



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 September 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 Septanm, 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 September 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 September 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 kòmanse mwa 1 Septanm, 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 Prèy 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. Epitou, 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, oumenm 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 Septanm, 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: Rezèv Medikaman Lajounen ki pa pwolonje.

Nan yon efò pou kontwòle depans medikaman yo, sèten medikaman ki koute chè ap limite jiska yon rezèv 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...	32
Gout.....	16	Angiotensin II Receptor Antagonists	32
Nsaids.....	16	Antiarrhythmics.....	32
Opioid Analgesics	16	Antilipemics, Hmg-Coa Reductase Inhibitors.....	33
Opioid Analgesics, Cii.....	17	Antilipemics, Miscellaneous.....	33
Anesthetics.....	18	Beta-Blocker/Diuretic Combinations	34
Local Anesthetics	18	Beta-Blockers.....	34
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	36
Antiretroviral Combination Agents	22	Nitrates	36
Antitubercular Agents	22	Pulmonary Arterial Hypertension	36
Antivirals	23	Central Nervous System.....	37
Cephalosporins	23	Antianxiety.....	37
Erythromycins/Macrolides	24	Anticonvulsants.....	37
Fluoroquinolones.....	24	Antidementia	40
Penicillins	25	Antidepressants	40
Tetracyclines.....	25	Antiparkinsonian Agents.....	41
Antineoplastic Agents.....	26	Antipsychotics.....	42
Alkylating Agents.....	26	Attention Deficit Hyperactivity Disorder	44
Anthracyclines	26	Hypnotics	45
Antibiotics	26	Migraine	45
Antimetabolites.....	26	Miscellaneous	46
Antimitotic, Taxoids	26	Multiple Sclerosis Agents	46
Antimitotic, Vinca Alkaloids	27	Musculoskeletal Therapy Agents.....	47
Biologic Response Modifiers.....	27	Narcolepsy/Cataplexy	47
Hormonal Antineoplastic Agents	28	Psychotherapeutic-Misc	47
Immunomodulators	28	Endocrine And Metabolic	47
Kinase Inhibitors.....	28	Androgens	47
Miscellaneous	30	Antidiabetics, Injectable.....	48
Platinum-Based Agents	30	Antidiabetics, Oral	48
Protective Agents.....	31	Antidiabetics, Test Strips	50
Topoisomerase Inhibitors.....	31	Bisphosphonates	50
Cardiovascular	31	Calcium Receptor Agonists	50
Ace Inhibitor Combinations.....	31	Chelating Agents	51
Ace Inhibitors.....	31	Contraceptives	51
Aldosterone Receptor Antagonists.....	32	Endometriosis	54
Alpha Blockers	32	Enzyme Replacements	54
		Estrogens.....	54

Glucocorticoids	55	Phosphodiesterase Type 5 Inhibitors	68
Glucose Elevating Agents.....	55	Phosphodiesterase Type 5 Inhibitors	68
Miscellaneous	55	Respiratory	68
Phosphate Binder Agents.....	56	Anticholinergic/Beta Agonist Combinations	68
Progestins.....	56	Anticholinergics.....	69
Thyroid Agents	56	Antihistamines	69
Vasopressins	56	Beta Agonists	69
Gastrointestinal	57	Leukotriene Modulators.....	69
Antiemetics.....	57	Mast Cell Stabilizers	70
Antispasmodics.....	57	Miscellaneous	70
H2-Receptor Antagonists.....	57	Nasal Steroids	70
Inflammatory Bowel Disease	58	Steroid Inhalants	70
Laxatives	58	Steroid/Beta-Agonist Combinations	70
Miscellaneous	58	Topical	70
Pancreatic Enzymes	59	Dermatology, Acne	70
Proton Pump Inhibitors.....	59	Dermatology, Antibiotics	71
Genitourinary	59	Dermatology, Antifungals.....	71
Benign Prostatic Hyperplasia.....	59	Dermatology, Antipsoriatics	71
Miscellaneous	59	Dermatology, Antiseborrheics	71
Urinary Antispasmodics.....	59	Dermatology, Corticosteroids.....	71
Vaginal Anti-Infectives.....	60	Dermatology, Local Anesthetics	72
Hematologic.....	60	Dermatology, Miscellaneous Skin And Mucous Membrane	72
Anticoagulants	60	Dermatology, Scabicides And Pediculides.....	73
Hematopoietic Growth Factors	60	Dermatology, Wound Care Agents.....	73
Miscellaneous	61	Mouth/Throat/Dental Agents	73
Platelet Aggregation Inhibitors	61	Otic.....	73
Immunologic Agents	61	Notes / Notas	99
Disease-Modifying Anti-Rheumatic Drugs (Dmards) 61			
Immunoglobulins.....	62		
Immunomodulators	62		
Immunosuppressants.....	62		
Vaccines	63		
Nutritional/Supplements	64		
Electrolytes.....	64		
Iv Nutrition.....	64		
Iv Replacement Solutions.....	65		
Vitamins	66		
Ophthalmic	66		
Anti-Infective/Anti-Inflammatory	66		
Anti-Infectives	67		
Anti-Inflammatories	67		
Antiallergics	67		
Antiglaucoma.....	68		
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)
<i>febuxostat</i>	3	ST
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 TABS</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)

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
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate TABS</i>	5	NDS, QL (120 tabs / 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
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	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)

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
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
oxycodone hcl CAPS	4	QL (180 caps / 30 days)
oxycodone hcl CONC	4	QL (180 mL / 30 days)
oxycodone hcl SOLN	4	QL (900 mL / 30 days)
oxycodone hcl TABS	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	3	QL (180 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.)	2	B/D
lidocaine inj 0.5%	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1.5% preservative free (pf)	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	4	
gentamicin in saline	2	
gentamicin sulfate SOLN	3	
neomycin sulfate TABS	3	
paramomycin sulfate CAPS	4	
streptomycin sulfate SOLR	5	NDS
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NDS, NM, PA
tobramycin inj 1.2 gm/30ml	3	
tobramycin inj 1.2gm	5	NDS
tobramycin inj 10mg/ml	3	
tobramycin inj 40mg/ml	3	
tobramycin inj 80mg/2ml	3	
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS	5	NDS
ALINIA	5	NDS
atovaquone SUSP	5	NDS
AZACTAM/DEX INJ	4	
aztreonam	4	
CAYSTON	5	NDS, NM, LA, PA
clindamycin cap 75mg	2	
clindamycin cap 300mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin phosphate in d5w	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
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
DAPTOMYCIN 350mg	5	NDS
<i>daptomycin 500mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
<i>ivermectin TABS</i>	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 TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	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 TABS</i>	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 TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	
<i>vancomycin hcl CAPS 250mg</i>	5	NDS
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	NDS, 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
AMBISOME	5	NDS, B/D
<i>amphotericin b</i> SOLR	3	B/D
<i>caspofungin acetate</i>	5	NDS
<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

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
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NDS, NM
INVIRASE	5	NDS, NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NDS, NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NDS, NM
ISENTRESS HD	5	NDS, NM
<i>lamivudine</i>	3	NM
LEXIVA SUSP	4	NM
<i>nevirapine susp 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	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
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

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
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NDS, NM
ATRIPLA	5	NDS, NM
BIKTARVY	5	NDS, NM
CIMDUO	5	NDS, NM
COMPLERA	5	NDS, NM
DELSTRIGO	5	NDS, NM
DESCOVY	5	NDS, NM
DOVATO	5	NDS, NM
EVOTAZ	5	NDS, NM
GENVOYA	5	NDS, NM
JULUCA	5	NDS, NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NDS, NM
<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
SYMITUZA	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	

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
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	NDS, NM
BARACLUDE SOLN	5	NDS, NM
<i>entecavir</i>	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
<i>ribasphere</i> TABS 600mg	5	NDS, NM
<i>ribavirin 200mg</i> CAPS	3	NM
<i>ribavirin 200mg</i> 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	

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>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i>	4	
<i>cefixime cap 400mg</i>	3	
<i>cefixime susr</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>erythrocin 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 100mg</i>	4	
<i>ciprofloxacin hcl tab 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</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>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl TABS</i>	4	
<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	

