextroamphetamine cap sr 24hr 5 mg.....	44	atovaquone-proguanil hcl	20
amphetamine-dextroamphetamine cap sr 24hr 10 mg	44	ATRIPLA	22
amphetamine-dextroamphetamine cap sr 24hr 15 mg.....	44	ATROVENT HFA	68
amphetamine-dextroamphetamine cap sr 24hr 20 mg....	44	aubra	50
amphetamine-dextroamphetamine cap sr 24hr 25 mg	44	AUGMENTIN SUS 125/5ML	25
amphetamine-dextroamphetamine cap sr 24hr 30 mg....	44	AURYXIA.....	56
amphetamine-dextroamphetamine tab 5 mg.....	44	AUSTEDO	45
amphetamine-dextroamphetamine tab 7.5 mg	44	AVASTIN.....	27
amphetamine-dextroamphetamine tab 10 mg	44	aviane.....	51
amphetamine-dextroamphetamine tab 12.5 mg	44	avita	70
amphetamine-dextroamphetamine tab 15 mg.....	44	azacitidine	26
amphetamine-dextroamphetamine tab 20 mg.....	44	AZACTAM/DEX INJ.....	18
amphetamine-dextroamphetamine tab 30 mg.....	44	AZACTAM IN ISO-OSMOTIC DE	18
amphotericin b	20	AZASITE	66
ampicillin cap 500mg	25	azathioprine	62
ampicillin inj.....	25	azelaic acid	72
ampicillin sodium.....	25	azelastine drop 0.05%	67
ampicillin & sulbactam sodium.....	25	azelastine spr 0.1%.....	68
ANADROL-50	47	azelastine spr 0.15%	68
anagrelide hcl.....	60	azithromycin.....	24
anastrozole	28	AZOPT.....	67
ANDRODERM	47	aztreonam.....	18
ANORO ELLIPTA	68		
ANTARA	33		
APOKYN	41		
aprepitant	56		
aprepitant pak 80mg & 125mg	56		
apri	50		

B

bacitracin (ophthalmic).....	66
bacitracin-polymyxin b (ophth)	66
bacitracin-poly-neomycin-hc	66
baclofen	46
balsalazide disodium	57

balziva.....	51	BREEZE 2 TEST DISC	49
BANZEL SUS 40MG/ML	37	BREO ELLIPTA	70
BANZEL TAB 200MG	37	briellyn	51
BANZEL TAB 400MG.....	37	BRILINTA	61
BARACLUDE.....	23	brimonidine sol 0.2%	68
BASAGLAR KWIKPEN.....	47	brimonidine sol 0.15%.....	68
BAYER BREEZE 2 TEST DISC	49	BRIVIACT INJ 50MG/5ML	37
BCG VACCINE	63	BRIVIACT SOL 10MG/ML.....	37
BD ULTRAFINE INSULIN SYRINGE	47	BRIVIACT TAB 10MG	37
BD ULTRAFINE/NANO PEN NEEDLES.....	47	BRIVIACT TAB 25MG	37
bekyree	51	BRIVIACT TAB 50MG	37
benazepril hcl.....	31	BRIVIACT TAB 75MG	37
benazepril & hydrochlorothiazide.....	31	BRIVIACT TAB 100MG	37
BENDEKA	26	bromfenac sodium (ophth)	67
BENLYSTA.....	62	bromocriptine mesylate	41
benzoyl peroxide-erythromycin	70	BROMSITE	67
benztropine mesylate inj	41	BROVANA.....	69
benztropine mesylate tab 0.5mg	41	budesonide ec	57
benztropine mesylate tab 1mg.....	41	budesonide (inhalation)	70
benztropine mesylate tab 2mg	41	bumetanide.....	35
BEPREVE	67	buprenorphine hcl.....	46
BERINERT	60	buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg	46
BESIVANCE	66	buprenorphine hcl-naloxone hcl dihydrate 4-1mg	46
betamethasone dipropionate augmented	71	buprenorphine hcl-naloxone hcl dihydrate 8-2mg	46
betamethasone dipropionate (topical)	71	buprenorphine hcl-naloxone hcl dihydrate 12-3mg	47
betamethasone valerate.....	71	buprenorphine hcl-naloxone hcl sl	47
BETASERON	46	bupropion hcl	40
betaxolol hcl (ophth)	67	bupropion hcl (smoking deterrent)	47
bethanechol chloride.....	59	buspironone hcl	37
BETOPTIC-S	67	butorphanol tartrate.....	16
BEVESPI AEROSPHERE	68	BYDUREON BCISE	47
bexarotene.....	30	BYDUREON INJ.....	47
BEXSERO	63	BYDUREON PEN.....	47
bicalutamide	28	BYETTA	47
BICILLIN L-A	25	BYSTOLIC.....	34
BIDIL	36		
BIKTARVY	22	C	
bisoprolol fumarate	34	cabergoline	55
bisoprolol & hydrochlorothiazide	33	CABOMETYX	29
BIVIGAM.....	62	calcipotriene	71
bleomycin sulfate.....	26	calcitonin (salmon)	55
BLEPHAMIDE	66	calcitrene.....	71
blisovi fe 1.5/30.....	51	calcitriol	66
blisovi fe 1/20	51	calcitriol inj	66
BOOSTRIX.....	63	calcitriol oral soln 1 mcg/ml.....	66
BORTEZOMIB	27	calcium acetate (phosphate binder)	56
BOSULIF.....	29	CALQUENCE	29
BRAFTOVI	29	camila	51

candesartan cilexetil.....	32	CHANTIX CONTINUING MONTH	47
candesartan cilexetil-hydrochlorothiazide.....	32	CHANTIX STARTER PACK	47
CAPRELSA	29	CHEMET	50
captopril.....	31	chlorhexidine gluconate (mouth-throat)	73
captopril & hydrochlorothiazide	31	chloroquine phosphate	20
CARBAGLU	54	chlorothiazide tabs.....	35
carbamazepine	37	chlorpromazine hcl.....	42
carbidopa	41	CHLORPROMAZINE INJ.....	42
carbidopa-levodopa	41	chlorthalidone	35
carbidopa/levodopa/entacapone	41	cholestyramine	33
carboplatin	30	cholestyramine light	33
CARIMUNE NANOFILTERED	62	choline fenofibrate	33
carteolol hcl (ophth).....	68	ciclopirox	71
cartia xt cap 120/24hr	34	ciclopirox shampoo 1%	71
cartia xt cap 180/24hr	34	cilostazol	60
cartia xt cap 240/24hr.....	34	CILOXAN	66
cartia xt cap 300/24hr	34	CIMDUO	22
carvedilol.....	34	cinacalcet hcl	50
caspofungin acetate	20	CIPRODEX	73
CAYSTON.....	18	ciprofloxacin.....	24
caziant pak.....	51	ciprofloxacin hcl (ophth)	66
cefaclor	23	ciprofloxacin hcl tab	24
CEFACLOR MONOHYDRATE ER.....	23	ciprofloxacin in d5w.....	24
cefadroxil.....	23	CIPRO HC	73
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	23	cisplatin.....	30
cefazolin inj	23	citalopram hydrobromide	40
cefazolin sodium	23	claravis	70
CEFAZOLIN SODIUM 1 GM/50ML.....	23	CLARINEX	69
cefdinir	23, 24	clarithromycin	24
cefepime hcl.....	24	clarithromycin er.....	24
cefixime	24	clarithromycin for susp	24
cefotaxime sodium	24	clindacin-p.....	70
cefoxitin sodium.....	24	clindamycin cap 75mg.....	18
cefpodoxime proxetil	24	clindamycin cap 300mg	18
cefprozil.....	24	clindamycin hcl cap 150 mg	18
ceftazidime	24	clindamycin phosphate in d5w	18
CEFTAZIDIME/DEXTROSE	24	clindamycin phosphate inj.....	19
ceftriaxone sodium.....	24	CLINDAMYCIN PHOSPHATE IN NAACL.....	19
cefuroxime axetil.....	24	clindamycin phosphate (topical)	70
cefuroxime sodium	24	clindamycin phosphate vaginal	59
celecoxib	16	clindamycin soln 75mg/5ml	19
CELONTIN	37	CLINIMIX 4.25%/DEXTROSE 5%.....	64
cephalexin	24	CLINIMIX 4.25%/DEXTROSE 25%	64
CERDELGA.....	54	CLINIMIX 5%/DEXTROSE 15%	64
CEREZYME.....	54	CLINIMIX 5%/DEXTROSE 20%	64
cetirizine syrup	68	CLINIMIX 5%/DEXTROSE 25%.....	64
cevimeline hcl	73	CLINIMIX INJ 4.25/D10	64
CHANTIX.....	47	clobazam	37

