



**請閱讀：**本文件包含此計劃所承保的藥物資料。

## 2025藥物名冊

### HMSA Akamai Advantage Dual Care (PPO D-SNP)

#### 2025 年承保藥物清單（藥物清單）

藥物名冊編號 00025219，第 16 版

此藥物名冊於 09/01/2025 更新。有關更多近期的資料或其他疑問，請聯絡 HMSA，電話為 (808) 948-6000 或 1 (800) 660-4672 免費專線。聽障熱線 (TTY) 用戶請致電 711。電話每週七天，上午 7 時 45 分至晚上 8 時有人接聽，或瀏覽 [hmsa.com/advantage](https://hmsa.com/advantage)。



**MedicareRx**  
Prescription Drug Coverage

H3832\_8700\_1055968\_R6M057\_25\_C

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## 簡介

本文件稱為承保藥物清單（又名藥物清單）。它告訴您哪些處方藥、非處方（OTC）藥物和非藥物產品和項目由 HMSA 承保。藥物清單還告訴您 HMSA 涵蓋的任何藥物是否有限制藥物承保的規則。關鍵術語及其定義列於承保範圍證明的最後一章。

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## A. 免責聲明

這是會員可在 HMSA 取得的藥物清單。

HMSA Akamai Advantage Dual Care 是一項與 Medicare 和 Hawaii Medicaid Program 簽約的 PPO D-SNP 計劃。是否投保 HMSA Akamai Advantage Dual Care 需視合約續約情況而定。藥物名冊可隨時更改。如有需要，您將收到通知。

- 您可隨時上網查看 HMSA 最新的承保藥物清單，網址：[hmsa.com/advantage](https://hmsa.com/advantage)，或撥打本頁底部列出的號碼。此為免費熱線。
- 您可以免費獲取本文件其他格式的版本，例如大字體印刷版、凸字版或語音版。致電本頁底部列出的電話號碼。此為免費熱線。
- 本文件免費提供伊洛卡諾文、越南文、中文和韓文版本。
- 除非您另有要求，否則您要求的無障礙格式或該語言的文件版本將會長期適用。

CVS Caremark® 是一家代表 HMSA 提供藥房福利管理服務的獨立公司。

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA 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:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: [appeals@hmsa.com](mailto:appeals@hmsa.com)
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals  
P.O. Box 1958  
Honolulu, HI 96805-1958

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:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

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

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



An Independent Licensee of the Blue Cross and Blue Shield Association

**ATTENTION:** If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

### **'Ōlelo Hawai'i**

**NĀ MEA:** Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

### **Bisaya**

**PAHIBALO:** Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

### **繁體中文**

請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

### **简体中文**

注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关信息，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

### **Ilokano**

**BASAEN:** No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

### **日本語**

注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

### **한국어**

주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

### **ພາສາລາວ**

ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ວຍພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊົນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

## Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjrbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

## Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

## Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

## Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

## Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

## Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

## Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

## B. 常見問題 (FAQ)

在此處尋找您對本承保藥物清單問題的解答。您可以閱讀所有常見問題以了解更多資訊，或尋找個別問題和答案。

### B1. 承保藥物清單上有哪些處方藥？ (我們稱承保藥物清單為簡稱「藥物清單」。)

從 C1 部份開始的承保藥物清單上的藥物是 HMSA 承保的藥物。這些藥品可在我們網絡內的藥房取得。如果我們與某家藥房達成協議，同意與我們合作並為您提供服務，則該藥房就屬於我們的網絡。我們稱這些藥房為「網絡藥房」。

- HMSA 將在下列情況下承保藥品清單中所有醫療所必需的藥物：
  - 您的醫生或其他開立處方者表示您需要這些藥物才能好轉或保持健康，
  - HMSA 同意該藥物對您而言為醫療上所必需，及
  - 您在 HMSA 網絡藥房領取處方藥。
- 在某些情況下，您必須先做些事，才能獲得藥物。如需更多資訊，請參閱問題 B4。

您也可以在我们的網站 [hmsa.com/advantage](https://hmsa.com/advantage) 找到我們承保的最新藥物清單，或致電本頁底部所列號碼聯絡 HMSA。

### B2. 藥物清單是否會變更？

是的，HMSA 在進行變更時必須遵循 Medicare 和 Medicaid 規定。我們可能會在年度內新增或移除藥品清單上的藥品。

我們也可能改變我們對藥物的規定。例如，我們可以：

- 決定要求或不要求藥物的事先授權。（事先授權是在您取得藥物之前獲得 HMSA 的許可。）
- 新增或變更您可取得的藥物數量（稱為數量限制）。

- 新增或變更藥物的階段療法限制。（階段療法是指在我們承保另一種藥物之前，您必須試用一種藥物。）

有關這些藥物規則的更多資訊，請參閱問題 B4。

如果您正在服用年初承保的藥物，我們通常不會在該年度剩餘時間內移除或變更該藥物的承保，除非：

- 一種較便宜的新藥物上市，且其作用與藥物清單上的藥物相同，或
- 我們得知某種藥物不安全，或
- 藥物從市場下架。

以下的問題 B3 和 B6 提供了更多有關藥物清單變更時情況的資訊。

- 您可隨時上網查看 HMSA 的最新藥物清單，網址：[hmsa.com/advantage](https://hmsa.com/advantage)。藥物清單的更新每月都會公佈在網站上。
- 您也可以致電本頁底部的電話號碼以聯絡顧客關係部，查看目前的藥物清單。

### B3. 藥物清單變更時會發生甚麼事？

藥物清單的某些變是即時生效的。例如：

- 以新版本替代特定藥物。如果我們以新版本的該藥物取代，我們可能會立即從藥物清單中移除該藥物，但您的新藥物費用將維持為 \$0。當我們增加新版本的藥品時，我們可能也會決定將原廠藥或原廠生物產品保留在清單上，但會變更其承保規定或限制。
  - 在我們進行此變更之前，我們可能不會告知您，但是一旦發生變更，我們將向您發送有關我們做出的具體變更的資訊。

- 只有在新增的藥物符合下列條件時，我們才會進行這些變更：
  - 是原廠藥的新副廠藥，或
  - 是藥物清單上原始生物製藥的特定新生物相似藥（例如，新增可互換生物相似藥，無需新處方即可取代原始生物製藥）。
  - 對於您而言，其中一些藥物類型可能是新的。如需更多資訊，請參閱 B14 部份。
- 您或您的提供者可以要求對這些變更進行例外處理。我們會寄給您通知，說明您可以採取哪些步驟來要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。
- 藥物被下架。如果美國食品藥物管理局 (FDA) 表示您正在服用的藥物不安全或無效，或者藥物製造商將藥物下架，我們可能會立即將其從藥物清單中撤出。如果您正在服用該藥物，我們將在做出變更後向您發送通知。如需更多資訊，請聯絡您的處方醫生，或聯絡您的醫生尋求醫療建議。

我們可能會做出其他影響您服用的藥物的變更。我們將提前告知您有關藥物清單的其他變更。如果出現以下情況，可能會發生這些變更：

- FDA 提供新的指引，或有關於某藥物的新臨床指引。
- 在新增非新上市的副廠藥時，我們從藥物清單中移除原廠藥，或
- 我們在添加生物相似藥時移除原始生物製藥，或
- 我們變更原廠藥的承保規則或限制。

當這些變更發生時，我們將：

- 在我們變更藥物清單前至少 30 天告知您，或
- 在您要求續配藥物之後讓您知道並給您 60 天的藥量。

這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定：

- 藥物清單上是否有類似的藥物，可供您改用，或
- 是否針對這些變更要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

#### **B4. 若要取得特定藥物，藥物承保是否受限，或是否需進行任何必要行動？**

是，有些藥物有承保規定或數量限制。在某些情況下，您或您的醫生或其他開立處方者必須先做一些事情，您才能取得藥物。例如：

- 事先授權：對於某些藥物，您或您的醫生或其他處方開立者必須先取得 HMSA 的授權，您才能領取處方藥。事先授權與轉介不同。如果您未取得事先授權，HMSA 可能不會承保該藥物。
- 數量限制：有時 HMSA 會限制您可取得的藥量。
- 逐步治療：有時 HMSA 會要求您進行階段療法。這表示您必須以特定順序嘗試治療您醫療狀況的藥物。在我們承保另一種藥物之前，您可能必須試用一種藥物。如果您的處方開立者認為第一種藥物對您無效，我們方會承保第二種藥物。

您可在藥物名冊 C1 部份查看您的藥物是否有任何額外要求或限制。您也可以造訪我們的網站 [hmsa.com/advantage](https://hmsa.com/advantage) 以取得更多資訊。我們已在網上刊載文件，當中解釋了我們的事先授權和逐步療法規限。您亦可要求我們寄送一份副本給您。

您可以要求這些限制的例外處理。這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定藥物清單上是否有類似藥物可以改用，或是否要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

## **B5. 我如何知道我想要的藥物是否有限制或是否需要採取行動才能獲得該藥物？**

依醫療狀況排列的藥品清單中的表格有標示要求／限制的欄位。

## **B6. 如果 HMSA 改變其承保某些藥物的規定（例如事先授權、數量限制和／或階段療法限制），會發生甚麼事？**

在某些情況下，如果我們新增或變更某藥物的事先授權、數量限制和／或階段療法限制，我們會提前告訴您。請參閱問題 B3 以了解更多有關此預先通知的資訊，以及當我們的藥物清單上的藥物規則變更時，我們無法提前告知您的情況。

## **B7. 我如何在藥物清單上找到藥物？**

有兩種方法可以找到藥物：

- 您可以按字母順序搜尋，或
- 您可以依醫療狀況進行搜尋。

若要按字母順序搜尋，請在承保藥物索引部分尋找您的藥物。您可以在本文件的 D 部分找到。承保藥物索引按字母順序列出藥物清單中的所有藥物。索引同時列出原廠藥和仿製藥。

要按醫療狀況搜尋，請查找標記為「按醫療狀況排序的藥物清單」的 C1 部分。本部份的藥物按其用以治療的醫療病況類別分組。例如，如果您有心臟問題，您應該查看「心血管」。您可在此找到治療心臟問題的藥物。

## **B8. 如果我想服用的藥物不在藥物清單上怎麼辦？**

如果您在藥物清單上找不到您的藥物，請致電本頁下方列出的電話號碼以聯絡顧客關係部，詢問該藥物的事宜。如果您得知 HMSA 不會承保該藥物，您可以採取以下措施之一：

- 請向顧客關係部索取一份與您想服用的藥物類似藥物的清單。然後向您的醫生或其他開立處方者出示該清單。他們可以在藥物清單上開立與您想要使用的藥物類似的藥物。或

- 您可以要求 HMSA 進行例外處理，以承保您的藥物。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

## **B9. 如果我是 HMSA 的新會員，但在藥物清單上找不到我的藥物，或無法取得我的藥物，該怎麼辦？**

我們可以提供協助。在您成為 HMSA Akamai Advantage Dual Care 會員的最初 90 天內，我們可能會為您的藥物承保 30 天的臨時藥量。這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定藥物清單上是否有類似藥物可以改用，或是否要求例外處理。

如果您的處方時間較短，我們將允許多次配藥，最多可提供總共 30 天的藥物。

若有下列情況，我們將承保 30 天藥量：

- 您正在服用未列於我們藥物清單上的藥物，或
- 我們的計劃規定不允許您取得開立處方者所開立的藥量，或
- 該藥物需要 HMSA 的事先授權，或
- 您正在服用屬於階段療法限制一部分的藥物。

如果您住在療養院或其他長期照護機構，且需要未列於藥物清單上的藥物，或者您無法輕易取得所需藥物，我們可以提供協助。對於已參與計劃 90 天以上且居住在長期護理機構且立即需要藥物提供的會員：

無論您是否為 HMSA Akamai Advantage Dual Care 的新會員，我們都將承保一次您所需藥物 31 天的藥量（除非您的處方天數較短）。

這獨立於您成為 HMSA Akamai Advantage Dual Care 會員前 90 天期間的臨時藥量之外。

## 過渡政策

我們計劃的新成員可能使用不在我們藥物名冊上的藥物，或受某些規限而定，例如事先授權。現有成員可能受本年至明年我們的藥物名冊的不時變更所影響。

成員應與其醫生商量，以決定其是否轉換至我們承保的不同藥物，或申請藥物名冊例外情況，以獲取藥物的承保。請參閱「我如何申請例外處理？」一節。以了解如何申請例外情況。如果您的藥物並不在我們的藥物名冊上或受某些規限而定（例如事先授權），以及您需要轉換至我們承保的不同藥物或申請藥物名冊例外情況，請聯絡顧客關係部。

在成員與其醫生商量以決定行動時，如果成員在成為我們計劃新成員的首 90 天期間需要藥物的補充，我們可能提供暫時的非藥物名冊藥物供應。

如果您是受本年至明年的藥物名冊變更影響的現有成員，我們將為您提供機會以事先申請明年的藥物名冊例外情況。

當成員前往網絡藥房，而我們暫時提供非藥物名冊上的藥物供應，或其具有承保規限或限制（但卻被喻為 D 部分藥物），我們將承保 30 天的供應（除非處方的天數較少）。我們承保 30 天的暫時供應後，我們一般將不會再以我們的過渡政策一部分來支付此等藥物。在我們承保您的暫時供應後，我們將為您提供書面通知。此告示將解釋您可申請例外情況的步驟，以及如何與您的醫生合作以決定您是否應轉換至另一種我們承保的合適藥物。

如果新成員為長期護理設施的院友（如護老院），我們亦將承保 31 天的暫時過渡供應（除非處方的天數較少）。如需要，我們將在新成員加入我們計劃的首 90 天，就此等藥物承保多於一次的補充。如果院友已加入我們計劃超過 90 天，並需要一種並非在我們藥物名冊上的藥物，或受其他規限（如劑量限制）而定，我們將在新成員申請藥物名冊例外情況時，就該藥物承保 31 天的暫時緊急供應（除非處方的天數較少）。

在某些條件下，現有成員亦合資格獲取過渡性補充。如果現有成員進入長期護理設施或正在 LTC 設施，以及需要非藥物名冊藥物的緊急供應，我們將承保 31 天的暫時過渡性供應（除非處方的天數較少）。我們將於首 90 天為此等成員承保此等藥物多於一次的補充。

成員可能在住院設施或專業護理機構內的護理水平出現轉變，而導致之前獲 Medicare D 部分承保的藥物不獲承保。至於護理水平出現轉變的現有成員，我們亦將如上所述承保 31 天的暫時過渡性供應。

請注意，我們的過渡政策只適用於 D 部分並於網絡藥房購買的藥物。過渡政策不可用以購買非 D 部分藥物或網絡以外的藥物，除非您合資格獲取網絡以外藥物。

### B10. 我可以要求例外處理來承保我的藥物嗎？

可以。您可以要求 HMSA 進行例外處理，以承保未列於藥物清單上的藥品。

您也可以要求我們變更您藥物的規定。

- 例如，HMSA 可能會限制我們將承保的藥物數量。如果您的藥物有限制，您可以要求我們變更限制以承保更多藥物。
- 其他範例：您可以要求我們放棄階段療法限制或事先授權要求。

### B11. 我如何申請例外處理？

如欲申請例外處理，請致電我們，我們將與您和您的提供者合作，以協助您申請例外處理。您也可以參閱承保證書第 9 章第 7 節，以深入了解例外處理。

## B12. 取得例外處理需要多長時間？

在我們收到您的處方開立者證實您例外處理要求的聲明後，我們將在 72 小時內決定。您、您的開立處方者或您的授權代表可以要求我們以口頭或書面方式做出承保決定。如需申請承保判定，或有關申請流程或狀態的更多資訊，請致電 HMSA 的藥房福利經理，電話：1 (855) 479-3659 免費熱線。聽障熱線使用者請致電 711。

您也可以透過我們的網站 [hmsa.com/help-center/forms/medicare-drug-review/](https://hmsa.com/help-center/forms/medicare-drug-review/) 查看承保決定流程。

如果您或您的處方開立者認為，為決定等待 72 小時可能會導致您的健康受到傷害，您可以要求快速例外處理。這是更快的決定。如果您的處方開立者支持您的要求，我們將在獲得處方開立者的支持聲明後 24 小時內給您決定。

## B13. 甚麼是仿製藥？

仿製藥由與原廠藥相同的活性成分組成。一般來說，仿製藥的作用與原廠藥一樣，而且通常價錢較低。它們通常並不知名。仿製藥經食品及藥物管理局 (FDA) 批准。許多原廠藥都有仿製藥。在藥房仿製藥通常可以不用新處方即可取代原廠藥，情況視州法律而定。

HMSA 同時承保原廠藥和仿製藥。

## B14. 甚麼是生物製藥，它們與生物相似藥有何關聯？

當我們提到藥物時，這可能意味著藥物或生物製藥。生物製品是比一般藥物更複雜的藥物。由於生物製劑比一般藥物更複雜，因此它們的形式不是仿製藥，而是被稱為生物相似藥。一般來說，生物相似藥與原本的生物製藥同樣有效，且更為便宜。有些生物製藥有生物相似藥的替代選擇。有些生物相似藥是可互換的生物相似藥，而且根據州法律，可以在藥局取代原本的生物製藥，而不需要新的處方，就像仿製藥可以取代原廠藥一樣。

有關藥物類型的更多資訊，請參閱承保證明第 5 章。

## B15. 甚麼是 OTC 藥物？

OTC 是指「非處方」。HMSA QUEST (Medicaid) 承保某些由您的醫療服務提供者開立處方的 OTC 藥物。

您可以閱讀 HMSA 藥物清單，了解哪些 OTC 藥物屬於承保範圍。

## B16. HMSA 是否承保非藥物 OTC 產品？

HMSA 承保某些非藥物 OTC 產品，前提是您的醫療服務提供者為這些產品開立處方。

非藥物 OTC 產品的例子包括

- 膠布
- 紗布墊
- 峰值流量計

您可以閱讀 HMSA 藥物清單，了解哪些非藥物 OTC 產品屬於承保範圍。

## B17. HMSA 是否承保處方藥的長期供應？

- 郵購方案。我們提供郵購方案，讓您取得最多 100 天藥量的處方藥，直接送到您府上。100 天用量與一個月用量的共付額相同。
- 100 天零售藥房計劃。某些零售藥房也可能提供最多 100 天藥量的承保處方藥。100 天用量與一個月用量的共付額相同。

## B18. 我可以請當地的藥房將處方藥送到我家嗎？

可透過 HMSA 的郵購藥房 CVS Caremark，將處方藥寄送至您的家中。在藥房收到訂單後，郵購藥房訂單通常會在 14 天內送達。如果您的藥物並未在此時間範圍內送達，請致電 1 (855) 479-3659 免費熱線，該電話每週 7 天，每天 24 小時有人接聽；聽障熱線 (TTY) 使用者可致電 711。您亦可選擇致電這些號碼，登記我們的可選性自動送藥計劃。

## **B19. 我的共付額是多少？**

若會員遵守計劃規定，HMSA 會員對於處方、OTC 藥物和非藥物產品的共付額為 \$0。請參考問題 B15 和 B16，了解有關 OTC 藥物和非藥物的更多資訊產品。

- 第一級仿製藥共付額為 \$0。
- 第一級原廠藥共付額為 \$0。
- OTC 共付額為 \$0。

如果您有疑問，請致電本頁底部的電話號碼以聯絡顧客關係部。

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## C. 承保藥物清單概覽

承保藥物清單為您提供 HMSA 承保藥物的相關資訊。如果您在清單中找不到您的藥物，請參閱 D 部分開始的承保藥物索引。該索引按字母順序列出 HMSA 承保的所有藥物。

注意：藥物清單中標示為非 D 部分藥物的藥物，其上訴規則不同。

- 上訴是一種當您認為我們作出了錯誤後，要求我們審查和變更我們已作出的承保決定的正式方式。
- 例如，我們可能決定您想要的藥物不屬於承保範圍，或不再屬於 Medicare 或州政府的承保範圍。
- 如果您或您的處方開立者不同意我們的決定，您可以提出上訴。如果您有任何問題，請致電打本頁下方列出的號碼以聯絡顧客關係部。
- 您也可以閱讀承保證書第 9 章，了解如何對決定提出上訴。

## C1. 依醫療狀況排列的藥物清單

本部份的藥物按其用以治療的醫療病況類別分組。例如，如果您有心臟問題，您應該查看「心血管」類別。您可在此找到治療心臟問題的藥物。

以下是「必要的操作、限制或使用限制」欄中所使用的代碼的含義：

PA - 事先授權 (Prior Authorization)：需要您或您的醫生獲取 HMSA Akamai Advantage Dual Care 的批准，我們才會承保您的處方。

QL - 數量限制 (Quantity Limits)：HMSA Akamai Advantage Dual Care 承保藥物的數量限制。

ST - 逐步療法 (Step Therapy)：需要您先嘗試某些藥物以治療您的醫療病況，我們才將就該病況承保另一種藥物。

NM - 郵購訂單並不適用 (Not Available at Mail Order)：此等藥物並不適用於 HMSA 的郵購藥房 CVS Caremark。

B/D - B 或 D：視乎情況而定，藥物可能在 Medicare B 部分或 D 部分下承保。可能需要提交描述使用藥物和藥物使用狀況的資料以作出決定。有關進一步資料，請致電顧客關係部。

圖表的第一行列出藥物名稱。仿製藥以小寫斜體字列出（例如，*lisinopril*），原廠藥以大寫字母列出（例如，JARDIANCE），OTC 藥物和非藥品則以小寫字母列出（例如，acetaminophen）。「必要的行動、限制或使用限制」欄中的資訊會告訴您 HMSA 是否對您的藥物有任何承保規定。

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANALGESICS</b>                                                              |                            |        |
| <b>GOUT</b>                                                                    |                            |        |
| <i>allopurinol</i> TABS 100mg, 300mg                                           | 1                          |        |
| <i>colchicine</i> CAPS .6mg<br>QL (60 caps / 30 days)                          | 1                          | QL     |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                         | 1                          | QL     |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg                                 | 1                          |        |
| MITIGARE CAPS .6mg<br>QL (60 caps / 30 days)                                   | 1                          | QL     |
| <i>probenecid</i> TABS 500mg                                                   | 1                          |        |
| <b>MISCELLANEOUS</b>                                                           |                            |        |
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%                    | 1                          | B/D    |
| <b>NSAIDS</b>                                                                  |                            |        |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days)             | 1                          | QL     |
| <i>celecoxib</i> CAPS 400mg<br>QL (30 caps / 30 days)                          | 1                          | QL     |
| <i>diclofenac potassium</i> TABS 50mg<br>QL (120 tabs / 30 days)               | 1                          | QL     |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                     | 1                          |        |
| <i>diflunisal</i> TABS 500mg                                                   | 1                          |        |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1                          |        |
| <i>flurbiprofen</i> TABS 100mg                                                 | 1                          |        |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                            | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                      | 1                          |        |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                              | 1                          |        |
| <i>nabumetone</i> TABS 500mg, 750mg                                            | 1                          |        |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | 1                          |        |
| <i>naproxen</i> TBEC 375mg<br>QL (120 tabs / 30 days)                          | 1                          | QL     |
| <i>naproxen dr</i> TBEC 500mg<br>QL (90 tabs / 30 days)                        | 1                          | QL     |

| Drug Name                                                                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>naproxen sodium</i> TABS 275mg, 550mg                                                                                                | 1                          |        |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                                                        | 1                          |        |
| <i>sulindac</i> TABS 150mg, 200mg                                                                                                       | 1                          |        |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                   |                            |        |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 1                          | QL PA  |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg<br>QL (30 tabs / 30 days)                                 | 1                          | QL PA  |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                    | 1                          | QL PA  |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                           | 1                          | QL PA  |
| <i>methadone hydrochloride i</i> CONC 10mg/ml<br>QL (90 mL / 30 days)                                                                   | 1                          | QL PA  |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg<br>QL (90 tabs / 30 days)                                                   | 1                          | QL PA  |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                  |                            |        |
| <i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml<br>QL (2700 mL / 30 days)                                                            | 1                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-15 mg<br>QL (400 tabs / 30 days)                                                                | 1                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-30 mg<br>QL (360 tabs / 30 days)                                                                | 1                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-60 mg<br>QL (180 tabs / 30 days)                                                                | 1                          | QL     |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                                                         | 1                          |        |
| <i>endocet tab</i> 2.5-325mg<br>QL (360 tabs / 30 days)                                                                                 | 1                          | QL     |
| <i>endocet tab</i> 5-325mg<br>QL (360 tabs / 30 days)                                                                                   | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>endocet tab 7.5-325mg</i><br>QL (240 tabs / 30 days)                          | 1                          | QL     |
| <i>endocet tab 10-325mg</i><br>QL (180 tabs / 30 days)                           | 1                          | QL     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)  | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i><br>QL (240 tabs / 30 days)         | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)       | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)        | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i><br>QL (150 tabs / 30 days)           | 1                          | QL     |
| <i>hydromorphone hcl LIQD 1mg/ml</i><br>QL (600 mL / 30 days)                    | 1                          | QL     |
| <i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i><br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>                     | 1                          | B/D    |
| <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i><br>QL (900 mL / 30 days)         | 1                          | QL     |
| <i>morphine sulfate SOLN 100mg/5ml</i><br>QL (180 mL / 30 days)                  | 1                          | QL     |
| <i>morphine sulfate TABS 15mg, 30mg</i><br>QL (180 tabs / 30 days)               | 1                          | QL     |
| <i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>                                      | 1                          |        |
| <i>oxycodone hcl CONC 100mg/5ml</i><br>QL (180 mL / 30 days)                     | 1                          | QL     |
| <i>oxycodone hcl SOLN 5mg/5ml</i><br>QL (900 mL / 30 days)                       | 1                          | QL     |
| <i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i><br>QL (180 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i><br>QL (360 tabs / 30 days) | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i><br>QL (360 tabs / 30 days)   | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i><br>QL (240 tabs / 30 days) | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)  | 1                          | QL     |
| <i>tramadol hcl TABS 50mg</i><br>QL (240 tabs / 30 days)                    | 1                          | QL     |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i><br>QL (240 tabs / 30 days)    | 1                          | QL     |
| <b>ANTI-INFECTIVES</b>                                                      |                            |        |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                      |                            |        |
| <i>albendazole TABS 200mg</i><br>QL (672 tabs / year)                       | 1                          | QL PA  |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>                             | 1                          |        |
| <i>ARIKAYCE SUSP 590mg/8.4ml</i>                                            | 1                          | NM PA  |
| <i>atovaquone SUSP 750mg/5ml</i><br>QL (300 mL / 30 days)                   | 1                          | QL PA  |
| <i>aztreonam SOLR 1gm, 2gm</i>                                              | 1                          |        |
| <i>CAYSTON SOLR 75mg</i>                                                    | 1                          | NM PA  |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>                              | 1                          |        |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>                    | 1                          |        |
| <i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>           | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>                     | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>                     | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>                     | 1                          |        |
| <i>CLINDMYC/NAC INJ 300/50ML</i>                                            | 1                          |        |
| <i>CLINDMYC/NAC INJ 600/50ML</i>                                            | 1                          |        |