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>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> CAPS	3	
<i>mondoxyne nl cap</i> 100mg	2	
<i>morgidox cap</i> 1x50mg	3	
<i>tetracycline hcl</i> CAPS	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	NDS, B/D, NM
<i>cyclophosphamide</i> CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	NDS, B/D
<i>dacarbazine</i> 100mg	3	B/D
EMCYT	4	
GLEOSTINE	4	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i> 1gm/20ml	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj</i> 3gm/60ml	4	B/D
LEUKERAN	5	NDS
ANTHRACYCLINES		
<i>adriamycin</i> SOLN	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	NDS, B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin</i> SOLR	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</i> 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine</i> TABS	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NDS, NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml, 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
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	NDS, B/D
docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
paclitaxel	4	B/D
TAXOTERE 80mg/4ml	5	NDS, B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate	3	B/D
vincasar pfs	2	B/D
vincristine sulfate	2	B/D
vinorelbine tartrate	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NDS, NM, LA, PA
BORTEZOMIB	5	NDS, NM, PA
DAURISMO	5	NDS, NM, LA, PA
ERIVEDGE	5	NDS, NM, LA, PA
FARYDAK	5	NDS, NM, LA, PA
HERCEPTIN	5	NDS, NM, PA
HERCEPTIN HYLECTA	5	NDS, NM, PA
IBRANCE	5	NDS, NM, LA, PA
IDHIFA	5	NDS, NM, LA, PA
KADCYLA	5	NDS, B/D, NM
KEYTRUDA SOLN	5	NDS, NM, PA
KEYTRUDA SOLR	5	NDS, 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

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
ZOLINZA	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	NDS, NM, PA
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS, NM, LA, PA
<i>exemestane</i>	4	
FASLODEX	5	NDS, B/D
<i>flutamide</i>	3	
<i>fulvestrant</i>	5	NDS, B/D
<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

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
AFINITOR DISPERZ 2mg NM, PA	5	NDS, QL (150 tabs / 30 days),
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
BALVERSA	5	NDS, NM, LA, PA
BOSULIF	5	NDS, NM, PA
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
<i>erlotinib hcl</i> 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
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

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
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
PIQRAY 200MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 250MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE	5	NDS, NM, 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
TAGRISSE	5	NDS, NM, LA, PA
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> SOLN	3	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>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 SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>leucovorin calcium solr</i>	4	B/D
MESNEX TABS	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	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
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	

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
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	3	
spironolactone TABS	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS	2	
prazosin hcl	3	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg	1	
candesartan cilexetil-hydrochlorothiazide	1	
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	
EDARBI	4	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil TABS	1	
telmisartan	1	
valsartan	1	
ANTIARRHYTHMICS		
amiodarone hcl soln	2	
amiodarone tab 100mg	4	
amiodarone tab 200mg	1	
amiodarone tab 400mg	4	
disopyramide phosphate	4	
dofetilide	4	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 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>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	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</i> TABS	1	
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</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	

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
PRALUENT	5	NDS, PA; Lower cost version - Tier 4
<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 CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	2	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	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	

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>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr</i> 24hr	3	
<i>diltiazem hcl coated beads</i>	3	
<i>diltiazem hcl coated beads cap sr</i> 24hr	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</i> 180mg	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</i> 360mg	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	3	PA; PA if 70 years and older
<i>digitek</i> .125mg	3	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	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</i> 50mcg/ml	4	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate</i>	4	
TEKTURNA	4	
TEKTURNA 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	

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>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torseamide 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 TABS</i>	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR TABS	4	
DEMSEER	5	NDS, PA
<i>hydralazine hcl SOLN</i>	4	
<i>hydralazine hcl TABS</i>	2	
<i>midodrine hcl</i>	3	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NDS, NM, LA, PA
<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
<i>ambrisentan</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, 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>bosentan</i> 62.5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
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
<i>treprostinil</i>	5	NDS, NM, LA, PA
VENTAVIS	5	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	
<i>bupirone hcl</i> TABS 30mg	4	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIO 200mg	5	NDS, QL (180 tabs / 30 days)
APTIO 400mg	5	NDS, QL (90 tabs / 30 days)
APTIO 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	

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>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
DIASTAT ACUDIAL	4	
DIASTAT 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	
<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	

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>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	
<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 powd pack 500mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	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	

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
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 cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC		
<i>rivastigmine tartrate</i> 1.5mg, 3mg	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab</i> 25mg	3	
<i>amoxapine tab</i> 50mg	3	
<i>amoxapine tab</i> 100mg	3	
<i>amoxapine tab</i> 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	
<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	

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>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl SOLN</i>	2	
<i>imipramine hcl TABS</i>	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine TABS</i>	2	
<i>mirtazapine TBDP</i>	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl CAPS</i>	2	
<i>nortriptyline hcl SOLN</i>	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 TABS</i>	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl CONC</i>	4	
<i>sertraline hcl TABS</i>	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl TABS 50mg, 100mg, 150mg</i>	1	
<i>trimipramine maleate CAPS 25mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate CAPS 50mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate CAPS 100mg</i>	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 CP24</i>	2	
<i>venlafaxine hcl TABS</i>	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl CAPS</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl SYRP</i>	2	
<i>amantadine hcl TABS</i>	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 CAPS; TABS</i>	4	
<i>carbidopa TABS</i>	5	NDS
<i>carbidopa-levodopa TABS; TBCR</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 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>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)
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 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	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>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	4	
<i>haloperidol lactate inj 5mg/ml</i>	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 SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
PERSERIS	5	NDS, QL (1 injection / 30 days)
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	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)

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
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)
<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</i> 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW	4	QL (180 tabs / 30 days)

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>methylphenidate hcl</i> CP24 10mg	4	
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate tab</i> 10mg er	4	QL (90 tabs / 30 days)
<i>methylphenidate tab</i> 20mg er	4	QL (90 tabs / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
HYPNOTICS		
HETLIOZ	5	NDS, NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	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</i> 15mg	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</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj</i> 1 mg/ml	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 120mg/ml	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</i> 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN</i> 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	4	QL (12 injections / 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>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
NUDEXTA	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
<i>tetrabenazine 25mg</i>	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA

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
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 2-0.5mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
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

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
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	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30	1	
NOVOLOG PENFILL	1	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	1	
TRESIBA INJ	1	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose TABS	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	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 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>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide xl 10mg</i>	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 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	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 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	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)

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
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)
<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

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
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NDS
JADENU	5	NDS, NM, LA, PA
JADENU SPRINKLE	5	NDS, NM, LA, PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	NDS, PA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	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	

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>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	
<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	

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>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	
<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	

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>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		
ALDURAZYME	5	NDS, NM, LA, PA
CARBAGLU	5	NDS, NM, LA, PA
CERDELGA	5	NDS, NM, PA
CEREZYME	5	NDS, NM, LA, PA
CYSTADANE	5	NDS, NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NDS, NM, LA, PA
KUVAN	5	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NDS, NM, LA, PA
<i>miglustat</i>	5	NDS, NM, PA
NAGLAZYME	5	NDS, NM, LA, PA
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	

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>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
<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

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
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</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	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)</i> CAPS	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<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

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
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl TABS 24mg</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
SANCUSO	5	NDS, QL (4 patches / 28 days)
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
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	

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>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 CPDR</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	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</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)

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>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	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</i> TABS	3	
SYMPROIC	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDP	4	QL (30 tabs / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	4	
<i>pantoprazole sodium tbec</i>	2	
PRILOSEC	3	
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>silodosin</i>	4	
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	4	
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	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>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
OXYTROL	4	
<i>solifenacin succinate</i>	4	QL (30 tabs / 30 days)
<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</i> TABS	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml, 95000unit/3.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<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

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
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</i> TBCR	2	
PROMACTA PACK	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	NDS, QL (360 tabs / 30 days), NM, LA, PA
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</i> SOLN; TABS	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	NDS, QL (6 syringes / 28 days), NM, PA

PA – 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
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 12gm	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		
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 TABS</i>	3	B/D
BENLYSTA	5	NDS, NM, PA
<i>cyclosporine CAPS; SOLN</i>	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i>	4	B/D, 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 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>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
PROGRAF PACK	4	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	
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

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
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, gm/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	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	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 II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	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 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
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
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	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	
<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	

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>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
M-NATAL PLUS	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	NDS
TRICARE	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	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>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	
<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>loteprednol etabonate</i>	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</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 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
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	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	
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)

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>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	
ANTIHISTAMINES		
<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 sulfatè AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfatè AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfatè NEBU</i>	2	B/D
<i>albuterol sulfatè SYRP</i>	3	
<i>albuterol sulfatè TABS</i>	4	
<i>albuterol sulfatè TB12</i>	4	
BROVANA	5	NDS, B/D
<i>levalbuterol hcl NEBU</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFORMIST	5	NDS, B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfatè TABS</i>	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW; TABS</i>	2	
<i>montelukast sodium PACK</i>	4	

PA – Otorizasyon alavansn **QL** – Limit nan kantite **ST** – Terapi pa Etap **NM** – pa disponib nan kòmmand 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>zafirlukast</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	3	B/D
ARALAST NP	5	NDS, NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>	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 SOLN</i>	4	
<i>theophylline TB12; TB24</i>	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) .25mg/2ml, .5mg/2ml</i>	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)
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>amneesteem</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	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 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>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	
<i>SULFAMYLON CREA</i>	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>ketconazole 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
<i>calcipotriene CREA; OINT</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN</i>	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene CREA</i>	3	PA
<i>TAZORAC CREA .05%</i>	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole shampoo</i>	2	
<i>selenium sulfide LOTN</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort 1%</i>	1	
<i>ala-cort 2.5%</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 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>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
<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	