clomipramine hcl	40
clonazepam.....	37
clonidine hcl.....	36
clonidine hcl ptwk	36
clopidogrel tab 75mg	61
clorazepate dipotassium	37
clotrimazole	73
clotrimazole (topical)	71
clotrimazole w/ betamethasone	71
clozapine odt.....	42
clozapine tab 25mg.....	42
clozapine tab 50mg	42
clozapine tab 100mg.....	42
clozapine tab 200mg	42
COARTEM	20
colchicine w/ probenecid	16
COLCRYS.....	16
colesevelam hcl	33
colestipol hcl gran.....	33
colestipol hcl pack	33
colestipol hcl tabs.....	33
colistimethate sodium	19
colocort enema 100mg	57
COMBIGAN	68
COMBIVENT RESPIMAT	68
COMETRIQ.....	29
COMPLERA	22
compro.....	56
constulose	58
CONTOUR BLOOD GLUCOSE TES	49
CONTOUR NEXT BLOOD GLUCOS.....	49
COPIKTRA.....	29
CORDRAN	71
CORLANOR.....	36
cortisone acetate	54
COTELLIC	29
COUMADIN.....	60
CREON.....	58
CRIXIVAN	20
cromolyn sodium (mastocytosis)	58
cromolyn sodium nebu.....	69
cromolyn sodium (ophth)	67
cryselle-28	51
cyclafem 1/35.....	51
cyclafem 7/7/7	51
cyclobenzaprine hcl.....	46
cyclophosphamide	26
cycloserine.....	22

cyclosporine.....	62
cyclosporine modified (for microemulsion)	62
cyproheptadine hcl	69
cyred tab	51
CYSTADANE	54
CYSTAGON.....	54
CYSTARAN	68
cytarabine.....	26

D

dacarbazine	26
dalfampridine	46
DALIRESP	69
danazol.....	53
dantrolene sodium	46
dapsone.....	19
DAPTACEL	63
daptomycin	19
DAPTOMYCIN	19
darifenacin hydrobromide	59
dasetta 1/35.....	51
dasetta 7/7/7	51
DAURISMO	27
deblitane	51
DELESTROGEN	54
DELSTRIGO	22
delyla	51
DELZICOL	57
DEMSER	36
DEPEN TITRATABS.....	50
DEPO-PROVERA INJ 400/ML	28
DESCOVY.....	22
desipramine hcl	40
desloratadine	69
desmopressin acetate spray	56
desmopressin acetate spray refrigerated	56
desmopressin acetate tabs.....	56
desmopressin inj 4mcg/ml	56
desogestrel & ethinyl estradiol	51
desogestrel-ethinyl estradiol (biphasic).....	51
desvenlafaxine succinate.....	40
dexamethasone	54
DEXAMETHASONE	54
dexamethasone sodium phosphate.....	54
dexamethasone sodium phosphate (ophth)	67
DEXILANT.....	58
dexmethylphenidate hcl.....	44
dexrazoxane hcl	30
dextrose 2.5%/nacl 0.45%	65

dextrose 5%	65	diltiazem cap er/12hr	34
DEXTROSE 5% /ELECTROLYTE.....	65	diltiazem hcl.....	34
dextrose 5%/nacl 0.2%.....	65	diltiazem hcl cap sr 24hr	34
DEXTROSE 5%/NACL 0.3%	65	diltiazem hcl coated beads	34
dextrose 5%/nacl 0.9%.....	65	diltiazem hcl coated beads cap sr 24hr.....	34
dextrose 5%/nacl 0.33%	65	diltiazem hcl extended release beads cap sr	34
dextrose 5%/nacl 0.45%	65	diltiazem inj.....	34
dextrose 5%/nacl 0.225%.....	65	dilt-xr cap	34
dextrose 5%/potassium chl	65	diphenhydramine hcl inj 50mg/ml	69
dextrose 10% flex contain.....	65	diphenoxylate w/ atropine.....	58
DEXTROSE 10%/NACL 0.2%.....	65	DIPHTHERIA/TETANUS TOXOID	63
dextrose 10%/nacl 0.45%.....	65	disopyramide phosphate.....	32
dextrose 50%	65	disulfiram.....	47
dextrose inj 70%	65	divalproex sodium.....	38
dextrose in lactated ringers	65	docetaxel.....	26
DIASTAT ACUDIAL	37	DOCETAXEL	26, 27
DIASTAT PEDIATRIC	37	dofetilide	32
diazepam	37	donepezil hydrochloride.....	39
diazepam gel	37	dorzolamide hcl	68
diazepam inj.....	37	dorzolamide hcl-timolol maleate.....	68
diazepam intensol	37	doxazosin mesylate	31
diazepam oral soln 1 mg/ml	37	doxepin hcl	40
diclofenac potassium.....	16	doxercalciferol	66
diclofenac sodium	16	doxorubicin hcl	26
diclofenac sodium (ophth).....	67	doxorubicin hcl liposomal	26
diclofenac sodium (topical) 1% gel	72	doxy 100	25
diclofenac w/ misoprostol	16	doxycycline hyclate	25
dicloxacillin sodium.....	25	doxycycline (monohydrate)	25
dicyclomine hcl cap 10mg	57	dronabinol	56
dicyclomine hcl soln 10mg/5ml	57	drosiprone-ethinyl estradiol	51
dicyclomine hcl tab 20mg.....	57	DROXIA	60
didanosine	20	duloxetine hcl.....	40
DIFICID	24	DUREZOL	67
diflunisal.....	16	dutasteride	59
digitek	35	dutasteride-tamsulosin hcl.....	59
digox	35		
digoxin.....	35		
digoxin inj	35		
digoxin sol 50mcg/ml	35		
dihydroergotamine mesylate inj 1 mg/ml	45		
dihydroergotamine mesylate nasal	45		
DILANTIN-125 SUSP	38		
DILANTIN CAP 30MG.....	38		
DILANTIN CAP 100MG	38		
DILANTIN CHEW TAB 50MG.....	38		
diltiazem cap 180mg cd.....	34		
diltiazem cap 240mg cd	34		
diltiazem cap 360mg cd	34		