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| Drug Name                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------|----------------------------|--------|
| CLINDMYC/NAC INJ 900/50ML                          | 1                          |        |
| colistimethate sodium SOLR 150mg                   | 1                          |        |
| dapsone TABS 25mg, 100mg                           | 1                          |        |
| DAPTOMYCIN SOLR 350mg                              | 1                          |        |
| daptomycin SOLR 350mg, 500mg                       | 1                          |        |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)           | 1                          | QL     |
| ertapenem sodium SOLR 1gm                          | 1                          |        |
| gentamicin in saline inj 0.8 mg/ml                 | 1                          |        |
| gentamicin in saline inj 1 mg/ml                   | 1                          |        |
| gentamicin in saline inj 1.2 mg/ml                 | 1                          |        |
| gentamicin in saline inj 1.6 mg/ml                 | 1                          |        |
| gentamicin in saline inj 2 mg/ml                   | 1                          |        |
| gentamicin sulfate SOLN 10mg/ml, 40mg/ml           | 1                          |        |
| imipenem-cilastatin intravenous for soln 250 mg    | 1                          |        |
| imipenem-cilastatin intravenous for soln 500 mg    | 1                          |        |
| IMPAVIDO CAPS 50mg                                 | 1                          | PA     |
| ivermectin TABS 3mg<br>QL (12 tabs / 90 days)      | 1                          | QL PA  |
| ivermectin TABS 6mg<br>QL (10 tabs / 90 days)      | 1                          | QL PA  |
| linezolid SOLN 600mg/300ml                         | 1                          |        |
| linezolid SUSR 100mg/5ml<br>QL (1800 mL / 30 days) | 1                          | QL     |
| linezolid TABS 600mg<br>QL (60 tabs / 30 days)     | 1                          | QL     |
| LINEZOLID INJ 2MG/ML                               | 1                          |        |
| meropenem SOLR 1gm, 2gm, 500mg                     | 1                          |        |
| methenamine hippurate TABS 1gm                     | 1                          |        |
| metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg  | 1                          |        |
| neomycin sulfate TABS 500mg                        | 1                          |        |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------|----------------------------|--------|
| nitazoxanide TABS 500mg<br>QL (6 tabs / 30 days)                | 1                          | QL     |
| nitrofurantoin macrocrystal CAPS 50mg, 100mg                    | 1                          |        |
| nitrofurantoin monohyd macro CAPS 100mg                         | 1                          |        |
| pentamidine isethionate inh SOLR 300mg                          | 1                          | B/D    |
| pentamidine isethionate inj SOLR 300mg                          | 1                          |        |
| polymyxin b sulfate SOLR 500000unit                             | 1                          |        |
| praziquantel TABS 600mg                                         | 1                          |        |
| pyrimethamine TABS 25mg<br>QL (90 tabs / 30 days)               | 1                          | QL PA  |
| streptomycin sulfate SOLR 1gm                                   | 1                          |        |
| sulfadiazine TABS 500mg                                         | 1                          |        |
| sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml             | 1                          |        |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml                | 1                          |        |
| sulfamethoxazole-trimethoprim tab 400-80 mg                     | 1                          |        |
| sulfamethoxazole-trimethoprim tab 800-160 mg                    | 1                          |        |
| tinidazole TABS 250mg, 500mg                                    | 1                          |        |
| TOBI PODHALER CAPS 28mg                                         | 1                          | NM PA  |
| tobramycin NEBU 300mg/5ml                                       | 1                          | NM PA  |
| tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml  | 1                          |        |
| trimethoprim TABS 100mg                                         | 1                          |        |
| vancomycin hcl CAPS 125mg<br>QL (80 caps / 180 days)            | 1                          | QL     |
| vancomycin hcl CAPS 250mg<br>QL (160 caps / 180 days)           | 1                          | QL     |
| vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1                          |        |
| VANCOMYCIN INJ 1 GM                                             | 1                          |        |
| VANCOMYCIN INJ 500MG                                            | 1                          |        |
| VANCOMYCIN INJ 750MG                                            | 1                          |        |

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| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTIFUNGALS</b>                                                                                             |                            |        |
| ABELCET SUSP 5mg/ml                                                                                            | 1                          | B/D    |
| amphotericin b SOLR 50mg                                                                                       | 1                          | B/D    |
| amphotericin b liposome<br>SUSR 50mg                                                                           | 1                          | B/D    |
| caspofungin acetate SOLR<br>50mg, 70mg                                                                         | 1                          |        |
| fluconazole SUSR 10mg/ml,<br>40mg/ml; TABS 50mg,<br>100mg, 150mg, 200mg                                        | 1                          |        |
| fluconazole in nacl 0.9% inj<br>200 mg/100ml                                                                   | 1                          |        |
| fluconazole in nacl 0.9% inj<br>400 mg/200ml                                                                   | 1                          |        |
| flucytosine CAPS 250mg,<br>500mg                                                                               | 1                          | PA     |
| griseofulvin microsize SUSP<br>125mg/5ml; TABS 500mg                                                           | 1                          |        |
| griseofulvin ultramicrosize<br>TABS 125mg, 250mg                                                               | 1                          |        |
| itraconazole CAPS 100mg                                                                                        | 1                          | PA     |
| ketoconazole TABS 200mg                                                                                        | 1                          | PA     |
| miconazole sodium SOLR<br>50mg, 100mg                                                                          | 1                          |        |
| nystatin TABS 500000unit                                                                                       | 1                          |        |
| posaconazole SUSP<br>40mg/ml<br>QL (630 mL / 30 days)                                                          | 1                          | QL PA  |
| posaconazole TBEC 100mg<br>QL (93 tabs / 30 days)                                                              | 1                          | QL PA  |
| terbinafine hcl TABS 250mg<br>QL (30 tabs / 30 days)<br>PA applies after a 90 day<br>supply in a calendar year | 1                          | QL PA  |
| voriconazole SOLR 200mg                                                                                        | 1                          | PA     |
| voriconazole SUSR 40mg/ml<br>QL (600 mL / 28 days)                                                             | 1                          | QL PA  |
| voriconazole TABS 50mg<br>QL (480 tabs / 30 days)                                                              | 1                          | QL     |
| voriconazole TABS 200mg<br>QL (120 tabs / 30 days)                                                             | 1                          | QL     |
| <b>ANTIMALARIALS</b>                                                                                           |                            |        |
| atovaquone-proguanil hcl tab<br>62.5-25 mg                                                                     | 1                          |        |
| atovaquone-proguanil hcl tab<br>250-100 mg                                                                     | 1                          |        |
| chloroquine phosphate TABS<br>250mg, 500mg                                                                     | 1                          |        |

| Drug Name                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------|----------------------------|--------|
| COARTEM TAB 20-120MG                                     | 1                          |        |
| mefloquine hcl TABS 250mg                                | 1                          |        |
| primaquine phosphate TABS<br>26.3mg                      | 1                          |        |
| PRIMAQUINE PHOSPHATE<br>TABS 26.3mg                      | 1                          |        |
| quinine sulfate CAPS 324mg                               | 1                          | PA     |
| <b>ANTI-RETROVIRAL AGENTS</b>                            |                            |        |
| abacavir sulfate SOLN<br>20mg/ml; TABS 300mg             | 1                          |        |
| APTIVUS CAPS 250mg                                       | 1                          |        |
| atazanavir sulfate CAPS<br>150mg, 200mg, 300mg           | 1                          |        |
| darunavir TABS 600mg<br>QL (60 tabs / 30 days)           | 1                          | QL     |
| darunavir TABS 800mg<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| EDURANT TABS 25mg                                        | 1                          |        |
| EDURANT PED TBSO 2.5mg                                   | 1                          |        |
| efavirenz TABS 600mg                                     | 1                          |        |
| emtricitabine CAPS 200mg                                 | 1                          |        |
| EMTRIVA SOLN 10mg/ml                                     | 1                          |        |
| etravirine TABS 100mg,<br>200mg                          | 1                          |        |
| fosamprenavir calcium TABS<br>700mg                      | 1                          |        |
| FUZEON SOLR 90mg                                         | 1                          |        |
| INTELENCE TABS 25mg                                      | 1                          |        |
| ISENTRESS CHEW 25mg,<br>100mg; PACK 100mg; TABS<br>400mg | 1                          |        |
| ISENTRESS HD TABS<br>600mg                               | 1                          |        |
| lamivudine SOLN 10mg/ml;<br>TABS 150mg, 300mg            | 1                          |        |
| maraviroc TABS 150mg,<br>300mg                           | 1                          |        |
| nevirapine SUSP 50mg/5ml;<br>TABS 200mg; TB24 400mg      | 1                          |        |
| NORVIR PACK 100mg                                        | 1                          |        |
| PIFELTRO TABS 100mg                                      | 1                          |        |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)          | 1                          | QL     |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)            | 1                          | QL     |
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)           | 1                          | QL     |

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| Drug Name                                                       | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------|-----------------------------------|
| REYATAZ PACK 50mg                                               | 1                                 |
| ritonavir TABS 100mg                                            | 1                                 |
| RUKOBIA TB12 600mg                                              | 1                                 |
| SELZENTRY SOLN 20mg/ml                                          | 1                                 |
| SUNLENCA TABS 300mg;<br>TBPK 300mg                              | 1                                 |
| tenofovir disoproxil fumarate<br>TABS 300mg                     | 1                                 |
| TIVICAY TABS 10mg, 25mg,<br>50mg                                | 1                                 |
| TIVICAY PD TBSO 5mg                                             | 1                                 |
| TROGARZO SOLN<br>200mg/1.33ml                                   | 1                                 |
| TYBOST TABS 150mg                                               | 1                                 |
| VIRACEPT TABS 250mg,<br>625mg                                   | 1                                 |
| VIREAD POWD 40mg/gm;<br>TABS 150mg, 200mg, 250mg                | 1                                 |
| zidovudine CAPS 100mg;<br>SYRP 50mg/5ml; TABS<br>300mg          | 1                                 |
| <b>ANTIRETROVIRAL COMBINATION<br/>AGENTS</b>                    |                                   |
| abacavir sulfate-lamivudine<br>tab 600-300 mg                   | 1                                 |
| BIKTARVY TAB 30-120-15<br>MG                                    | 1                                 |
| BIKTARVY TAB 50-200-25<br>MG                                    | 1                                 |
| CIMDUO TAB 300-300                                              | 1                                 |
| COMPLERA TAB                                                    | 1                                 |
| DELSTRIGO TAB                                                   | 1                                 |
| DESCOVY TAB 120-15MG                                            | 1                                 |
| DESCOVY TAB 200/25MG                                            | 1                                 |
| DOVATO TAB 50-300MG                                             | 1                                 |
| efavirenz-emtricitabine-<br>tenofovir df tab 600-200-300<br>mg  | 1                                 |
| efavirenz-lamivudine-tenofovir<br>df tab 400-300-300 mg         | 1                                 |
| efavirenz-lamivudine-tenofovir<br>df tab 600-300-300 mg         | 1                                 |
| emtricitabine-rilpivirine-<br>tenofovir df tab 200-25-300<br>mg | 1                                 |

| Drug Name                                                         | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------|-----------------------------------|
| emtricitabine-tenofovir<br>disoproxil fumarate tab 100-<br>150 mg | 1                                 |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 133-<br>200 mg | 1                                 |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 167-<br>250 mg | 1                                 |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 200-<br>300 mg | 1                                 |
| EVOTAZ TAB 300-150                                                | 1                                 |
| GENVOYA TAB                                                       | 1                                 |
| JULUCA TAB 50-25MG                                                | 1                                 |
| KALETRA SOL                                                       | 1                                 |
| lamivudine-zidovudine tab<br>150-300 mg                           | 1                                 |
| lopinavir-ritonavir soln 400-<br>100 mg/5ml (80-20 mg/ml)         | 1                                 |
| lopinavir-ritonavir tab 100-25<br>mg                              | 1                                 |
| lopinavir-ritonavir tab 200-50<br>mg                              | 1                                 |
| ODEFSEY TAB                                                       | 1                                 |
| PREZCOBIX TAB 800-150                                             | 1                                 |
| STRIBILD TAB                                                      | 1                                 |
| SYMTUZA TAB                                                       | 1                                 |
| TRIUMEQ PD TAB                                                    | 1                                 |
| TRIUMEQ TAB                                                       | 1                                 |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                                   |
| cycloserine CAPS 250mg                                            | 1                                 |
| ethambutol hcl TABS 100mg,<br>400mg                               | 1                                 |
| isoniazid SYRP 50mg/5ml;<br>TABS 100mg, 300mg                     | 1                                 |
| PRIFTIN TABS 150mg                                                | 1                                 |
| pyrazinamide TABS 500mg                                           | 1                                 |
| rifabutin CAPS 150mg                                              | 1                                 |
| rifampin CAPS 150mg,<br>300mg; SOLR 600mg                         | 1                                 |
| SIRTURO TABS 20mg,<br>100mg                                       | 1 NM PA                           |
| TRECTOR TABS 250mg                                                | 1                                 |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------|----------------------------|----------|
| <b>ANTIVIRALS</b>                                                      |                            |          |
| <i>acyclovir</i> CAPS 200mg;<br>SUSP 200mg/5ml; TABS<br>400mg, 800mg   | 1                          |          |
| <i>acyclovir sodium</i> SOLN<br>50mg/ml                                | 1                          | B/D      |
| <i>adefovir dipivoxil</i> TABS 10mg                                    | 1                          |          |
| BARACLUDE SOLN<br>.05mg/ml                                             | 1                          | ST       |
| <i>entecavir</i> TABS .5mg, 1mg                                        | 1                          |          |
| EPCLUSA PAK 150-37.5                                                   | 1                          | NM PA    |
| EPCLUSA PAK 200-50MG                                                   | 1                          | NM PA    |
| EPCLUSA TAB 200-50MG                                                   | 1                          | NM PA    |
| EPCLUSA TAB 400-100                                                    | 1                          | NM PA    |
| <i>famciclovir</i> TABS 125mg,<br>250mg, 500mg                         | 1                          |          |
| <i>ganciclovir sodium</i> SOLR<br>500mg                                | 1                          | B/D      |
| HARVONI PAK 33.75-150MG                                                | 1                          | NM PA    |
| HARVONI PAK 45-200MG                                                   | 1                          | NM PA    |
| HARVONI TAB 45-200MG                                                   | 1                          | NM PA    |
| HARVONI TAB 90-400MG                                                   | 1                          | NM PA    |
| <i>lamivudine (hbv)</i> TABS<br>100mg                                  | 1                          |          |
| LIVTENCITY TABS 200mg<br>QL (336 tabs / 28 days)                       | 1                          | QL NM PA |
| MAVYRET PAK 50-20MG                                                    | 1                          | NM PA    |
| MAVYRET TAB 100-40MG                                                   | 1                          | NM PA    |
| <i>oseltamivir phosphate</i> CAPS<br>30mg<br>QL (168 caps / year)      | 1                          | QL       |
| <i>oseltamivir phosphate</i> CAPS<br>45mg, 75mg<br>QL (84 caps / year) | 1                          | QL       |
| <i>oseltamivir phosphate</i> SUSR<br>6mg/ml<br>QL (1080 mL / year)     | 1                          | QL       |
| PAXLOVID PAK<br>QL (22 tabs / 90 days)                                 | 1                          | QL       |
| PAXLOVID TAB 150-100<br>QL (40 tabs / 90 days)                         | 1                          | QL       |
| PAXLOVID TAB 300-100<br>QL (60 tabs / 90 days)                         | 1                          | QL       |
| PEGASYS SOLN 180mcg/ml;<br>SOSY 180mcg/0.5ml                           | 1                          | NM PA    |
| PREVYMIS TABS 240mg,<br>480mg<br>QL (28 tabs / 28 days)                | 1                          | QL PA    |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| RELENZA DISKHALER<br>AEPB 5mg/blister<br>QL (6 inhalers / year)               | 1                          | QL     |
| <i>ribavirin (hepatitis c)</i> CAPS<br>200mg; TABS 200mg                      | 1                          | NM     |
| <i>rimantadine hydrochloride</i><br>TABS 100mg                                | 1                          |        |
| <i>valacyclovir hcl</i> TABS 1gm,<br>500mg                                    | 1                          |        |
| <i>valganciclovir hcl</i> SOLR<br>50mg/ml; TABS 450mg                         | 1                          |        |
| VOSEVI TAB                                                                    | 1                          | NM PA  |
| XOFLUZA TBPK 40mg,<br>80mg<br>QL (1 tab / 180 days)                           | 1                          | QL     |
| <b>CEPHALOSPORINS</b>                                                         |                            |        |
| <i>cefaclor</i> CAPS 250mg,<br>500mg                                          | 1                          |        |
| <i>cefadroxil</i> CAPS 500mg;<br>SUSR 250mg/5ml, 500mg/5ml                    | 1                          |        |
| CEFAZOLIN SOLR 2gm,<br>3gm                                                    | 1                          |        |
| CEFAZOLIN INJ 1GM/50ML                                                        | 1                          |        |
| <i>cefazolin sodium</i> SOLR 1gm,<br>2gm, 3gm, 10gm, 500mg                    | 1                          |        |
| CEFAZOLIN SOLN<br>2GM/100ML-4%                                                | 1                          |        |
| CEFAZOLIN/DEX SOL<br>1GM/50ML-4%                                              | 1                          |        |
| CEFAZOLIN/DEX SOL<br>2GM/50ML-3%                                              | 1                          |        |
| CEFAZOLIN/DEX SOL<br>3GM/50ML-2%                                              | 1                          |        |
| CEFAZOLIN/DEX SOL<br>3GM/150ML-4%                                             | 1                          |        |
| <i>cefdinir</i> CAPS 300mg; SUSR<br>125mg/5ml, 250mg/5ml                      | 1                          |        |
| <i>cefepime hcl</i> SOLR 1gm,<br>2gm                                          | 1                          |        |
| <i>cefixime</i> CAPS 400mg;<br>SUSR 100mg/5ml, 200mg/5ml                      | 1                          |        |
| <i>cefotetan disodium</i> SOLR<br>1gm, 2gm                                    | 1                          |        |
| <i>cefoxitin sodium</i> SOLR 1gm,<br>2gm, 10gm                                | 1                          |        |
| <i>cefpodoxime proxetil</i> SUSR<br>50mg/5ml, 100mg/5ml; TABS<br>100mg, 200mg | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

| Drug Name                                                                                     | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------|-----------------------------------|
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                                 | 1                                 |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                                         | 1                                 |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                                   | 1                                 |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                                    | 1                                 |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                                    | 1                                 |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml                                | 1                                 |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                             | 1                                 |
| TEFLARO SOLR 400mg, 600mg                                                                     | 1                                 |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                               |                                   |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1                                 |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg                | 1                                 |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                              | 1                                 |
| e.e.s. 400 TABS 400mg                                                                         | 1                                 |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg                                                       | 1                                 |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                            | 1                                 |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg              | 1                                 |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                                 | 1                                 |
| <i>erythromycin lactobionate</i> SOLR 500mg                                                   | 1                                 |
| <b>FLUOROQUINOLONES</b>                                                                       |                                   |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                                      | 1                                 |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w                                                      | 1                                 |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg                                                                           | 1                                 |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg                                                                  | 1                                 |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml                                                                              | 1                                 |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml                                                                             | 1                                 |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml                                                                             | 1                                 |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                                          | 1                                 |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj                                                            | 1                                 |
| <b>PENICILLINS</b>                                                                                                          |                                   |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml                                                             | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml                                                             | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml                                                               | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml                                                             | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg                                                                       | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg                                                                       | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg                                                                       | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> er 12hr 1000-62.5 mg                                                             | 1                                 |
| <i>ampicillin</i> CAPS 500mg                                                                                                | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm                                                             | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm                                                                 | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm                                                         | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 3 (2-1) gm                                                             | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 15 (10-5) gm                                                           | 1                                 |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order  
B/D - Covered under Medicare B or D

Last Updated: 09/01/25

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ampicillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm, 125mg, 250mg,<br>500mg                           | 1                          |        |
| BICILLIN L-A SUSY<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml                          | 1                          |        |
| <i>dicloxacillin sodium</i> CAPS<br>250mg, 500mg                                                    | 1                          |        |
| <i>nafticillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm                                                  | 1                          |        |
| <i>oxacillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm                                                    | 1                          |        |
| <i>penicillin g potassium</i> SOLR 1<br>5000000unit, 20000000unit                                   | 1                          |        |
| <i>penicillin g sodium</i> SOLR 1<br>5000000unit                                                    | 1                          |        |
| <i>penicillin v potassium</i> SOLR 1<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                  | 1                          |        |
| <i>pfizerpen</i> SOLR 5000000unit, 1<br>20000000unit                                                | 1                          |        |
| <i>piperacillin sod-tazobactam na</i> 1<br><i>for inj 3.375 gm (3-0.375 gm)</i>                     | 1                          |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 2.25 gm (2-0.25</i><br><i>gm)</i>            | 1                          |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 4.5 gm (4-0.5 gm)</i>                        | 1                          |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 13.5 gm (12-1.5</i><br><i>gm)</i>            | 1                          |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 40.5 gm (36-4.5</i><br><i>gm)</i>            | 1                          |        |
| <b>TETRACYCLINES</b>                                                                                |                            |        |
| <i>doxy 100</i> SOLR 100mg 1                                                                        | 1                          |        |
| <i>doxycycline (monohydrate)</i> 1<br>CAPS 50mg, 100mg; SUSR<br>25mg/5ml; TABS 50mg,<br>75mg, 100mg | 1                          |        |
| <i>doxycycline hyclate</i> CAPS 1<br>50mg, 100mg; SOLR 100mg;<br>TABS 20mg, 100mg                   | 1                          |        |
| <i>minocycline hcl</i> CAPS 50mg, 1<br>75mg, 100mg                                                  | 1                          |        |
| NUZYRA SOLR 100mg 1 NM                                                                              | 1                          | NM     |
| NUZYRA TABS 150mg 1 QL NM                                                                           | 1                          | QL NM  |
| QL (30 tabs / 14 days)                                                                              |                            |        |

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B/D - Covered under Medicare B or D

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>tetracycline hcl</i> CAPS 250mg, 1<br>500mg                                           | 1                          |        |
| <i>tigecycline</i> SOLR 50mg 1                                                           | 1                          |        |
| <b>ANTINEOPLASTIC AGENTS</b>                                                             |                            |        |
| <b>ALKYLATING AGENTS</b>                                                                 |                            |        |
| BENDAMUSTINE 1 B/D NM                                                                    | 1                          | B/D NM |
| HYDROCHLORID SOLN<br>100mg/4ml                                                           |                            |        |
| BENDEKA SOLN 100mg/4ml 1 B/D NM                                                          | 1                          | B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 1 B/D                                                  | 1                          | B/D    |
| 150mg/15ml, 450mg/45ml,<br>600mg/60ml                                                    |                            |        |
| <i>cisplatin</i> SOLN 50mg/50ml, 1 B/D                                                   | 1                          | B/D    |
| 100mg/100ml, 200mg/200ml                                                                 |                            |        |
| <i>cyclophosphamide</i> CAPS 1 B/D                                                       | 1                          | B/D    |
| 25mg, 50mg; SOLR 1gm,<br>2gm, 500mg                                                      |                            |        |
| CYCLOPHOSPHAMIDE 1 B/D NM                                                                | 1                          | B/D NM |
| SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml                                                       |                            |        |
| CYCLOPHOSPHAMIDE 1 B/D                                                                   | 1                          | B/D    |
| SOLN 1gm/5ml, 500mg/2.5ml,<br>500mg/5ml, 1000mg/10ml,<br>2000mg/20ml; TABS 25mg,<br>50mg |                            |        |
| CYCLOPHOSPHAMIDE 1 B/D                                                                   | 1                          | B/D    |
| MONOHYDR SOLN<br>2gm/10ml                                                                |                            |        |
| FRINDOVYX SOLN 1gm/2ml, 1 B/D NM                                                         | 1                          | B/D NM |
| 2gm/4ml, 500mg/ml                                                                        |                            |        |
| GLEOSTINE CAPS 10mg, 1 NM                                                                | 1                          | NM     |
| 40mg, 100mg                                                                              |                            |        |
| LEUKERAN TABS 2mg 1                                                                      | 1                          |        |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 1 B/D                                                 | 1                          | B/D    |
| 100mg/20ml, 200mg/40ml;<br>SOLR 50mg, 100mg                                              |                            |        |
| VIVIMUSTA SOLN 1 B/D NM                                                                  | 1                          | B/D NM |
| 100mg/4ml                                                                                |                            |        |
| <b>ANTIMETABOLITES</b>                                                                   |                            |        |
| <i>azacitidine</i> SUSR 100mg 1 B/D NM                                                   | 1                          | B/D NM |
| <i>cytarabine</i> SOLN 20mg/ml 1 B/D                                                     | 1                          | B/D    |
| <i>fluorouracil</i> SOLN 1gm/20ml, 1 B/D                                                 | 1                          | B/D    |
| 2.5gm/50ml, 5gm/100ml,<br>500mg/10ml                                                     |                            |        |
| <i>gemcitabine hcl</i> SOLN 1 B/D                                                        | 1                          | B/D    |
| 1gm/26.3ml, 2gm/52.6ml,<br>200mg/5.26ml; SOLR 1gm,<br>2gm, 200mg                         |                            |        |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------|----------------------------|----------|
| INQOVI TAB 35-100MG<br>QL (5 tabs / 28 days)                            | 1                          | QL NM PA |
| LONSURF TAB 15-6.14<br>QL (100 tabs / 28 days)                          | 1                          | QL NM PA |
| LONSURF TAB 20-8.19<br>QL (80 tabs / 28 days)                           | 1                          | QL NM PA |
| mercaptopurine SUSP<br>2000mg/100ml                                     | 1                          | NM       |
| mercaptopurine TABS 50mg                                                | 1                          |          |
| methotrexate sodium SOLN<br>1gm/40ml, 50mg/2ml,<br>250mg/10ml; SOLR 1gm | 1                          | B/D      |
| ONUREG TABS 200mg,<br>300mg<br>QL (14 tabs / 28 days)                   | 1                          | QL NM PA |
| pemetrexed disodium SOLR<br>100mg, 500mg, 750mg,<br>1000mg              | 1                          | B/D      |
| PURIXAN SUSP<br>2000mg/100ml                                            | 1                          | NM       |
| TABLOID TABS 40mg                                                       | 1                          |          |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                   |                            |          |
| abiraterone acetate TABS<br>250mg<br>QL (120 tabs / 30 days)            | 1                          | QL NM PA |
| abiraterone acetate TABS<br>500mg<br>QL (60 tabs / 30 days)             | 1                          | QL NM PA |
| abirtega TABS 250mg<br>QL (120 tabs / 30 days)                          | 1                          | QL NM PA |
| AKEEGA TAB 50/500MG<br>QL (60 tabs / 30 days)                           | 1                          | QL NM PA |
| AKEEGA TAB 100/500<br>QL (60 tabs / 30 days)                            | 1                          | QL NM PA |
| anastrozole TABS 1mg                                                    | 1                          |          |
| bicalutamide TABS 50mg                                                  | 1                          |          |
| ELIGARD KIT 7.5mg,<br>22.5mg, 30mg, 45mg                                | 1                          | NM PA    |
| ERLEADA TABS 60mg<br>QL (120 tabs / 30 days)                            | 1                          | QL NM PA |
| ERLEADA TABS 240mg<br>QL (30 tabs / 30 days)                            | 1                          | QL NM PA |
| EULEXIN CAPS 125mg                                                      | 1                          |          |
| exemestane TABS 25mg                                                    | 1                          |          |
| FIRMAGON SOLR 80mg,<br>120mg/vial                                       | 1                          | NM PA    |
| fulvestrant SOSY 250mg/5ml                                              | 1                          | B/D      |
| letrozole TABS 2.5mg                                                    | 1                          |          |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------|----------------------------|----------|
| leuprolide acetate KIT<br>1mg/0.2ml                                   | 1                          | NM PA    |
| LUPRON DEPOT (1-MONTH)<br>KIT 3.75mg                                  | 1                          | NM PA    |
| LUPRON DEPOT (3-MONTH)<br>KIT 11.25mg                                 | 1                          | NM PA    |
| LYSODREN TABS 500mg                                                   | 1                          | NM       |
| megestrol acetate TABS<br>20mg, 40mg                                  | 1                          |          |
| nilutamide TABS 150mg                                                 | 1                          |          |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days)                          | 1                          | QL NM PA |
| ORGOVYX TABS 120mg                                                    | 1                          | NM PA    |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days)                           | 1                          | QL NM PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days)                          | 1                          | QL NM PA |
| SOLTAMOX SOLN 10mg/5ml                                                | 1                          |          |
| tamoxifen citrate TABS<br>10mg, 20mg                                  | 1                          |          |
| toremifene citrate TABS<br>60mg                                       | 1                          | PA       |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)                           | 1                          | QL NM PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)                           | 1                          | QL NM PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                            | 1                          | QL NM PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)                           | 1                          | QL NM PA |
| <b>IMMUNOMODULATORS</b>                                               |                            |          |
| lenalidomide CAPS 2.5mg,<br>5mg, 10mg, 15mg<br>QL (28 caps / 28 days) | 1                          | QL NM PA |
| lenalidomide CAPS 20mg,<br>25mg<br>QL (21 caps / 28 days)             | 1                          | QL NM PA |
| POMALYST CAPS 1mg,<br>2mg, 3mg, 4mg<br>QL (21 caps / 28 days)         | 1                          | QL NM PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                          | 1                          | QL NM PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                        | 1                          | QL NM PA |
| THALOMID CAPS 150mg,<br>200mg<br>QL (56 caps / 28 days)               | 1                          | QL NM PA |