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>fluorouracil (topical) SOLN</i>	3	
<i>imiquimod CREA 3.75%</i>	5	NDS
<i>imiquimod CREA 5%</i>	4	
<i>metronidazole (topical) CREA; LOTN</i>	4	
<i>metronidazole gel 0.75%</i>	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 SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	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 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	NDS, PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
CIPRO HC	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
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</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 durg in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **NDS** - Non-Extended Days Supply

Index

A

abacavir sulfate	20	alfuzosin hcl	59
abacavir sulfate-lamivudine.....	22	ALIMTA	26
abacavir sulfate-lamivudine-zidovudine	22	ALINIA	18
ABELCET	19	aliskiren fumarate	35
ABILIFY MAINTENA	42	allopurinol tab	16
abiraterone acetate	28	alosetron hcl	58
ABRAXANE	26	ALPHAGAN P SOL 0.1%.....	68
acamprosate calcium.....	47	alprazolam tab 0.5mg	37
acarbose.....	48	alprazolam tab 0.25mg	37
ACCU-CHEK AVIVA PLUS	50	alprazolam tab 1mg	37
ACCU-CHEK COMPACT PLUS.....	50	alprazolam tab 2mg.....	37
ACCU-CHEK GUIDE	50	ALREX.....	67
ACCU-CHEK SMARTVIEW STRIP.....	50	altavera tab.....	51
acebutolol hcl.....	34	ALTOPREV	33
acetaminophen w/ codeine 300-15mg	16	ALUNBRIG	29
acetaminophen w/ codeine 300-30mg	16	alyacen 1/35	51
acetaminophen w/ codeine 300-60mg.....	16	amantadine hcl.....	41
acetaminophen w/ codeine soln.....	16	AMBISOME	20
acetazolamide	35	ambrisentan.....	36
acetic acid	73	amikacin sulfate.....	18
acetic acid (otic).....	73	amiloride hcl	35
acetylcysteine.....	70	amiloride & hydrochlorothiazide.....	35
acitretin.....	71	AMINOSYN II INJ 10%	64
ACTHIB	63	AMINOSYN-PF 7%	64
ACTIMMUNE	62	AMINOSYN-PF INJ 10%	64
acyclovir	23	amiodarone hcl soln	32
acyclovir sodium	23	amiodarone tab 100mg	32
ADACEL	63	amiodarone tab 200mg.....	32
adefovir dipivoxil.....	23	amiodarone tab 400mg.....	32
ADEMPAS	36	AMITIZA CAP 8MCG.....	58
adriamycin	26	AMITIZA CAP 24MCG	58
adrucil.....	26	amitriptyline hcl.....	40
ADVAIR DISKUS	70	amlodipine-benazepril hcl cap 2.5-10 mg.....	31
ADVAIR HFA.....	70	amlodipine-benazepril hcl cap 5-10 mg	31
AFINITOR	28	amlodipine-benazepril hcl cap 5-20 mg.....	31
AFINITOR DISPERZ	29	amlodipine-benazepril hcl cap 5-40 mg	31
AIMOVIG	45	amlodipine--benazepril hcl cap 10-20 mg.....	31
ala-cort	71	amlodipine-benazepril hcl cap 10-40mg.....	31
albendazole.....	18	amlodipine besylate	34
albuterol sulfate.....	69	amlodipine besylate-atorvastatin calcium	34
alclometasone dipropionate	72	amlodipine besylate-olmesartan medoxomil.....	32
ALCOHOL SWABS	48	amlodipine besylate-valsartan tab 5-160 mg	32
ALDURAZYME.....	54	amlodipine besylate-valsartan tab 5-320 mg.....	32
ALECENSA.....	29	amlodipine besylate-valsartan tab 10-160 mg.....	32
alendronate sodium.....	50	amlodipine besylate-valsartan tab 10-320 mg	32

amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg	32
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg	32
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg	32
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg	32
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg.....	32
ammonium lactate	72
amnesteem	70
amoxapine tab 25mg.....	40
amoxapine tab 50mg	40
amoxapine tab 100mg.....	40
amoxapine tab 150mg	40
amoxicillin	25
amoxicillin-clarithromycin w/ lansoprazole	58
amoxicillin & pot clavulanate	25
amphetamine-dextroamphetamine cap sr 24hr 5 mg	44
amphetamine-dextroamphetamine cap sr 24hr 10 mg	44
amphetamine-dextroamphetamine cap sr 24hr 15 mg	44
amphetamine-dextroamphetamine cap sr 24hr 20 mg	44
amphetamine-dextroamphetamine cap sr 24hr 25 mg	44
amphetamine-dextroamphetamine cap sr 24hr 30 mg	44
amphetamine-dextroamphetamine tab 5 mg.....	44
amphetamine-dextroamphetamine tab 7.5 mg	44
amphetamine-dextroamphetamine tab 10 mg	44
amphetamine-dextroamphetamine tab 12.5 mg ...	44
amphetamine-dextroamphetamine tab 15 mg.....	44
amphetamine-dextroamphetamine tab 20 mg.....	44
amphetamine-dextroamphetamine tab 30 mg.....	44
amphotericin b	20
ampicillin cap 500mg	25
ampicillin inj.....	25
ampicillin sodium.....	25
ampicillin & sulbactam sodium.....	25
ANADROL-50	47
anagrelide hcl.....	61
anastrozole	28
ANDRODERM	47
ANORO ELLIPTA	68

ANTARA	33
APOKYN	41
aprepitant.....	57
aprepitant pak 80mg & 125mg	57
apri	51
APRISO	58
APTIOM.....	37
APTIVUS	20
ARALAST NP	70
aranelle	51
ARCALYST.....	62
aripiprazole odt	42
aripiprazole oral solution 1 mg/ml.....	42
aripiprazole tab.....	42
ARISTADA.....	42
ARISTADA INITIO	42
armodafinil.....	47
ARNUITY ELLIPTA.....	70
aspirin-dipyridamole	61
atazanavir sulfate	20
atenolol	34
atenolol & chlorthalidone	34
atomoxetine hcl	44
atorvastatin calcium	33
atovaquone	18
atovaquone-proguanil hcl	20
ATRIPLA	22
ATROVENT HFA	69
aubra	51
AUGMENTIN SUS 125/5ML	25
AURYXIA.....	56
AUSTEDO	46
AVASTIN.....	27
aviane.....	51
avita.....	70
azacitidine	26
AZACTAM/DEX INJ	18
AZASITE	67
azathioprine	62
azelaic acid	72
azelastine drop 0.05%	67
azelastine spr 0.1%.....	69
azelastine spr 0.15%	69
azithromycin.....	24
AZOPT.....	68
aztreonam.....	18

B

bacitracin (ophthalmic).....	67
------------------------------	----

bacitracin-polymyxin b (ophth)	67	BOOSTRIX.....	63
bacitracin-poly-neomycin-hc	66	BORTEZOMIB	27
baclofen	47	bosentan	37
balsalazide disodium	58	BOSULIF.....	29
BALVERSA	29	BRAFTOVI	29
balziva.....	51	BREEZE 2 TEST DISC	50
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.....	48	brimonidine sol 0.15%.....	68
BAYER BREEZE 2 TEST DISC	50	BRIVIACT INJ 50MG/5ML	37
BCG VACCINE	63	BRIVIACT SOL 10MG/ML.....	37
BD ULTRAFINE INSULIN SYRINGE	48	BRIVIACT TAB 10MG	37
BD ULTRAFINE/NANO PEN NEEDLES.....	48	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	58
benztropine mesylate tab 1mg.....	41	budesonide (inhalation)	70
benztropine mesylate tab 2mg	41	bumetanide.....	35
BEPREVE	68	buprenorphine hcl.....	47
BERINERT	61	buprenorphine hcl-naloxone hcl dihydrate	
BESIVANCE.....	67	2-0.5mg	47
betamethasone dipropionate augmented	72	buprenorphine hcl-naloxone hcl dihydrate	
betamethasone dipropionate (topical)	72	4-1mg	47
betamethasone valerate.....	72	buprenorphine hcl-naloxone hcl dihydrate	
BETASERON	46	8-2mg.....	47
betaxolol hcl (ophth)	68	buprenorphine hcl-naloxone hcl dihydrate	
bethanechol chloride.....	59	12-3mg.....	47
BETOPTIC-S	68	buprenorphine hcl-naloxone hcl sl.....	47
BEVESPI AEROSPHERE	68	bupropion hcl	40
bexarotene.....	30	bupropion hcl (smoking deterrent)	47
BEXSERO	63	buspirone hcl	37
bicalutamide	28	butorphanol tartrate.....	16
BICILLIN L-A	25	BYDUREON BCISE	48
BIDIL	36	BYDUREON INJ.....	48
BIKTARVY	22	BYDUREON PEN.....	48
bisoprolol fumarate	34	BYETTA	48
bisoprolol & hydrochlorothiazide	34	BYSTOLIC.....	34
BIVIGAM.....	62		
bleomycin sulfate.....	26		
BLEPHAMIDE	66		
blisovi fe 1.5/30.....	51		