E

EDARBI	32
EDURANT	20
e.e.s 400	24
efavirenz	20
eletriptan hydrobromide	45
ELIQUIS.....	60
ELIQUIS STARTER PACK.....	60
ELLA.....	51
EMCYT	26
EMEND	56
EMGALITY	45

emoquette	51
EMSAM	40
EMTRIVA	20
EMVERM	19
enalapril maleate	31
enalapril maleate & hydrochlorothiazide.....	31
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	71
entacapone	41
entecavir.....	23
ENTRESTO	32
enulose.....	58
EPCLUSA	23
EPIDIOLEX.....	38
epinephrine (anaphylaxis)	69
epirubicin hcl	26
epitol	38
EPIVIR HBV	23
eplerenone.....	31
ergotamine w/ caffeine	45
ERIVEDGE.....	27
ERLEADA.....	28
errin	51
ertapenem sodium	19
ery pad 2%.....	70
ery-tab	24
ERYTHROCIN LACTOBIONATE	24
erythrocin stearate	24
erythromycin (acne aid)	70
erythromycin base.....	24
erythromycin cap 250mg ec.....	24
erythromycin ethylsuccinate	24
erythromycin (ophth).....	66
ESBRIET	69
escitalopram oxalate	40
esomeprazole magnesium	59
esomeprazole sodium inj.....	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.....	51
etodolac	16
etodolac er.....	16
etoposide.....	31
EVOTAZ	22
exemestane.....	28
ezetimibe.....	33
ezetimibe-simvastatin.....	33

F

FABRAZYME.....	54
falmina	51
famciclovir	23
famotidine	57
famotidine inj	57
famotidine in nacl	57
FANAPT.....	42
FANAPT TITRATION PACK	42
FARXIGA	48
FARYDAK.....	27
FASLODEX	28
felbamate	38
felodipine.....	34
femynor	51
fenofibrate	33
fenofibrate micronized	33
fentanyl citrate	17
fentanyl patch 12 mcg/hr.....	17
fentanyl patch 25 mcg/hr	17
fentanyl patch 50 mcg/hr.....	17
fentanyl patch 75 mcg/hr	17
fentanyl patch 100 mcg/hr	17
FENTORA	17
FETZIMA.....	40
FETZIMA TITRATION PACK	40
FIASP.....	47
FIASP FLEXTOUCH	47
FINACEA	72
finasteride.....	59
FIRAZYR	60
flac	73
FLEBOGAMMA DIF	62
flecainide acetate.....	32
FLOVENT DISKUS	70

FLOVENT HFA	70
fluconazole.....	20
fluconazole in dextrose	20
fluconazole inj nacl 200.....	20
fluconazole inj nacl 400	20
flucytosine	20
fludrocortisone acetate.....	54
flunisolide (nasal)	70
fluocinolone acetonide.....	71
fluocinolone acetonide oil body.....	71
fluocinolone acetonide (otic)	73
fluocinonide	71, 72
fluocinonide emulsified base.....	72
fluorometholone	67
fluorouracil	26
fluorouracil (topical).....	72
fluoxetine cap 10mg.....	40
fluoxetine cap 20mg	40
fluoxetine cap 40mg	40
fluoxetine hcl.....	40
fluphenazine decanoate	42
fluphenazine hcl.....	42
flurbiprofen	16
flurbiprofen sodium	67
flutamide	28
fluticasone propionate	72
fluticasone propionate (nasal)	70
fluvastatin sodium.....	33
fluvoxamine maleate.....	37
fondaparinux sodium	60
FORTEO.....	55
FOSAMAX PLUS D	50
fosamprenavir tab 700 mg.....	20
fosinopril sodium	31
fosinopril sodium & hydrochlorothiazide.....	31
FRAGMIN	60
FREAMINE HBC 6.9%	64
FREAMINE III.....	64
FREESTYLE INSULINX BLOOD.....	49
FREESTYLE LITE TEST STRIP	49
FREESTYLE PRECISION NEO B	49
FREESTYLE TEST STRIPS	50
frovatriptan succinate.....	45
furosemide.....	35
furosemide inj.....	35
FUZEON	20
fyavolv	54
FYCOMPA	38

G

gabapentin.....	38
galantamine hydrobromide.....	39
galantamine hydrobromide er	39
GAMASTAN S/D	62
GAMMAGARD LIQUID	62
GAMMAGARD S/D.....	62
GAMMAKED.....	62
GAMMAPLEX.....	62
GAMMAPLEX 10GM/100ML.....	62
GAMUNEX-C	62
ganciclovir sodium	23
GARDASIL 9.....	63
gatifloxacin (ophth)	67
GATTEX.....	58
GAUZE PADS 2.....	47
gavilyte-c	58
gavilyte-g.....	58
gavilyte-n/ flavor pack	58
gemcitabine inj soln	26
gemcitabine inj solr	26
gemfibrozil	33
generlac	58
gengraf	62
GENOTROPIN	55
GENOTROPIN MINIQUICK.....	55
gentak	67
gentamicin in saline.....	18
gentamicin sulfate.....	18
gentamicin sulfate soln (ophth).....	67
gentamicin sulfate (topical)	71
GENVOYA	22
GEODON	42
gianvi	51
GILENYA CAP 0.5MG	46
GILOTRIF TAB 20MG	29
GILOTRIF TAB 30MG	29
GILOTRIF TAB 40MG	29
glatiramer acetate 20mg/ml	46
glatiramer acetate 40mg/ml	46
glatopa.....	46
GLEOSTINE.....	26
glimepiride.....	48
glipizide.....	48
glipizide xl.....	48
glip/metform tab 2.5-250mg	48
glip/metform tab 2.5-500mg.....	48
glip/metform tab 5-500mg	48

GLUCAGEN HYPOKIT	55
GLUCAGON EMERGENCY KIT	55
glycopyrrolate tab 1mg.....	57
glycopyrrolate tab 2mg	57
glydo	72
GOLYTELY	58
GRALISE.....	45
GRALISE STARTER	45
granisetron hcl.....	56
GRANIX.....	60
griseofulvin microsize	20
griseofulvin ultramicrosize	20
guanfacine er (adhd)	44

H

HAEGARDA.....	60
halobetasol propionate	72
haloperidol	42
haloperidol conc 2mg/ml	42
haloperidol decanoate	42
haloperidol lactate inj 5mg/ml	42
HARVONI	23
HAVRIX	63
heather.....	51
heparin sod inj 1000/ml	60
heparin sod inj 5000/ml	60
heparin sod inj 10000/ml	60
heparin sod inj 20000/ml.....	60
HEPARIN SODIUM/NAACL 0.45%	60
heparin sod (porcine) in d5w	60
hepatamine	64
HERCEPTIN.....	27
HETLIOZ.....	44
HIBERIX	63
HUMIRA	61
HUMIRA INJ 10MG/0.2ML	61
HUMIRA KIT 20MG/0.4ML	61
HUMIRA KIT 40MG/0.8ML.....	61
HUMIRA PEDIATRIC CROHNS DISEASE.....	61
HUMIRA PEN.....	61
HUMIRA PEN CD/UC/HS STARTER.....	61
HUMIRA PEN INJ CD/UC/HS STARTER	61
HUMIRA PEN INJ PS/UV STARTER	61
HUMIRA PEN-PS/UV STARTER	61
HUMULIN R INJ U-500	47
HUMULIN R U-500 KWIKPEN	47
hydralazine hcl	36
hydrochlorothiazide.....	35
hydroco/apap tab 5-325mg	17

hydroco/apap tab 7.5-325	17
hydroco/apap tab 10-325mg	17
hydrocodone-acetaminophen 7.5-325 mg/15ml.....	17
hydrocodone-ibuprofen tab 7.5-200 mg	17
hydrocortisone	54
hydrocortisone butyrate cream 0.1%.....	72
hydrocortisone butyrate oint 0.1%	72
hydrocortisone (enema)	57
hydrocortisone (topical).....	72
hydrocortisone valerate	72
hydromorphone hcl	17
hydroxychloroquine sulfate.....	61
hydroxyurea	30
hydroxyzine hcl	69
hydroxyzine hcl inj.....	69
hydroxyzine pamoate	69
HYSINGLA ER.....	17