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| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>MISCELLANEOUS</b>                                                                             |                            |          |
| BESREMI SOLN 500mcg/ml<br>QL (2 syringes / 28 days)                                              | 1                          | QL NM PA |
| <i>bexarotene</i> CAPS 75mg<br>QL (300 caps / 30 days)                                           | 1                          | QL NM PA |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                                                               | 1                          | B/D      |
| <i>doxorubicin hcl liposomal</i><br>SUSP 2mg/ml                                                  | 1                          | B/D      |
| <i>hydroxyurea</i> CAPS 500mg                                                                    | 1                          |          |
| <i>irinotecan hcl</i> SOLN<br>40mg/2ml, 100mg/5ml,<br>300mg/15ml, 500mg/25ml                     | 1                          | B/D      |
| IWILFIN TABS 192mg<br>QL (240 tabs / 30 days)                                                    | 1                          | QL NM PA |
| MATULANE CAPS 50mg                                                                               | 1                          | NM       |
| <i>tretinoin (chemotherapy)</i><br>CAPS 10mg                                                     | 1                          |          |
| WELIREG TABS 40mg<br>QL (90 tabs / 30 days)                                                      | 1                          | QL NM PA |
| <b>MITOTIC INHIBITORS</b>                                                                        |                            |          |
| <i>docetaxel</i> CONC 20mg/ml,<br>80mg/4ml, 160mg/8ml; SOLN<br>20mg/2ml, 80mg/8ml,<br>160mg/16ml | 1                          | B/D      |
| DOCETAXEL CONC<br>80mg/4ml, 160mg/8ml; SOLN<br>20mg/2ml, 80mg/8ml,<br>160mg/16ml                 | 1                          | B/D      |
| DOCIVYX SOLN 20mg/2ml,<br>80mg/8ml, 160mg/16ml                                                   | 1                          | B/D NM   |
| <i>etoposide</i> SOLN 1gm/50ml,<br>100mg/5ml, 500mg/25ml                                         | 1                          | B/D      |
| <i>paclitaxel</i> CONC 6mg/ml,<br>30mg/5ml, 150mg/25ml,<br>300mg/50ml                            | 1                          | B/D      |
| <i>paclitaxel inj 100mg</i>                                                                      | 1                          | B/D NM   |
| <i>vincristine sulfate</i> SOLN<br>1mg/ml                                                        | 1                          | B/D      |
| <i>vinorelbine tartrate</i> SOLN<br>10mg/ml, 50mg/5ml                                            | 1                          | B/D      |
| <b>MOLECULAR TARGET AGENTS</b>                                                                   |                            |          |
| ALECENSA CAPS 150mg<br>QL (240 caps / 30 days)                                                   | 1                          | QL NM PA |
| ALUNBRIG TABS 30mg<br>QL (120 tabs / 30 days)                                                    | 1                          | QL NM PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------|----------------------------|----------|
| ALUNBRIG TABS 90mg,<br>180mg<br>QL (30 tabs / 30 days)                    | 1                          | QL NM PA |
| ALUNBRIG PAK<br>QL (30 tabs / 30 days)                                    | 1                          | QL NM PA |
| AUGTYRO CAPS 40mg<br>QL (240 caps / 30 days)                              | 1                          | QL NM PA |
| AUGTYRO CAPS 160mg<br>QL (60 caps / 30 days)                              | 1                          | QL NM PA |
| AVMAPKI PAK FAKZYNJA<br>QL (1 pack / 28 days)                             | 1                          | QL NM PA |
| AYVAKIT TABS 25mg, 50mg,<br>100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 1                          | QL NM PA |
| BALVERSA TABS 3mg<br>QL (84 tabs / 28 days)                               | 1                          | QL NM PA |
| BALVERSA TABS 4mg<br>QL (56 tabs / 28 days)                               | 1                          | QL NM PA |
| BALVERSA TABS 5mg<br>QL (28 tabs / 28 days)                               | 1                          | QL NM PA |
| BORTEZOMIB SOLR 1mg,<br>2.5mg                                             | 1                          | NM PA    |
| <i>bortezomib</i> SOLR 3.5mg                                              | 1                          | NM PA    |
| BOSULIF CAPS 50mg<br>QL (360 caps / 30 days)                              | 1                          | QL NM PA |
| BOSULIF CAPS 100mg<br>QL (150 caps / 25 days)                             | 1                          | QL NM PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days)                             | 1                          | QL NM PA |
| BOSULIF TABS 400mg,<br>500mg<br>QL (30 tabs / 30 days)                    | 1                          | QL NM PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)                             | 1                          | QL NM PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)                             | 1                          | QL NM PA |
| CABOMETYX TABS 20mg,<br>40mg, 60mg<br>QL (30 tabs / 30 days)              | 1                          | QL NM PA |
| CALQUENCE CAPS 100mg<br>QL (60 caps / 30 days)                            | 1                          | QL NM PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)                            | 1                          | QL NM PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)                             | 1                          | QL NM PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)                             | 1                          | QL 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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------|----------------------------|----------|
| COMETRIQ (60MG DOSE)<br>KIT 20mg<br>QL (84 caps / 28 days)                        | 1                          | QL NM PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)                                      | 1                          | QL NM PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)                                     | 1                          | QL NM PA |
| COPIKTRA CAPS 15mg,<br>25mg<br>QL (56 caps / 28 days)                             | 1                          | QL NM PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)                                      | 1                          | QL NM PA |
| DANZITEN TABS 71mg,<br>95mg<br>QL (112 tabs / 28 days)                            | 1                          | QL NM PA |
| <i>dasatinib</i> TABS 20mg<br>QL (90 tabs / 30 days)                              | 1                          | QL NM PA |
| <i>dasatinib</i> TABS 50mg, 70mg,<br>80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 1                          | QL NM PA |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL NM PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                     | 1                          | QL NM PA |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                     | 1                          | QL NM PA |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                          | 1                          | QL NM PA |
| <i>erlotinib hcl</i> TABS 100mg,<br>150mg<br>QL (30 tabs / 30 days)               | 1                          | QL NM PA |
| <i>everolimus</i> TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)       | 1                          | QL NM PA |
| <i>everolimus</i> TBSO 2mg<br>QL (150 tabs / 30 days)                             | 1                          | QL NM PA |
| <i>everolimus</i> TBSO 3mg<br>QL (90 tabs / 30 days)                              | 1                          | QL NM PA |
| <i>everolimus</i> TBSO 5mg<br>QL (60 tabs / 30 days)                              | 1                          | QL NM PA |
| FOTIVDA CAPS .89mg,<br>1.34mg<br>QL (21 caps / 28 days)                           | 1                          | QL NM PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                                       | 1                          | QL NM PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                                       | 1                          | QL NM PA |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                                     | 1                          | QL NM PA |

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------|----------------------------|----------|
| <i>gefitinib</i> TABS 250mg<br>QL (60 tabs / 30 days)            | 1                          | QL NM PA |
| GILOTRIF TABS 20mg,<br>30mg, 40mg<br>QL (30 tabs / 30 days)      | 1                          | QL NM PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                      | 1                          | QL NM PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                       | 1                          | QL NM PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                      | 1                          | QL NM PA |
| HERCEP HYLEC SOL 60-<br>10000                                    | 1                          | NM PA    |
| HERCEPTIN SOLR 150mg                                             | 1                          | NM PA    |
| HERZUMA SOLR 150mg,<br>420mg                                     | 1                          | NM PA    |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)     | 1                          | QL NM PA |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)     | 1                          | QL NM PA |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days) | 1                          | QL NM PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                | 1                          | QL NM PA |
| <i>imatinib mesylate</i> TABS<br>100mg<br>QL (90 tabs / 30 days) | 1                          | QL NM PA |
| <i>imatinib mesylate</i> TABS<br>400mg<br>QL (60 tabs / 30 days) | 1                          | QL NM PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                    | 1                          | QL NM PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                  | 1                          | QL NM PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                  | 1                          | QL NM PA |
| IMBRUVICA TABS 140mg,<br>280mg, 420mg<br>QL (30 tabs / 30 days)  | 1                          | QL NM PA |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                    | 1                          | QL NM PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                       | 1                          | QL NM PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                       | 1                          | QL 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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------|----------------------------|----------|
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                        | 1                          | QL NM PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                           | 1                          | QL NM PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                           | 1                          | QL NM PA |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days) | 1                          | QL NM PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                         | 1                          | QL NM PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                        | 1                          | QL NM PA |
| KADCYLA SOLR 100mg,<br>160mg                                         | 1                          | B/D NM   |
| KANJINTI SOLR 150mg,<br>420mg                                        | 1                          | NM PA    |
| KEYTRUDA SOLN<br>100mg/4ml                                           | 1                          | NM PA    |
| KISQALI 200 DOSE TBPK<br>200mg<br>QL (21 tabs / 28 days)             | 1                          | QL NM PA |
| KISQALI 200 PAK FEMARA<br>QL (49 tabs / 28 days)                     | 1                          | QL NM PA |
| KISQALI 400 DOSE TBPK<br>200mg<br>QL (42 tabs / 28 days)             | 1                          | QL NM PA |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                     | 1                          | QL NM PA |
| KISQALI 600 DOSE TBPK<br>200mg<br>QL (63 tabs / 28 days)             | 1                          | QL NM PA |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                     | 1                          | QL NM PA |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                        | 1                          | QL NM PA |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                        | 1                          | QL NM PA |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                        | 1                          | QL NM PA |
| <i>lapatinib ditosylate</i> TABS<br>250mg<br>QL (180 tabs / 30 days) | 1                          | QL NM PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                         | 1                          | QL NM PA |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                        | 1                          | QL NM PA |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------|----------------------------|----------|
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg<br>QL (30 caps / 30 days)     | 1                          | QL NM PA |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg<br>QL (60 caps / 30 days)     | 1                          | QL NM PA |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg<br>QL (30 caps / 30 days)   | 1                          | QL NM PA |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg<br>QL (90 caps / 30 days)     | 1                          | QL NM PA |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg<br>QL (60 caps / 30 days)   | 1                          | QL NM PA |
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)                       | 1                          | QL NM PA |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)                       | 1                          | QL NM PA |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)                       | 1                          | QL NM PA |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days)                      | 1                          | QL NM PA |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days)                     | 1                          | QL NM PA |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days)                    | 1                          | QL NM PA |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days)                    | 1                          | QL NM PA |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days)                     | 1                          | QL NM PA |
| LYNPARZA TABS 100mg,<br>150mg<br>QL (120 tabs / 30 days)          | 1                          | QL NM PA |
| LYTGOBI (12 MG DAILY<br>DOSE) TBPK 4mg<br>QL (84 tabs / 28 days)  | 1                          | QL NM PA |
| LYTGOBI (16 MG DAILY<br>DOSE) TBPK 4mg<br>QL (112 tabs / 28 days) | 1                          | QL NM PA |
| LYTGOBI (20 MG DAILY<br>DOSE) TBPK 4mg<br>QL (140 tabs / 28 days) | 1                          | QL NM PA |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                  | 1                          | QL NM PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                       | 1                          | QL NM PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                      | 1                          | QL 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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------|----------------------------|----------|
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                         | 1                          | QL NM PA |
| MONJUVI SOLR 200mg                                                   | 1                          | NM PA    |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days)                         | 1                          | QL NM PA |
| <i>nilotinib hcl</i> CAPS 50mg<br>QL (120 caps / 30 days)            | 1                          | QL NM PA |
| <i>nilotinib hcl</i> CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days) | 1                          | QL NM PA |
| NINLARO CAPS 2.3mg,<br>3mg, 4mg<br>QL (3 caps / 28 days)             | 1                          | QL NM PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                          | 1                          | QL NM PA |
| OGIVRI SOLR 150mg,<br>420mg                                          | 1                          | NM PA    |
| OGSIVEO TABS 50mg<br>QL (180 tabs / 30 days)                         | 1                          | QL NM PA |
| OGSIVEO TABS 100mg,<br>150mg<br>QL (56 tabs / 28 days)               | 1                          | QL NM PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                          | 1                          | QL NM PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                          | 1                          | QL NM PA |
| OJJAARA TABS 100mg,<br>150mg, 200mg<br>QL (30 tabs / 30 days)        | 1                          | QL NM PA |
| ONTRUZANT SOLR 150mg,<br>420mg                                       | 1                          | NM PA    |
| <i>pazopanib hcl</i> TABS 200mg<br>QL (120 tabs / 30 days)           | 1                          | QL NM PA |
| PEMAZYRE TABS 4.5mg,<br>9mg, 13.5mg<br>QL (28 tabs / 28 days)        | 1                          | QL NM PA |
| PHESGO SOL                                                           | 1                          | NM PA    |
| PIQRAY 200MG DAILY<br>DOSE TBPK 200mg<br>QL (28 tabs / 28 days)      | 1                          | QL NM PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                      | 1                          | QL NM PA |
| PIQRAY 300MG DAILY<br>DOSE TBPK 150mg<br>QL (56 tabs / 28 days)      | 1                          | QL NM PA |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                          | 1                          | QL NM PA |
| RETEVMO CAPS 40mg<br>QL (240 caps / 30 days)                         | 1                          | QL NM PA |

| Drug Name                                                                            | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------|----------------------------|----------|
| RETEVMO CAPS 80mg<br>QL (120 caps / 30 days)                                         | 1                          | QL NM PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                                          | 1                          | QL NM PA |
| RETEVMO TABS 80mg,<br>120mg, 160mg<br>QL (60 tabs / 30 days)                         | 1                          | QL NM PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                                        | 1                          | QL NM PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                                       | 1                          | QL NM PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                                        | 1                          | QL NM PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                                       | 1                          | QL NM PA |
| ROMVIMZA CAPS 14mg,<br>20mg, 30mg<br>QL (8 caps / 28 days)                           | 1                          | QL NM PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                                      | 1                          | QL NM PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                                       | 1                          | QL NM PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28<br>days)                                 | 1                          | QL NM PA |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)                       | 1                          | QL NM PA |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                                          | 1                          | QL NM PA |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                                         | 1                          | QL NM PA |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                                        | 1                          | QL NM PA |
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                       | 1                          | QL NM PA |
| <i>sorafenib tosylate</i> TABS<br>200mg<br>QL (120 tabs / 30 days)                   | 1                          | QL NM PA |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                         | 1                          | QL NM PA |
| <i>sunitinib malate</i> CAPS<br>12.5mg, 25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 1                          | QL NM PA |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                             | 1                          | QL 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

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------|----------------------------|----------|
| TAFINLAR CAPS 50mg, 75mg<br>QL (120 caps / 30 days)                   | 1                          | QL NM PA |
| TAFINLAR TBSO 10mg<br>QL (900 tabs / 30 days)                         | 1                          | QL NM PA |
| TAGRISSE TABS 40mg, 80mg<br>QL (30 tabs / 30 days)                    | 1                          | QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days) | 1                          | QL NM PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                         | 1                          | QL NM PA |
| TASIGNA CAPS 50mg<br>QL (120 caps / 30 days)                          | 1                          | QL NM PA |
| TASIGNA CAPS 150mg, 200mg<br>QL (112 caps / 28 days)                  | 1                          | QL NM PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days)                        | 1                          | QL NM PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                                | 1                          | NM PA    |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                        | 1                          | QL NM PA |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                         | 1                          | QL NM PA |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                          | 1                          | QL NM PA |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 1                          | QL NM PA |
| TRAZIMERA SOLR 150mg, 420mg                                           | 1                          | NM PA    |
| TRUQAP TABS 160mg, 200mg<br>QL (64 tabs / 28 days)                    | 1                          | QL NM PA |
| TRUQAP TBPK 160mg, 200mg<br>QL (4 packs / 28 days)                    | 1                          | QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml                                   | 1                          | NM PA    |
| TUKYSA TABS 50mg, 150mg<br>QL (120 tabs / 30 days)                    | 1                          | QL NM PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days)                         | 1                          | QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg<br>QL (56 tabs / 28 days)                | 1                          | QL NM PA |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------|----------------------------|----------|
| VENCLEXTA TABS 10mg, 50mg<br>QL (112 tabs / 28 days)                | 1                          | QL NM PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                     | 1                          | QL NM PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                    | 1                          | QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg<br>QL (56 tabs / 28 days)   | 1                          | QL NM PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days)                       | 1                          | QL NM PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days)                       | 1                          | QL NM PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days)                      | 1                          | QL NM PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)            | 1                          | QL NM PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                         | 1                          | QL NM PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                        | 1                          | QL NM PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                        | 1                          | QL NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg<br>QL (120 caps / 30 days)     | 1                          | QL NM PA |
| XALKORI CPSP 20mg<br>QL (240 caps / 30 days)                        | 1                          | QL NM PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                       | 1                          | QL NM PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                         | 1                          | QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days)  | 1                          | QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg<br>QL (4 tabs / 28 days)   | 1                          | QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)  | 1                          | QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days)   | 1                          | QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg<br>QL (24 tabs / 28 days) | 1                          | QL 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

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------|----------------------------|----------|
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg<br>QL (8 tabs / 28 days)          | 1                          | QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg<br>QL (32 tabs / 28 days)        | 1                          | QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg<br>QL (8 tabs / 28 days)         | 1                          | QL NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                  | 1                          | QL NM PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)                             | 1                          | QL NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml                                         | 1                          | NM PA    |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                              | 1                          | QL NM PA |
| ZYDELIG TABS 100mg, 150mg<br>QL (60 tabs / 30 days)                        | 1                          | QL NM PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                               | 1                          | QL NM PA |
| <b>PROTECTIVE AGENTS</b>                                                   |                            |          |
| leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg  | 1                          | B/D      |
| leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg                              | 1                          |          |
| mesna TABS 400mg                                                           | 1                          |          |
| MESNEX TABS 400mg                                                          | 1                          |          |
| <b>CARDIOVASCULAR<br/>ACE INHIBITOR COMBINATIONS</b>                       |                            |          |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg<br>QL (30 caps / 30 days) | 1                          | QL       |
| amlodipine besylate-benazepril hcl cap 5-10 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-benazepril hcl cap 5-20 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-benazepril hcl cap 5-40 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-benazepril hcl cap 10-20 mg<br>QL (30 caps / 30 days)  | 1                          | QL       |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------|----------------------------|--------|
| amlodipine besylate-benazepril hcl cap 10-40 mg<br>QL (30 caps / 30 days) | 1                          | QL     |
| benazepril & hydrochlorothiazide tab 5-6.25mg                             | 1                          |        |
| benazepril & hydrochlorothiazide tab 10-12.5 mg                           | 1                          |        |
| benazepril & hydrochlorothiazide tab 20-12.5 mg                           | 1                          |        |
| benazepril & hydrochlorothiazide tab 20-25 mg                             | 1                          |        |
| captopril & hydrochlorothiazide tab 25-15 mg                              | 1                          |        |
| captopril & hydrochlorothiazide tab 25-25 mg                              | 1                          |        |
| captopril & hydrochlorothiazide tab 50-15 mg                              | 1                          |        |
| captopril & hydrochlorothiazide tab 50-25 mg                              | 1                          |        |
| enalapril maleate & hydrochlorothiazide tab 5-12.5 mg                     | 1                          |        |
| enalapril maleate & hydrochlorothiazide tab 10-25 mg                      | 1                          |        |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg                    | 1                          |        |
| fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg                    | 1                          |        |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg                           | 1                          |        |
| lisinopril & hydrochlorothiazide tab 20-12.5 mg                           | 1                          |        |
| lisinopril & hydrochlorothiazide tab 20-25 mg                             | 1                          |        |
| <b>ACE INHIBITORS</b>                                                     |                            |        |
| benazepril hcl TABS 5mg, 10mg, 20mg, 40mg                                 | 1                          |        |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------|----------------------------|--------|
| <i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg              | 1                          |        |
| <i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg         | 1                          |        |
| <i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg               | 1                          |        |
| <i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg    | 1                          |        |
| <i>moexipril hcl</i> TABS 7.5mg, 15mg                        | 1                          |        |
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg               | 1                          |        |
| <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg              | 1                          |        |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg                | 1                          |        |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                       | 1                          |        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                      |                            |        |
| <i>eplerenone</i> TABS 25mg, 50mg                            | 1                          |        |
| KERENDIA TABS 10mg, 20mg                                     | 1                          | QL     |
| QL (30 tabs / 30 days)                                       |                            |        |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg                 | 1                          |        |
| <b>ALPHA BLOCKERS</b>                                        |                            |        |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg            | 1                          |        |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                       | 1                          |        |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                | 1                          |        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>       |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg  | 1                          | QL     |
| QL (30 tabs / 30 days)                                       |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg  | 1                          | QL     |
| QL (30 tabs / 30 days)                                       |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg | 1                          | QL     |
| QL (30 tabs / 30 days)                                       |                            |        |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg       | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>amlodipine besylate-valsartan</i> tab 5-160 mg                  | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>amlodipine besylate-valsartan</i> tab 5-320 mg                  | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>amlodipine besylate-valsartan</i> tab 10-160 mg                 | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>amlodipine besylate-valsartan</i> tab 10-320 mg                 | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg    | 1                          | QL     |
| QL (60 tabs / 30 days)                                             |                            |        |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg    | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg      | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| ENTRESTO CAP 6-6MG                                                 | 1                          | QL     |
| QL (240 caps / 30 days)                                            |                            |        |
| ENTRESTO CAP 15-16MG                                               | 1                          | QL     |
| QL (240 caps / 30 days)                                            |                            |        |
| ENTRESTO TAB 24-26MG                                               | 1                          | QL     |
| QL (60 tabs / 30 days)                                             |                            |        |
| ENTRESTO TAB 49-51MG                                               | 1                          | QL     |
| QL (60 tabs / 30 days)                                             |                            |        |
| ENTRESTO TAB 97-103MG                                              | 1                          | QL     |
| QL (60 tabs / 30 days)                                             |                            |        |
| <i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg              | 1                          | QL     |
| QL (60 tabs / 30 days)                                             |                            |        |
| <i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg              | 1                          | QL     |
| QL (30 tabs / 30 days)                                             |                            |        |
| <i>losartan potassium &amp; hydrochlorothiazide</i> tab 50-12.5 mg | 1                          |        |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>                          | 1                          |        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>                            | 1                          |        |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i><br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i><br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i><br>QL (30 tabs / 30 days)       | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i><br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-5 mg</i><br>QL (30 tabs / 30 days)                          | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-10 mg</i><br>QL (30 tabs / 30 days)                         | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-5 mg</i><br>QL (30 tabs / 30 days)                          | 1                          | QL     |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan-amlodipine tab 80-10 mg</i><br>QL (30 tabs / 30 days)            | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i><br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i><br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i><br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                      |                            |        |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i><br>QL (60 tabs / 30 days)      | 1                          | QL     |
| <i>candesartan cilexetil TABS 32mg</i><br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i><br>QL (30 tabs / 30 days)             | 1                          | QL     |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                                | 1                          |        |
| <i>olmesartan medoxomil TABS 5mg</i><br>QL (60 tabs / 30 days)                  | 1                          | QL     |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i><br>QL (30 tabs / 30 days)           | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan</i> TABS 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| <i>valsartan</i> TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days)                   | 1                          | QL     |
| <i>valsartan</i> TABS 320mg<br>QL (30 tabs / 30 days)                               | 1                          | QL     |
| <b>ANTIARRHYTHMICS</b>                                                              |                            |        |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1                          |        |
| <i>disopyramide phosphate</i> CAPS 100mg, 150mg                                     | 1                          |        |
| <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg                                       | 1                          |        |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                                   | 1                          |        |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days)                                         | 1                          | QL     |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                            | 1                          |        |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg           | 1                          |        |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                          | 1                          |        |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg                                   | 1                          |        |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg                                | 1                          |        |
| <b>ANTILIPEMICS, FIBRATES</b>                                                       |                            |        |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg                                    | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg                               | 1                          |        |
| <i>gemfibrozil</i> TABS 600mg                                                       | 1                          |        |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                   |                            |        |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days)                   | 1                          | QL     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)        | 1                          | QL     |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)       | 1                          | QL     |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                     |                            |        |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                                          | 1                          |        |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose                                    | 1                          |        |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg                                         | 1                          |        |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm                                     | 1                          |        |
| <i>ezetimibe</i> TABS 10mg                                                             | 1                          |        |
| <i>ezetimibe-simvastatin tab 10-10 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-20 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-40 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-80 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days)                                          | 1                          | QL     |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days)                                        | 1                          | QL     |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                                              | 1                          | PA     |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                                               | 1                          |        |
| REPATHA SOSY 140mg/ml                                                                  | 1                          | NM PA  |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml                                             | 1                          | NM PA  |
| REPATHA SURECLICK SOAJ 140mg/ml                                                        | 1                          | NM PA  |
| VASCEPA CAPS .5gm, 1gm                                                                 | 1                          |        |

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B/D - Covered under Medicare B or D

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------|----------------------------|--------|
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                            |                            |        |
| <i>atenolol &amp; chlorthalidone tab</i> 50-25 mg                    | 1                          |        |
| <i>atenolol &amp; chlorthalidone tab</i> 100-25 mg                   | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg          | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg            | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg           | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg             | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg            | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg            | 1                          |        |
| <b>BETA-BLOCKERS</b>                                                 |                            |        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                              | 1                          |        |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg                               | 1                          |        |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                                 | 1                          |        |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                            | 1                          |        |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg                 | 1                          |        |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                        | 1                          |        |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg            | 1                          |        |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg      | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                                 | 1                          |        |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>nebivolol hcl</i> TABS 20mg<br>QL (60 tabs / 30 days)             | 1                          | QL     |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>pindolol</i> TABS 5mg, 10mg                                                                                                             | 1                          |        |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg                           | 1                          |        |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                                                                                | 1                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                                                            |                            |        |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg                                                                                           | 1                          |        |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg                                                                                           | 1                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                                                                                    | 1                          |        |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg                            | 1                          |        |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg                                                                   | 1                          |        |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                  | 1                          |        |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                                                    | 1                          |        |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                                          | 1                          |        |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                                                     | 1                          |        |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                                                    | 1                          |        |
| <i>nimodipine</i> CAPS 30mg                                                                                                                | 1                          |        |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                                            | 1                          |        |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                          |        |
| <b>DIURETICS</b>                                                                                                                           |                            |        |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                                         | 1                          |        |

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 B/D - Covered under Medicare B or D