C

cabergoline	55
CABOMETYX	29

calcipotriene	71	cefuroxime axetil.....	24
calcitonin (salmon)	55	cefuroxime sodium	24
calcitrene.....	71	celecoxib	16
calcitriol	66	CELONTIN	37
calcitriol inj	66	cephalexin	24
calcitriol oral soln 1 mcg/ml.....	66	CERDELGA.....	54
calcium acetate (phosphate binder)	56	CEREZYME.....	54
CALQUENCE	29	cetirizine syrup	69
camila	51	cevimeline hcl	73
candesartan cilexetil.....	32	CHANTIX	47
candesartan cilexetil-hydrochlorothiazide.....	32	CHANTIX CONTINUING MONTH	47
CAPRELSA	29	CHANTIX STARTER PACK	47
captopril.....	31	CHEMET	51
captopril & hydrochlorothiazide	31	chlorhexidine gluconate (mouth-throat).....	73
CARBAGLU	54	chloroquine phosphate	20
carbamazepine	37	chlorothiazide tabs.....	36
carbidopa	41	chlorpromazine hcl.....	42
carbidopa-levodopa	41, 42	CHLORPROMAZINE INJ.....	42
carbidopa/levodopa/entacapone	42	chlorthalidone	36
carboplatin	30	cholestyramine	33
CARIMUNE NANOFILTERED	62	cholestyramine light	33
carteolol hcl (ophth).....	68	choline fenofibrate	33
cartia xt cap 120/24hr	34	ciclopirox	71
cartia xt cap 180/24hr	34	ciclopirox shampoo 1%	71
cartia xt cap 240/24hr.....	34	cilostazol	61
cartia xt cap 300/24hr	34	CILOXAN	67
carvedilol.....	34	CIMDUO	22
caspofungin acetate	20	cinacalcet hcl	50
CAYSTON.....	18	CIPRODEX	74
caziant pak.....	51	ciprofloxacin.....	24
cefaclor	23	ciprofloxacin hcl (ophth)	67
CEFACLOR MONOHYDRATE ER.....	23	ciprofloxacin hcl tab	24
cefadroxil.....	23	ciprofloxacin in d5w.....	24
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	23	CIPRO HC	73
cefazolin inj	23	cisplatin.....	30
cefazolin sodium	23	citalopram hydrobromide.....	40
CEFAZOLIN SODIUM 1 GM/50ML.....	23	claravis	70
cefdinir	24	CLARINEX	69
cefepime hcl.....	24	clarithromycin	24
cefixime cap 400mg	24	clarithromycin er.....	24
cefixime susr	24	clarithromycin for susp	24
cefotaxime sodium	24	clindacin-p.....	71
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 NACL.....	19

clindamycin phosphate (topical)	71
clindamycin phosphate vaginal	60
clindamycin soln 75mg/5ml	19
CLINIMIX 4.25%/DEXTROSE 5%	64
CLINIMIX 4.25%/DEXTROSE 25%	65
CLINIMIX 5%/DEXTROSE 15%	65
CLINIMIX 5%/DEXTROSE 20%	65
CLINIMIX 5%/DEXTROSE 25%	65
CLINIMIX INJ 4.25/D10	65
clobazam	38
clomipramine hcl	40
clonazepam	38
clonidine hcl	36
clonidine hcl ptwk	36
clopidogrel tab 75mg	61
clorazepate dipotassium	38
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	58
COMBIGAN	68
COMBIVENT RESPIMAT	68
COMETRIQ	29
COMPLERA	22
compro	57
constulose	58
CONTOUR BLOOD GLUCOSE TES	50
CONTOUR NEXT BLOOD GLUCOS	50
COPIKTRA	29
CORDRAN	72
CORLANOR	36
cortisone acetate	55
COTELLIC	29
COUMADIN	60
CREON	59

CRIXIVAN	20
cromolyn sodium (mastocytosis)	58
cromolyn sodium nebu	70
cromolyn sodium (ophth)	68
cryselle-28	51
cyclafem 1/35	51
cyclafem 7/7/7	51
cyclobenzaprine hcl	47
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	70
danazol	54
dantrolene sodium	47
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	58
DEMSEER	36
DEPEN TITRATABS	51
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	digoxin sol 50mcg/ml	35
desvenlafaxine succinate.....	40	dihydroergotamine mesylate inj 1 mg/ml	45
dexamethasone	55	dihydroergotamine mesylate nasal	45
DEXAMETHASONE	55	DILANTIN-125 SUSP	38
dexamethasone sodium phosphate.....	55	DILANTIN CAP 30MG	38
dexamethasone sodium phosphate (ophth)	67	DILANTIN CAP 100MG	38
DEXILANT.....	59	DILANTIN CHEW TAB 50MG.....	38
dexmethylphenidate hcl.....	44	diltiazem cap 180mg cd.....	34
dexrazoxane hcl	31	diltiazem cap 240mg cd	34
dextrose 2.5%/nacl 0.45%	65	diltiazem cap 360mg cd	34
dextrose 5%	65	diltiazem cap er/12hr	34
DEXTROSE 5% /ELECTROLYTE.....	65	diltiazem hcl.....	35
dextrose 5%/nacl 0.2%.....	65	diltiazem hcl cap sr 24hr	35
DEXTROSE 5%/NACL 0.3%	65	diltiazem hcl coated beads	35
dextrose 5%/nacl 0.9%.....	65	diltiazem hcl coated beads cap sr 24hr.....	35
dextrose 5%/nacl 0.33%	65	diltiazem hcl extended release beads cap sr	35
dextrose 5%/nacl 0.45%	65	diltiazem inj.....	35
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	disulfram.....	47
dextrose inj 70%	65	divalproex sodium	38
dextrose in lactated ringers	65	docetaxel	26, 27
DIASTAT ACUDIAL	38	DOCETAXEL	27
DIASTAT PEDIATRIC	38	dofetilide	32
diazepam	38	donepezil hydrochloride.....	40
diazepam gel	38	dorzolamide hcl	68
diazepam inj.....	38	dorzolamide hcl-timolol maleate.....	68
diazepam intensol	38	DOVATO	22
diazepam oral soln 1 mg/ml	38	doxazosin mesylate	32
diclofenac potassium.....	16	doxepin hcl	40
diclofenac sodium	16	doxercalciferol	66
diclofenac sodium (ophth).....	67	doxorubicin hcl	26
diclofenac sodium (topical) 1% gel	72	doxorubicin hcl liposomal	26
diclofenac w/ misoprostol	16	doxy 100	25
dicloxacillin sodium.....	25	doxycycline hyclate	25, 26
dicyclomine hcl cap 10mg	57	doxycycline (monohydrate)	25
dicyclomine hcl soln 10mg/5ml	57	dronabinol	57
dicyclomine hcl tab 20mg.....	57	drospirenone-ethinyl estradiol	51
didanosine	20	DROXIA	61
DIFICID	24	duloxetine hcl.....	40
diflunisal.....	16	DUREZOL	67
digitek	35	dutasteride	59
digox	35	dutasteride-tamsulosin hcl.....	59
digoxin.....	35		
digoxin inj	35		

E

fentanyl patch 100 mcg/hr	17
FENTORA	17
FETZIMA.....	40
FETZIMA TITRATION PACK	40
FIASP.....	48
FIASP FLEXTOUCH	48
FINACEA	72
finasteride.....	59
FIRAZYR.....	61
flac	74
FLEBOGAMMA DIF	62
flecainide acetate.....	33
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.....	55
flunisolide (nasal)	70
fluocinolone acetonide.....	72
fluocinolone acetonide oil body.....	72
fluocinolone acetonide (otic)	74
fluocinonide	72
fluocinonide emulsified base.....	72
fluorometholone	67
fluorouracil	26
fluorouracil (topical).....	72, 73
fluoxetine cap 10mg.....	40
fluoxetine cap 20mg	41
fluoxetine cap 40mg	41
fluoxetine hcl.....	41
fluphenazine decanoate	42
fluphenazine hcl.....	43
flurbiprofen	16
flurbiprofen sodium	67
flutamide	28
fluticasone propionate	72
fluticasone propionate (nasal)	70
fluvastatin sodium.....	33
flvoxamine 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%.....	65
FREAMINE III.....	65
FREESTYLE INSULINX BLOOD.....	50
FREESTYLE LITE TEST STRIP	50
FREESTYLE PRECISION NEO B	50
FREESTYLE TEST STRIPS	50
frovatriptan succinate.....	45
fulvestrant.....	28
furosemide.....	36
furosemide inj.....	36
FUZEON	20
fyavolv	54
FYCOMPA	38