I

ibandronate sodium	50
IBRANCE	27
ibuprofen	16
ibu tab 600mg.....	16
ibu tab 800mg.....	16
ICLUSIG.....	29
IDHIFA	27
IFEX INJ 3GM	26
ifosfamide inj 1gm/20ml	26
IFOSFAMIDE INJ 3GM	26
ifosfamide inj 3gm/60ml	26
ILEVRO.....	67
imatinib mesylate.....	29
IMBRUVICA	29
imipenem-cilastatin	19
imipramine hcl.....	40
imiquimod.....	72
IMOVAX RABIES (H.D.C.V.)	63
incassia	51
INCRELEX.....	55
INCRUSE ELLIPTA.....	68
indapamide	35
INFANRIX	63
INLYTA	29
INSULIN PEN NEEDLE.....	47
INSULIN SAFETY NEEDLES.....	48
INSULIN SYRINGE	48
INTELENCE	21
INTRALIPID 30%.....	64
intralipid inj 20%	64

INTRON-A INJ 10MU.....	62
INTRON-A INJ 18MU.....	62
INTRON-A INJ 25MU.....	62
INTRON-A INJ 50MU.....	62
introvale.....	51
INVEGA SUST INJ 39 MG/0.25 ML.....	42
INVEGA SUST INJ 78 MG/0.5 ML.....	42
INVEGA SUST INJ 117 MG/0.75 ML.....	42
INVEGA SUST INJ 156MG/ML.....	42
INVEGA SUST INJ 234 MG/1.5 ML.....	42
INVEGA TRINZA.....	42
INVIRASE.....	21
IONOSOL-MB/DEXTROSE 5%.....	65
IPOL INACTIVATED IPV.....	63
ipratropium-albuterol nebu.....	68
ipratropium bromide.....	68
ipratropium bromide (nasal).....	68
irbesartan.....	32
irbesartan-hydrochlorothiazide.....	32
IRESSA.....	29
irinotecan hcl.....	31
ISENTRESS.....	21
ISENTRESS HD.....	21
isibloom.....	51
ISOLYTE P.....	65
ISOLYTE S.....	65
isoniazid.....	22
isoniazid syp 50mg/5ml.....	22
ISORDIL TITRADOSE.....	36
isosorbide dinitrate.....	36
isosorbide dinitrate er.....	36
isosorbide mononitrate er.....	36
isosorb mononitrate tab.....	36
isotretinoin.....	70
isradipine.....	34
itraconazole.....	20
ivermectin.....	19
IXIARO.....	63

J

JADENU.....	50
JADENU SPRINKLE.....	50
JAKAFI.....	29
jantoven.....	60
JANUMET.....	48
JANUMET XR TAB 50-500MG.....	48
JANUMET XR TAB 50-1000.....	48
JANUMET XR TAB 100-1000.....	48

JANUVIA.....	49
JARDIANCE.....	49
jasmiel.....	51
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.....	51
jolivetite.....	51
juleber.....	51
JULUCA.....	22
junel 1.5/30.....	51
junel 1/20.....	51
junel fe 1.5/30.....	51
junel fe 1/20.....	51
JUXTAPID.....	33

K

KADCYLA.....	27
KALETRA TAB 100-25MG.....	22
KALETRA TAB 200-50MG.....	22
KALYDECO.....	69
kariva.....	51
KCL 0.3%/D5W/NACL 0.9%.....	65
kcl 0.3%/d5w/nacl 0.45%.....	65
kcl0.15%/d5w/nacl0.2%.....	65
kcl 0.15%/d5w/nacl 0.9%.....	65
KCL 0.15%/D5W/NACL 0.225%.....	65
kcl 0.075%/d5w/nacl 0.45%.....	65
kcl/d5w inj 0.3%.....	65
kcl/d5w/nacl inj 0.22%/0.45%.....	65
kcl/d5w/nacl inj .15/.33%.....	65
kcl/d5w/nacl inj .15/.45%.....	65
kcl/nacl inj 0.3-0.9.....	65
kcl/nacl inj 0.15%-0.9%.....	65
kelnor 1/35.....	52
kelnor 1/50.....	52
ketoconazole.....	20
ketoconazole cream.....	71
ketoconazole shampoo.....	71
ketorolac tromethamine (ophth).....	67
KEYTRUDA.....	27
KINRIX.....	63
kionex sus 15gm/60ml.....	50
KISQALI.....	27
KISQALI FEMARA 200 DOSE.....	27
KISQALI FEMARA 400 DOSE.....	27
KISQALI FEMARA 600 DOSE.....	27
klor-con 8.....	63

klor-con 10	63
klor-con m10	63
klor-con m15.....	63
klor-con m20	64
klor-con pak 20meq.....	64
klor-con spr cap 8meq	64
klor-con spr cap 10meq.....	64
KORLYM	55
KRISTALOSE.....	58
kurvelo	52
KUVAN.....	54
KYNAMRO	33

L

labetalol hcl	34
lactated ringer's.....	65
lactulose.....	58
lactulose (encephalopathy)	58
lamivudine	21
lamivudine (hbv).....	23
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.....	67
latanoprost	68
LATUDA.....	42
leena	52
leflunomide	61
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
LETAIRIS.....	36
letrozole	28
leucovorin calcium	30
LEUKERAN.....	26
leuprolide inj 1mg/0.2	28
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
levoxyl.....	56
LEXIVA.....	21
lidocaine.....	72
lidocaine hcl.....	72
lidocaine hcl (local anesth.).....	18
lidocaine hcl (mouth-throat).....	73
lidocaine inj 0.5%	18
lidocaine inj 1%.....	18
lidocaine inj 1.5% preservative free (pf).....	18
lidocaine oint 5%	72
lidocaine-prilocaine	72
linezolid inj.....	19
linezolid in sodium chloride	19
linezolid susp.....	19
linezolid tab 600mg.....	19
LINZESS	58
liothyronine sodium.....	56
lisinopril	31
lisinopril & hydrochlorothiazide	31
lithium carbonate.....	45
lithium carbonate er	45
LITHIUM SOLN 8MEQ/5ML.....	45
LIVALO.....	33
LONSURF	30
loperamide hcl.....	58
lopinavir-ritonavir.....	22
lorazepam	37
lorazepam intensol	37

LORBRENA	29
lorcet hd tab 10-325mg	17
lorcet plus tab 7.5-325.....	17
lorcet tab 5-325mg	17
loryna.....	52
losartan-hydrochlorothiazide.....	32
losartan potassium.....	32
LOTEMAX	67
lovastatin.....	33
low-ogestrel	52
loxapine succinate.....	42
LUMIGAN	68
LUMIZYME	54
LUPRON DEPOT (1-MONTH)	28
LUPRON DEPOT INJ 11.25MG (3-MONTH)	28
LUPRON DEPOT-PED (1-MONTH.....	55
LUPRON DEPOT-PED (3-MONTH	55
LUPRON DEP-PED INJ 7.5MG	55
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	55
lutera	52
LYNPARZA	27
LYRICA.....	38
LYRICA CR	45
LYSODREN	28
lyza	52