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------|----------------------------|--------|
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>          | 1                          |        |
| <i>amiloride hcl</i> TABS 5mg                                   | 1                          |        |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg            | 1                          |        |
| <i>chlorthalidone</i> TABS 25mg, 50mg                           | 1                          |        |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | 1                          |        |
| <i>furosemide inj</i> SOLN 10mg/ml                              | 1                          |        |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1                          |        |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                            | 1                          |        |
| <i>methazolamide</i> TABS 25mg, 50mg                            | 1                          |        |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                         | 1                          |        |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>    | 1                          |        |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg                    | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>     | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>     | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>       | 1                          |        |
| <b>MISCELLANEOUS</b>                                            |                            |        |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                     | 1                          |        |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr           | 1                          |        |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                      | 1                          |        |
| CORLANOR SOLN 5mg/5ml<br>QL (450 mL / 30 days)                  | 1                          | QL     |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                          | 1                          |        |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>digoxin</i> TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days)                                         | 1                          | QL       |
| <i>droxidopa</i> CAPS 100mg<br>QL (90 caps / 30 days)                                                | 1                          | QL NM PA |
| <i>droxidopa</i> CAPS 200mg, 300mg<br>QL (180 caps / 30 days)                                        | 1                          | QL NM PA |
| <i>epinephrine (anaphylaxis)</i><br>SOLN 1mg/ml                                                      | 1                          |          |
| <i>guanfacine hcl</i> TABS 1mg, 2mg<br>PA applies if 70 years and older                              | 1                          | PA       |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg                                    | 1                          |          |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL       |
| <i>metyrosine</i> CAPS 250mg                                                                         | 1                          | NM PA    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                                           | 1                          |          |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                                    | 1                          |          |
| <i>ranolazine</i> TB12 500mg, 1000mg                                                                 | 1                          |          |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days)                                              | 1                          | QL PA    |
| <b>NITRATES</b>                                                                                      |                            |          |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                                               | 1                          |          |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                                                 | 1                          |          |
| NITRO-BID OINT 2%                                                                                    | 1                          |          |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1                          |          |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                                               |                            |          |
| <i>alyq</i> TABS 20mg<br>QL (60 tabs / 30 days)                                                      | 1                          | QL NM PA |
| <i>ambrisentan</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                          | 1                          | QL NM PA |
| <i>bosentan</i> TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days)                                         | 1                          | QL 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

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------|----------------------------|----------|
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                      | 1                          | QL NM PA |
| sildenafil citrate (pulmonary hypertension) TABS 20mg<br>QL (360 tabs / 30 days) | 1                          | QL NM PA |
| tadalafil (pulmonary hypertension) TABS 20mg<br>QL (60 tabs / 30 days)           | 1                          | QL NM PA |
| treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                   | 1                          | NM PA    |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg<br>QL (140 caps / 28 days)                 | 1                          | QL NM PA |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days)                                  | 1                          | QL NM PA |
| <b>CENTRAL NERVOUS SYSTEM<br/>ANTIANXIETY</b>                                    |                            |          |
| alprazolam TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                 | 1                          | QL       |
| buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg                                  | 1                          |          |
| fluvoxamine maleate TABS 25mg, 50mg, 100mg                                       | 1                          |          |
| lorazepam CONC 2mg/ml<br>QL (150 mL / 30 days)                                   | 1                          | QL       |
| lorazepam SOLN 4mg/ml, 20mg/10ml                                                 | 1                          |          |
| lorazepam TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                         | 1                          | QL       |
| lorazepam intensol CONC 2mg/ml<br>QL (150 mL / 30 days)                          | 1                          | QL       |
| <b>ANTIDEMENTIA</b>                                                              |                            |          |
| donepezil hydrochloride TABS 5mg; TBDP 5mg<br>QL (30 tabs / 30 days)             | 1                          | QL       |
| donepezil hydrochloride TABS 10mg; TBDP 10mg                                     | 1                          |          |
| galantamine hydrobromide CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)          | 1                          | QL       |
| galantamine hydrobromide SOLN 4mg/ml<br>QL (200 mL / 30 days)                    | 1                          | QL       |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| galantamine hydrobromide TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1                          | PA     |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack<br>PA applies if 29 years and younger               | 1                          | PA     |
| memantine hcl-donepezil hcl cap er 24hr 14-10 mg                                                            | 1                          |        |
| memantine hcl-donepezil hcl cap er 24hr 21-10 mg                                                            | 1                          |        |
| memantine hcl-donepezil hcl cap er 24hr 28-10 mg                                                            | 1                          |        |
| NAMZARIC CAP 7-10MG                                                                                         | 1                          |        |
| NAMZARIC CAP 14-10MG                                                                                        | 1                          |        |
| NAMZARIC CAP 21-10MG                                                                                        | 1                          |        |
| NAMZARIC CAP 28-10MG                                                                                        | 1                          |        |
| NAMZARIC CAP PACK                                                                                           | 1                          |        |
| rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days)                          | 1                          | QL     |
| rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                                 | 1                          | QL     |
| <b>ANTIDEPRESSANTS</b>                                                                                      |                            |        |
| amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg                                                 | 1                          |        |
| amoxapine TABS 25mg, 50mg, 100mg, 150mg                                                                     | 1                          |        |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                             | 1                          | QL PA  |
| bupropion hcl TABS 75mg, 100mg                                                                              | 1                          |        |
| bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg<br>QL (60 tabs / 30 days)                                | 1                          | QL     |
| bupropion hcl TB24 300mg<br>QL (30 tabs / 30 days)                                                          | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg              | 1                          |        |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                                    | 1                          | PA     |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg                 | 1                          |        |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml       | 1                          |        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)          | 1                          | QL PA  |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg<br>QL (60 caps / 30 days)            | 1                          | QL     |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days)            | 1                          | QL PA  |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg                   | 1                          |        |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                | 1                          | QL PA  |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days)                               | 1                          | QL PA  |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year)                                      | 1                          | QL PA  |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml                       | 1                          |        |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                      | 1                          |        |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days)                                     | 1                          | QL     |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg           | 1                          |        |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                      | 1                          |        |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml                   | 1                          |        |
| <i>paroxetine hcl</i> SUSP 10mg/5ml<br>QL (900 mL / 30 days)                          | 1                          | QL PA  |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg                                     | 1                          |        |
| <i>phenelzine sulfate</i> TABS 15mg                                                   | 1                          |        |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                               | 1                          |        |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days)                                        | 1                          | QL PA  |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg                            | 1                          |        |
| <i>tranylcypromine sulfate</i> TABS 10mg                                              | 1                          |        |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                                          | 1                          |        |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg<br>QL (120 caps / 30 days)                | 1                          | QL     |
| <i>trimipramine maleate</i> CAPS 100mg<br>QL (60 caps / 30 days)                      | 1                          | QL     |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days)                             | 1                          | QL PA  |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1                          |        |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| ZURZUVAE CAPS 20mg, 25mg<br>QL (28 caps / 14 days)                                    | 1                          | QL PA  |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                          | 1                          | QL PA  |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                        |                            |        |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                           | 1                          | QL     |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg                                       | 1                          |        |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                               | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------|----------------------------|----------|
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 70 years and older | 1                          | PA       |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                                  | 1                          |          |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                                 | 1                          |          |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                                 | 1                          |          |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                                 | 1                          |          |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                                       | 1                          |          |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                                       | 1                          |          |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                       | 1                          |          |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                                    | 1                          |          |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                                    | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                            | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                           | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                             | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                          | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                           | 1                          |          |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                             | 1                          |          |
| <i>entacapone</i> TABS 200mg                                                        | 1                          |          |
| <i>INBRIJA</i> CAPS 42mg<br>QL (300 caps / 30 days)                                 | 1                          | QL NM PA |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg      | 1                          |          |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg<br>QL (30 tabs / 30 days)                 | 1                          | QL       |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                                     | 1                          |        |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                      | 1                          |        |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg<br>PA applies if 70 years and older                    | 1                          | PA     |
| <b>ANTIPSYCHOTICS</b>                                                                                         |                            |        |
| <i>ABILIFY ASIMTUFII</i> PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days)                            | 1                          | QL     |
| <i>ABILIFY MAINTENA</i> PRSY 300mg, 400mg<br>QL (1 syringe / 28 days)                                         | 1                          | QL     |
| <i>ABILIFY MAINTENA</i> SRER 300mg, 400mg<br>QL (1 injection / 28 days)                                       | 1                          | QL     |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                      | 1                          | QL     |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                           | 1                          | QL     |
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL ST  |
| <i>ARISTADA</i> PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days)                        | 1                          | QL     |
| <i>ARISTADA</i> PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                 | 1                          | QL     |
| <i>ARISTADA INITIO</i> PRSY 675mg/2.4ml                                                                       | 1                          |        |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| <i>CAPLYTA</i> CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days)                                              | 1                          | QL     |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                          |        |
| <i>clozapine</i> TABS 25mg, 50mg                                                                              | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clozapine</i> TABS 100mg<br>QL (270 tabs / 30 days)                                                                 | 1                          | QL     |
| <i>clozapine</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                                 | 1                          | QL     |
| <i>clozapine</i> TBDP 12.5mg,<br>25mg                                                                                  | 1                          | PA     |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                                                 | 1                          | QL PA  |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                                                 | 1                          | QL PA  |
| <i>clozapine</i> TBDP 200mg<br>QL (120 tabs / 30 days)                                                                 | 1                          | QL PA  |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days)                                                                          | 1                          | QL PA  |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                                         | 1                          | QL PA  |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                                         | 1                          | QL PA  |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                                           | 1                          | QL PA  |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                                           | 1                          | QL PA  |
| FANAPT PAK PACK A<br>QL (2 packs / year)                                                                               | 1                          | QL PA  |
| FANAPT PAK PACK C<br>QL (2 packs / year)                                                                               | 1                          | QL PA  |
| <i>fluphenazine decanoate</i><br>SOLN 25mg/ml                                                                          | 1                          |        |
| <i>fluphenazine hcl</i> CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg                | 1                          |        |
| <i>haloperidol</i> TABS .5mg, 1mg,<br>2mg, 5mg, 10mg, 20mg                                                             | 1                          |        |
| <i>haloperidol decanoate</i> SOLN<br>50mg/ml, 100mg/ml                                                                 | 1                          |        |
| <i>haloperidol lactate</i> CONC<br>2mg/ml; SOLN 5mg/ml                                                                 | 1                          |        |
| INVEGA HAFYERA SUSY<br>1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180<br>days)                                      | 1                          | QL     |
| INVEGA SUSTENNA SUSY<br>39mg/0.25ml, 78mg/0.5ml,<br>117mg/0.75ml, 156mg/ml,<br>234mg/1.5ml<br>QL (1 syringe / 28 days) | 1                          | QL     |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 1                          | QL       |
| <i>loxapine succinate</i> CAPS<br>5mg, 10mg, 25mg, 50mg                                                     | 1                          |          |
| <i>lurasidone hcl</i> TABS 20mg,<br>40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)                             | 1                          | QL       |
| <i>lurasidone hcl</i> TABS 80mg<br>QL (60 tabs / 30 days)                                                   | 1                          | QL       |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days)                                                                | 1                          | QL       |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days)                                                               | 1                          | QL       |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days)                                                               | 1                          | QL       |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days)                                                               | 1                          | QL       |
| <i>molindone hcl</i> TABS 5mg,<br>10mg, 25mg                                                                | 1                          |          |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                                | 1                          | QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                                | 1                          | QL NM PA |
| <i>olanzapine</i> SOLR 10mg<br>QL (3 vials / 1 day)                                                         | 1                          | QL       |
| <i>olanzapine</i> TABS 2.5mg,<br>5mg, 10mg<br>QL (60 tabs / 30 days)                                        | 1                          | QL       |
| <i>olanzapine</i> TABS 7.5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                       | 1                          | QL       |
| <i>olanzapine</i> TBDP 5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                         | 1                          | QL ST    |
| <i>olanzapine</i> TBDP 10mg<br>QL (60 tabs / 30 days)                                                       | 1                          | QL ST    |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days)                                                             | 1                          | QL PA    |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days)                                                                 | 1                          | QL PA    |
| <i>paliperidone</i> TB24 1.5mg,<br>3mg, 9mg<br>QL (30 tabs / 30 days)                                       | 1                          | QL       |
| <i>paliperidone</i> TB24 6mg<br>QL (60 tabs / 30 days)                                                      | 1                          | QL       |
| <i>perphenazine</i> TABS 2mg,<br>4mg, 8mg, 16mg                                                             | 1                          |          |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------|----------------------------|--------|
| <i>pimozide</i> TABS 1mg, 2mg                                   | 1                          |        |
| <i>quetiapine fumarate</i> TABS 25mg                            | 1                          | QL     |
| QL (180 tabs / 30 days)                                         |                            |        |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg       | 1                          | QL     |
| QL (90 tabs / 30 days)                                          |                            |        |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg                    | 1                          | QL     |
| QL (60 tabs / 30 days)                                          |                            |        |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg              | 1                          | QL PA  |
| QL (60 tabs / 30 days)                                          |                            |        |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg                    | 1                          | QL PA  |
| QL (30 tabs / 30 days)                                          |                            |        |
| REXULTI TABS 3mg, 4mg                                           | 1                          | QL     |
| QL (30 tabs / 30 days)                                          |                            |        |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                              | 1                          | QL     |
| QL (60 tabs / 30 days)                                          |                            |        |
| <i>risperidone</i> SOLN 1mg/ml                                  | 1                          | QL     |
| QL (240 mL / 30 days)                                           |                            |        |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg         | 1                          |        |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                           | 1                          | QL ST  |
| QL (60 tabs / 30 days)                                          |                            |        |
| <i>risperidone</i> TBDP 4mg                                     | 1                          | QL ST  |
| QL (120 tabs / 30 days)                                         |                            |        |
| <i>risperidone</i> TBDP .25mg, .5mg                             | 1                          | QL ST  |
| QL (90 tabs / 30 days)                                          |                            |        |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg | 1                          | QL     |
| QL (2 injections / 28 days)                                     |                            |        |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr                 | 1                          | QL     |
| QL (30 patches / 30 days)                                       |                            |        |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg            | 1                          |        |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                     | 1                          |        |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg             | 1                          |        |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| VERSACLOZ SUSP 50mg/ml                                                                                                 | 1                          | QL PA    |
| QL (600 mL / 30 days)                                                                                                  |                            |          |
| VRAYLAR CAPS 1.5mg                                                                                                     | 1                          | QL       |
| QL (60 caps / 30 days)                                                                                                 |                            |          |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg                                                                                           | 1                          | QL       |
| QL (30 caps / 30 days)                                                                                                 |                            |          |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg                                                                     | 1                          | QL       |
| QL (60 caps / 30 days)                                                                                                 |                            |          |
| <i>ziprasidone mesylate</i> SOLR 20mg                                                                                  | 1                          | QL       |
| QL (6 injections / 3 days)                                                                                             |                            |          |
| <b>ANTISEIZURE AGENTS</b>                                                                                              |                            |          |
| APTIOM TABS 200mg, 400mg                                                                                               | 1                          | QL       |
| QL (30 tabs / 30 days)                                                                                                 |                            |          |
| APTIOM TABS 600mg, 800mg                                                                                               | 1                          | QL       |
| QL (60 tabs / 30 days)                                                                                                 |                            |          |
| BRIVIACT SOLN 10mg/ml                                                                                                  | 1                          | QL PA    |
| QL (600 mL / 30 days)                                                                                                  |                            |          |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                                                                            | 1                          | QL PA    |
| QL (60 tabs / 30 days)                                                                                                 |                            |          |
| <i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1                          |          |
| <i>clobazam</i> SUSP 2.5mg/ml                                                                                          | 1                          | QL PA    |
| QL (480 mL / 30 days)                                                                                                  |                            |          |
| <i>clobazam</i> TABS 10mg, 20mg                                                                                        | 1                          | QL PA    |
| QL (60 tabs / 30 days)                                                                                                 |                            |          |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg                                                                                   | 1                          | QL       |
| QL (300 tabs / 30 days)                                                                                                |                            |          |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg                                                        | 1                          | QL       |
| QL (90 tabs / 30 days)                                                                                                 |                            |          |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg                                                                | 1                          | QL PA    |
| QL (180 tabs / 30 days)                                                                                                |                            |          |
| PA applies if 65 years and older                                                                                       |                            |          |
| DIACOMIT CAPS 250mg                                                                                                    | 1                          | QL NM PA |
| QL (360 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

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                                             | 1                          | QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30<br>days)                                                                                       | 1                          | QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30<br>days)                                                                                       | 1                          | QL NM PA |
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and<br>older when greater than 5<br>day supply            | 1                          | QL PA    |
| <i>diazepam</i> TABS 2mg, 5mg,<br>10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older when greater than 5<br>day supply | 1                          | QL PA    |
| <i>diazepam (anticonvulsant)</i><br>GEL 2.5mg, 10mg, 20mg                                                                                  | 1                          |          |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                                            | 1                          |          |
| <i>diazepam intensol</i> CONC<br>5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and<br>older when greater than 5<br>day supply  | 1                          | QL PA    |
| DILANTIN CAPS 30mg                                                                                                                         | 1                          |          |
| <i>divalproex sodium</i> CSDR<br>125mg; TB24 250mg, 500mg;<br>TBEC 125mg, 250mg, 500mg                                                     | 1                          |          |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                                                                           | 1                          | QL NM PA |
| <i>epitol</i> TABS 200mg                                                                                                                   | 1                          |          |
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days)                                                                                             | 1                          | QL PA    |
| <i>eslicarbazepine acetate</i><br>TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                                              | 1                          | QL       |
| <i>eslicarbazepine acetate</i><br>TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                                                              | 1                          | QL       |
| <i>ethosuximide</i> CAPS 250mg;<br>SOLN 250mg/5ml                                                                                          | 1                          |          |
| <i>felbamate</i> SUSP 600mg/5ml;<br>TABS 400mg, 600mg                                                                                      | 1                          |          |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days)                                                                                            | 1                          | QL NM PA |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| FYCOMPA SUSP .5mg/ml<br>QL (720 mL / 30 days)                                                               | 1                          | QL PA  |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days)                                                                  | 1                          | QL PA  |
| FYCOMPA TABS 4mg, 6mg,<br>8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                                         | 1                          | QL PA  |
| <i>gabapentin</i> CAPS 100mg,<br>300mg<br>QL (360 caps / 30 days)                                           | 1                          | QL     |
| <i>gabapentin</i> CAPS 400mg<br>QL (270 caps / 30 days)                                                     | 1                          | QL     |
| <i>gabapentin</i> SOLN<br>250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days)                                    | 1                          | QL     |
| <i>gabapentin</i> TABS 600mg<br>QL (180 tabs / 30 days)                                                     | 1                          | QL     |
| <i>gabapentin</i> TABS 800mg<br>QL (120 tabs / 30 days)                                                     | 1                          | QL     |
| <i>lacosamide</i> SOLN<br>200mg/20ml                                                                        | 1                          |        |
| <i>lacosamide</i> TABS 50mg<br>QL (120 tabs / 30 days)                                                      | 1                          | QL     |
| <i>lacosamide</i> TABS 100mg,<br>150mg, 200mg<br>QL (60 tabs / 30 days)                                     | 1                          | QL     |
| <i>lacosamide oral</i> SOLN<br>10mg/ml<br>QL (1200 mL / 30 days)                                            | 1                          | QL     |
| <i>lamotrigine</i> CHEW 5mg,<br>25mg; TABS 25mg, 100mg,<br>150mg, 200mg                                     | 1                          |        |
| <i>lamotrigine</i> TB24 25mg,<br>50mg, 100mg, 200mg,<br>250mg, 300mg                                        | 1                          | ST     |
| <i>levetiracetam</i> SOLN<br>100mg/ml, 500mg/5ml; TABS<br>250mg, 500mg, 750mg,<br>1000mg; TB24 500mg, 750mg | 1                          |        |
| LEVETIRACETAM TB3D<br>250mg<br>QL (360 tabs / 30 days)                                                      | 1                          | QL     |
| <i>levetiracetam in sodium</i><br><i>chloride iv soln 500 mg/100ml</i>                                      | 1                          |        |
| <i>levetiracetam in sodium</i><br><i>chloride iv soln 1000</i><br><i>mg/100ml</i>                           | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>                                                                                    | 1                          |        |
| <i>methsuximide CAPS 300mg</i>                                                                                                                   | 1                          |        |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units per 30 days)                                                                                       | 1                          | QL     |
| <i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>                                                                                    | 1                          |        |
| <i>perampanel TABS 2mg</i><br>QL (60 tabs / 30 days)                                                                                             | 1                          | QL PA  |
| <i>perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg</i><br>QL (30 tabs / 30 days)                                                                       | 1                          | QL PA  |
| <i>phenobarbital ELIX 20mg/5ml</i><br>QL (1500 mL / 30 days)<br>PA applies if 70 years and older                                                 | 1                          | QL PA  |
| <i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i><br>QL (120 tabs / 30 days)<br>PA applies if 70 years and older | 1                          | QL PA  |
| <i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i><br>PA applies if 70 years and older                                                           | 1                          | PA     |
| <i>phenytek CAPS 200mg, 300mg</i>                                                                                                                | 1                          |        |
| <i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>                                                                                                       | 1                          |        |
| <i>phenytoin sodium SOLN 50mg/ml</i>                                                                                                             | 1                          |        |
| <i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>                                                                                        | 1                          |        |
| <i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i><br>QL (120 caps / 30 days)                                                                 | 1                          | QL PA  |
| <i>pregabalin CAPS 200mg</i><br>QL (90 caps / 30 days)                                                                                           | 1                          | QL PA  |
| <i>pregabalin CAPS 225mg, 300mg</i><br>QL (60 caps / 30 days)                                                                                    | 1                          | QL PA  |
| <i>pregabalin SOLN 20mg/ml</i><br>QL (900 mL / 30 days)                                                                                          | 1                          | QL PA  |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------|----------------------------|--------|
| <i>primidone TABS 50mg, 125mg, 250mg</i>                                 | 1                          |        |
| <i>roweepra TABS 500mg</i>                                               | 1                          |        |
| <i>rufinamide SUSP 40mg/ml</i><br>QL (2400 mL / 30 days)                 | 1                          | QL PA  |
| <i>rufinamide TABS 200mg</i><br>QL (480 tabs / 30 days)                  | 1                          | QL PA  |
| <i>rufinamide TABS 400mg</i><br>QL (240 tabs / 30 days)                  | 1                          | QL PA  |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                            | 1                          | QL     |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                            | 1                          | QL     |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                            | 1                          | QL     |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                            | 1                          | QL     |
| <i>subvenite TABS 25mg, 100mg, 150mg, 200mg</i>                          | 1                          |        |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days)                 | 1                          | QL PA  |
| <i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>                           | 1                          |        |
| <i>topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg</i>   | 1                          |        |
| <i>topiramate SOLN 25mg/ml</i><br>QL (480 mL / 30 days)                  | 1                          | QL PA  |
| <i>valproate sodium SOLN 100mg/ml, 250mg/5ml</i>                         | 1                          |        |
| <i>valproic acid CAPS 250mg</i>                                          | 1                          |        |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs per 30 days)    | 1                          | QL     |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs per 30 days)  | 1                          | QL     |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs per 30 days) | 1                          | QL     |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs per 30 days)  | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------|----------------------------|----------|
| <i>vigabatrin</i> PACK 500mg<br>QL (180 packets / 30 days)                      | 1                          | QL NM PA |
| <i>vigabatrin</i> TABS 500mg<br>QL (180 tabs / 30 days)                         | 1                          | QL NM PA |
| <i>vigadrone</i> PACK 500mg<br>QL (180 packets / 30 days)                       | 1                          | QL NM PA |
| <i>vigadrone</i> TABS 500mg<br>QL (180 tabs / 30 days)                          | 1                          | QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                                 | 1                          | QL NM PA |
| <i>vigpoder</i> PACK 500mg<br>QL (180 packets / 30 days)                        | 1                          | QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                         | 1                          | QL       |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days)                              | 1                          | QL       |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                                    | 1                          | QL       |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                                   | 1                          | QL       |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                                    | 1                          | QL       |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days)                    | 1                          | QL       |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days)                      | 1                          | QL       |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days)                                | 1                          | QL PA    |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg                                        | 1                          |          |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                                   | 1                          | QL NM PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>                                 |                            |          |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg<br>QL (30 caps / 30 days) | 1                          | QL PA    |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 5 mg<br>QL (60 tabs / 30 days)          | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 7.5 mg<br>QL (60 tabs / 30 days)        | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 10 mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 12.5 mg<br>QL (60 tabs / 30 days)       | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 15 mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 20 mg<br>QL (90 tabs / 30 days)         | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab</i> 30 mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days)                                                                      | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 40mg<br>QL (60 caps / 30 days)                                                                                   | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                                                      | 1                          | QL     |
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                                                                     | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> TABS 10mg<br>QL (60 tabs / 30 days)                                                                            | 1                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older                                | 1                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 70 years and older                                          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                                  | 1                          | QL PA  |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml<br>QL (1800 mL / 30 days)                                                                            | 1                          | QL PA  |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml<br>QL (900 mL / 30 days)                                                                            | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                                                              | 1                          | QL PA  |
| <b>HYPNOTICS</b>                                                                                                                             |                            |        |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                                                             | 1                          | QL     |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg<br>QL (30 tabs / 30 days)                                                                           | 1                          | QL     |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1                          | QL PA  |