G

gabapentin.....	38
galantamine hydrobromide.....	40
galantamine hydrobromide er	40
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.....	48
gavilyte-c	58
gavilyte-g.....	58
gavilyte-n/flavor pack	58
gemcitabine inj soln	26
gemcitabine inj solr	26
gemfibrozil	33
generlac	58
gengraf	63
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	43
gianvi	52

GILENYA CAP 0.5MG	46	HUMIRA	61
GILOTRIF TAB 20MG	29	HUMIRA INJ 10MG/0.2ML	61
GILOTRIF TAB 30MG	29	HUMIRA KIT 20MG/0.4ML	61
GILOTRIF TAB 40MG	29	HUMIRA KIT 40MG/0.8ML	61
glatiramer acetate 20mg/ml	46	HUMIRA PEDIATRIC CROHNS DISEASE.....	62
glatiramer acetate 40mg/ml	46	HUMIRA PEN.....	62
glatopa	46	HUMIRA PEN CD/UC/HS STARTER.....	62
GLEOSTINE	26	HUMIRA PEN INJ CD/UC/HS STARTER	62
glimepiride.....	48	HUMIRA PEN INJ PS/UV STARTER	62
glipizide.....	49	HUMIRA PEN-PS/UV STARTER	62
glipizide xl.....	49	HUMULIN R INJ U-500	48
glip/metform tab 2.5-250mg.....	49	HUMULIN R U-500 KWIKPEN	48
glip/metform tab 2.5-500mg.....	49	hydralazine hcl	36
glip/metform tab 5-500mg	49	hydrochlorothiazide.....	36
GLUCAGEN HYPOKIT	55	hydroco/apap tab 5-325mg	17
GLUCAGON EMERGENCY KIT	55	hydroco/apap tab 7.5-325	17
glycopyrrolate tab 1mg.....	57	hydroco/apap tab 10-325mg	17
glycopyrrolate tab 2mg	57	hydrocodone-acetaminophen 7.5-325 mg/15ml.....	17
glydo	72	hydrocodone-ibuprofen tab 7.5-200 mg	17
GOLYTELY.....	58	hydrocortisone	55
GRALISE.....	46	hydrocortisone butyrate cream 0.1%.....	72
GRALISE STARTER.....	46	hydrocortisone butyrate oint 0.1%	72
granisetron hcl.....	57	hydrocortisone (enema).....	58
GRANIX.....	60	hydrocortisone (topical).....	72
griseofulvin microsize	20	hydrocortisone valerate	72
griseofulvin ultramicrosize	20	hydromorphone hcl	17
guanfacine er (adhd)	44	hydroxychloroquine sulfate.....	62

H

HAEGARDA.....	61	hydroxyurea	30
halobetasol propionate	72	hydroxyzine hcl	69
haloperidol	43	hydroxyzine hcl inj.....	69
haloperidol conc 2mg/ml	43	hydroxyzine pamoate	69
haloperidol decanoate.....	43	HYSINGLA ER.....	17
haloperidol lactate inj 5mg/ml	43		
HARVONI	23		
HAVRIX	63		
heather.....	52		
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/NACL 0.45%	60		
heparin sod (porcine) in d5w	60		
hepatamine	65		
HERCEPTIN.....	27		
HERCEPTIN HYLECTA	27		
HETLIOZ.....	45		
HIBERIX	63		

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.....	41
imiquimod.....	73
IMOVAX RABIES (H.D.C.V.)	63
incassia	52
INCRELEX.....	56
INCRUSE ELLIPTA.....	69
indapamide	36
INFANRIX	63
INLYTA.....	29
INSULIN PEN NEEDLE.....	48
INSULIN SAFETY NEEDLES.....	48
INSULIN SYRINGE	48
INTELENCE.....	21
INTRALIPID 30%.....	65
INTRALIPID INJ 20%	65
INTRON-A INJ 10MU.....	62
INTRON-A INJ 18MU	62
INTRON-A INJ 25MU.....	62
INTRON-A INJ 50MU	62
introvale	52
INVEGA SUST INJ 39 MG/0.25 ML	43
INVEGA SUST INJ 78 MG/0.5 ML.....	43
INVEGA SUST INJ 117 MG/0.75 ML.....	43
INVEGA SUST INJ 156MG/ML	43
INVEGA SUST INJ 234 MG/1.5 ML.....	43
INVEGA TRINZA.....	43
INVIRASE.....	21
IONOSOL-MB/DEXTROSE 5%	65
IPOL INACTIVATED IPV	63
ipratropium-albuterol nebu	69
ipratropium bromide	69
ipratropium bromide (nasal).....	69
irbesartan	32
irbesartan-hydrochlorothiazide	32
IRESSA.....	29
irinotecan hcl	31
ISENTRESS.....	21
ISENTRESS HD.....	21
isibloom.....	52
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.....	71
isradipine.....	35
itraconazole	20
ivermectin.....	19
IXIARO	63

J

JADENU	51
JADENU SPRINKLE.....	51
JAKAFI	29
jantoven.....	60
JANUMET	49
JANUMET XR TAB 50-500MG	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 100-1000.....	49
JANUVIA	49
JARDIANCE	49
jasmiel.....	52
JENTADUETO	49
JENTADUETO TAB XR 2.5-1000 MG	49
JENTADUETO TAB XR 5-1000 MG	49
jinteli.....	54
jolessa tab 0.15-0.03 mg.....	52
jolivette	52
juleber.....	52
JULUCA.....	22
junel 1.5/30	52
junel 1/20	52
junel fe 1.5/30	52
junel fe 1/20	52
JUXTAPID	33

K

KADCYLA.....	27
KALETRA TAB 100-25MG	22
KALETRA TAB 200-50MG	22
KALYDECO.....	70
kariva	52
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%	66
kcl/d5w inj 0.3%	66
kcl/d5w/nacl inj 0.22%/0.45%	66
kcl/d5w/nacl inj .15/.33%.....	66
kcl/d5w/nacl inj .15/.45%	66
kcl/nacl inj 0.3-0.9	66

kcl/nacl inj 0.15%-0.9%	66	LENVIMA 8 MG DAILY DOSE	29
kelnor 1/35	52	LENVIMA 10 MG DAILY DOSE	29
kelnor 1/50	52	LENVIMA 12MG DAILY DOSE.....	29
ketoconazole	20	LENVIMA 14 MG DAILY DOSE.....	29
ketoconazole cream.....	71	LENVIMA 18 MG DAILY DOSE.....	29
ketoconazole shampoo	71	LENVIMA 20 MG DAILY DOSE	30
ketorolac tromethamine (ophth)	67	LENVIMA 24 MG DAILY DOSE	30
KEYTRUDA.....	27	lessina.....	52
KINRIX.....	63	letrozole	28
kionex sus 15gm/60ml.....	51	leucovorin calcium	31
KISQALI.....	27	leucovorin calcium solr	31
KISQALI FEMARA 200 DOSE.....	27	LEUKERAN.....	26
KISQALI FEMARA 400 DOSE	27	leuprolide inj 1mg/0.2.....	28
KISQALI FEMARA 600 DOSE	27	levalbuterol hcl.....	69
klor-con 8	64	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	69
klor-con 10	64	levalbuterol tartrate hfa	69
klor-con m10	64	LEVEMIR	48
klor-con m15.....	64	LEVEMIR FLEXTOUCH	48
klor-con m20	64	levetiracetam	38, 39
klor-con pak 20meq.....	64	levetiracetam in sodium chloride.....	39
klor-con spr cap 8meq.....	64	levetiracetam oral soln 100 mg/ml.....	39
klor-con spr cap 10meq.....	64	levobunolol hcl	68
KORLYM	56	levocarnitine (metabolic modifiers)	54
KRISTALOSE	58	levocetirizine dihydrochloride	69
kurvelo	52	levofloxacin	24
KUVAN.....	54	levofloxacin in d5w	24
KYNAMRO	33	levofloxacin inj 25mg/ml.....	25
		levofloxacin oral soln 25 mg/ml	25
		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