M

magnesium sulfate	64
MAGNESIUM SULFATE	64
MAGNESIUM SULFATE IN D5W	64
magnesium sulfate in dextrose.....	64
magnesium sulfate inj 50%.....	64
malathion	73
maprotiline hcl	40
marlissa.....	52
MARPLAN TAB 10MG	40
MATULANE	30
matzim la.....	34
MAVYRET.....	23
meclizine hcl	56
medroxyprogesterone acetate (contraceptive)	52
medroxyprogesterone acetate tab	56
mefloquine hcl.....	20
megestrol ac sus 40mg/ml	28
megestrol ac tab 20mg	28
megestrol ac tab 40mg	28
megestrol sus 625mg/5ml	28
MEKINIST	29
MEKTOVI	29

meloxicam	16
memantine hcl cp24	39
memantine soln	39
memantine tabs.....	39
MENACTRA.....	63
MENVEO	63
mercaptopurine	26
meropenem.....	19
mesalamine.....	57
mesalamine w/ cleanser	57
MESNEX.....	30
metadate er tab 20mg	44
metformin er	49
metformin hcl	49
methadone hcl.....	17
methadone hcl 5mg.....	17
methadone hcl 10mg	17
methadone hcl intensol.....	17
methazolamide	35
methenamine hippurate.....	19
methimazole.....	56
methotrexate sodium inj	26
methotrexate sodium tabs.....	61
methyclothiazide.....	35
methylphenidate hcl.....	44
methylphenidate hcl oral soln	44
methylphenidate tab 10mg er	44
methylphenidate tab 20mg er	44
methylprednisolone acetate	55
methylpred pak 4mg.....	54
methylpred tab 4mg	54
methylpred tab 8mg	54
methylpred tab 16mg.....	54
methylpred tab 32mg.....	55
methylpr ss inj	54
metoclopramide hcl	56
metoclopramide hcl inj	56
metolazone	35
metoprolol & hctz tab 50-25mg	33
metoprolol & hctz tab 100-25mg.....	33
metoprolol & hctz tab 100-50mg	33
metoprolol succinate	34
metoprolol tartrate.....	34
metronidazole	19
metronidazole gel 0.75%	72
metronidazole in nacl	19
metronidazole (topical).....	72
metronidazole vaginal.....	59

mexiletine hcl	32
microgestin 1.5/30	52
microgestin 1/20	52
microgestin fe 1.5/30	52
microgestin fe 1/20	52
midodrine hcl	36
miglustat	54
mili	52
minitran.....	36
minocycline hcl.....	26
minoxidil.....	36
mirtazapine	40
misoprostol.....	58
MITIGARE	16
mitomycin.....	26
M-M-R II.....	63
M-NATAL PLUS	66
modafinil	46
moexipril hcl	31
moexipril-hydrochlorothiazide	31
molindone hcl.....	42
mometasone furoate	72
mondoxyne nl cap 100mg.....	26
mono-linyah tab 0.25-35	52
mononessa.....	52
montelukast sodium	69
morgidox cap 1x50mg	26
morphine ext-rel tab.....	17
morphine sulfate.....	17
MORPHINE SULFATE.....	17
morphine sulfate oral soln 10mg/5ml.....	17
morphine sulfate oral soln 20mg/5ml.....	17
morphine sulfate oral soln 100mg/5ml.....	17
morphine sul inj 1mg/ml.....	17
MORPHINE SUL INJ 4MG/ML	17
morphine sul inj 10mg/ml.....	17
MOVANTIK.....	58
MOVIPREP	58
MOXEZA.....	67
moxifloxacin hcl	25
MOXIFLOXACIN HCL.....	25
moxifloxacin hcl in sodium chloride	25
moxifloxacin hcl (ophth).....	67
MULTAQ	32
mupirocin	71
MYCAMINE	20
mycophenolate mofetil	62
mycophenolate sodium tbec.....	62

MYLOTARG	27
myorisan.....	70
MYRBETRIQ	59
myzilra.....	52

N

nabumetone.....	16
nadolol	34
nafcillin sodium	25
NAFCILLIN SODIUM FOR INJ 10GM	25
NAGLAZYME	54
nalbuphine hcl.....	16
naloxone inj 0.4mg/ml	47
naloxone inj 1mg/ml.....	47
naltrexone hcl.....	47
NAMZARIC.....	39
naproxen.....	16
naproxen dr.....	16
naproxen sodium	16
naratriptan hcl.....	45
NARCAN	47
NATACYN	67
nateglinide	49
NATPARA.....	55
NEBUPENT	19
necon 0.5/35-28.....	52
necon 7/7/7	52
nefazodone hcl	40
neomycin-bacitracin zn-polymyxin	67
neomycin-polymy-dexameth.....	66
neomycin-polymyxin-gramicidin.....	67
neomycin-polymyxin-hc (ophth).....	66
neomycin-polymyxin-hc (otic).....	73
neomycin sulfate.....	18
NEPHRAMINE	65
NERLYNX.....	29
NEUPOGEN.....	60
NEUPRO	41
nevirapine susp 50 mg/5ml.....	21
nevirapine tab 100mg er.....	21
nevirapine tab 200mg	21
nevirapine tab 400mg er	21
NEXAVAR	29
niacin er (antihyperlipidemic)	33
niacor.....	33
nicardipine hcl.....	34
NICOTROL INHALER.....	47
NICOTROL NS	47
nifedipine.....	35

nifedipine er	35	NUEDEXTA.....	45
nikki	52	NULOJIX	62
nilutamide.....	28	NULYTELY/FLAVOR PACKS	58
nimodipine.....	35	NUPLAZID CAPS	43
NINLARO.....	27	NUPLAZID TABS 10MG	43
nisoldipine	35	NUPLAZID TABS 17MG	43
NITRO-BID.....	36	nutrilipid inj 20%	65
NITRO-DUR DIS 0.3MG/HR	36	NUVARING	53
NITRO-DUR DIS 0.8MG/HR.....	36	nyamyc	71
nitrofurantoin macrocrystal	19	NYMALIZE	35
nitrofurantoin monohyd macro.....	19	nystatin	20
nitroglycerin	36	nystatin (mouth-throat)	73
nitroglycerin td patch	36	nystatin pow 100000	71
NITYR	54	nystatin (topical).....	71
nora-be tab	52	nystop	71
norethindrone acetate	56		
norethindrone acetate-ethinyl estradiol	54	O	
norethindrone acet & eth estra.....	52	ocella tab 3-0.03mg	53
norethindrone (contraceptive)	52	OCTAGAM	62
norgest/ethi tab 0.25/35.....	52	octreotide acetate.....	55
norgestimate-ethinyl estradiol (triphasic) 0.18- 25/0.215-25/0.25-25 mg-mcg.....	52	ODEFSEY	22
norgestimate-ethinyl estradiol (triphasic) 0.18- 35/0.215-35/0.25-35 mg-mcg.....	52	ODOMZO	27
NORITATE.....	72	OFEV	69
norlyroc	52	ofloxacin (ophth).....	67
NORMOSOL-M IN D5W	65	ofloxacin (otic).....	73
NORMOSOL-R	65	olanzapine	43
NORMOSOL-R IN D5W	66	olmesartan medoxomil	32
NORPACE CR	32	olmesartan medoxomil-amlodipine- hydrochlorothiazide	32
NORTHERA	36	olmesartan medoxomil-hydrochlorothiazide	32
nortrel 0.5/35 (28)	52	olopatadine hcl 0.1%	67
nortrel 1/35.....	52	olopatadine hcl 0.2%	67
nortrel 7/7/7	53	olopatadine hcl (nasal)	69
nortriptyline hcl.....	40	omeprazole cap 10mg	59
NORVIR PACK.....	21	omeprazole cap 20mg	59
NORVIR SOLN	21	omeprazole cap 40mg	59
NOVOLIN 70/30	48	OMNARIS	70
NOVOLIN 70/30 FLEXPEN	48	ondansetron hcl.....	56
NOVOLIN N	48	ondansetron hcl inj.....	57
NOVOLIN R.....	48	ondansetron hcl oral soln.....	57
NOVOLOG	48	ondansetron odt	57
NOVOLOG 70/30 FLEXPEN	48	ONETOUCH ULTRA BLUE	50
NOVOLOG FLEXPEN	48	ONETOUCH VERIO TEST STRIP.....	50
NOVOLOG MIX 70/30	48	OPSUMIT	36
NOVOLOG PENFILL	48	ORFADIN	54
NOXAFIL	20	ORKAMBI.....	70
NUCYNTA ER.....	17, 18	orsythia	53
		oseltamivir phosphate	23
		oxacillin sodium	25