| Drug Name                                                                                                                                      | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>tasimelteon</i> CAPS 20mg<br>QL (30 caps / 30 days)                                                                                         | 1                          | QL NM PA |
| <i>temazepam</i> CAPS 7.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older                                                | 1                          | QL PA    |
| <i>temazepam</i> CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                                                       | 1                          | QL PA    |
| <i>zaleplon</i> CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year                | 1                          | QL PA    |
| <i>zaleplon</i> CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year               | 1                          | QL PA    |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1                          | QL PA    |
| <b>MIGRAINE</b>                                                                                                                                |                            |          |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days)                                                                                         | 1                          | QL NM PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                                                                                                  | 1                          |          |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml<br>QL (8 mL / 30 days)                                                                           | 1                          | QL PA    |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                                                                | 1                          | QL NM PA |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days)                                                                                            | 1                          | QL NM PA |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days)                                                                                            | 1                          | QL NM PA |
| <i>ergotamine w/ caffeine tab</i> 1-100 mg<br>QL (40 tabs / 28 days)                                                                           | 1                          | QL PA    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days)                                            | 1                          | QL       |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                                  | 1                          | QL PA    |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days)                                                     | 1                          | QL PA    |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg<br>QL (18 tabs / 30 days)                        | 1                          | QL       |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)                                                  | 1                          | QL       |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)                                                 | 1                          | QL       |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30 days)                 | 1                          | QL       |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml<br>QL (12 injections / 30 days) | 1                          | QL       |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                               | 1                          | QL       |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days)                                                          | 1                          | QL PA    |
| <b>MISCELLANEOUS</b>                                                                                        |                            |          |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                                                  | 1                          | QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                                           | 1                          | QL NM PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                                                               | 1                          | QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                                                             | 1                          | QL NM PA |
| AUSTEDO XR TB24 18mg, 24mg<br>QL (60 tabs / 30 days)                                                        | 1                          | QL NM PA |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days)                                            | 1                          | QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                                                              | 1                          | QL NM PA |
| <i>lithium</i> SOLN 8meq/5ml                                                                                | 1                          |          |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------|----------------------------|----------|
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 1                          |          |
| NUDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                                    | 1                          | QL PA    |
| <i>pyridostigmine bromide</i> TABS 60mg                                          | 1                          |          |
| <i>riluzole</i> TABS 50mg                                                        | 1                          |          |
| <i>tetrabenazine</i> TABS 12.5mg<br>QL (90 tabs / 30 days)                       | 1                          | QL NM PA |
| <i>tetrabenazine</i> TABS 25mg<br>QL (120 tabs / 30 days)                        | 1                          | QL NM PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                 |                            |          |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                                   | 1                          | QL NM PA |
| BETASERON KIT .3mg<br>QL (14 syringes / 28 days)                                 | 1                          | QL NM PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days)                              | 1                          | QL NM PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days)                              | 1                          | QL NM PA |
| <i>dalfampridine</i> TB12 10mg<br>QL (60 tabs / 30 days)                         | 1                          | QL NM PA |
| <i> fingolimod hcl</i> CAPS .5mg<br>QL (30 caps / 30 days)                       | 1                          | QL NM PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml<br>QL (30 syringes / 30 days)             | 1                          | QL NM PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml<br>QL (12 syringes / 28 days)             | 1                          | QL NM PA |
| <i>glatopa</i> SOSY 20mg/ml<br>QL (30 syringes / 30 days)                        | 1                          | QL NM PA |
| <i>glatopa</i> SOSY 40mg/ml<br>QL (12 syringes / 28 days)                        | 1                          | QL NM PA |
| KESIMPTA SOAJ 20mg/0.4ml<br>QL (16 pens / 365 days)                              | 1                          | QL NM PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                            |                            |          |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                               | 1                          | QL       |
| <i>baclofen</i> TABS 10mg, 20mg                                                  | 1                          |          |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                                                                                 | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>carisoprodol</i> TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year              | 1                          | QL PA    |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year | 1                          | QL PA    |
| <i>dantrolene sodium</i> CAPS<br>25mg, 50mg, 100mg                                                                                                        | 1                          |          |
| <i>methocarbamol</i> TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year             | 1                          | QL PA    |
| <i>methocarbamol</i> TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year             | 1                          | QL PA    |
| <i>tizanidine hcl</i> TABS 2mg,<br>4mg                                                                                                                    | 1                          |          |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                                                                               |                            |          |
| <i>armodafinil</i> TABS 50mg<br>QL (60 tabs / 30 days)                                                                                                    | 1                          | QL PA    |
| <i>armodafinil</i> TABS 150mg,<br>200mg, 250mg<br>QL (30 tabs / 30 days)                                                                                  | 1                          | QL PA    |
| <i>modafinil</i> TABS 100mg<br>QL (30 tabs / 30 days)                                                                                                     | 1                          | QL PA    |
| <i>modafinil</i> TABS 200mg<br>QL (60 tabs / 30 days)                                                                                                     | 1                          | QL PA    |
| <i>SODIUM OXYBATE</i> SOLN<br>500mg/ml<br>QL (540 mL / 30 days)                                                                                           | 1                          | QL NM PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                                                             |                            |          |
| <i>acamprosate calcium</i> TBEC<br>333mg                                                                                                                  | 1                          |          |
| <i>buprenorphine hcl</i> SUBL<br>2mg, 8mg<br>QL (90 tabs / 30 days)                                                                                       | 1                          | QL       |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 2-0.5 mg (base<br/>equiv)</i><br>QL (90 films / 30 days)                                                    | 1                          | QL       |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 4-1 mg (base equiv)</i><br>QL (90 films / 30 days)         | 1                          | QL     |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 8-2 mg (base equiv)</i><br>QL (90 films / 30 days)         | 1                          | QL     |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 12-3 mg (base<br/>equiv)</i><br>QL (60 films / 30 days)    | 1                          | QL     |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 2-0.5 mg (base<br/>equiv)</i><br>QL (90 tabs / 30 days)     | 1                          | QL     |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 8-2 mg (base equiv)</i><br>QL (90 tabs / 30 days)           | 1                          | QL     |
| <i>bupropion hcl (smoking<br/>deterrent)</i> TB12 150mg<br>QL (60 tabs / 30 days)                        | 1                          | QL     |
| <i>disulfiram</i> TABS 250mg,<br>500mg                                                                   | 1                          |        |
| <i>naloxone hcl</i> LIQD<br>4mg/0.1ml; SOCT .4mg/ml;<br>SOLN .4mg/ml, 4mg/10ml;<br>SOSY .4mg/ml, 2mg/2ml | 1                          |        |
| <i>naltrexone hcl</i> TABS 50mg                                                                          | 1                          |        |
| NICOTROL INHALER INHA<br>10mg                                                                            | 1                          |        |
| NICOTROL NS SOLN<br>10mg/ml                                                                              | 1                          |        |
| <i>varenicline tartrate</i> TABS<br>.5mg, 1mg<br>QL (56 tabs / 28 days)                                  | 1                          | QL     |
| <i>varenicline tartrate tab 11 x<br/>0.5 mg &amp; 42 x 1 mg start pack</i><br>QL (2 packs / year)        | 1                          | QL     |
| VIVITROL SUSR 380mg                                                                                      | 1                          | NM     |
| <b>ENDOCRINE AND METABOLIC<br/>ANDROGENS</b>                                                             |                            |        |
| <i>danazol</i> CAPS 50mg, 100mg, 1<br>200mg                                                              | 1                          |        |
| <i>depo-testosterone</i> SOLN<br>100mg/ml, 200mg/ml                                                      | 1                          | PA     |
| <i>methyltestosterone</i> CAPS<br>10mg<br>QL (600 caps / 30 days)                                        | 1                          | QL PA  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| testosterone GEL 1%,<br>25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days) | 1                          | QL PA  |
| testosterone cypionate SOLN<br>100mg/ml, 200mg/ml                     | 1                          | PA     |
| testosterone enanthate SOLN<br>200mg/ml                               | 1                          | PA     |
| testosterone pump GEL<br>1.62%<br>QL (150 gm / 30 days)               | 1                          | QL PA  |
| <b>ANTIDIABETICS</b>                                                  |                            |        |
| acarbose TABS 25mg, 50mg, 1<br>100mg                                  | 1                          |        |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                      | 1                          | QL     |
| glimepiride TABS 1mg, 2mg<br>QL (90 tabs / 30 days)                   | 1                          | QL     |
| glimepiride TABS 4mg<br>QL (60 tabs / 30 days)                        | 1                          | QL     |
| glipizide TABS 5mg<br>QL (240 tabs / 30 days)                         | 1                          | QL     |
| glipizide TABS 10mg<br>QL (120 tabs / 30 days)                        | 1                          | QL     |
| glipizide TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)                   | 1                          | QL     |
| glipizide TB24 10mg<br>QL (60 tabs / 30 days)                         | 1                          | QL     |
| glipizide xl TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)                | 1                          | QL     |
| glipizide xl TB24 10mg<br>QL (60 tabs / 30 days)                      | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-250 mg<br>QL (240 tabs / 30 days)  | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-500 mg<br>QL (120 tabs / 30 days)  | 1                          | QL     |
| glipizide-metformin hcl tab 5-<br>500 mg<br>QL (120 tabs / 30 days)   | 1                          | QL     |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                        | 1                          | QL     |
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                        | 1                          | QL     |
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                        | 1                          | QL     |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)                         | 1                          | QL     |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| JANUMET XR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                                                                     | 1                          | QL     |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                                                                          | 1                          | QL     |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                                                                         | 1                          | QL     |
| JANUVIA TABS 25mg, 50mg, 1<br>100mg<br>QL (30 tabs / 30 days)                                                             | 1                          | QL     |
| JARDIANCE TABS 10mg,<br>25mg<br>QL (30 tabs / 30 days)                                                                    | 1                          | QL     |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                                                          | 1                          | QL     |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                                                          | 1                          | QL     |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                                                         | 1                          | QL     |
| JENTADUETO TAB XR 2.5-<br>1000MG<br>QL (60 tabs / 30 days)                                                                | 1                          | QL     |
| JENTADUETO TAB XR 5-<br>1000MG<br>QL (30 tabs / 30 days)                                                                  | 1                          | QL     |
| metformin hcl TABS 500mg<br>QL (150 tabs / 30 days)                                                                       | 1                          | QL     |
| metformin hcl TABS 850mg<br>QL (90 tabs / 30 days)                                                                        | 1                          | QL     |
| metformin hcl TABS 1000mg<br>QL (75 tabs / 30 days)                                                                       | 1                          | QL     |
| metformin hcl TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)                                      | 1                          | QL     |
| metformin hcl TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)                                       | 1                          | QL     |
| MOUNJARO SOAJ<br>2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 1                          | QL PA  |
| nateglinide TABS 60mg,<br>120mg<br>QL (90 tabs / 30 days)                                                                 | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml<br>QL (1 pen / 28 days)          | 1                          | QL PA  |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml<br>QL (1 pen / 28 days)             | 1                          | QL PA  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml<br>QL (1 pen / 28 days)                       | 1                          | QL PA  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml<br>QL (1 pen / 28 days)                       | 1                          | QL PA  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)       | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i><br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i><br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>repaglinide</i> TABS 2mg<br>QL (240 tabs / 30 days)                        | 1                          | QL     |
| <i>repaglinide</i> TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                  | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                        | 1                          | QL PA  |
| SYNJARDY TAB 5-500MG<br>QL (120 tabs / 30 days)                               | 1                          | QL     |
| SYNJARDY TAB 5-1000MG<br>QL (60 tabs / 30 days)                               | 1                          | QL     |
| SYNJARDY TAB 12.5-500<br>QL (60 tabs / 30 days)                               | 1                          | QL     |
| SYNJARDY TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                            | 1                          | QL     |
| SYNJARDY XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                            | 1                          | QL     |
| SYNJARDY XR TAB 10-1000<br>QL (60 tabs / 30 days)                             | 1                          | QL     |
| SYNJARDY XR TAB 12.5-1000<br>QL (60 tabs / 30 days)                           | 1                          | QL     |
| SYNJARDY XR TAB 25-1000<br>QL (30 tabs / 30 days)                             | 1                          | QL     |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                             | 1                          | QL     |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                           | 1                          | QL     |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                            | 1                          | QL     |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                        | 1                          | QL     |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                            | 1                          | QL     |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 1                          | QL PA  |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                         | 1                          | QL     |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                          | 1                          | QL     |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                         | 1                          | QL     |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                         | 1                          | QL     |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                          | 1                          | QL     |
| <b>ANTIDIABETICS, INSULINS</b>                                                           |                            |        |
| ADMELOG SOLN 100unit/ml                                                                  | 1                          |        |
| ADMELOG SOLOSTAR SOPN 100unit/ml                                                         | 1                          |        |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY                                                      | 1                          | PA     |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                                         | 1                          |        |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)<br>QL (10 patches / 30 days)                            | 1                          | QL PA  |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days)                             | 1                          | QL PA  |
| CEQUR SIMPL MIS INSERTER<br>QL (2 inserters / year)                                      | 1                          | QL PA  |
| FIASP SOLN 100unit/ml                                                                    | 1                          |        |
| FIASP FLEXTOUCH SOPN 100unit/ml                                                          | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| FIASP PENFILL SOCT<br>100unit/ml                                      | 1                          |        |
| FIASP PUMPCART SOCT<br>100unit/ml                                     | 1                          | B/D    |
| GAUZE PADS 2" X 2"                                                    | 1                          | PA     |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml                       | 1                          | B/D    |
| HUMULIN R U-500 KWIKPEN<br>SOPN 500unit/ml                            | 1                          |        |
| INSULIN PEN NEEDLES: BD-<br>EMBECTA                                   | 1                          | PA     |
| INSULIN SAFETY NEEDLES:<br>BD-EMBECTA                                 | 1                          | PA     |
| INSULIN SYRINGES: BD-<br>EMBECTA                                      | 1                          | PA     |
| NOVOLIN INJ 70/30<br>(brand RELION not<br>covered)                    | 1                          |        |
| NOVOLIN INJ 70/30 FP<br>(brand RELION not<br>covered)                 | 1                          |        |
| NOVOLIN N SUSP<br>100unit/ml<br>(brand RELION not<br>covered)         | 1                          |        |
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml<br>(brand RELION not<br>covered) | 1                          |        |
| NOVOLIN R SOLN<br>100unit/ml<br>(brand RELION not<br>covered)         | 1                          |        |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml<br>(brand RELION not<br>covered) | 1                          |        |
| NOVOLOG SOLN 100unit/ml<br>(brand RELION not<br>covered)              | 1                          |        |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml<br>(brand RELION not<br>covered)   | 1                          |        |
| NOVOLOG MIX INJ 70/30<br>(brand RELION not<br>covered)                | 1                          |        |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| NOVOLOG MIX INJ<br>FLEXPEN<br>(brand RELION not<br>covered)         | 1                          |        |
| NOVOLOG PENFILL SOCT<br>100unit/ml<br>(brand RELION not<br>covered) | 1                          |        |
| OMNIPOD 5 DX KIT INT<br>G7G6<br>QL (1 kit / year)                   | 1                          | QL PA  |
| OMNIPOD 5 DX MIS POD<br>G7G6<br>QL (15 pods / 30 days)              | 1                          | QL PA  |
| OMNIPOD 5 G7 KIT INTRO<br>QL (1 kit / year)                         | 1                          | QL PA  |
| OMNIPOD 5 G7 MIS PODS<br>QL (15 pods / 30 days)                     | 1                          | QL PA  |
| OMNIPOD 5 L2 KIT INTRO<br>G6<br>QL (1 kit / year)                   | 1                          | QL PA  |
| OMNIPOD 5 L2 MIS PODS<br>G6<br>QL (15 pods / 30 days)               | 1                          | QL PA  |
| OMNIPOD DASH KIT INTRO<br>QL (1 kit / year)                         | 1                          | QL PA  |
| OMNIPOD DASH MIS PODS<br>QL (15 pods / 30 days)                     | 1                          | QL PA  |
| OMNIPOD GO KIT<br>10UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>15UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>20UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>25UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>30UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>35UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |
| OMNIPOD GO KIT<br>40UNT/DY<br>QL (15 pods / 30 days)                | 1                          | QL PA  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| OMNIPOD MIS CLASSIC<br>QL (15 pods / 30 days)                       | 1                          | QL PA  |
| SOLIQUA INJ 100/33<br>QL (5 pens / 25 days)                         | 1                          | QL     |
| TOUJEO MAX SOLOSTAR<br>SOPN 300unit/ml                              | 1                          |        |
| TOUJEO SOLOSTAR SOPN<br>300unit/ml                                  | 1                          |        |
| TRESIBA SOLN 100unit/ml                                             | 1                          |        |
| TRESIBA FLEXTOUCH<br>SOPN 100unit/ml, 200unit/ml                    | 1                          |        |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)                       | 1                          | QL     |
| <b>CALCIUM REGULATORS</b>                                           |                            |        |
| alendronate sodium SOLN<br>70mg/75ml                                | 1                          | ST     |
| alendronate sodium TABS<br>10mg, 35mg, 70mg                         | 1                          |        |
| BONSITY SOPN<br>560mcg/2.24ml                                       | 1                          | NM PA  |
| calcitonin (salmon) spray<br>SOLN 200unit/act                       | 1                          | B/D    |
| ibandronate sodium TABS<br>150mg                                    | 1                          | B/D    |
| PAMIDRONATE DISODIUM<br>SOLN 6mg/ml                                 | 1                          | B/D    |
| pamidronate disodium SOLN<br>30mg/10ml, 90mg/10ml                   | 1                          | B/D    |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180<br>days)                 | 1                          | QL NM  |
| risedronate sodium TABS<br>5mg, 35mg, 150mg                         | 1                          |        |
| risedronate sodium TBEC<br>35mg                                     | 1                          | ST     |
| TERIPARATIDE SOPN<br>560mcg/2.24ml<br>(ALVOGEN product)             | 1                          | NM PA  |
| WYOST SOLN 120mg/1.7ml                                              | 1                          | NM PA  |
| XGEVA SOLN 120mg/1.7ml                                              | 1                          | NM PA  |
| zoledronic acid CONC<br>4mg/5ml; SOLN 5mg/100ml                     | 1                          | B/D NM |
| <b>CHELATING AGENTS</b>                                             |                            |        |
| CHEMET CAPS 100mg                                                   | 1                          |        |
| deferasirox TABS 90mg,<br>180mg, 360mg; TBSO<br>125mg, 250mg, 500mg | 1                          | NM PA  |
| kionex SUSP 15gm/60ml                                               | 1                          |        |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| LOKELMA PACK 5gm, 10gm                                             | 1                          |        |
| penicillamine TABS 250mg                                           | 1                          | NM     |
| sodium polystyrene sulfonate<br>powder                             | 1                          |        |
| sps SUSP 15gm/60ml                                                 | 1                          |        |
| sps rectal SUSP 15gm/60ml                                          | 1                          |        |
| trientine hcl CAPS 250mg                                           | 1                          | NM PA  |
| <b>CONTRACEPTIVES</b>                                              |                            |        |
| afirmelle                                                          | 1                          |        |
| altavera                                                           | 1                          |        |
| alyacen 1/35                                                       | 1                          |        |
| alyacen 7/7/7                                                      | 1                          |        |
| amethia                                                            | 1                          |        |
| amethyst                                                           | 1                          |        |
| apri                                                               | 1                          |        |
| aranelle                                                           | 1                          |        |
| ashlyna                                                            | 1                          |        |
| aubra eq                                                           | 1                          |        |
| aurovela 1/20                                                      | 1                          |        |
| aurovela 24 fe                                                     | 1                          |        |
| aurovela fe 1.5/30                                                 | 1                          |        |
| aurovela fe 1/20                                                   | 1                          |        |
| aviane                                                             | 1                          |        |
| ayuna                                                              | 1                          |        |
| azurette                                                           | 1                          |        |
| balziva                                                            | 1                          |        |
| blisovi 24 fe                                                      | 1                          |        |
| blisovi fe 1.5/30                                                  | 1                          |        |
| briellyn                                                           | 1                          |        |
| camila TABS .35mg                                                  | 1                          |        |
| camrese                                                            | 1                          |        |
| camrese lo                                                         | 1                          |        |
| chateal eq                                                         | 1                          |        |
| cryselle-28                                                        | 1                          |        |
| cyred eq                                                           | 1                          |        |
| dasetta 1/35                                                       | 1                          |        |
| dasetta 7/7/7                                                      | 1                          |        |
| daysee                                                             | 1                          |        |
| deblitane TABS .35mg                                               | 1                          |        |
| DEPO-SUBQ PROVERA 104<br>SUSY 104mg/0.65ml                         | 1                          |        |
| desogest-eth estrad & eth<br>estrad tab 0.15-0.02/0.01<br>mg(21/5) | 1                          |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                    | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------|-----------------------------------|
| <i>dolishale</i>                                                             | 1                                 |
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.02-0.451<br/>mg</i> | 1                                 |
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.03-0.451<br/>mg</i> | 1                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.02 mg</i>                      | 1                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.03 mg</i>                      | 1                                 |
| <i>elinest</i>                                                               | 1                                 |
| <i>eluryng</i>                                                               | 1                                 |
| <i>emzahh TABS .35mg</i>                                                     | 1                                 |
| <i>enilloring</i>                                                            | 1                                 |
| <i>enpresse-28</i>                                                           | 1                                 |
| <i>enskyce</i>                                                               | 1                                 |
| <i>errin TABS .35mg</i>                                                      | 1                                 |
| <i>estarylla</i>                                                             | 1                                 |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-35 mcg</i>      | 1                                 |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-50 mcg</i>      | 1                                 |
| <i>etonogestrel-ethinyl estradiol<br/>va ring 0.12-0.015 mg/24hr</i>         | 1                                 |
| <i>falmina</i>                                                               | 1                                 |
| <i>feirza 1.5/30</i>                                                         | 1                                 |
| <i>feirza 1/20</i>                                                           | 1                                 |
| <i>finzala</i>                                                               | 1                                 |
| <i>galbriela</i>                                                             | 1                                 |
| <i>hailey 1.5/30</i>                                                         | 1                                 |
| <i>hailey 24 fe</i>                                                          | 1                                 |
| <i>haloette</i>                                                              | 1                                 |
| <i>heather TABS .35mg</i>                                                    | 1                                 |
| <i>iclevia</i>                                                               | 1                                 |
| <i>incassia TABS .35mg</i>                                                   | 1                                 |
| <i>introvale</i>                                                             | 1                                 |
| <i>isibloom</i>                                                              | 1                                 |
| <i>jaimiess</i>                                                              | 1                                 |
| <i>jasmiel</i>                                                               | 1                                 |
| <i>jolessa</i>                                                               | 1                                 |
| <i>juleber</i>                                                               | 1                                 |
| <i>junel 1.5/30</i>                                                          | 1                                 |
| <i>junel 1/20</i>                                                            | 1                                 |
| <i>junel fe 1.5/30</i>                                                       | 1                                 |

| Drug Name                                                                        | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------|-----------------------------------|
| <i>junel fe 1/20</i>                                                             | 1                                 |
| <i>junel fe 24</i>                                                               | 1                                 |
| <i>kaitlib fe</i>                                                                | 1                                 |
| <i>kariva</i>                                                                    | 1                                 |
| <i>kelnor 1/35</i>                                                               | 1                                 |
| <i>kelnor 1/50</i>                                                               | 1                                 |
| <i>kurvelo</i>                                                                   | 1                                 |
| <i>larin 1.5/30</i>                                                              | 1                                 |
| <i>larin 1/20</i>                                                                | 1                                 |
| <i>larin 24 fe</i>                                                               | 1                                 |
| <i>larin fe 1.5/30</i>                                                           | 1                                 |
| <i>larin fe 1/20</i>                                                             | 1                                 |
| <i>layolis fe</i>                                                                | 1                                 |
| <i>lessina</i>                                                                   | 1                                 |
| <i>levonest</i>                                                                  | 1                                 |
| <i>levonorg-eth est tab 0.1-<br/>0.02mg(84) &amp; eth est tab<br/>0.01mg(7)</i>  | 1                                 |
| <i>levonorg-eth est tab 0.15-<br/>0.03mg(84) &amp; eth est tab<br/>0.01mg(7)</i> | 1                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol (91-day) tab 0.15-<br/>0.03 mg</i> | 1                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.1 mg-20 mcg</i>              | 1                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.15 mg-30 mcg</i>             | 1                                 |
| <i>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-<br/>30mg-mcg</i>     | 1                                 |
| <i>levonorgestrel-ethinyl<br/>estradiol (continuous) tab 90-<br/>20 mcg</i>      | 1                                 |
| <i>levora 0.15/30-28</i>                                                         | 1                                 |
| <b>LILETTA IUD 20.1mcg/day</b>                                                   | 1 NM                              |
| <i>loestrin 1.5/30-21</i>                                                        | 1                                 |
| <i>loestrin 1/20-21</i>                                                          | 1                                 |
| <i>loestrin fe 1.5/30</i>                                                        | 1                                 |
| <i>loestrin fe 1/20</i>                                                          | 1                                 |
| <i>lojaimiess</i>                                                                | 1                                 |
| <i>loryna</i>                                                                    | 1                                 |
| <i>low-ogestrel</i>                                                              | 1                                 |
| <i>luteru</i>                                                                    | 1                                 |
| <i>lyleq TABS .35mg</i>                                                          | 1                                 |
| <i>lyza TABS .35mg</i>                                                           | 1                                 |

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Last Updated: 09/01/25

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| marlissa                                                                       | 1                          |        |
| medroxyprogesterone acetate<br>(contraceptive) SUSP<br>150mg/ml; SUSY 150mg/ml | 1                          |        |
| meleya TABS .35mg                                                              | 1                          |        |
| mibelas 24 fe                                                                  | 1                          |        |
| microgestin 1.5/30                                                             | 1                          |        |
| microgestin 1/20                                                               | 1                          |        |
| microgestin fe 1.5/30                                                          | 1                          |        |
| microgestin fe 1/20                                                            | 1                          |        |
| mili                                                                           | 1                          |        |
| mono-lynyah                                                                    | 1                          |        |
| necon 0.5/35-28                                                                | 1                          |        |
| NEXPLANON IMPL 68mg                                                            | 1                          | NM     |
| nikki                                                                          | 1                          |        |
| nora-be TABS .35mg                                                             | 1                          |        |
| norelgestromin-ethinyl<br>estradiol td ptwk 150-35<br>mcg/24hr                 | 1                          |        |
| norethindrone & ethinyl<br>estradiol-fe chew tab 0.4 mg-<br>35 mcg             | 1                          |        |
| norethindrone (contraceptive)<br>TABS .35mg                                    | 1                          |        |
| norethindrone ac-ethinyl<br>estradiol-fe tab 1-20/1-30/1-35<br>mg-mcg          | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1 mg-20 mcg                       | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol-fe tab 1 mg-20 mcg                    | 1                          |        |
| norethindrone ace-eth<br>estradiol-fe chew tab 1 mg-20<br>mcg (24)             | 1                          |        |
| norgestimate & ethinyl<br>estradiol tab 0.25 mg-35 mcg                         | 1                          |        |
| norgestimate-eth estrad tab<br>0.18-25/0.215-25/0.25-25 mg-<br>mcg             | 1                          |        |
| norgestimate-eth estrad tab<br>0.18-35/0.215-35/0.25-35 mg-<br>mcg             | 1                          |        |
| norlyroc TABS .35mg                                                            | 1                          |        |
| nortrel 0.5/35 (28)                                                            | 1                          |        |
| nortrel 1/35 (21)                                                              | 1                          |        |
| nortrel 1/35 (28)                                                              | 1                          |        |
| nortrel 7/7/7                                                                  | 1                          |        |

| Drug Name           | Drug Requirements/<br>Tier | Limits |
|---------------------|----------------------------|--------|
| nylia 1/35          | 1                          |        |
| nylia 7/7/7         | 1                          |        |
| ocella              | 1                          |        |
| orquidea TABS .35mg | 1                          |        |
| philith             | 1                          |        |
| pimtrea             | 1                          |        |
| portia-28           | 1                          |        |
| reclipsen           | 1                          |        |
| rivelsa             | 1                          |        |
| rosyrah             | 1                          |        |
| setlakin            | 1                          |        |
| sharobel TABS .35mg | 1                          |        |
| simliya             | 1                          |        |
| simpesse            | 1                          |        |
| sprintec 28         | 1                          |        |
| sronyx              | 1                          |        |
| syeda               | 1                          |        |
| tarina 24 fe        | 1                          |        |
| tarina fe 1/20 eq   | 1                          |        |
| tilia fe            | 1                          |        |
| tri-estarylla       | 1                          |        |
| tri-legest fe       | 1                          |        |
| tri-lynyah          | 1                          |        |
| tri-lo-estarylla    | 1                          |        |
| tri-lo-marzia       | 1                          |        |
| tri-lo-mili         | 1                          |        |
| tri-lo-sprintec     | 1                          |        |
| tri-mili            | 1                          |        |
| tri-nymyo           | 1                          |        |
| tri-sprintec        | 1                          |        |
| tri-vylibra         | 1                          |        |
| tri-vylibra lo      | 1                          |        |
| turqoz              | 1                          |        |
| tydemy              | 1                          |        |
| valtya 1/50         | 1                          |        |
| velivet             | 1                          |        |
| vestura             | 1                          |        |
| vienva              | 1                          |        |
| violele             | 1                          |        |
| vyfemla             | 1                          |        |
| vylibra             | 1                          |        |
| wera                | 1                          |        |
| wymzya fe           | 1                          |        |
| xarah fe            | 1                          |        |

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B/D - Covered under Medicare B or D

| Drug Name                                                                                                                                                                               | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>xelria fe</i>                                                                                                                                                                        | 1                                 |
| <i>xulane</i>                                                                                                                                                                           | 1                                 |
| <i>zafemy</i>                                                                                                                                                                           | 1                                 |
| <i>zovia 1/35</i>                                                                                                                                                                       | 1                                 |
| <i>zumandimine</i>                                                                                                                                                                      | 1                                 |
| <b>ESTROGENS</b>                                                                                                                                                                        |                                   |
| <i>abigale</i>                                                                                                                                                                          | 1                                 |
| <i>abigale lo</i>                                                                                                                                                                       | 1                                 |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                                          | 1                                 |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 1                                 |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                                                                                             | 1                                 |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>                                                                                                                               | 1                                 |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg                                                                                                                                       | 1                                 |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml                                                                                                                                 | 1                                 |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                                                                                         | 1                                 |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                                                                                             | 1                                 |
| <i>jinteli</i>                                                                                                                                                                          | 1                                 |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                                        | 1                                 |
| <i>mimvey</i>                                                                                                                                                                           | 1                                 |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>                                                                                                                       | 1                                 |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                                                                                                           | 1                                 |
| <i>yuvaferm</i> TABS 10mcg                                                                                                                                                              | 1                                 |
| <b>GLUCOCORTICOIDS</b>                                                                                                                                                                  |                                   |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg                                                                                          | 1                                 |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                                                                                                                      | 1                                 |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1                                 |
| <i>fludrocortisone acetate</i> TABS .1mg                                                                           | 1                                 |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg                                                                         | 1                                 |
| <i>hydrocortisone sod succinate</i> SOLR 100mg                                                                     | 1                                 |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg                                                                | 1 B/D                             |
| <i>methylprednisolone</i> TBPK 4mg                                                                                 | 1                                 |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml                                                            | 1 B/D                             |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg                                                        | 1 B/D                             |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                                  | 1 B/D                             |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml                                              | 1 B/D                             |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                                             | 1 B/D                             |
| <i>prednisone</i> TBPK 5mg, 10mg                                                                                   | 1                                 |
| PREDNISONE INTENSOL CONC 5mg/ml                                                                                    | 1 B/D                             |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                                                       | 1                                 |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                                                    |                                   |
| <i>diazoxide</i> SUSP 50mg/ml                                                                                      | 1                                 |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                                                         | 1                                 |
| <b>MISCELLANEOUS</b>                                                                                               |                                   |
| ALDURAZYME SOLN 2.9mg/5ml                                                                                          | 1 NM PA                           |
| <i>betaine powder for oral solution</i>                                                                            | 1 NM                              |
| <i>cabergoline</i> TABS .5mg                                                                                       | 1                                 |
| <i>carglumic acid</i> TBSO 200mg                                                                                   | 1 NM PA                           |
| CERDELGA CAPS 84mg                                                                                                 | 1 NM PA                           |
| CEREZYME SOLR 400unit                                                                                              | 1 NM PA                           |