L

labetalol hcl	34
lactated ringer's.....	66
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.....	68
latanoprost	68
LATUDA.....	43
leena.....	52
leflunomide	62
LENVIMA 4 MG DAILY DOSE.....	29

linezolid susp.....	19
linezolid tab 600mg.....	19
LINZESS	58
liothyronine sodium.....	56
lisinopril	31
lisinopril & hydrochlorothiazide	31
lithium carbonate.....	46
lithium carbonate er	46
LITHIUM SOLN 8MEQ/5ML.....	46
LIVALO.....	33
LONSURF	30
loperamide hcl.....	59
lopinavir-ritonavir.....	22
lorazepam	37
lorazepam intensol.....	37
LORBRENA	30
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
loteprednol etabonate	67
lovastatin.....	33
low-ogestrel	52
loxapine succinate.....	43
LUMIGAN	68
LUMIZYME	54
LUPRON DEPOT (1-MONTH)	28
LUPRON DEPOT INJ 11.25MG (3-MONTH)	28
LUPRON DEPOT-PED (1-MONTH.....	56
LUPRON DEPOT-PED (3-MONTH	56
LUPRON DEP-PED INJ 7.5MG	56
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	56
lutra	52
LYNPARZA	27
LYRICA.....	39
LYRICA CR	46
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	41
marlissa.....	52
MARPLAN TAB 10MG	41
MATULANE	30
matzim la.....	35
MAVYRET.....	23
meclizine hcl	57
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	30
MEKTOVI	30
meloxicam	16
memantine hcl cp24	40
memantine soln	40
memantine tabs.....	40
MENACTRA.....	63
MENVEO	63
mercaptopurine	26
meropenem.....	19
mesalamine.....	58
mesalamine w/ cleanser	58
MESNEX.....	31
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	36
methenamine hippurate.....	19
methimazole.....	56
methotrexate sodium inj	26
methotrexate sodium tabs.....	62
methylclothiazide.....	36
methylphenidate hcl.....	44, 45
methylphenidate hcl oral soln.....	45
methylphenidate tab 10mg er	45
methylphenidate tab 20mg er	45
methylprednisolone acetate	55
methylpred pak 4mg.....	55
methylpred tab 4mg	55
methylpred tab 8mg	55

methylpred tab 16mg	55	morphine sulfate oral soln 100mg/5ml	17
methylpred tab 32mg	55	morphine sul inj 1mg/ml	17
methylpr ss inj	55	MORPHINE SUL INJ 4MG/ML	17
metoclopramide hcl	57	morphine sul inj 10mg/ml	17
metoclopramide hcl inj	57	MOVANTIK	59
metolazone	36	MOVIPREP	58
metoprolol & hctz tab 50-25mg	34	MOXEZA	67
metoprolol & hctz tab 100-25mg	34	moxifloxacin hcl	25
metoprolol & hctz tab 100-50mg	34	MOXIFLOXACIN HCL	25
metoprolol succinate	34	moxifloxacin hcl in sodium chloride	25
metoprolol tartrate	34	moxifloxacin hcl (ophth)	67
metronidazole	19	MULTAQ	33
metronidazole gel 0.75%	73	mupirocin	71
metronidazole in nacl	19	MYCAMINE	20
metronidazole (topical)	73	mycophenolate mofetil	63
metronidazole vaginal	60	mycophenolate sodium tbec	63
mexiletine hcl	33	MYLOTARG	27
microgestin 1.5/30	52	myorisan	71
microgestin 1/20	52	MYRBETRIQ	59
microgestin fe 1.5/30	52	myzilra	53
microgestin fe 1/20	52		
midodrine hcl	36	N	
miglustat	54	nabumetone	16
mili	52	nadolol	34
minitran	36	nafcillin sodium	25
minocycline hcl	26	NAFCILLIN SODIUM FOR INJ 10GM	25
minoxidil	36	NAGLAZYME	54
mirtazapine	41	nalbuphine hcl	16
misoprostol	59	naloxone inj 0.4mg/ml	47
MITIGARE	16	naloxone inj 1mg/ml	47
mitomycin	26	naltrexone hcl	47
M-M-R II	63	NAMZARIC	40
M-NATAL PLUS	66	naproxen	16
modafinil	47	naproxen dr	16
moexipril hcl	31	naproxen sodium	16
moexipril-hydrochlorothiazide	31	naratriptan hcl	45
molindone hcl	43	NARCAN	47
mometasone furoate	72	NATACYN	67
mondoxyne nl cap 100mg	26	nateglinide	49
mono-linyah tab 0.25-35	52	NATPARA	56
mononessa	52	NEBUPENT	19
montelukast sodium	69	necon 0.5/35-28	53
morgidox cap 1x50mg	26	necon 7/7/7	53
morphine ext-rel tab	17	nefazodone hcl	41
morphine sulfate	17	neomycin-bacitracin zn-polymyxin	67
MORPHINE SULFATE	17	neomycin-polymy-dexameth	66
morphine sulfate oral soln 10mg/5ml	17	neomycin-polymyxin-gramicidin	67
morphine sulfate oral soln 20mg/5ml	17	neomycin-polymyxin-hc (ophth)	66
		neomycin-polymyxin-hc (otic)	74

neomycin sulfate.....	18
NEPHRAMINE	65
NERLYNX.....	30
NEUPOGEN.....	60
NEUPRO.....	42
nevirapine susp 50 mg/5ml.....	21
nevirapine tab 100mg er.....	21
nevirapine tab 200mg.....	21
nevirapine tab 400mg er.....	21
NEXAVAR	30
niacin er (antihyperlipidemic)	33
niacor.....	33
nicardipine hcl.....	35
NICOTROL INHALER.....	47
NICOTROL NS	47
nifedipine.....	35
nifedipine er.....	35
nikki	53
nilutamide.....	28
nimodipine.....	35
NINLARO.....	27
nisoldipine	35
NITRO-BID.....	36
NITRO-DUR DIS 0.3MG/HR	36
NITRO-DUR DIS 0.8MG/HR.....	36
nitrofurantoin macrocrystal	19
nitrofurantoin monohyd macro.....	19
nitroglycerin	36
nitroglycerin td patch	36
NITYR	54
nora-be tab	53
norethindrone acetate	56
norethindrone acetate-ethinyl estradiol	54
norethindrone acet & eth estra.....	53
norethindrone (contraceptive)	53
norgest/ethi tab 0.25/35.....	53
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg.....	53
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg.....	53
NORITATE.....	73
norlyroc.....	53
NORMOSOL-M IN D5W	66
NORMOSOL-R	66
NORMOSOL-R IN D5W	66
NORPACE CR	33
NORTHERA.....	36
nortrel 0.5/35 (28).....	53

nortrel 1/35.....	53
nortrel 7/7/7.....	53
nortriptyline hcl	41
NORVIR PACK.....	21
NORVIR SOLN	21
NOVOLIN 70/30	48
NOVOLIN 70/30 FLEXPEN	48
NOVOLIN N	48
NOVOLIN R.....	48
NOVOLOG	48
NOVOLOG 70/30 FLEXPEN	48
NOVOLOG FLEXPEN	48
NOVOLOG MIX 70/30	48
NOVOLOG PENFILL	48
NOXAFIL	20
NUCYNTA ER.....	18
NUEDEXTA.....	46
NULOJIX	63
NULYTELY/FLAVOR PACKS	58
NUPLAZID CAPS	43
NUPLAZID TABS 10MG	43
NUPLAZID TABS 17MG.....	43
NUTRILIPID INJ 20%	65
NUVARING	53
nyamyc	71
NYMALIZE	35
nystatin	20
nystatin (mouth-throat)	73
nystatin pow 100000	71
nystatin (topical).....	71
nystop	71

O

ocella tab 3-0.03mg	53
OCTAGAM	62
octreotide acetate.....	56
ODEFSEY	22
ODOMZO	27
OFEV	70
ofloxacin (ophth).....	67
ofloxacin (otic).....	74
olanzapine	43
olmesartan medoxomil	32
olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	32
olmesartan medoxomil-hydrochlorothiazide	32
olopatadine hcl 0.1%	68
olopatadine hcl 0.2%	68
olopatadine hcl (nasal).....	69