oxaliplatin inj 50mg	30
oxaliplatin inj 50mg/10ml	30
oxaliplatin inj 100mg	30
oxaliplatin inj 100mg/20ml	30
oxandrolone	47
oxaprozin	16
oxcarbazepine	38
oxybutynin chloride	59
oxycodone hcl	18
oxycodone w/ acetaminophen 2.5-325mg	18
oxycodone w/ acetaminophen 5-325mg	18
oxycodone w/ acetaminophen 7.5-325mg	18
oxycodone w/ acetaminophen 10-325mg	18
OXYTROL	59
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	48
OZEMPIC INJ 1MG/DOSE	48

P

pacerone	32
paclitaxel	27
paliperidone	43
pamidronate disodium	50
PAMIDRONATE DISODIUM	50
pamidronate inj 30mg	50
pamidronate inj 90mg	50
PANRETIN	72
pantoprazole sodium	59
pantoprazole sodium tbec	59
PANZYGA	62
paricalcitol	66
paroex sol 0.12%	73
paromomycin sulfate	18
paroxetine er tab	40
paroxetine hcl tabs	40
PASER D/R	22
PAXIL	40
PAZEO	67
PEDIARIX	63
PEDVAX HIB	63
peg 3350/electrolytes	58
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	58
peg 3350-potassium chloride-sod bicarbonate-sod chloride	58
PEGANONE	38
PEGASYS	23
PEGASYS PROCLICK	23
PENICILLIN G POT IN DEXTROSE 2MU	25
PENICILLIN G POT IN DEXTROSE 3MU	25
PENICILLIN G PROCAINE	25

penicillin g sodium	25
penicillin v potassium	25
penicillin gk inj 5mu	25
penicillin gk inj 20mu	25
PENTACEL	63
PENTAM 300	19
pentamidine isethionate	19
pentoxifylline	60
PERFOROMIST	69
perindopril erbumine	31
periogard	73
permethrin cre 5%	73
perphenazine	43
PERSERIS	43
pfizerpen-g inj 5mu	25
pfizerpen-g inj 20mu	25
phenelzine sulfate	40
phenobarbital	38
phenobarbital sodium	38
PHENOBARBITAL SODIUM	38
PHENYTEK	38
phenytoin	38
phenytoin sodium extended	38
phenytoin sodium inj 50mg/ml	39
philith	53
PHOSPHOLINE IODIDE	68
PICATO	72
PIFELTRO	21
pilocarpine hcl	68
pilocarpine hcl (oral)	73
pimozide	43
pimtree	53
pindolol	34
pioglitazone hcl	49
piper/tazoba inj 2-0.25gm	25
piper/tazoba inj 3-0.375gm	25
piper/tazoba inj 4-0.5gm	25
PIPER/TAZOBA INJ 12-1.5GM	25
piper/tazoba inj 36-4.5gm	25
pirmella 1/35	53
piroxicam	16
PLASMA-LYTE-148	66
PLASMA-LYTE A	66
PNV FOLIC ACID + IRON MUL	66
podoflox	72
polymyxin b-trimethoprim	67
POMALYST CAP 1MG	28
POMALYST CAP 2MG	28

POMALYST CAP 3MG.....	28	PREZISTA.....	21
POMALYST CAP 4MG	28	PRIFTIN.....	22
portia-28.....	53	PRIOSEC.....	59
potassium chloride.....	64, 66	primaquine phosphate.....	20
potassium chloride in nacl.....	66	PRIMAQUINE PHOSPHATE	20
potassium chloride microencapsulated crystals er.....	64	primidone	39
potassium chloride tab cr 10 meq.....	64	PRIVIGEN	62
potassium citrate (alkalinizer) er tabs	59	probenecid.....	16
pot chloride inj 2meq/ml	66	PROCALAMINE	65
PRADAXA	60	prochlorperazine inj.....	57
PRALUENT	33	prochlorperazine maleate.....	57
pramipexole dihydrochloride	41	prochlorperazine supp	57
pramipexole tab 0.5mg	41	PROCRIT	60
pramipexole tab 0.25mg.....	41	procto-med hc.....	72
pramipexole tab 0.75mg.....	41	procto-pak	73
pramipexole tab 0.125mg.....	41	proctosol hc cre 2.5%	73
pramipexole tab 1.5mg.....	41	proctozone-hc	73
pramipexole tab 1mg	41	PROGLYCEM SUS 50MG/ML	55
prasugrel hcl	61	PROLASTIN-C.....	70
pravastatin sodium.....	33	PROLENSA.....	67
praziquantel	19	PROLIA	55
prazosin hcl.....	31	PROMACTA	60, 61
PRECISION XTRA	50	promethazine hcl	57
PRECISION XTRA BLOOD GLUC	50	promethazine hcl inj	57
prednisolone acetate (ophth).....	67	propafenone hcl.....	32
prednisolone sodium phosphate	55	propafenone hcl 12hr	32
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	67	proparacaine hcl	68
prednisolone sol 15mg/5ml.....	55	propranolol cap er.....	34
prednisolone sol 25mg/5ml	55	propranolol hcl	34
PREDNISON CON 5MG/ML.....	55	propranolol & hydrochlorothiazide.....	33
prednisone pak 5mg	55	propranolol oral sol.....	34
prednisone pak 10mg.....	55	propylthiouracil	56
prednisone sol 5mg/5ml.....	55	PROQUAD.....	63
prednisone tab 1mg	55	PROSOL	65
prednisone tab 2.5mg	55	protriptyline hcl	40
prednisone tab 5mg.....	55	PULMICORT FLEXHALER	70
prednisone tab 10mg	55	PULMOZYME	70
prednisone tab 20mg.....	55	PURIXAN	26
prednisone tab 50mg.....	55	pyrazinamide.....	22
pred sod pho sol 5mg/5ml.....	55	pyridostigmine tab 60mg	46
premasol sol 6%	65		
PREMASOL SOL 10%	65		
PRENATAL	66		
PRENATAL PLUS.....	66		
PRENATAL PLUS LOW IRON	66		
prevalite	33		
previfem	53		
PREZCOBIX.....	22		