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| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>cinacalcet hcl</i> TABS 30mg, 60mg<br>QL (60 tabs / 30 days)                                                           | 1                          | B/D QL NM |
| <i>cinacalcet hcl</i> TABS 90mg<br>QL (120 tabs / 30 days)                                                                | 1                          | B/D QL NM |
| CYSTAGON CAPS 50mg, 150mg                                                                                                 | 1                          | NM PA     |
| <i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg                                                                 | 1                          |           |
| <i>desmopressin acetate spray</i> SOLN .01%                                                                               | 1                          |           |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                                                                  | 1                          |           |
| FABRAZYME SOLR 5mg, 35mg                                                                                                  | 1                          | NM PA     |
| GENOTROPIN CART 5mg, 12mg                                                                                                 | 1                          | NM PA     |
| GENOTROPIN MINIQUEL PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg                                     | 1                          | NM PA     |
| INCRELEX SOLN 40mg/4ml                                                                                                    | 1                          | NM PA     |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg                                                                             | 1                          | NM PA     |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                                                                | 1                          | NM PA     |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                                                      | 1                          | B/D       |
| LUMIZYME SOLR 50mg                                                                                                        | 1                          | NM PA     |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                                                        | 1                          | NM PA     |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                                                               | 1                          | NM PA     |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                                                        | 1                          | NM PA     |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg                                                                            | 1                          | NM PA     |
| NAGLAZYME SOLN 1mg/ml                                                                                                     | 1                          | NM PA     |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                                                               | 1                          | NM PA     |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml | 1                          | NM PA     |
| <i>raloxifene hcl</i> TABS 60mg                                                                                           | 1                          |           |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg                                                            | 1                          | NM PA  |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                                                                     | 1                          | NM PA  |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg                                                                       | 1                          | NM PA  |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                                                                   | 1                          | NM PA  |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                                  | 1                          | NM PA  |
| SYNAREL SOLN 2mg/ml                                                                                                         | 1                          | PA     |
| VEOZAH TABS 45mg                                                                                                            | 1                          | PA     |
| <b>PROGESTINS</b>                                                                                                           |                            |        |
| <i>gallifrey</i> TABS 5mg                                                                                                   | 1                          |        |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg                                                                    | 1                          |        |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                       | 1                          |        |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml                                                                          | 1                          | PA     |
| <i>norethindrone acetate</i> TABS 5mg                                                                                       | 1                          |        |
| <i>progesterone</i> CAPS 100mg, 200mg                                                                                       | 1                          |        |
| <b>THYROID AGENTS</b>                                                                                                       |                            |        |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg               | 1                          |        |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                      | 1                          |        |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg                                                                          | 1                          |        |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                           | 1                          |        |
| <i>propylthiouracil</i> TABS 50mg                                                                                           | 1                          |        |

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| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| <b>VITAMIN D ANALOGS</b>                                                                                  |                            |        |
| calcitriol CAPS .25mcg, .5mcg                                                                             | 1                          | B/D    |
| calcitriol (oral) SOLN 1mcg/ml                                                                            | 1                          | B/D    |
| paricalcitol CAPS 1mcg, 2mcg, 4mcg                                                                        | 1                          | B/D    |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                                       |                            |        |
| aprepitant CAPS 40mg, 80mg, 125mg                                                                         | 1                          | B/D    |
| aprepitant capsule therapy pack 80 & 125 mg                                                               | 1                          | B/D    |
| compro SUPP 25mg                                                                                          | 1                          |        |
| dronabinol CAPS 2.5mg, 5mg, 10mg                                                                          | 1                          | B/D QL |
| QL (60 caps / 30 days)                                                                                    |                            |        |
| granisetron hcl SOLN 1mg/ml, 4mg/4ml                                                                      | 1                          |        |
| granisetron hcl TABS 1mg                                                                                  | 1                          | B/D    |
| meclizine hcl TABS 12.5mg, 25mg                                                                           | 1                          |        |
| metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg                                                   | 1                          |        |
| ondansetron TBDP 4mg, 8mg                                                                                 | 1                          | B/D    |
| ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                                                     | 1                          |        |
| ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg                                                               | 1                          | B/D    |
| prochlorperazine SUPP 25mg                                                                                | 1                          |        |
| prochlorperazine edisylate SOLN 10mg/2ml                                                                  | 1                          |        |
| prochlorperazine maleate TABS 5mg, 10mg                                                                   | 1                          |        |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg    | 1                          | PA     |
| PA applies if 70 years and older after a 30 day supply in a calendar year      |                            |        |
| scopolamine PT72 1mg/3days                                                     | 1                          | QL PA  |
| QL (10 patches / 30 days)                                                      |                            |        |
| PA applies if 70 years and older after a 30 day supply in a calendar year      |                            |        |
| <b>ANTISPASMODICS</b>                                                          |                            |        |
| dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg                            | 1                          |        |
| glycopyrrolate TABS 1mg                                                        | 1                          | QL     |
| QL (90 tabs / 30 days)                                                         |                            |        |
| glycopyrrolate TABS 2mg                                                        | 1                          | QL     |
| QL (120 tabs / 30 days)                                                        |                            |        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                 |                            |        |
| famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 1                          |        |
| famotidine in nacl 0.9% iv soln 20 mg/50ml                                     | 1                          |        |
| nizatidine CAPS 150mg, 300mg                                                   | 1                          |        |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                              |                            |        |
| balsalazide disodium CAPS 750mg                                                | 1                          |        |
| budesonide CPEP 3mg                                                            | 1                          | QL PA  |
| QL (90 caps / 30 days)                                                         |                            |        |
| budesonide TB24 9mg                                                            | 1                          | QL PA  |
| QL (30 tabs / 30 days)                                                         |                            |        |
| hydrocortisone (intrarectal) ENEM 100mg/60ml                                   | 1                          |        |
| mesalamine CP24 .375gm                                                         | 1                          | QL     |
| QL (120 caps / 30 days)                                                        |                            |        |
| mesalamine CPDR 400mg                                                          | 1                          | QL     |
| QL (180 caps / 30 days)                                                        |                            |        |
| mesalamine ENEM 4gm                                                            | 1                          | QL     |
| QL (1680 mL / 28 days)                                                         |                            |        |
| mesalamine SUPP 1000mg                                                         | 1                          | QL     |
| QL (30 suppositories / 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

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| <i>mesalamine</i> TBEC 1.2gm<br>QL (120 tabs / 30 days)                     | 1                          | QL     |
| <i>mesalamine w/ cleanser</i> KIT<br>4gm<br>QL (28 bottles / 28 days)       | 1                          | QL     |
| <i>sulfasalazine</i> TABS 500mg;<br>TBEC 500mg                              | 1                          |        |
| <b>LAXATIVES</b>                                                            |                            |        |
| <i>constulose</i> SOLN 10gm/15ml                                            | 1                          |        |
| <i>enulose</i> SOLN 10gm/15ml                                               | 1                          |        |
| <i>gavilyte-c</i>                                                           | 1                          |        |
| <i>gavilyte-g</i>                                                           | 1                          |        |
| <i>gavilyte-n/flavor pack</i>                                               | 1                          |        |
| <i>generlac</i> SOLN 10gm/15ml                                              | 1                          |        |
| <i>lactulose</i> SOLN 10gm/15ml                                             | 1                          |        |
| <i>lactulose (encephalopathy)</i><br>SOLN 10gm/15ml                         | 1                          |        |
| <i>peg 3350-kcl-na bicarb-nacl-<br/>na sulfate for soln 236 gm</i>          | 1                          |        |
| <i>peg 3350-kcl-sod bicarb-nacl<br/>for soln 420 gm</i>                     | 1                          |        |
| PLENVU SOL                                                                  | 1                          |        |
| <i>sod sulfate-pot sulf-mg sulf<br/>oral sol 17.5-3.13-1.6<br/>gm/177ml</i> | 1                          |        |
| <b>MISCELLANEOUS</b>                                                        |                            |        |
| <i>alosetron hcl</i> TABS .5mg,<br>1mg<br>QL (60 tabs / 30 days)            | 1                          | QL PA  |
| CREON CAP 3000UNIT                                                          | 1                          |        |
| CREON CAP 6000UNIT                                                          | 1                          |        |
| CREON CAP 12000UNT                                                          | 1                          |        |
| CREON CAP 24000UNT                                                          | 1                          |        |
| CREON CAP 36000UNT                                                          | 1                          |        |
| <i>cromolyn sodium<br/>(mastocytosis)</i> CONC<br>100mg/5ml                 | 1                          |        |
| <i>diphenoxylate w/ atropine liq</i><br>2.5-0.025 mg/5ml                    | 1                          |        |
| <i>diphenoxylate w/ atropine tab</i><br>2.5-0.025 mg                        | 1                          |        |
| GATTEX KIT 5mg                                                              | 1                          | NM PA  |
| LINZESS CAPS 72mcg,<br>145mcg, 290mcg<br>QL (30 caps / 30 days)             | 1                          | QL     |
| <i>loperamide hcl</i> CAPS 2mg                                              | 1                          |        |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------|----------------------------|----------|
| <i>misoprostol</i> TABS 100mcg,<br>200mcg                                     | 1                          |          |
| MOVANTIK TABS 12.5mg,<br>25mg<br>QL (30 tabs / 30 days)                       | 1                          | QL       |
| RELISTOR SOLN 8mg/0.4ml,<br>12mg/0.6ml<br>QL (28 syringes / 28<br>days)       | 1                          | QL PA    |
| <i>sucralfate</i> TABS 1gm                                                    | 1                          |          |
| <i>ursodiol</i> CAPS 300mg; TABS<br>250mg, 500mg                              | 1                          |          |
| VOWST CAP<br>QL (12 caps / 30 days)                                           | 1                          | QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days)                                  | 1                          | QL NM PA |
| XIFAXAN TABS 550mg                                                            | 1                          | PA       |
| ZENPEP CAP 3000UNIT                                                           | 1                          |          |
| ZENPEP CAP 5000UNIT                                                           | 1                          |          |
| ZENPEP CAP 10000UNT                                                           | 1                          |          |
| ZENPEP CAP 15000UNT                                                           | 1                          |          |
| ZENPEP CAP 20000UNT                                                           | 1                          |          |
| ZENPEP CAP 25000UNT                                                           | 1                          |          |
| ZENPEP CAP 40000UNT                                                           | 1                          |          |
| ZENPEP CAP 60000UNT                                                           | 1                          |          |
| <b>PROTON PUMP INHIBITORS</b>                                                 |                            |          |
| <i>esomeprazole magnesium</i><br>CPDR 20mg, 40mg<br>QL (30 caps / 30 days)    | 1                          | QL ST    |
| <i>lansoprazole</i> CPDR 15mg,<br>30mg<br>QL (60 caps / 30 days)              | 1                          | QL       |
| <i>omeprazole</i> CPDR 10mg,<br>20mg, 40mg                                    | 1                          |          |
| <i>pantoprazole sodium</i> SOLR<br>40mg; TBEC 20mg, 40mg                      | 1                          |          |
| <i>rabeprazole sodium</i> TBEC<br>20mg<br>QL (30 tabs / 30 days)              | 1                          | QL       |
| <b>GENITOURINARY</b>                                                          |                            |          |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                           |                            |          |
| <i>alfuzosin hcl</i> TB24 10mg<br>QL (30 tabs / 30 days)                      | 1                          | QL       |
| <i>dutasteride</i> CAPS .5mg<br>QL (30 caps / 30 days)                        | 1                          | QL       |
| <i>dutasteride-tamsulosin hcl cap</i><br>0.5-0.4 mg<br>QL (30 caps / 30 days) | 1                          | QL       |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order  
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| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| <i>finasteride</i> TABS 5mg<br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| <i>tadalafil</i> TABS 5mg<br>QL (30 tabs / 30 days)                   | 1                          | QL PA  |
| <i>tamsulosin hcl</i> CAPS .4mg<br>QL (60 caps / 30 days)             | 1                          | QL     |
| <b>MISCELLANEOUS</b>                                                  |                            |        |
| <i>acetic acid</i> SOLN .25%                                          | 1                          |        |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                | 1                          |        |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg      | 1                          |        |
| <b>URINARY ANTISPASMODICS</b>                                         |                            |        |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>GEMTESA</i> TABS 75mg<br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>MYRBETRIQ</i> SRER 8mg/ml<br>QL (300 mL / 28 days)                 | 1                          | QL     |
| <i>MYRBETRIQ</i> TB24 25mg, 50mg<br>QL (30 tabs / 30 days)            | 1                          | QL     |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml<br>QL (600 mL / 30 days)      | 1                          | QL     |
| <i>oxybutynin chloride</i> TABS 5mg<br>QL (120 tabs / 30 days)        | 1                          | QL     |
| <i>oxybutynin chloride</i> TB24 5mg<br>QL (30 tabs / 30 days)         | 1                          | QL     |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg<br>QL (60 tabs / 30 days)  | 1                          | QL     |
| <i>solifenacin succinate</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg<br>QL (30 caps / 30 days)   | 1                          | QL ST  |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg<br>QL (60 tabs / 30 days)   | 1                          | QL     |
| <i>trospium chloride</i> TABS 20mg<br>QL (60 tabs / 30 days)          | 1                          | QL     |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                |                            |        |
| <i>clindamycin phosphate</i><br><i>vaginal</i> CREA 2%                                                                        | 1                          |        |
| <i>metronidazole vaginal</i> GEL .75%                                                                                         | 1                          |        |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                                                           | 1                          |        |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                                                                             |                            |        |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg<br>QL (60 caps / 30 days)                                               | 1                          | QL     |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg<br>QL (120 caps / 30 days)                                                    | 1                          | QL     |
| <i>ELIQUIS</i> TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                           | 1                          | QL     |
| <i>ELIQUIS</i> TABS 5mg<br>QL (74 tabs / 30 days)                                                                             | 1                          | QL     |
| <i>ELIQUIS STARTER PACK</i> TBPK 5mg<br>QL (74 tabs / 30 days)                                                                | 1                          | QL     |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1                          |        |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                               | 1                          |        |
| <i>HEP SOD/NACL INJ</i> 25000UNT                                                                                              | 1                          |        |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     | 1                          | B/D    |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                         | 1                          |        |
| <i>rivaroxaban</i> TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                       | 1                          | QL     |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                  | 1                          |        |
| <i>XARELTO</i> SUSR 1mg/ml<br>QL (620 mL / 30 days)                                                                           | 1                          | QL     |
| <i>XARELTO</i> TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                           | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------------------|----------------------------|----------|
| XARELTO TABS 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                     | 1                          | QL       |
| XARELTO STAR TAB 15/20MG<br>QL (51 tabs / 30 days)                                          | 1                          | QL       |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                         |                            |          |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days)                                        | 1                          | QL NM PA |
| PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml | 1                          | NM PA    |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                      | 1                          | NM PA    |
| <b>MISCELLANEOUS</b>                                                                        |                            |          |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)                                             | 1                          | QL NM PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)                                            | 1                          | QL NM PA |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg                                                        | 1                          |          |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)                                             | 1                          | QL NM PA |
| <i>cilostazol</i> TABS 50mg, 100mg                                                          | 1                          |          |
| DOPTLET TABS 20mg                                                                           | 1                          | NM PA    |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                           | 1                          | QL NM PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                           | 1                          | QL NM PA |
| <i>icatibant acetate</i> SOSY 30mg/3ml<br>QL (9 syringes / 30 days)                         | 1                          | QL NM PA |
| <i>l-glutamine (sickle cell)</i> PACK 5gm                                                   | 1                          | NM PA    |
| <i>pentoxifylline</i> TBCR 400mg                                                            | 1                          |          |
| <i>sajazir</i> SOSY 30mg/3ml<br>QL (9 syringes / 30 days)                                   | 1                          | QL NM PA |
| SIKLOS TABS 100mg, 1000mg                                                                   | 1                          |          |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                                | 1                          | QL NM PA |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg                                         | 1                          |          |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------|----------------------------|----------|
| <b>PLATELET AGGREGATION INHIBITORS</b>                                        |                            |          |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg                             | 1                          |          |
| BRILINTA TABS 60mg, 90mg                                                      | 1                          |          |
| <i>clopidogrel bisulfate</i> TABS 75mg                                        | 1                          |          |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg<br>PA applies if 70 years and older | 1                          | PA       |
| <i>prasugrel hcl</i> TABS 5mg, 10mg                                           | 1                          |          |
| <i>ticagrelor</i> TABS 60mg, 90mg                                             | 1                          |          |
| <b>IMMUNOLOGIC AGENTS</b>                                                     |                            |          |
| <b>AUTOIMMUNE AGENTS</b>                                                      |                            |          |
| ADALIMUMAB-AACF (2 PEN) 40mg/0.8ml<br>QL (56 pens / 365 days)                 | 1                          | QL NM PA |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml<br>QL (56 syringes / 365 days)      | 1                          | QL NM PA |
| ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml<br>QL (2 packs / year)              | 1                          | QL NM PA |
| COSENTYX SOLN 125mg/5ml                                                       | 1                          | NM PA    |
| COSENTYX SOSY 75mg/0.5ml<br>QL (16 syringes / 365 days)                       | 1                          | QL NM PA |
| COSENTYX SOSY 150mg/ml<br>QL (32 syringes / 365 days)                         | 1                          | QL NM PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml<br>QL (32 pens / 365 days)              | 1                          | QL NM PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml<br>QL (16 pens / 365 days)                   | 1                          | QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)                | 1                          | QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28 days)            | 1                          | QL NM PA |

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Last Updated: 09/01/25

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------|----------------------------|----------|
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                     | 1                          | QL NM PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days)                  | 1                          | QL NM PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days)                      | 1                          | QL NM PA |
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28 days)            | 1                          | QL NM PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)             | 1                          | QL NM PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28 days)                   | 1                          | QL NM PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28 days)                   | 1                          | QL NM PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28 days)    | 1                          | QL NM PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)    | 1                          | QL NM PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                | 1                          | QL NM PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                         | 1                          | QL NM PA |
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days) | 1                          | QL NM PA |
| HUMIRA PEN-PEDIATRIC<br>UC S AJKT 80mg/0.8ml<br>QL (4 pens / 28 days) | 1                          | QL NM PA |
| IDACIO (2 PEN) AJKT<br>40mg/0.8ml<br>QL (56 pens / 365 days)          | 1                          | QL NM PA |
| IDACIO (2 SYRINGE) PSKT<br>40mg/0.8ml<br>QL (56 syringes / 365 days)  | 1                          | QL NM PA |
| IDACIO CROHN INJ<br>DISEASE AJKT 40mg/0.8ml<br>QL (2 packs / year)    | 1                          | QL NM PA |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------|----------------------------|----------|
| IDACIO PLAQU INJ<br>PSORIASIS AJKT<br>40mg/0.8ml<br>QL (2 packs / year) | 1                          | QL NM PA |
| INFLIXIMAB SOLR 100mg                                                   | 1                          | NM PA    |
| PYZCHIVA SOLN<br>130mg/26ml                                             | 1                          | NM PA    |
| PYZCHIVA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)        | 1                          | QL NM PA |
| REMICADE SOLR 100mg                                                     | 1                          | NM PA    |
| RENFLEXIS SOLR 100mg                                                    | 1                          | NM PA    |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                        | 1                          | QL NM PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                | 1                          | QL NM PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                          | 1                          | QL NM PA |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56 days)  | 1                          | QL NM PA |
| SKYRIZI SOLN 600mg/10ml                                                 | 1                          | NM PA    |
| SKYRIZI SOSY 150mg/ml<br>QL (6 syringes / 365 days)                     | 1                          | QL NM PA |
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)                  | 1                          | QL NM PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                              | 1                          | QL NM PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                        | 1                          | QL NM PA |
| STELARA SOLN<br>130mg/26ml                                              | 1                          | NM PA    |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)         | 1                          | QL NM PA |
| TREMFYA SOAJ 100mg/ml<br>QL (1 pen / 28 days)                           | 1                          | QL NM PA |
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                         | 1                          | QL NM PA |
| TREMFYA SOLN<br>200mg/20ml                                              | 1                          | NM PA    |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                       | 1                          | QL NM PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28 days)                     | 1                          | QL 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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------|----------------------------|----------|
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days) | 1                          | QL NM PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                     | 1                          | QL NM PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                      | 1                          | NM PA    |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)              | 1                          | QL NM PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                         | 1                          | QL NM PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                         | 1                          | QL NM PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 1                          | QL NM PA |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)              | 1                          | QL NM PA |
| YESINTEK SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)                 | 1                          | QL NM PA |
| YESINTEK SOLN<br>130mg/26ml                                          | 1                          | NM PA    |
| YESINTEK SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)     | 1                          | QL NM PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDS)</b>           |                            |          |
| hydroxychloroquine sulfate<br>TABS 200mg                             | 1                          |          |
| JYLAMVO SOLN 2mg/ml                                                  | 1                          | B/D      |
| leflunomide TABS 10mg,<br>20mg<br>QL (30 tabs / 30 days)             | 1                          | QL       |
| methotrexate sodium TABS<br>2.5mg                                    | 1                          |          |
| XATMEP SOLN 2.5mg/ml                                                 | 1                          | B/D      |
| <b>IMMUNOGLOBULINS</b>                                               |                            |          |
| ALYGLO SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml                      | 1                          | NM PA    |
| BIVIGAM SOLN 5gm/50ml,<br>10%                                        | 1                          | NM PA    |
| FLEBOGAMMA DIF SOLN<br>5gm/100ml, 10gm/200ml,<br>20gm/400ml          | 1                          | NM PA    |
| GAMASTAN INJ                                                         | 1                          | B/D NM   |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| GAMMAGARD LIQUID<br>SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 30gm/300ml                         | 1                          | NM PA    |
| GAMMAGARD S/D IGA LESS<br>TH SOLR 5gm, 10gm                                                                               | 1                          | NM PA    |
| GAMMAKED SOLN<br>1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                            | 1                          | NM PA    |
| GAMMAPLEX SOLN<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml                               | 1                          | NM PA    |
| GAMUNEX-C SOLN<br>1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                | 1                          | NM PA    |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 30gm/300ml | 1                          | NM PA    |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>30gm/300ml                                     | 1                          | NM PA    |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml,<br>40gm/400ml                                                             | 1                          | NM PA    |
| <b>IMMUNOMODULATORS</b>                                                                                                   |                            |          |
| ACTIMMUNE SOLN<br>100mcg/0.5ml                                                                                            | 1                          | NM PA    |
| ARCALYST SOLR 220mg                                                                                                       | 1                          | NM PA    |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                 |                            |          |
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg                                                                                           | 1                          | B/D      |
| azathioprine TABS 50mg                                                                                                    | 1                          | B/D      |
| BENLYSTA SOAJ 200mg/ml;<br>SOSY 200mg/ml<br>QL (8 syringes / 28<br>days)                                                  | 1                          | QL NM PA |
| BENLYSTA SOLR 120mg,<br>400mg                                                                                             | 1                          | NM PA    |
| cyclosporine CAPS 25mg,<br>100mg                                                                                          | 1                          | B/D      |
| cyclosporine modified (for<br>microemulsion) CAPS 25mg,<br>50mg, 100mg; SOLN<br>100mg/ml                                  | 1                          | B/D      |

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Last Updated: 09/01/25

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------|----------------------------|----------|
| <i>everolimus</i><br>( <i>immunosuppressant</i> ) TABS<br>.25mg, .5mg, .75mg, 1mg | 1                          | B/D      |
| <i>gengraf</i> CAPS 25mg, 100mg;<br>SOLN 100mg/ml                                 | 1                          | B/D      |
| <i>mycophenolate mofetil</i> CAPS<br>250mg; SUSR 200mg/ml;<br>TABS 500mg          | 1                          | B/D      |
| <i>mycophenolate sodium</i> TBEC<br>180mg, 360mg                                  | 1                          | B/D      |
| NULOJIX SOLR 250mg                                                                | 1                          | B/D      |
| PROGRAF PACK .2mg, 1mg                                                            | 1                          | B/D      |
| REZUROCK TABS 200mg<br>QL (30 tabs / 30 days)                                     | 1                          | QL NM PA |
| <i>sirolimus</i> SOLN 1mg/ml;<br>TABS .5mg, 1mg, 2mg                              | 1                          | B/D      |
| <i>tacrolimus</i> CAPS .5mg, 1mg,<br>5mg                                          | 1                          | B/D      |
| <b>VACCINES</b>                                                                   |                            |          |
| ABRYSVO SOLR<br>120mcg/0.5ml                                                      | 1                          | NM       |
| ACTHIB INJ                                                                        | 1                          | NM       |
| ADACEL INJ                                                                        | 1                          | NM       |
| AREXVY SUSR<br>120mcg/0.5ml                                                       | 1                          | NM       |
| BCG VACCINE SOLR 50mg                                                             | 1                          | NM       |
| BEXSERO SUSY .5ml                                                                 | 1                          | NM       |
| BOOSTRIX INJ                                                                      | 1                          | NM       |
| DAPTACEL INJ                                                                      | 1                          | NM       |
| DENG VAXIA SUS                                                                    | 1                          | NM       |
| DIP/TET PED INJ 25-5LFU                                                           | 1                          | B/D NM   |
| ENGERIX-B SUSP<br>20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                         | 1                          | B/D NM   |
| GARDASIL 9 SUSP .5ml;<br>SUSY .5ml                                                | 1                          | NM       |
| HAVRIX SUSP 1440elu/ml                                                            | 1                          | NM       |
| HAVRIX SUSY 720elu/0.5ml                                                          | 1                          |          |
| HEPLISAV-B SOSY<br>20mcg/0.5ml                                                    | 1                          | B/D NM   |
| HIBERIX SOLR 10mcg                                                                | 1                          | NM       |
| IMOVAX RABIES (H.D.C.V.)<br>SUSR 2.5unit/ml                                       | 1                          | B/D NM   |
| INFANRIX INJ                                                                      | 1                          | NM       |
| I POL INJ INACTIVE                                                                | 1                          | NM       |
| IXCHIQ INJ                                                                        | 1                          | NM       |
| IXIARO INJ                                                                        | 1                          | NM       |
| JYNNEOS SUSP .5ml                                                                 | 1                          | B/D NM   |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| KINRIX INJ                                                                            | 1                          | NM     |
| M-M-R II INJ                                                                          | 1                          | NM     |
| MENACTRA INJ                                                                          | 1                          | NM     |
| MENQUADFI SOLN .5ml                                                                   | 1                          | NM     |
| MENVEO INJ                                                                            | 1                          | NM     |
| MENVEO SOL                                                                            | 1                          | NM     |
| MRESVIA SUSY<br>50mcg/0.5ml                                                           | 1                          | NM     |
| PEDIARIX INJ 0.5ML                                                                    | 1                          | NM     |
| PEDVAX HIB SUSP<br>7.5mcg/0.5ml                                                       | 1                          | NM     |
| PENBRAYA INJ                                                                          | 1                          | NM     |
| PENTACEL INJ                                                                          | 1                          | NM     |
| PRIORIX INJ                                                                           | 1                          | NM     |
| PROQUAD INJ                                                                           | 1                          | NM     |
| QUADRACEL INJ 0.5ML                                                                   | 1                          | NM     |
| RABAVERT INJ                                                                          | 1                          | B/D NM |
| RECOMBIVAX HB SUSP<br>5mcg/0.5ml, 10mcg/ml,<br>40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml | 1                          | B/D NM |
| ROTARIX SUS                                                                           | 1                          | NM     |
| ROTATEQ SOL                                                                           | 1                          | NM     |
| SHINGRIX SUSR<br>50mcg/0.5ml<br>QL (2 vials per lifetime)                             | 1                          | QL NM  |
| TENIVAC INJ 5-2LF                                                                     | 1                          | B/D NM |
| TICOVAC SUSY<br>1.2mcg/0.25ml, 2.4mcg/0.5ml                                           | 1                          | NM     |
| TRUMENBA SUSY .5ml                                                                    | 1                          | NM     |
| TWINRIX INJ                                                                           | 1                          | NM     |
| TYPHIM VI SOLN<br>25mcg/0.5ml; SOSY<br>25mcg/0.5ml                                    | 1                          | NM     |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml                                                 | 1                          | NM     |
| VARIVAX SUSR<br>1350pfu/0.5ml                                                         | 1                          |        |
| VAXCHORA SUS                                                                          | 1                          | NM     |
| VIMKUNYA SUSY<br>40mcg/0.8ml                                                          | 1                          | NM     |
| VIVOTIF CAP EC                                                                        | 1                          | NM     |
| YF-VAX INJ                                                                            | 1                          | NM     |
| <b>NUTRITIONAL/SUPPLEMENTS</b>                                                        |                            |        |
| <b>ELECTROLYTES/MINERALS,</b>                                                         |                            |        |
| <b>INJECTABLE</b>                                                                     |                            |        |
| D2.5W/NACL INJ 0.45%                                                                  | 1                          |        |
| D10W/NACL INJ 0.2%                                                                    | 1                          |        |