omeprazole cap 10mg	59	paroxetine hcl tabs	41
omeprazole cap 20mg	59	PASER D/R	22
omeprazole cap 40mg	59	PAXIL	41
OMNARIS	70	PAZEO	68
ondansetron hcl	57	PEDIARIX	63
ondansetron hcl inj	57	PEDVAX HIB	63
ondansetron hcl oral soln	57	peg 3350/electrolytes	58
ondansetron odt	57	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	58
ONETOUCH ULTRA BLUE	50	peg 3350-potassium chloride-sod bicarbonate-sod chloride	58
ONETOUCH VERIO TEST STRIP	50	PEGANONE	39
OPSUMIT	37	PEGASYS	23
ORFADIN	54	PEGASYS PROCLICK	23
ORKAMBI	70	PENICILLIN G POT IN DEXTROSE 2MU	25
orsythia	53	PENICILLIN G POT IN DEXTROSE 3MU	25
oseltamivir phosphate	23	PENICILLIN G PROCAINE	25
oxacillin sodium	25	penicillin g sodium	25
oxaliplatin inj 50mg	31	penicillin v potassium	25
oxaliplatin inj 50mg/10ml	31	penicilln gk inj 5mu	25
oxaliplatin inj 100mg	31	penicilln gk inj 20mu	25
oxaliplatin inj 100mg/20ml	31	PENTACEL	63
oxandrolone	47	PENTAM 300	19
oxaprozin	16	pentamidine isethionate	19
oxcarbazepine	39	pentoxifylline	61
oxybutynin chloride	59, 60	PERFOROMIST	69
oxycodone hcl	18	perindopril erbumine	31
oxycodone w/ acetaminophen 2.5-325mg	18	periogard	73
oxycodone w/ acetaminophen 5-325mg	18	permethrin cre 5%	73
oxycodone w/ acetaminophen 7.5-325mg	18	perphenazine	43
oxycodone w/ acetaminophen 10-325mg	18	PERSERIS	43
OXYTROL	60	pfizerpen-g inj 5mu	25
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	48	pfizerpen-g inj 20mu	25
OZEMPIC INJ 1MG/DOSE	48	phenelzine sulfate	41
P			
pacerone	33	phenobarbital	39
paclitaxel	27	phenobarbital sodium	39
paliperidone	43	PHENOBARBITAL SODIUM	39
pamidronate disodium	50	PHENYTEK	39
PAMIDRONATE DISODIUM	50	phenytoin	39
pamidronate inj 30mg	50	phenytoin sodium extended	39
pamidronate inj 90mg	50	phenytoin sodium inj 50mg/ml	39
PANRETIN	73	philith	53
pantoprazole sodium	59	PHOSPHOLINE IODIDE	68
pantoprazole sodium tbec	59	PICATO	73
PANZYGA	62	PIFELTRO	21
paricalcitol	66	pilocarpine hcl	68
paroex sol 0.12%	73	pilocarpine hcl (oral)	73
paromomycin sulfate	18	pimozide	43
paroxetine er tab	41		

pimtrex.....	53	prednisolone sol 15mg/5ml.....	55
pindolol.....	34	prednisolone sol 25mg/5ml.....	55
pioglitazone hcl.....	49	PREDNISONE CON 5MG/ML.....	55
piper/tazoba inj 2-0.25gm.....	25	prednisone pak 5mg.....	55
piper/tazoba inj 3-0.375gm.....	25	prednisone pak 10mg.....	55
piper/tazoba inj 4-0.5gm.....	25	prednisone sol 5mg/5ml.....	55
PIPER/TAZOBA INJ 12-1.5GM.....	25	prednisone tab 1mg.....	55
piper/tazoba inj 36-4.5gm.....	25	prednisone tab 2.5mg.....	55
PIQRAY 200MG DAILY DOSE.....	30	prednisone tab 5mg.....	55
PIQRAY 250MG DAILY DOSE.....	30	prednisone tab 10mg.....	55
PIQRAY 300MG DAILY DOSE.....	30	prednisone tab 20mg.....	55
pirmella 1/35.....	53	prednisone tab 50mg.....	55
piroxicam.....	16	pred sod pho sol 5mg/5ml.....	55
PLASMA-LYTE-148.....	66	premasol sol 6%.....	65
PLASMA-LYTE A.....	66	PREMASOL SOL 10%.....	65
PNV FOLIC ACID + IRON MUL.....	66	PRENATAL.....	66
podofilox.....	73	PRENATAL PLUS.....	66
polymyxin b-trimethoprim.....	67	PRENATAL PLUS LOW IRON.....	66
POMALYST CAP 1MG.....	28	prevalite.....	34
POMALYST CAP 2MG.....	28	previfem.....	53
POMALYST CAP 3MG.....	28	PREZCOBIX.....	22
POMALYST CAP 4MG.....	28	PREZISTA.....	21
portia-28.....	53	PRIFTIN.....	22
potassium chloride.....	64, 66	PRILOSEC.....	59
potassium chloride in nacl.....	66	primaquine phosphate.....	20
potassium chloride microencapsulated		PRIMAQUINE PHOSPHATE.....	20
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.....	34	prochlorperazine maleate.....	57
pramipexole dihydrochloride.....	42	prochlorperazine supp.....	57
pramipexole tab 0.5mg.....	42	PROCRIT.....	60
pramipexole tab 0.25mg.....	42	procto-med hc.....	73
pramipexole tab 0.75mg.....	42	procto-pak.....	73
pramipexole tab 0.125mg.....	42	proctosol hc cre 2.5%.....	73
pramipexole tab 1.5mg.....	42	proctozone-hc.....	73
pramipexole tab 1mg.....	42	PROGLYCEM SUS 50MG/ML.....	55
prasugrel hcl.....	61	PROGRAF.....	63
pravastatin sodium.....	33	PROLASTIN-C.....	70
praziquantel.....	19	PROLENSA.....	67
prazosin hcl.....	32	PROLIA.....	56
PRECISION XTRA.....	50	PROMACTA.....	61
PRECISION XTRA BLOOD GLUC.....	50	promethazine hcl.....	57
prednisolone acetate (ophth).....	67	promethazine hcl inj.....	57
prednisolone sodium phosphate.....	55	propafenone hcl.....	33
PREDNISOLONE SODIUM PHOSPHATE (OPHTH).....	67	propafenone hcl 12hr.....	33

propracaine hcl	68
propranolol cap er.....	34
propranolol hcl	34
propranolol & hydrochlorothiazide	34
propranolol oral sol	34
propylthiouracil	56
PROQUAD.....	63
PROSOL	65
protriptyline hcl	41
PULMICORT FLEXHALER	70
PULMOZYME	70
PURIXAN	26
pyrazinamide.....	22
pyridostigmine tab 60mg	46

Q

QUADRACEL	63
quasense	53
quetiapine fumarate	43
quinapril hcl	31
quinapril-hydrochlorothiazide	31
quinidine gluconate.....	33
quinidine sulfate	33
quinine sulfate.....	20

R

RABAVERT	63
rabeprazole sodium.....	59
raloxifene hcl.....	56
ramipril	31
ranitidine hcl	57
ranitidine hcl inj.....	57
ranitidine inj	57
ranitidine syrup.....	58
ranolazine	36
RAPAMUNE.....	63
rasagiline mesylate.....	42
RAYALDEE	66
REBETOL SOLN.....	23
reclipsen.....	53
RECOMBIVAX HB	63
REGANEX	73
RELENZA DISKHALER	23
RELISTOR	59
REMICADE	62
REMODULIN	37
repaglinide.....	49
RESCRIPTOR	21
RESTASIS.....	68

RESTASIS MULTIDOSE	68
REVLIMID	28
REXULTI	43
REYATAZ.....	21
RHOPRESSA.....	68
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	44
RISPERDAL INJ 37.5MG	44
RISPERDAL INJ 50MG.....	44
risperidone	44
ritonavir.....	21
RITUXAN	27
RITUXAN HYCELA	27
rivastigmine tartrate.....	40
rivastigmine td patch 24hr 4.6 mg/24hr.....	40
rivastigmine td patch 24hr 9.5 mg/24hr.....	40
rivastigmine td patch 24hr 13.3 mg/24hr	40
rizatriptan benzoate	45
rizatriptan benzoate odt.....	45
ropinirole hydrochloride.....	42
ropinirole tab 0.5mg	42
ropinirole tab 0.25mg	42
ropinirole tab 1mg	42
ropinirole tab 2mg.....	42
ropinirole tab 3mg.....	42
ropinirole tab 4mg.....	42
ropinirole tab 5mg.....	42
rosadan	73
rosuvastatin calcium.....	33
ROTARIX.....	64
ROTATEQ	64
roweepra	39
roweepra xr.....	39
RUBRACA	27
RYDAPT.....	30