Q

QUADRACEL	63
quasense	53
quetiapine fumarate	43
quinapril hcl	31
quinapril-hydrochlorothiazide	31
quinidine gluconate.....	32
quinidine sulfate	32

quinine sulfate 20

R

RABAVERT 63
rabeprazole sodium 59
raloxifene hcl 55
ramipril 31
RANEXA 36
ranitidine hcl 57
ranitidine hcl inj 57
ranitidine inj 57
ranitidine syrup 57
ranolazine 36
RAPAMUNE 62
rasagiline mesylate 41
RAYALDEE 66
REBETOL SOLN 23
reclipsen 53
RECOMBIVAX HB 63
REGANEX 73
RELENZA DISKHALER 23
RELISTOR 58
REMICADE 61
REMODULIN 36
repaglinide 49
RESCRIPTOR 21
RESTASIS 68
RESTASIS MULTIDOSE 68
REVLIMID 28
REXULTI 43
REYATAZ 21
RHOPRESSA 68
ribasphe 23
RIBASPHERE 23
ribavirin 200mg 23
rifabutin 22
rifampin 22
RIFATER 22
riluzole 46
rimantadine hydrochloride 23
risedronate sodium 50
RISPERDAL INJ 12.5MG 43
RISPERDAL INJ 25MG 43
RISPERDAL INJ 37.5MG 43
RISPERDAL INJ 50MG 43
risperidone 43
ritonavir 21
RITUXAN 27
RITUXAN HYCELA 27

rivastigmine tartrate 39
rivastigmine td patch 24hr 4.6 mg/24hr 39
rivastigmine td patch 24hr 9.5 mg/24hr 39
rivastigmine td patch 24hr 13.3 mg/24hr 39
rizatriptan benzoate 45
rizatriptan benzoate odt 45
ropinirole hydrochloride 41
ropinirole tab 0.5mg 41
ropinirole tab 0.25mg 41
ropinirole tab 1mg 41
ropinirole tab 2mg 41
ropinirole tab 3mg 42
ropinirole tab 4mg 42
ropinirole tab 5mg 42
rosadan 73
rosuvastatin calcium 33
ROTARIX 63
ROTATEQ 63
roweepra 39
roweepra xr 39
RUBRACA 27
RYDAPT 29

S

SANCUSO 57
SANDIMMUNE 62
SANTYL 73
SAPHRIS 43
SAVELLA 46
SAVELLA TITRATION PACK 46
scopolamine patch 57
selegiline hcl 42
selenium sulfide 71
SELZENTRY 21
SENSIPAR 50
SEREVENT DISKUS 69
sertraline hcl 40, 41
setlakin tab 53
sevelamer carbonate 56
sharobel 53
SHINGRIX 63
SIGNIFOR 55
sildenafil citrate 68
sildenafil citrate tab 20 mg (pulmonary hyperten-
sion) 36
SILENOR 44
silodosin 59
silver sulfadiazine 71
SIMBRINZA 68

simvastatin.....	33	sulfasalazine.....	57
sirolimus.....	62	sulfasalazine ec	57
SIRTURO.....	22	sulindac.....	16
SIVEXTRO	19	sumatriptan	45
sodium chloride.....	64, 66	sumatriptan inj 4mg/0.5ml.....	45
sodium chloride 0.45%	66	sumatriptan inj 6mg/0.5ml.....	45
sodium chloride inj 0.9%	66	sumatriptan succinate	45
sodium chlor sol 0.9% irr	73	SUPRAX.....	24
sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml soln	64	SUPREP BOWEL PREP KIT	58
sodium phenylbutyrate	54	SUTENT.....	30
sodium polystyrene sulfonate powder.....	50	syeda	53
sodium polystyrene sulfonate susp	50	SYLATRON KIT 200MCG	30
SOLIQUA 100/33.....	48	SYLATRON KIT 300MCG	30
SOLTAMOX.....	28	SYLATRON KIT 600MCG	30
SOLU-CORTEF	55	SYMBICORT.....	70
SOMATULINE DEPOT	55	SYMDEKO	70
SOMAVERT	55	SYMFI	22
sorine	32	SYMFI LO	22
sotalol hcl	33	SYMPAZAN	39
sotalol hcl (afib/af)	33	SYMPROIC	58
spironolactone.....	31	SYMTUZA.....	22
spironolactone & hydrochlorothiazide	35	SYNAREL.....	54
sprintec 28	53	SYNERCID.....	19
SPRITAM.....	39	SYNJARDY TAB 5-500MG	49
SPRYCEL.....	30	SYNJARDY TAB 5-1000MG	49
sps susp 15gm/60ml	50	SYNJARDY TAB 12.5-500MG.....	49
sronyx	53	SYNJARDY TAB 12.5-1000MG	49
ssd.....	71	SYNJARDY XR TAB 5-1000MG.....	49
stavudine	21	SYNJARDY XR TAB 10-1000MG	49
STIMATE.....	56	SYNJARDY XR TAB 12.5-1000MG.....	49
STIVARGA.....	30	SYNJARDY XR TAB 25-1000MG	49
streptomycin sulfate.....	18	SYNRIBO	30
STRIBILD	22	SYNTHROID	56
SUBOXONE MIS 2-0.5MG.....	47		
SUBOXONE MIS 4-1MG	47		
SUBOXONE MIS 8-2MG	47		
SUBOXONE MIS 12-3MG	47		
subvenite tab.....	39		
sucalfate.....	58		
sulfacetamide sodium (acne).....	70		
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		

T

TABLOID.....	26
TACLONEX.....	72
tacrolimus.....	62
tacrolimus (topical).....	73
TAFINLAR	30
TAGRISSO	30
TALZENNA.....	27
tamoxifen citrate.....	28
tamsulosin hcl	59
TARCEVA	30
TARGRETIN	73
tarina fe 1/20	53
TASIGNA	30
TAXOTERE	27

tazarotene.....	71	tobramycin inj 80mg/2ml	18
tazicef	24	tobramycin (ophth)	67
TAZORAC.....	71	tolterodine tartrate cap er	59
taztia xt	35	tolterodine tartrate tabs.....	59
TDVAX	63	topiramate	39
TECENTRIQ.....	27	toposar.....	31
TEFLARO	24	topotecan hcl	31
TEKTURNA.....	35	TOPOTECAN INJ 4MG/4ML.....	31
TEKTURNA HCT	35	toremifene citrate	28
telmisartan	32	toremide tabs	35
telmisartan-amlodipine	32	TOVIAZ.....	59
telmisartan-hydrochlorothiazide	32	tpn electrolytes.....	64
temazepam	45	TRACLEER	36
TENIVAC.....	63	TRADJENTA	49
tenofovir disoproxil fumarate	21	tramadol-acetaminophen.....	16
terazosin hcl.....	31	tramadol hcl tab 50 mg.....	16
terbinafine hcl	20	trandolapril.....	31
terbutaline sulfate.....	69	tranexamic acid	61
terconazole vaginal	59	TRANSDERM-SCOP	57
testosterone.....	47	tranylcypramine sulfate	41
testosterone cypionate	47	TRAVASOL	65
testosterone enanthate.....	47	TRAVATAN Z.....	68
tetrabenazine	46	trazodone hcl	41
tetracycline hcl.....	26	TRECTOR	22
TEXACORT SOLN 2.5%.....	72	TRELEGY ELLIPTA.....	68
THALOMID.....	28	TRELSTAR DEP INJ 3.75MG	28
THEO-24	70	TRELSTAR LA INJ 11.25MG	28
theophylline	70	TRESIBA FLEXTOUCH.....	48
thioridazine hcl.....	43	TRESIBA INJ.....	48
thiothixene	43	tretinoin.....	70
tiagabine hcl	39	tretinoin (chemotherapy)	30
TIBSOVO.....	27	TREXALL	61
tigecycline.....	19	triamcinolone acetonide (mouth)	73
tilia fe.....	53	triamcinolone acetonide (topical).....	72
timolol maleate.....	34	triamterene & hydrochlorothiazide cap 37.5-25 mg	35
timolol maleate gel.....	68	triamterene & hydrochlorothiazide tabs.....	36
timolol maleate (ophth) soln	68	TRICARE.....	66
timolol maleate ophth soln 0.5% (once-daily)	68	trientine hcl.....	50
TIVICAY	21	tri-estarylla	53
tizanidine hcl	46	trifluoperazine hcl	43
TOBRADEX.....	66	trifluridine.....	67
TOBRADEX ST.....	66	trihexyphenidyl hcl.....	42
tobramycin.....	18	tri-legest fe	53
tobramycin-dexamethasone	66	tri-linyah.....	53
tobramycin inj 1.2gm.....	18	tri-lo-estarylla	53
tobramycin inj 1.2 gm/30ml	18	tri-lo marzia	53
tobramycin inj 10mg/ml	18	tri-lo-sprintec.....	53
tobramycin inj 40mg/ml.....	18	trilyte	58