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| Drug Name                                                                     | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------|-----------------------------------|
| dextrose 2.5% w/ sodium chloride 0.45%                                        | 1                                 |
| dextrose 5% in lactated ringers                                               | 1                                 |
| dextrose 5% w/ sodium chloride 0.2%                                           | 1                                 |
| dextrose 5% w/ sodium chloride 0.3%                                           | 1                                 |
| dextrose 5% w/ sodium chloride 0.9%                                           | 1                                 |
| dextrose 5% w/ sodium chloride 0.45%                                          | 1                                 |
| dextrose 5% w/ sodium chloride 0.225%                                         | 1                                 |
| dextrose 10% w/ sodium chloride 0.45%                                         | 1                                 |
| ISOLYTE-P INJ /D5W                                                            | 1                                 |
| ISOLYTE-S INJ PH 7.4                                                          | 1                                 |
| kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj                         | 1                                 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj                           | 1                                 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj                           | 1                                 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj                          | 1                                 |
| kcl 20 meq/l (0.15%) in nacl 0.9% inj                                         | 1                                 |
| kcl 20 meq/l (0.15%) in nacl 0.45% inj                                        | 1                                 |
| kcl 20 meq/l (0.149%) in nacl 0.45% inj                                       | 1                                 |
| kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj                         | 1                                 |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj                            | 1                                 |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj                           | 1                                 |
| kcl 40 meq/l (0.3%) in nacl 0.9% inj                                          | 1                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                     | 1                                 |
| lactated ringer's solution                                                    | 1                                 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 1                                 |

| Drug Name                                                                                      | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------|-----------------------------------|
| magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%             | 1                                 |
| magnesium sulfate in dextrose 5% iv soln 1 gm/100ml                                            | 1                                 |
| multiple electrolytes ph 5.5                                                                   | 1                                 |
| multiple electrolytes ph 7.4                                                                   | 1                                 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                               | 1                                 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                              | 1                                 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                               | 1                                 |
| potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1                                 |
| potassium chloride 20 meq/l (0.15%) in dextrose 5% inj                                         | 1                                 |
| sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                              | 1                                 |
| TPN ELECTROL INJ                                                                               | 1 B/D                             |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                    |                                   |
| klor-con PACK 20meq                                                                            | 1                                 |
| klor-con 8 TBCR 8meq                                                                           | 1                                 |
| klor-con 10 TBCR 10meq                                                                         | 1                                 |
| klor-con m10 TBCR 10meq                                                                        | 1                                 |
| klor-con m15 TBCR 15meq                                                                        | 1                                 |
| klor-con m20 TBCR 20meq                                                                        | 1                                 |
| M-NATAL PLUS TAB                                                                               | 1                                 |
| potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq        | 1                                 |
| potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq                      | 1                                 |
| PRENATAL TAB 27-1MG                                                                            | 1                                 |
| PRENATAL TAB PLUS                                                                              | 1                                 |
| sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln                                              | 1                                 |
| WESTAB PLUS TAB 27-1MG                                                                         | 1                                 |
| <b>IV NUTRITION</b>                                                                            |                                   |
| CLINIMIX INJ 4.25/D5W                                                                          | 1 B/D                             |

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| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| CLINIMIX INJ 4.25/D10                                                        | 1                          | B/D    |
| CLINIMIX INJ 5%/D15W                                                         | 1                          | B/D    |
| CLINIMIX INJ 5%/D20W                                                         | 1                          | B/D    |
| CLINIMIX INJ 6/5                                                             | 1                          | B/D    |
| CLINIMIX INJ 8/10                                                            | 1                          | B/D    |
| CLINIMIX INJ 8/14                                                            | 1                          | B/D    |
| <i>clinisol sf 15%</i>                                                       | 1                          | B/D    |
| CLINOLIPID EMU 20%                                                           | 1                          | B/D    |
| <i>dextrose SOLN 5%, 10%</i>                                                 | 1                          |        |
| <i>dextrose SOLN 50%, 70%</i>                                                | 1                          | B/D    |
| INTRALIPID EMUL<br>20gm/100ml, 30gm/100ml                                    | 1                          | B/D    |
| NUTRILIPID EMUL<br>20gm/100ml                                                | 1                          | B/D    |
| <i>plenamine</i>                                                             | 1                          | B/D    |
| PREMASOL SOL 10%                                                             | 1                          | B/D    |
| PROSOL INJ 20%                                                               | 1                          | B/D    |
| TRAVASOL INJ 10%                                                             | 1                          | B/D    |
| TROPHAMINE INJ 10%                                                           | 1                          | B/D    |
| <b>OPHTHALMIC</b>                                                            |                            |        |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                                      |                            |        |
| <i>bacitracin-polymyxin-<br/>neomycin-hc ophth oint 1%</i>                   | 1                          |        |
| <i>neo-polycin hc ophth oint 1%</i>                                          | 1                          |        |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth oint<br/>0.1%</i>             | 1                          |        |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth susp<br/>0.1%</i>             | 1                          |        |
| <i>neomycin-polymyxin-hc ophth<br/>susp</i>                                  | 1                          |        |
| <i>sulfacetamide sodium-<br/>prednisolone ophth soln 10-<br/>0.23(0.25)%</i> | 1                          |        |
| TOBRADEX OIN 0.3-0.1%                                                        | 1                          |        |
| <i>tobramycin-dexamethasone<br/>ophth susp 0.3-0.1%</i>                      | 1                          |        |
| ZYLET SUS 0.5-0.3%                                                           | 1                          |        |
| <b>ANTI-INFECTIVES</b>                                                       |                            |        |
| <i>bacitracin (ophthalmic) OINT<br/>500unit/gm</i>                           | 1                          |        |
| <i>bacitracin-polymyxin b ophth<br/>oint</i>                                 | 1                          |        |
| BESIVANCE SUSP .6%                                                           | 1                          |        |
| CILOXAN OINT .3%                                                             | 1                          |        |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| <i>ciprofloxacin hcl (ophth)<br/>SOLN .3%</i>                                | 1                          |        |
| <i>erythromycin (ophth) OINT<br/>5mg/gm</i>                                  | 1                          |        |
| <i>gatifloxacin (ophth) SOLN<br/>.5%</i>                                     | 1                          |        |
| <i>gentamicin sulfate (ophth)<br/>SOLN .3%</i>                               | 1                          |        |
| <i>moxifloxacin hcl (ophth)<br/>SOLN .5%</i>                                 | 1                          | QL     |
| QL (12 mL / 30 days)                                                         |                            |        |
| NATACYN SUSP 5%                                                              | 1                          |        |
| <i>neo-polycin 5(3.5)mg-400unt-<br/>10000unt op oin</i>                      | 1                          |        |
| <i>neomycin-bacitrac zn-polymyx<br/>5(3.5)mg-400unt-10000unt op<br/>oin</i>  | 1                          |        |
| <i>neomycin-polymy-gramicid op<br/>sol 1.75-10000-0.025mg-unt-<br/>mg/ml</i> | 1                          |        |
| <i>ofloxacin (ophth) SOLN .3%</i>                                            | 1                          |        |
| <i>polycin ophth oint</i>                                                    | 1                          |        |
| <i>polymyxin b-trimethoprim<br/>ophth soln 10000 unit/ml-0.1%</i>            | 1                          |        |
| <i>sulfacetamide sodium (ophth)<br/>OINT 10%; SOLN 10%</i>                   | 1                          |        |
| <i>tobramycin (ophth) SOLN<br/>.3%</i>                                       | 1                          |        |
| <i>trifluridine SOLN 1%</i>                                                  | 1                          |        |
| XDEMVIY SOLN .25%                                                            | 1                          | NM PA  |
| ZIRGAN GEL .15%                                                              | 1                          |        |
| <b>ANTI-INFLAMMATORIES</b>                                                   |                            |        |
| <i>bromfenac sodium (ophth)<br/>SOLN .07%, .075%</i>                         | 1                          |        |
| <i>dexamethasone sodium<br/>phosphate (ophth) SOLN .1%</i>                   | 1                          |        |
| <i>diclofenac sodium (ophth)<br/>SOLN .1%</i>                                | 1                          |        |
| <i>difluprednate EMUL .05%</i>                                               | 1                          |        |
| FLAREX SUSP .1%                                                              | 1                          |        |
| <i>fluorometholone (ophth)<br/>SUSP .1%</i>                                  | 1                          |        |
| <i>flurbiprofen sodium SOLN<br/>.03%</i>                                     | 1                          |        |
| <i>ketorolac tromethamine<br/>(ophth) SOLN .4%, .5%</i>                      | 1                          |        |
| LOTEMAX OINT .5%                                                             | 1                          |        |

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|---------------------------------------------------------------|----------------------------|--------|
| <i>Ioteprednol etabonate</i> SUSP .2%                         | 1                          |        |
| <i>prednisolone acetate (ophth)</i> SUSP 1%                   | 1                          |        |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                             | 1                          |        |
| <b>ANTIALLERGICS</b>                                          |                            |        |
| <i>azelastine hcl (ophth)</i> SOLN .05%                       | 1                          |        |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                        | 1                          |        |
| ZERVIAE SOLN .24%                                             | 1                          |        |
| <b>ANTIGLAUCOMA</b>                                           |                            |        |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                         | 1                          |        |
| BETOPTIC-S SUSP .25%                                          | 1                          |        |
| <i>brimonidine tartrate</i> SOLN .15%, .2%                    | 1                          |        |
| <i>brinzolamide</i> SUSP 1%                                   | 1                          |        |
| <i>carteolol hcl (ophth)</i> SOLN 1%                          | 1                          |        |
| COMBIGAN SOL 0.2/0.5%                                         | 1                          |        |
| <i>dorzolamide hcl</i> SOLN 2%                                | 1                          |        |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%      | 1                          |        |
| <i>latanoprost</i> SOLN .005%                                 | 1                          |        |
| <i>levobunolol hcl</i> SOLN .5%                               | 1                          |        |
| LUMIGAN SOLN .01%                                             | 1                          |        |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                        | 1                          |        |
| RHOPRESSA SOLN .02%                                           | 1                          |        |
| ROCKLATAN DRO                                                 | 1                          |        |
| SIMBRINZA SUS 1-0.2%                                          | 1                          |        |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | 1                          |        |
| VYZULTA SOLN .024%                                            | 1                          |        |
| <b>MISCELLANEOUS</b>                                          |                            |        |
| ATROPINE SULFATE SOLN 1%                                      | 1                          |        |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                  | 1                          |        |
| CYSTADROPS SOLN .37%                                          | 1                          | NM PA  |
| CYSTARAN SOLN .44%                                            | 1                          | NM PA  |
| EYSUVIS SUSP .25%                                             | 1                          |        |
| MIEBO SOLN 1.338gm/ml                                         | 1                          |        |
| <i>proparacaine hcl</i> SOLN .5%                              | 1                          |        |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------|----------------------------|--------|
| RESTASIS EMUL .05%                                                     | 1                          |        |
| RESTASIS MULTIDOSE EMUL .05%                                           | 1                          |        |
| XIIDRA SOLN 5%                                                         | 1                          |        |
| <b>OTIC</b>                                                            |                            |        |
| <b>OTIC AGENTS</b>                                                     |                            |        |
| <i>acetic acid (otic)</i> SOLN 2%                                      | 1                          |        |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%                  | 1                          |        |
| <i>flac</i> OIL .01%                                                   | 1                          |        |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                          | 1                          |        |
| <i>neomycin-polymyxin-hc otic soln</i> 1%                              | 1                          |        |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%      | 1                          |        |
| <i>ofloxacin (otic)</i> SOLN .3%                                       | 1                          |        |
| <b>RESPIRATORY</b>                                                     |                            |        |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                       |                            |        |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)                    | 1                          | QL     |
| BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)                          | 1                          | QL     |
| BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)                       | 1                          | QL     |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days) | 1                          | QL     |
| COMBIVENT AER 20-100 QL (2 inhalers / 30 days)                         | 1                          | QL     |
| <i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml               | 1                          | B/D    |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)         | 1                          | QL     |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)         | 1                          | QL     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

| Drug Name                                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTICHOLINERGICS</b>                                                                                                                     |                            |        |
| ATROVENT HFA AERS<br>17mcg/act<br>QL (2 inhalers / 30 days)                                                                                 | 1                          | QL     |
| INCRUSE ELLIPTA AEPB<br>62.5mcg/inh<br>QL (30 blisters / 30 days)                                                                           | 1                          | QL     |
| <i>ipratropium bromide</i> SOLN<br>.02%                                                                                                     | 1                          | B/D    |
| <i>ipratropium bromide (nasal)</i><br>SOLN .03%, .06%                                                                                       | 1                          |        |
| <b>ANTI-HISTAMINES</b>                                                                                                                      |                            |        |
| <i>azelastine hcl</i> SOLN .1%                                                                                                              | 1                          |        |
| <i>cetirizine hcl</i> SOLN 5mg/5ml<br>QL (300 mL / 30 days)                                                                                 | 1                          | QL     |
| <i>cycloheptadine hcl</i> SYRP<br>2mg/5ml; TABS 4mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year            | 1                          | PA     |
| <i>diphenhydramine hcl</i> SOLN<br>50mg/ml                                                                                                  | 1                          |        |
| <i>hydroxyzine hcl</i> SOLN<br>25mg/ml, 50mg/ml<br>PA applies if 70 years and older                                                         | 1                          | PA     |
| <i>hydroxyzine hcl</i> SYRP<br>10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1                          | PA     |
| <i>hydroxyzine pamoate</i> CAPS<br>25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year                  | 1                          | PA     |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml<br>QL (300 mL / 30 days)                                                               | 1                          | QL     |
| <i>levocetirizine dihydrochloride</i> TABS 5mg<br>QL (30 tabs / 30 days)                                                                    | 1                          | QL     |
| <b>BETA AGONISTS</b>                                                                                                                        |                            |        |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA)                                         | 1                          | QL     |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | 1                          | QL       |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA)  | 1                          | QL       |
| <i>albuterol sulfate</i> NEBU<br>.083%, .63mg/3ml,<br>1.25mg/3ml, 2.5mg/0.5ml                          | 1                          | B/D      |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml; TABS 2mg, 4mg                                                | 1                          |          |
| <i>levalbuterol hcl</i> NEBU<br>.31mg/3ml, .63mg/3ml,<br>1.25mg/0.5ml, 1.25mg/3ml                      | 1                          | B/D      |
| <i>levalbuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                            | 1                          | QL ST    |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30 days)                                    | 1                          | QL       |
| <i>terbutaline sulfate</i> TABS<br>2.5mg, 5mg                                                          | 1                          |          |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)                                           | 1                          | QL       |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                   | 1                          | QL       |
| <b>LEUKOTRIENE MODULATORS</b>                                                                          |                            |          |
| <i>montelukast sodium</i> CHEW<br>4mg, 5mg; PACK 4mg; TABS 10mg                                        | 1                          |          |
| <i>zafirlukast</i> TABS 10mg, 20mg                                                                     | 1                          |          |
| <b>MISCELLANEOUS</b>                                                                                   |                            |          |
| <i>acetylcysteine</i> SOLN 10%, 20%                                                                    | 1                          | B/D      |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days)                                                         | 1                          | QL NM PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                                       | 1                          | QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg                                                                          | 1                          | NM PA    |
| BRONCHITOL CAPS 40mg<br>QL (560 caps / 28 days)                                                        | 1                          | QL NM PA |

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| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>cromolyn sodium</i> NEBU 20mg/2ml                                                       | 1                          | B/D      |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml<br>(generic of EpiPen)       | 1                          |          |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml<br>(generic of Adrenaclick) | 1                          |          |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days)                               | 1                          | QL NM PA |
| FASENRA PEN SOAJ 30mg/ml<br>QL (1 pen / 28 days)                                           | 1                          | QL NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28 days)                 | 1                          | QL NM PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                              | 1                          | QL NM PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                           | 1                          | QL NM PA |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28 days)                                           | 1                          | QL NM PA |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28 days)                                           | 1                          | QL NM PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28 days)                                           | 1                          | QL NM PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                             | 1                          | QL NM PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                             | 1                          | QL NM PA |
| <i>pirfenidone</i> CAPS 267mg<br>QL (270 caps / 30 days)                                   | 1                          | QL NM PA |
| <i>pirfenidone</i> TABS 267mg<br>QL (270 tabs / 30 days)                                   | 1                          | QL NM PA |
| <i>pirfenidone</i> TABS 534mg, 801mg<br>QL (90 tabs / 30 days)                             | 1                          | QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml                                                               | 1                          | NM PA    |
| PULMOZYME SOLN 2.5mg/2.5ml                                                                 | 1                          | NM PA    |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>roflumilast</i> TABS 250mcg<br>QL (56 tabs / year)                                                  | 1                          | QL       |
| <i>roflumilast</i> TABS 500mcg<br>QL (30 tabs / 30 days)                                               | 1                          | QL       |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                                          | 1                          | QL NM PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                                          | 1                          | QL NM PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg                                                                | 1                          |          |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1                          |          |
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                                         | 1                          | QL NM PA |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                                           | 1                          | QL NM PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG<br>QL (84 tabs / 28 days)                                             | 1                          | QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG<br>QL (84 tabs / 28 days)                                             | 1                          | QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml<br>QL (4 pens / 28 days)                                             | 1                          | QL NM PA |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                                          | 1                          | QL NM PA |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                                            | 1                          | QL NM PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml<br>QL (4 syringes / 28 days)                                         | 1                          | QL NM PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28 days)                                                      | 1                          | QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                                                    | 1                          | NM PA    |
| <b>NASAL STEROIDS</b>                                                                                  |                            |          |
| <i>flunisolide (nasal)</i> SOLN .025%<br>QL (3 bottles / 30 days)                                      | 1                          | QL       |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act<br>QL (1 bottle / 30 days)                        | 1                          | QL       |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                                    | 1                          | QL PA  |
| <b>STEROID INHALANTS</b>                                                                         |                            |        |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days)                                              | 1                          | QL     |
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days)                                             | 1                          | QL     |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days) | 1                          | QL     |
| budesonide (inhalation)<br>SUSP .25mg/2ml, .5mg/2ml                                              | 1                          | B/D    |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>                                                     |                            |        |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                 | 1                          | QL     |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                                | 1                          | QL     |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                                | 1                          | QL     |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days)                                               | 1                          | QL     |
| BREO ELLIPTA INH 50-<br>25MCG<br>QL (60 blisters / 30<br>days)                                   | 1                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30<br>days)                                         | 1                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30<br>days)                                         | 1                          | QL     |
| breynd<br>QL (3 inhalers / 30 days)                                                              | 1                          | QL     |
| budesonide-formoterol<br>fumarate dihyd aerosol 80-4.5<br>mcg/act<br>QL (3 inhalers / 30 days)   | 1                          | QL     |
| budesonide-formoterol<br>fumarate dihyd aerosol 160-<br>4.5 mcg/act<br>QL (3 inhalers / 30 days) | 1                          | QL     |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days)                                                  | 1                          | QL     |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days)                                                 | 1                          | QL     |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days)                                                                              | 1                          | QL     |
| fluticasone-salmeterol aer<br>powder ba 100-50 mcg/act<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| fluticasone-salmeterol aer<br>powder ba 250-50 mcg/act<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| fluticasone-salmeterol aer<br>powder ba 500-50 mcg/act<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| wixela inh<br>QL (60 inhalations / 30<br>days)                                                                                | 1                          | QL     |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                                                                          |                            |        |
| accutane CAPS 10mg, 20mg, 30mg, 40mg                                                                                          | 1                          | PA     |
| amnestem CAPS 10mg, 20mg, 30mg, 40mg                                                                                          | 1                          | PA     |
| benzoyl peroxide-<br>erythromycin gel 5-3%<br>QL (46.6 gm / 30 days)                                                          | 1                          | QL     |
| claravis CAPS 10mg, 20mg, 30mg, 40mg                                                                                          | 1                          | PA     |
| clindamycin phosphate<br>(topical) GEL 1%<br>QL (75 mL / 30 days)                                                             | 1                          | QL     |
| clindamycin phosphate<br>(topical) LOTN 1%; SOLN 1%<br>QL (60 mL / 30 days)                                                   | 1                          | QL     |
| ery PADS 2%<br>QL (60 pledgets / 30<br>days)                                                                                  | 1                          | QL     |
| erythromycin (acne aid) GEL 2%<br>QL (60 gm / 30 days)                                                                        | 1                          | QL     |
| erythromycin (acne aid) SOLN 2%<br>QL (60 mL / 30 days)                                                                       | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                                   | 1                          | PA     |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%<br>QL (118 mL / 30 days)              | 1                          | QL     |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days)   | 1                          | QL PA  |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1%<br>QL (75 gm / 30 days) | 1                          | QL     |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                                       | 1                          | PA     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                   |                            |        |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%<br>QL (30 gm / 30 days)    | 1                          | QL     |
| <i>mupirocin</i> OINT 2%<br>QL (220 gm / 30 days)                                 | 1                          | QL     |
| <i>silver sulfadiazine</i> CREA 1%                                                | 1                          |        |
| <i>ssd</i> CREA 1%                                                                | 1                          |        |
| <i>SULFAMYLON</i> CREA 85mg/gm<br>QL (453.6 gm / 30 days)                         | 1                          | QL     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                   |                            |        |
| <i>ciclopirox</i> SHAM 1%<br>QL (120 mL / 30 days)                                | 1                          | QL     |
| <i>ciclopirox olamine</i> CREA .77%<br>QL (90 gm / 30 days)                       | 1                          | QL     |
| <i>ciclopirox olamine</i> SUSP .77%<br>QL (60 mL / 30 days)                       | 1                          | QL     |
| <i>clotrimazole (topical)</i> CREA 1%<br>QL (45 gm / 30 days)                     | 1                          | QL     |
| <i>clotrimazole (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                     | 1                          | QL     |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i><br>QL (45 gm / 30 days)        | 1                          | QL     |
| <i>econazole nitrate</i> CREA 1%<br>QL (85 gm / 30 days)                          | 1                          | QL     |
| <i>ketoconazole (topical)</i> CREA 2%<br>QL (60 gm / 30 days)                     | 1                          | QL     |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ketoconazole (topical)</i> SHAM 2%<br>QL (120 mL / 30 days)                            | 1                          | QL     |
| <i>klayesta</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                | 1                          | QL     |
| <i>nyamyc</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                  | 1                          | QL     |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days)  | 1                          | QL     |
| <i>nystatin (topical)</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                      | 1                          | QL     |
| <i>nystop</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                  | 1                          | QL     |
| <i>selenium sulfide</i> LOTN 2.5%                                                         | 1                          |        |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                        |                            |        |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                                  | 1                          | PA     |
| <i>calcipotriene</i> CREA .005%; OINT .005%<br>QL (120 gm / 30 days)                      | 1                          | QL PA  |
| <i>calcipotriene</i> SOLN .005%<br>QL (120 mL / 30 days)                                  | 1                          | QL PA  |
| <i>calcitrene</i> OINT .005%<br>QL (120 gm / 30 days)                                     | 1                          | QL PA  |
| <i>ENSTILAR</i> AER<br>QL (120 gm / 30 days)                                              | 1                          | QL PA  |
| <i>tazarotene</i> CREA .05%, .1%<br>QL (60 gm / 30 days)                                  | 1                          | QL PA  |
| <i>TAZORAC</i> CREA .05%<br>QL (60 gm / 30 days)                                          | 1                          | QL PA  |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                       |                            |        |
| <i>ala-cort</i> CREA 1%                                                                   | 1                          |        |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)            | 1                          | QL     |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%<br>QL (120 gm / 30 days) | 1                          | QL     |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%<br>QL (120 mL / 30 days)            | 1                          | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days) | 1                          | QL     |
| <i>betamethasone dipropionate augmented</i> LOTN .05%<br>QL (120 mL / 30 days)                      | 1                          | QL     |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%<br>QL (120 gm / 30 days)                           | 1                          | QL     |
| <i>betamethasone valerate</i> LOTN .1%<br>QL (120 mL / 30 days)                                     | 1                          | QL     |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                 | 1                          | QL     |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (50 mL / 30 days)                                      | 1                          | QL     |
| <i>clobetasol propionate e</i> CREA .05%<br>QL (60 gm / 30 days)                                    | 1                          | QL     |
| <i>fluocinolone acetonide</i> CREA .01%<br>QL (60 gm / 30 days)                                     | 1                          | QL     |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025%<br>QL (120 gm / 30 days)                       | 1                          | QL     |
| <i>fluocinolone acetonide</i> OIL .01%<br>QL (118.28 mL / 30 days)                                  | 1                          | QL     |
| <i>fluocinolone acetonide</i> SOLN .01%<br>QL (60 mL / 30 days)                                     | 1                          | QL     |
| <i>fluocinonide</i> CREA .05%<br>QL (120 gm / 30 days)                                              | 1                          | QL     |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                                     | 1                          | QL     |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                               | 1                          | QL     |
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                              | 1                          | QL     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                                                 | 1                          |        |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------------|----------------------------|----------|
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)             | 1                          | QL       |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%                    | 1                          |          |
| <i>hydrocortisone (topical)</i> 1%<br>QL (30 gm / 30 days)                             | 1                          | QL       |
| <i>hydrocortisone valerate</i> CREA .2%<br>QL (60 gm / 30 days)                        | 1                          | QL       |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                                 | 1                          |          |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1                          | QL       |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%         | 1                          |          |
| <i>triderm</i> CREA .5%<br>QL (454 gm / 30 days)                                       | 1                          | QL       |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                  |                            |          |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                                           | 1                          | QL PA    |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                                       | 1                          | QL PA    |
| <i>lidocaine</i> PTCH 5%<br>QL (3 patches / 1 day)                                     | 1                          | QL PA    |
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                                   | 1                          | QL PA    |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)                     | 1                          | B/D QL   |
| <i>lidocan</i> PTCH 5%<br>QL (3 patches / 1 day)                                       | 1                          | QL PA    |
| <i>tridacaine ii</i> PTCH 5%<br>QL (3 patches / 1 day)                                 | 1                          | QL PA    |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                             |                            |          |
| <i>bexarotene (topical)</i> GEL 1%<br>QL (60 gm / 30 days)                             | 1                          | QL NM PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)                  | 1                          | QL       |
| <i>fluorouracil (topical)</i> CREA 5%<br>QL (40 gm / 30 days)                          | 1                          | QL       |