S

SANCUSO	57
SANDIMMUNE.....	63
SANTYL.....	73
SAPHRIS.....	44

SAVELLA	46	sps susp 15gm/60ml	51
SAVELLA TITRATION PACK	46	sronyx	53
scopolamine patch	57	ssd	71
selegiline hcl	42	stavudine	21
selenium sulfide	71	STIMATE	56
SELZENTRY	21	STIVARGA	30
SENSIPAR	50	streptomycin sulfate	18
SEREVENT DISKUS	69	STRIBILD	22
sertraline hcl	41	subvenite tab	39
setlakin tab	53	sucalfate	59
sevelamer carbonate	56	sulfacetamide sodium (acne)	71
sharobel	53	sulfacetamide sodium (ophth)	67
SHINGRIX	64	sulfacetamide sod-prednisolone	66
SIGNIFOR	56	SULFADIAZINE	18
sildenafil citrate	68	sulfamethoxazole-trimethop ds	19
sildenafil citrate tab 20 mg (pulmonary hypertension)	37	sulfamethoxazole-trimethoprim inj	19
SILENOR	45	sulfamethoxazole-trimethoprim susp	19
silodosin	59	sulfamethoxazole-trimethoprim tab 400-80mg	19
silver sulfadiazine	71	SULFAMYLON	71
SIMBRINZA	68	sulfasalazine	58
simvastatin	33	sulfasalazine ec	58
sirolimus	63	sulindac	16
SIRTURO	22	sumatriptan	45
SIVEXTRO	19	sumatriptan inj 4mg/0.5ml	45
sodium chloride	64, 66	sumatriptan inj 6mg/0.5ml	45
sodium chloride 0.45%	66	sumatriptan succinate	46
sodium chloride inj 0.9%	66	SUPRAX	24
sodium chlor sol 0.9% irr	73	SUPREP BOWEL PREP KIT	58
sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml soln	64	SUTENT	30
sodium phenylbutyrate	54	syeda	53
sodium polystyrene sulfonate powder	51	SYLATRON KIT 200MCG	30
sodium polystyrene sulfonate susp	51	SYLATRON KIT 300MCG	30
solifenacin succinate	60	SYLATRON KIT 600MCG	30
SOLQUA 100/33	48	SYMBICORT	70
SOLTAMOX	28	SYMDEKO	70
SOLU-CORTEF	55	SYMFI	22
SOMATULINE DEPOT	56	SYMFI LO	22
SOMAVERT	56	SYMPAZAN	39
sorine	33	SYMPROIC	59
sotalol hcl	33	SYMTUZA	22
sotalol hcl (afib/af)	33	SYNAREL	54
spironolactone	32	SYNERCID	19
spironolactone & hydrochlorothiazide	36	SYNJARDY TAB 5-500MG	49
sprintec 28	53	SYNJARDY TAB 5-1000MG	49
SPRITAM	39	SYNJARDY TAB 12.5-500MG	49
SPRYCEL	30	SYNJARDY TAB 12.5-1000MG	49
		SYNJARDY XR TAB 5-1000MG	49
		SYNJARDY XR TAB 10-1000MG	49

SYNJARDY XR TAB 12.5-1000MG	49
SYNJARDY XR TAB 25-1000MG	49
SYNRIBO	30
SYNTHROID	56

T

TABLOID.....	26
TACLONEX.....	72
tacrolimus.....	63
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
tazicef	24
TAZORAC.....	71
taztia xt	35
TDVAX	64
TECENTRIQ.....	27
TEFLARO	24
TEKTURNA.....	35
TEKTURNA HCT	35
telmisartan	32
telmisartan-amlodipine	32
telmisartan-hydrochlorothiazide	32
temazepam	45
TENIVAC.....	64
tenofovir disoproxil fumarate	21
terazosin hcl.....	32
terbinafine hcl	20
terbutaline sulfate.....	69
terconazole vaginal	60
testosterone.....	47
testosterone cypionate	47
testosterone enanthate	47
tetrabenazine	46
tetracycline hcl.....	26
TEXACORT SOLN 2.5%.....	72
THALOMID.....	28
THEO-24	70
theophylline	70
thioridazine hcl.....	44

thiothixene	44
tiagabine hcl	39
TIBSOVO.....	27
tigecycline.....	19
tilia fe	53
timolol maleate.....	34
timolol maleate gel.....	68
timolol maleate (ophth) soln	68
timolol maleate ophth soln 0.5% (once-daily).....	68
TIVICAY	21
tizanidine hcl.....	47
TOBRADEX.....	66
TOBRADEX ST.....	66
tobramycin.....	18
tobramycin-dexamethasone	67
tobramycin inj 1.2gm.....	18
tobramycin inj 1.2 gm/30ml	18
tobramycin inj 10mg/ml	18
tobramycin inj 40mg/ml.....	18
tobramycin inj 80mg/2ml	18
tobramycin (ophth)	67
tolterodine tartrate cap er.....	60
tolterodine tartrate tabs.....	60
topiramate	39
toposar.....	31
topotecan hcl	31
TOPOTECAN INJ 4MG/4ML.....	31
toremifene citrate	28
toremide tabs	36
TOVIAZ.....	60
tpn electrolytes.....	64
TRACLEER	37
TRADJENTA	49
tramadol-acetaminophen.....	16
tramadol hcl tab 50 mg.....	16
trandolapril.....	31
tranexamic acid	61
TRANSDERM-SCOP	57
tranylcypromine sulfate	41
TRAVASOL	65
TRAVATAN Z.....	68
trazodone hcl	41
TRECTOR	22
TRELEGY ELLIPTA.....	69
TRELSTAR DEP INJ 3.75MG	28
TRELSTAR LA INJ 11.25MG	28
treprostinil	37
TRESIBA FLEXTOUCH.....	48

TRESIBA INJ.....	48
tretinoin.....	71
tretinoin (chemotherapy)	30
TREXALL	62
triamcinolone acetonide (mouth)	73
triamcinolone acetonide (topical).....	72
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	36
triamterene & hydrochlorothiazide tabs	36
TRICARE.....	66
trientine hcl.....	51
tri-estarylla	53
trifluoperazine hcl	44
trifluridine.....	67
trihexyphenidyl hcl.....	42
tri-legest fe	53
tri-lynyah.....	53
tri-lo-estarylla	53
tri-lo marzia	53
tri-lo-sprintec.....	53
trilyte	58
trimethoprim.....	19
tri-mili	53
trimipramine maleate	41
trinessa	54
trinessa lo	54
TRINTELLIX.....	41
tri-previfem.....	53
tri-sprintec.....	53
TRIUMEQ.....	22
trivora-28.....	54
tri-vylibra.....	53
tri-vylibra lo	54
TROGARZO	21
TROPHAMINE INJ 10%	65
tropium chloride.....	60
TRULICITY	48
TRUMENBA.....	64
TRUVADA TAB 100-150	22
TRUVADA TAB 133-200	22
TRUVADA TAB 167-250	22
TRUVADA TAB 200-300.....	22
tulana.....	54
TWINRIX INJ	64
TYBOST	21
TYKERB	30
TYMLOS	56
TYPHIM VI.....	64

U

ULORIC	16
unithroid.....	56
ursodiol	59

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 NAACL.....	19
vandazole	60
VAQTA	64
VARIVAX.....	64
VASCEPA	34
VELCADE.....	27
velivet	54
VEMLIDY	23
VENCLEXTA	27
VENCLEXTA STARTING PACK.....	27
venlafaxine hcl.....	41
VENTAVIS	37
VENTOLIN HFA.....	69
verapamil cap er	35
verapamil hcl.....	35
verapamil hcl tab er.....	35
VERSACLOZ	44
VERZENIO	27
VICTOZA.....	48
VIDEX EC	21
VIDEX PEDIATRIC	21
vienna.....	54
vigabatrin powd pack 500mg.....	39
vigabatrin tab 500mg	39
vigadrone.....	39
VIIBRYD STARTER PACK.....	41
VIIBRYD TAB.....	41
VIMPAT	39
VIMPAT INJ 200MG/20ML	39
VIMPAT SOL 10MG/ML	39
vinblastine sulfate	27
vincasar pfs.....	27
vincristine sulfate.....	27
vinorelbine tartrate	27
viorele	54

VIRACEPT	21
VIRAMUNE	21
VIREAD	21
VITRAKVI	30
VIVITROL	47
VIZIMPRO	30
voriconazole	20
VOSEVI.....	23
VOTRIENT.....	30
VRAYLAR	44
VRAYLAR THERAPY PACK	44
vyfemla.....	54
vylibra	54
VYVANSE.....	45

W

warfarin sodium.....	60
water for irrigation, sterile	73

X

XALKORI.....	30
XARELTO	60
XARELTO STARTER PACK	60
XATMEP	62
XELJANZ	62
XELJANZ XR.....	62
XGEVA	56
XIFAXAN	59
XIGDUO XR TAB 2.5-1000MG	49
XIGDUO XR TAB 5-500MG	49
XIGDUO XR TAB 5-1000MG	50
XIGDUO XR TAB 10-500MG	50
XIGDUO XR TAB 10-1000MG	50
XOLAIR	70
XOSPATA	30
XTANDI	28
xulane	54
XULTOPHY 100/3.6.....	48
XYREM	47

Y

YF-VAX.....	64
yuvaferm vaginal tablet 10mcg	55

Z

zafirlukast	70
zarah	54
ZEJULA	27
ZELBORAF	30
ZEMAIRA	70

zenatane	71
ZENPEP	59
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	28
zolmitriptan.....	46
zolmitriptan odt	46
zolpidem tartrate	45
zonisamide.....	39
ZONTIVITY	61
ZORTRESS TAB 0.5MG.....	63
ZORTRESS TAB 0.25MG	63
ZORTRESS TAB 0.75MG	63
ZORTRESS TAB 1MG	63
ZOSTAVAX	64
zovia 1/35e	54
ZYCLARA	73
ZYCLARA PUMP	73
ZYDELIG	30
ZYKADIA.....	30
ZYLET	67
ZYPITAMAG.....	33
ZYPREXA RELPREV	44
ZYPREXA RELPREV INJ 210MG.....	44
ZYTIGA.....	28

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>.

Avi Non-Diskriminasyon

Devoted Health respakte lwa Federal dwa sivil ki aplikab epI 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 ed 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, maaari 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)