trimethoprim	19
tri-mili	53
trimipramine maleate	41
trinessa	53
trinessa lo	53
TRINTELLIX	41
tri-previfem	53
tri-sprintec	53
TRIUMEQ	22
trivora-28	53
tri-vylibra	53
tri-vylibra lo	53
TROGARZO	21
TROPHAMINE INJ 10%	65
tropium chloride	59
TRULICITY	48
TRUMENBA	63
TRUVADA TAB 100-150	22
TRUVADA TAB 133-200	22
TRUVADA TAB 167-250	22
TRUVADA TAB 200-300	22
tulana	53
TWINRIX INJ	63
TYBOST	21
TYKERB	30
TYMLOS	56
TYPHIM VI	63

U

ULORIC	16
unithroid	56
ursodiol	58

V

valacyclovir hcl	23
VALCHLOR	73
valganciclovir hcl	23
valproate sodium	39
valproic acid	39
valsartan	32
valsartan-hydrochlorothiazide	32
vancomycin hcl	19
VANCOMYCIN IN NA CL	19
vandazole	59
VAQTA	63
VARIVAX	63
VASCEPA	33
VELCADE	27
velivet	53

VEMLIDY	23
VENCLEXTA	27
VENCLEXTA STARTING PACK	27
venlafaxine hcl	41
VENTAVIS	36
VENTOLIN HFA	69
verapamil cap er	35
verapamil hcl	35
verapamil hcl tab er	35
VERSACLOZ	43
VERZENIO	27
VESICARE	59
VICTOZA	48
VIDEX EC	21
VIDEX PEDIATRIC	21
vienva	53
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
vinblastine sulfate	27
vincasar pfs	27
vincristine sulfate	27
vinorelbine tartrate	27
viorele	53
VIRACEPT	21
VIRAMUNE	21
VIREAD	21
VITRAKVI	30
VIVITROL	47
VIZIMPRO	30
voriconazole	20
VOSEVI	23
VOTRIENT	30
VRAYLAR	43
VRAYLAR THERAPY PACK	44
vyfemla	53
vylibra	53
VYVANSE	44

W

warfarin sodium	60
water for irrigation, sterile	73

X

XALKORI.....	30	ZORTRESS TAB 1MG	62
XARELTO	60	ZOSTAVAX	63
XARELTO STARTER PACK	60	zovia 1/35e	53
XATMEP	61	ZYCLARA	73
XELJANZ	61	ZYCLARA PUMP	73
XELJANZ XR.....	61	ZYDELIG	30
XGEVA	56	ZYKADIA.....	30
XIFAXAN	58	ZYLET	66
XIGDUO XR TAB 2.5-1000MG	49	ZYPITAMAG.....	33
XIGDUO XR TAB 5-500MG	49	ZYPREXA RELPREVV	44
XIGDUO XR TAB 5-1000MG	49	ZYPREXA RELPREVV INJ 210MG.....	44
XIGDUO XR TAB 10-500MG	49	ZYTIGA.....	28
XIGDUO XR TAB 10-1000MG	49		
XOLAIR	70		
XOSPATA	30		
XTANDI	28		
xulane	53		
XULTOPHY 100/3.6.....	48		
XYREM	46		

Y

YF-VAX.....	63
yuvaferm vaginal tablet 10mcg	54

Z

zafirlukast	69
zarah	53
ZEJULA	27
ZELBORAF	30
ZEMAIRA	70
zenatane.....	71
ZENPEP.....	58
ZEPATIER.....	23
zidovudine cap 100mg	21
zidovudine syp 50mg/5ml.....	21
zidovudine tab 300mg	21
ziprasidone hcl	44
ZIRGAN.....	67
zoledronic acid inj 5mg/100ml	50
zoledronic inj 4mg/5ml	50
ZOLINZA	27
zolmitriptan.....	45
zolmitriptan odt.....	45
zolpidem tartrate	45
zonisamide.....	39
ZONTIVITY	61
ZORTRESS TAB 0.5MG.....	62
ZORTRESS TAB 0.25MG	62
ZORTRESS TAB 0.75MG	62

Non-Discrimination Notice

Devoted Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Devoted Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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:

ATTN: Appeals & Grievances
Devoted Health, Inc.
PO Box 540279
Waltham, MA 02454
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, 800-537-7687 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Need help? Call 1-800-338-6833 (TTY 711) / **Bezwen èd?** Lame al 1-800-338-6833 (TTY 711)

Avi Non-Diskriminasyon

Devoted Health respakte lwa Federal dwa sivil ki aplikab epil li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap, oswa sèks. Devoted Health pa eskli moun oswa trate yo yon fason diferan poutèt ras, koulè, orijin nasyonal, laj, andikap, oswa sèks yo.

Devoted Health

Ofri èd ak sèvis gratis pou moun ki gen andikap kapab kominike avèk nou avèk efikasite, tankou:

- Entèprèt langaj siy ki kalifye
- Enfòmasyon alekri nan lòt fòma (enprime ak gwo lèt, odyo, fòma ki aksesib elektwonikman, lòt fòma)

Ofri sèvis lang gratis pou moun ka lang prensipal yo pa Angle, tankou:

- Entèprèt kalifye
- Enfòmasyon ki ekri nan lòt lang

Si ou bezwen sèvis sa yo, kontakte Devoted Health nan 1-800-338-6833 (TTY 711).

Si ou kwè ke Devoted Health pa bay sèvis sa yo oswa diskrimine nan yon lòt fason sou baz ras, koulè, orijin nasyonal, laj, andikap, oswa sèks, ou ka ranpli yon plant avèk:

ATTN: Appeals & Grievances
Devoted Health, Inc.
PO Box 540279
Waltham, MA 02454
1-800-338-6833 (TTY 711)

Ou ka depoze yon plant tou an pèsòn, pa lapòs ak pa telefòn. Si ou bezwen èd pou ou ranpli yon plant, rele 1-800-338-6833 (TTY 711).

Ou kapab ranpli yon plant dwa sivil avèk Depatman Sante ak Sèvis Imèn Etazini, Biwo pou Dwa Sivil lan, elektwonikman atravè Sit Biwo pou Plant Dwa Sivil la, ki disponib nan <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, oswa pa lapòs oswa telefòn nan:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 508F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7687 (TDD)

Fòm pou plant yo disponib nan <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).

المساعدة خدمات اليك متوفر، الإنجليزية اللغة تتحدث كنت إذا ملاحظة (Arabic): العربية
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，則可免費獲得語言輔助服務。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). 번스로 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 (телефон 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 ug Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-338-6833 (TTY 711).

ไทย (Thai): บริการช่วยเหลือทางภาษาฟรีสำหรับผู้ที่ไม่สามารถพูดภาษาอังกฤษได้
1-800-338-6833 (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).

Need help? Call 1-800-338-6833 (TTY 711) / Bezwen èd? Lame al 1-800-338-6833 (TTY 711)



Need help? Call 1-800-338-6833 (TTY 711) / **Bezwen èd?** Lame al 1-800-338-6833 (TTY 711)