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| Drug Name                                                |   | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------|---|----------------------------|--------|
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                | 1 | QL                         |        |
| QL (10 mL / 30 days)                                     |   |                            |        |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%             | 1 |                            |        |
| <i>imiquimod</i> CREA 5%                                 | 1 | QL                         |        |
| QL (24 packets / 30 days)                                |   |                            |        |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 1 |                            |        |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%       | 1 | QL                         |        |
| QL (45 gm / 30 days)                                     |   |                            |        |
| <i>metronidazole (topical)</i> LOTN .75%                 | 1 | QL                         |        |
| QL (59 mL / 30 days)                                     |   |                            |        |
| <i>nitroglycerin (intra-anal)</i> OINT .4%               | 1 | QL                         |        |
| QL (30 gm / 30 days)                                     |   |                            |        |
| PANRETIN GEL .1%                                         | 1 | QL PA                      |        |
| QL (60 gm / 30 days)                                     |   |                            |        |
| <i>pimecrolimus</i> CREA 1%                              | 1 | QL PA                      |        |
| QL (100 gm / 30 days)                                    |   |                            |        |
| <i>podofilox</i> SOLN .5%                                | 1 | QL                         |        |
| QL (7 mL / 28 days)                                      |   |                            |        |
| <i>procto-med hc</i> CREA 2.5%                           | 1 |                            |        |
| <i>proctocort</i> CREA 1%                                | 1 |                            |        |
| <i>proctosol hc</i> CREA 2.5%                            | 1 |                            |        |
| <i>proctozone-hc</i> CREA 2.5%                           | 1 |                            |        |
| <i>tacrolimus (topical)</i> OINT .03%, .1%               | 1 | QL PA                      |        |
| QL (100 gm / 30 days)                                    |   |                            |        |
| VALCHLOR GEL .016%                                       | 1 | QL NM PA                   |        |
| QL (60 gm / 30 days)                                     |   |                            |        |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>           |   |                            |        |
| <i>malathion</i> LOTN .5%                                | 1 | QL                         |        |
| QL (59 mL / 30 days)                                     |   |                            |        |
| <i>permethrin</i> CREA 5%                                | 1 | QL                         |        |
| QL (60 gm / 30 days)                                     |   |                            |        |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                    |   |                            |        |
| REGRANEX GEL .01%                                        | 1 | QL PA                      |        |
| QL (30 gm / 30 days)                                     |   |                            |        |
| SANTYL OINT 250unit/gm                                   | 1 | QL                         |        |
| QL (180 gm / 30 days)                                    |   |                            |        |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%            | 1 |                            |        |

| Drug Name                                               |   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------|---|----------------------------|--------|
| <i>water for irrigation, sterile irrigation soln</i>    | 1 |                            |        |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                       |   |                            |        |
| <i>cevimeline hcl</i> CAPS 30mg                         | 1 |                            |        |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1 |                            |        |
| <i>clotrimazole</i> TROC 10mg                           | 1 | QL                         |        |
| QL (150 lozenges / 30 days)                             |   |                            |        |
| <i>kourzeq</i> PSTE .1%                                 | 1 |                            |        |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%             | 1 |                            |        |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml       | 1 |                            |        |
| <i>periogard</i> SOLN .12%                              | 1 |                            |        |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg           | 1 |                            |        |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%         | 1 |                            |        |

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Last Updated: 09/01/25

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## D. 承保藥物索引

在本節中，您可以依字母順序搜尋藥物名稱來尋找藥物。這將告知您可以找到有關的詳細承保資料的頁碼。

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| HYDROCHLORID .....          | 8  | bortezomib.....             | 10 | naloxone hcl sl film 8-2    |    |
| BENDEKA .....               | 8  | BORTEZOMIB.....             | 10 | mg (base equiv) .....       | 31 |
| BENLYSTA.....               | 45 | bosentan.....               | 20 | buprenorphine hcl-          |    |
| benzoyl peroxide-           |    | BOSULIF .....               | 10 | naloxone hcl sl tab 2-0.5   |    |
| erythromycin gel 5-3% 52    |    | BRAFTOVI.....               | 10 | mg (base equiv) .....       | 31 |
| benztropine mesylate22, 23  |    | BREO ELLIPTA INH 100-       |    | buprenorphine hcl-          |    |
| BERINERT .....              | 43 | 25 .....                    | 52 | naloxone hcl sl tab 8-2     |    |
| BESIVANCE .....             | 48 | BREO ELLIPTA INH 200-       |    | mg (base equiv) .....       | 31 |
| BESREMI .....               | 10 | 25 .....                    | 52 | bupropion hcl .....         | 21 |
| betaine powder for oral     |    | BREO ELLIPTA INH 50-        |    | bupropion hcl (smoking      |    |
| solution.....               | 38 | 25MCG.....                  | 52 | deterrent).....             | 31 |
| betamethasone               |    | breynd.....                 | 52 | buspirone hcl .....         | 21 |
| dipropionate (topical)...53 |    | BREZTRI AERO AER            |    | butorphanol tartrate .....  | 1  |
| betamethasone               |    | SPHERE .....                | 49 | <b>C</b>                    |    |
| dipropionate augmented      |    | BREZTRI AERO AER            |    | cabergoline .....           | 38 |
| .....                       | 54 | SPHERE                      |    | CABOMETYX .....             | 10 |
| betamethasone valerate .54  |    | (INSTITUTIONAL PACK)        |    | calcipotriene.....          | 53 |
| BETASERON .....             | 30 | .....                       | 49 | calcitonin (salmon) spray   | 35 |

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|                                                                      |    |                                                                  |    |                                                            |    |
|----------------------------------------------------------------------|----|------------------------------------------------------------------|----|------------------------------------------------------------|----|
| calcitrene .....                                                     | 53 | carbidopa & levodopa tab<br>er 25-100 mg.....                    | 23 | cefixime .....                                             | 6  |
| calcitriol.....                                                      | 40 | carbidopa & levodopa tab<br>er 50-200 mg.....                    | 23 | cefotetan disodium.....                                    | 6  |
| calcitriol (oral) .....                                              | 40 | carbidopa-levodopa-<br>entacapone tabs 12.5-<br>50-200 mg.....   | 23 | cefoxitin sodium.....                                      | 6  |
| CALQUENCE .....                                                      | 10 | carbidopa-levodopa-<br>entacapone tabs 18.75-<br>75-200 mg.....  | 23 | cefpodoxime proxetil.....                                  | 6  |
| camila .....                                                         | 35 | carbidopa-levodopa-<br>entacapone tabs 25-100-<br>200 mg.....    | 23 | cefprozil .....                                            | 7  |
| camrese.....                                                         | 35 | carbidopa-levodopa-<br>entacapone tabs 31.25-<br>125-200 mg..... | 23 | ceftazidime.....                                           | 7  |
| camrese lo .....                                                     | 35 | carbidopa-levodopa-<br>entacapone tabs 37.5-<br>150-200 mg.....  | 23 | ceftriaxone sodium.....                                    | 7  |
| candesartan cilexetil .....                                          | 17 | carbidopa-levodopa-<br>entacapone tabs 50-200-<br>200 mg.....    | 23 | cefuroxime axetil.....                                     | 7  |
| candesartan cilexetil-<br>hydrochlorothiazide tab<br>16-12.5 mg..... | 16 | carboplatin .....                                                | 8  | cefuroxime sodium.....                                     | 7  |
| candesartan cilexetil-<br>hydrochlorothiazide tab<br>32-12.5 mg..... | 16 | carglumic acid.....                                              | 38 | celecoxib.....                                             | 1  |
| candesartan cilexetil-<br>hydrochlorothiazide tab<br>32-25 mg.....   | 16 | carisoprodol .....                                               | 31 | cephalexin.....                                            | 7  |
| CAPLYTA .....                                                        | 23 | carteolol hcl (ophth) .....                                      | 49 | CEQUR SIMPL KIT PATCH<br>2U (3-DAY).....                   | 33 |
| CAPRELSA .....                                                       | 10 | cartia xt .....                                                  | 19 | CEQUR SIMPL KIT PATCH<br>2U (4-DAY).....                   | 33 |
| captopril.....                                                       | 16 | carvedilol .....                                                 | 19 | CEQUR SIMPL MIS<br>INSERTER.....                           | 33 |
| captopril &<br>hydrochlorothiazide tab<br>25-15 mg.....              | 15 | caspofungin acetate.....                                         | 4  | CERDELGA.....                                              | 38 |
| captopril &<br>hydrochlorothiazide tab<br>25-25 mg.....              | 15 | CAYSTON .....                                                    | 2  | CEREZYME.....                                              | 38 |
| captopril &<br>hydrochlorothiazide tab<br>50-15 mg.....              | 15 | cefaclor .....                                                   | 6  | cetirizine hcl.....                                        | 50 |
| captopril &<br>hydrochlorothiazide tab<br>50-25 mg.....              | 15 | cefadroxil .....                                                 | 6  | cevimeline hcl .....                                       | 55 |
| carb/levo orally<br>disintegrating tab 10-<br>100mg.....             | 23 | CEFAZOLIN.....                                                   | 6  | chateal eq .....                                           | 35 |
| carb/levo orally<br>disintegrating tab 25-<br>100mg.....             | 23 | CEFAZOLIN INJ<br>1GM/50ML .....                                  | 6  | CHEMET.....                                                | 35 |
| carb/levo orally<br>disintegrating tab 25-<br>250mg.....             | 23 | cefazolin sodium .....                                           | 6  | chlorhexidine gluconate<br>(mouth-throat) .....            | 55 |
| carbamazepine .....                                                  | 25 | CEFAZOLIN/DEX SOL<br>2GM/100ML-4%.....                           | 6  | chloroquine phosphate .....                                | 4  |
| carbidopa & levodopa tab<br>10-100 mg.....                           | 23 | CEFAZOLIN/DEX SOL<br>1GM/50ML-4%.....                            | 6  | chlorpromazine hcl.....                                    | 23 |
| carbidopa & levodopa tab<br>25-100 mg.....                           | 23 | CEFAZOLIN/DEX SOL<br>2GM/50ML-3%.....                            | 6  | chlorthalidone .....                                       | 20 |
| carbidopa & levodopa tab<br>25-250 mg.....                           | 23 | CEFAZOLIN/DEX SOL<br>3GM/150ML-4%.....                           | 6  | cholestyramine.....                                        | 18 |
|                                                                      |    | CEFAZOLIN/DEX SOL<br>3GM/50ML-2%.....                            | 6  | cholestyramine light .....                                 | 18 |
|                                                                      |    | cefdinir .....                                                   | 6  | ciclopirox.....                                            | 53 |
|                                                                      |    | cefepime hcl.....                                                | 6  | ciclopirox olamine .....                                   | 53 |
|                                                                      |    |                                                                  |    | cilostazol.....                                            | 43 |
|                                                                      |    |                                                                  |    | CILOXAN.....                                               | 48 |
|                                                                      |    |                                                                  |    | CIMDUO TAB 300-300 .....                                   | 5  |
|                                                                      |    |                                                                  |    | cinacalcet hcl .....                                       | 39 |
|                                                                      |    |                                                                  |    | ciprofloxacin 200 mg/100ml<br>in d5w.....                  | 7  |
|                                                                      |    |                                                                  |    | ciprofloxacin 400 mg/200ml<br>in d5w.....                  | 7  |
|                                                                      |    |                                                                  |    | ciprofloxacin hcl .....                                    | 7  |
|                                                                      |    |                                                                  |    | ciprofloxacin hcl (ophth) ..                               | 48 |
|                                                                      |    |                                                                  |    | ciprofloxacin-<br>dexamethasone otic susp<br>0.3-0.1%..... | 49 |
|                                                                      |    |                                                                  |    | cisplatin.....                                             | 8  |
|                                                                      |    |                                                                  |    | citalopram hydrobromide                                    | 22 |
|                                                                      |    |                                                                  |    | claravis .....                                             | 52 |

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|                                                               |        |                                                      |    |                                                        |    |
|---------------------------------------------------------------|--------|------------------------------------------------------|----|--------------------------------------------------------|----|
| <i>clarithromycin</i> .....                                   | 7      | COARTEM TAB 20-120MG .....                           | 4  | CYCLOPHOSPHAMIDE ...                                   | 8  |
| <i>clindamycin hcl</i> .....                                  | 2      | COBENFY CAP 100-20MG .....                           | 24 | CYCLOPHOSPHAMIDE MONOHYDR.....                         | 8  |
| <i>clindamycin palmitate hydrochloride</i> .....              | 2      | COBENFY CAP 125-30MG .....                           | 24 | <i>cycloserine</i> .....                               | 5  |
| <i>clindamycin phosphate</i> .....                            | 2      | COBENFY CAP 50-20MG .....                            | 24 | <i>cyclosporine</i> .....                              | 45 |
| <i>clindamycin phosphate (topical)</i> .....                  | 52     | COBENFY STRT CAP PACK .....                          | 24 | <i>cyclosporine modified (for microemulsion)</i> ..... | 45 |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> ..... | 2      | <i>colchicine</i> .....                              | 1  | <i>cyproheptadine hcl</i> .....                        | 50 |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> ..... | 2      | <i>colchicine w/ probenecid tab 0.5-500 mg</i> ..... | 1  | <i>cyred eq</i> .....                                  | 35 |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> ..... | 2      | <i>colesevelam hcl</i> .....                         | 18 | CYSTADROPS .....                                       | 49 |
| <i>clindamycin phosphate vaginal</i> .....                    | 42     | <i>colestipol hcl</i> .....                          | 18 | CYSTAGON.....                                          | 39 |
| CLINDMYC/NAC INJ 300/50ML .....                               | 2      | <i>colistimethate sodium</i> .....                   | 3  | CYSTARAN .....                                         | 49 |
| CLINDMYC/NAC INJ 600/50ML .....                               | 2      | COMBIGAN SOL 0.2/0.5% .....                          | 49 | <i>cytarabine</i> .....                                | 8  |
| CLINDMYC/NAC INJ 900/50ML .....                               | 3      | COMBIVENT AER 20-100 .....                           | 49 | <b>D</b>                                               |    |
| CLINIMIX INJ 4.25/D10 ..                                      | 48     | COMETRIQ (60MG DOSE) .....                           | 11 | D10W/NACL INJ 0.2%....                                 | 46 |
| CLINIMIX INJ 4.25/D5W.                                        | 47     | COMETRIQ KIT 100MG ..                                | 11 | D2.5W/NACL INJ 0.45%.                                  | 46 |
| CLINIMIX INJ 5%/D15W.                                         | 48     | COMETRIQ KIT 140MG ..                                | 11 | <i>dabigatran etexilate mesylate</i> .....             | 42 |
| CLINIMIX INJ 5%/D20W.                                         | 48     | COMPLERA TAB.....                                    | 5  | <i>dalfampridine</i> .....                             | 30 |
| CLINIMIX INJ 6/5.....                                         | 48     | <i>compro</i> .....                                  | 40 | <i>danazol</i> .....                                   | 31 |
| CLINIMIX INJ 8/10.....                                        | 48     | <i>constulose</i> .....                              | 41 | <i>dantrolene sodium</i> .....                         | 31 |
| CLINIMIX INJ 8/14.....                                        | 48     | COPAXONE .....                                       | 30 | DANZITEN.....                                          | 11 |
| <i>clinisol sf 15%</i> .....                                  | 48     | COPIKTRA .....                                       | 11 | <i>dapsone</i> .....                                   | 3  |
| CLINOLIPID EMU 20%...                                         | 48     | CORLANOR .....                                       | 20 | DAPTACEL INJ .....                                     | 46 |
| <i>clobazam</i> .....                                         | 25     | COSENTYX .....                                       | 43 | <i>daptomycin</i> .....                                | 3  |
| <i>clobetasol propionate</i> .....                            | 54     | COSENTYX SENSOREADY PEN...43                         |    | DAPTOMYCIN.....                                        | 3  |
| <i>clobetasol propionate e</i> .....                          | 54     | COSENTYX UNOREADY .....                              | 43 | <i>darunavir</i> .....                                 | 4  |
| <i>clomipramine hcl</i> .....                                 | 22     | COTELLIC .....                                       | 11 | <i>dasatinib</i> .....                                 | 11 |
| <i>clonazepam</i> .....                                       | 25     | CREON CAP 12000UNT                                   | 41 | <i>dasetta 1/35</i> .....                              | 35 |
| <i>clonidine</i> .....                                        | 20     | CREON CAP 24000UNT                                   | 41 | <i>dasetta 7/7/7</i> .....                             | 35 |
| <i>clonidine hcl</i> .....                                    | 20     | CREON CAP 3000UNIT                                   | 41 | DAURISMO .....                                         | 11 |
| <i>clopidogrel bisulfate</i> .....                            | 43     | CREON CAP 36000UNT                                   | 41 | <i>daysee</i> .....                                    | 35 |
| <i>clorazepate dipotassium</i> .                              | 25     | CREON CAP 6000UNIT                                   | 41 | DAYVIGO .....                                          | 29 |
| <i>clotrimazole</i> .....                                     | 55     | <i>cromolyn sodium</i> .....                         | 51 | <i>deblitane</i> .....                                 | 35 |
| <i>clotrimazole (topical)</i> .....                           | 53     | <i>cromolyn sodium (mastocytosis)</i> .....          | 41 | <i>deferasirox</i> .....                               | 35 |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....      | 53     | <i>cromolyn sodium (ophth)</i>                       | 49 | DELSTRIGO TAB .....                                    | 5  |
| <i>clozapine</i> .....                                        | 23, 24 | <i>cryselle-28</i> .....                             | 35 | DENG VAXIA SUS .....                                   | 46 |
|                                                               |        | <i>cyclobenzaprine hcl</i> .....                     | 31 | DEPO-SUBQ PROVERA 104 .....                            | 35 |
|                                                               |        | <i>cyclophosphamide</i> .....                        | 8  | <i>depo-testosterone</i> .....                         | 31 |

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|                                      |                                     |                                   |
|--------------------------------------|-------------------------------------|-----------------------------------|
| <i>desmopressin acetate</i>          | <i>difluprednate</i> .....          | <i>drospirenone-ethinyl</i>       |
| <i>spray refrigerated</i> .....39    | <i>digoxin</i> .....20              | <i>estradiol tab 3-0.03 mg</i> 36 |
| <i>desogest-eth estrad &amp; eth</i> | <i>dihydroergotamine</i>            | <i>drospirenone-ethinyl</i>       |
| <i>estrad tab 0.15-0.02/0.01</i>     | <i>mesylate</i> .....29             | <i>estrad-levomefolate tab</i>    |
| <i>mg(21/5)</i> .....35              | DILANTIN .....26                    | <i>3-0.02-0.451 mg</i> .....36    |
| <i>desvenlafaxine succinate</i> 22   | <i>diltiazem hcl</i> .....19        | <i>drospirenone-ethinyl</i>       |
| <i>dexamethasone</i> .....38         | <i>diltiazem hcl coated beads</i>   | <i>estrad-levomefolate tab</i>    |
| DEXAMETHASONE                        | .....19                             | <i>3-0.03-0.451 mg</i> .....36    |
| INTENSOL .....38                     | <i>diltiazem hcl extended</i>       | <i>droxidopa</i> .....20          |
| <i>dexamethasone sodium</i>          | <i>release beads</i> .....19        | DULERA AER 100-5MCG               |
| <i>phosphate</i> .....38             | <i>dilt-xr</i> .....19              | .....52                           |
| <i>dexamethasone sodium</i>          | DIP/TET PED INJ 25-5LFU             | DULERA AER 200-5MCG               |
| <i>phosphate (ophth)</i> .....48     | .....46                             | .....52                           |
| <i>dexmethylphenidate hcl</i> ..29   | <i>diphenhydramine hcl</i> .....50  | DULERA AER 50-5MCG 52             |
| <i>dextrose</i> .....48              | <i>diphenoxylate w/ atropine</i>    | <i>duloxetine hcl</i> .....22     |
| <i>dextrose 10% w/ sodium</i>        | <i>liq 2.5-0.025 mg/5ml</i> ....41  | DUPIXENT.....43                   |
| <i>chloride 0.45%</i> .....47        | <i>diphenoxylate w/ atropine</i>    | <i>dutasteride</i> .....41        |
| <i>dextrose 2.5% w/ sodium</i>       | <i>tab 2.5-0.025 mg</i> .....41     | <i>dutasteride-tamsulosin hcl</i> |
| <i>chloride 0.45%</i> .....47        | <i>dipyridamole</i> .....43         | <i>cap 0.5-0.4 mg</i> .....41     |
| <i>dextrose 5% in lactated</i>       | <i>disopyramide phosphate</i> .18   | <b>E</b>                          |
| <i>ringers</i> .....47               | <i>disulfiram</i> .....31           | <i>e.e.s. 400</i> .....7          |
| <i>dextrose 5% w/ sodium</i>         | <i>divalproex sodium</i> .....26    | <i>econazole nitrate</i> .....53  |
| <i>chloride 0.2%</i> .....47         | <i>docetaxel</i> .....10            | EDURANT .....4                    |
| <i>dextrose 5% w/ sodium</i>         | DOCETAXEL .....10                   | EDURANT PED .....4                |
| <i>chloride 0.225%</i> .....47       | DOCIVYX .....10                     | <i>efavirenz</i> .....4           |
| <i>dextrose 5% w/ sodium</i>         | <i>dofetilide</i> .....18           | <i>efavirenz-emtricitabine-</i>   |
| <i>chloride 0.3%</i> .....47         | <i>dolishale</i> .....36            | <i>tenofovir df tab 600-200-</i>  |
| <i>dextrose 5% w/ sodium</i>         | <i>donepezil hydrochloride</i> ..21 | <i>300 mg</i> .....5              |
| <i>chloride 0.45%</i> .....47        | DOPTelet .....43                    | <i>efavirenz-lamivudine-</i>      |
| <i>dextrose 5% w/ sodium</i>         | <i>dorzolamide hcl</i> .....49      | <i>tenofovir df tab 400-300-</i>  |
| <i>chloride 0.9%</i> .....47         | <i>dorzolamide hcl-timolol</i>      | <i>300 mg</i> .....5              |
| DIACOMIT .....25, 26                 | <i>maleate ophth soln 2-</i>        | <i>efavirenz-lamivudine-</i>      |
| <i>diazepam</i> .....26              | <i>0.5%</i> .....49                 | <i>tenofovir df tab 600-300-</i>  |
| <i>diazepam (anticonvulsant)</i>     | <i>dotti</i> .....38                | <i>300 mg</i> .....5              |
| .....26                              | DOVATO TAB 50-300MG.5               | ELIGARD .....9                    |
| <i>diazepam inj</i> .....26          | <i>doxazosin mesylate</i> .....16   | <i>elinest</i> .....36            |
| <i>diazepam intensol</i> .....26     | <i>doxepin hcl</i> .....22          | ELIQUIS .....42                   |
| <i>diazoxide</i> .....38             | <i>doxepin hcl (sleep)</i> .....29  | ELIQUIS STARTER PACK              |
| <i>diclofenac potassium</i> .....1   | <i>doxorubicin hcl</i> .....10      | .....42                           |
| <i>diclofenac sodium</i> .....1      | <i>doxorubicin hcl liposomal</i> 10 | <i>eluryng</i> .....36            |
| <i>diclofenac sodium (ophth)</i>     | <i>doxy 100</i> .....8              | EMGALITY.....29                   |
| .....48                              | <i>doxycycline (monohydrate)</i>    | EMSAM .....22                     |
| <i>diclofenac sodium (topical)</i>   | .....8                              | <i>emtricitabine</i> .....4       |
| .....54                              | <i>doxycycline hyclate</i> .....8   | <i>emtricitabine-rilpivirine-</i> |
| <i>dicloxacillin sodium</i> .....8   | DRIZALMA SPRINKLE...22              | <i>tenofovir df tab 200-25-</i>   |
| <i>dicyclomine hcl</i> .....40       | <i>dronabinol</i> .....40           | <i>300 mg</i> .....5              |
| DIFICID.....7                        | <i>drospirenone-ethinyl</i>         |                                   |
| <i>diflunisal</i> .....1             | <i>estradiol tab 3-0.02 mg</i> 36   |                                   |

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|------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------|
| emtricitabine-tenofovir<br>disoproxil fumarate tab<br>100-150 mg.....5 | EPCLUSA PAK 200-50MG<br>.....6                                         | ethynodiol diacetate &<br>ethinyl estradiol tab 1<br>mg-50 mcg .....36   |
| emtricitabine-tenofovir<br>disoproxil fumarate tab<br>133-200 mg.....5 | EPCLUSA TAB 200-50MG<br>.....6                                         | etodolac .....1                                                          |
| emtricitabine-tenofovir<br>disoproxil fumarate tab<br>167-250 mg.....5 | EPCLUSA TAB 400-100...6                                                | etonogestrel-ethinyl<br>estradiol va ring 0.12-<br>0.015 mg/24hr .....36 |
| emtricitabine-tenofovir<br>disoproxil fumarate tab<br>200-300 mg.....5 | EPIDIOLEX.....26                                                       | etoposide .....10                                                        |
| EMTRIVA.....4                                                          | epinephrine (anaphylaxis)<br>.....20, 51                               | etravirine .....4                                                        |
| EMVERM.....3                                                           | epitol.....26                                                          | EULEXIN .....9                                                           |
| emzahh.....36                                                          | eplerenone.....16                                                      | everolimus .....11                                                       |
| enalapril maleate .....16                                              | EPRONTIA .....26                                                       | everolimus<br>(immunosuppressant) .46                                    |
| enalapril maleate &<br>hydrochlorothiazide tab<br>10-25 mg.....15      | ergotamine w/ caffeine tab<br>1-100 mg .....29                         | EVOTAZ TAB 300-150 .....5                                                |
| enalapril maleate &<br>hydrochlorothiazide tab<br>5-12.5 mg.....15     | ERIVEDGE .....11                                                       | exemestane .....9                                                        |
| ENBREL .....44                                                         | ERLEADA .....9                                                         | EYSUVIS .....49                                                          |
| ENBREL MINI.....44                                                     | erlotinib hcl .....11                                                  | ezetimibe .....18                                                        |
| ENBREL SURECLICK...44                                                  | errin .....36                                                          | ezetimibe-simvastatin tab<br>10-10 mg .....18                            |
| endocet tab 10-325mg.....2                                             | ertapenem sodium .....3                                                | ezetimibe-simvastatin tab<br>10-20 mg .....18                            |
| endocet tab 2.5-325mg.....1                                            | ery.....52                                                             | ezetimibe-simvastatin tab<br>10-40 mg .....18                            |
| endocet tab 5-325mg.....1                                              | ery-tab .....7                                                         | ezetimibe-simvastatin tab<br>10-80 mg .....18                            |
| endocet tab 7.5-325mg.....2                                            | ERYTHROCIN<br>LACTOBIONATE .....7                                      | <b>F</b>                                                                 |
| ENGERIX-B.....46                                                       | erythromycin (acne aid) ..52                                           | FABRAZYME.....39                                                         |
| enilloring .....36                                                     | erythromycin (ophth).....48                                            | falmina .....36                                                          |
| enoxaparin sodium .....42                                              | erythromycin base .....7                                               | famciclovir.....6                                                        |
| enpresse-28.....36                                                     | erythromycin ethylsuccinate<br>.....7                                  | famotidine .....40                                                       |
| enskyce .....36                                                        | erythromycin lactobionate.7                                            | famotidine in nacl 0.9% iv<br>soln 20 mg/50ml.....40                     |
| ENSTILAR AER.....53                                                    | escitalopram oxalate.....22                                            | FANAPT .....24                                                           |
| entacapone.....23                                                      | eslicarbazepine acetate ..26                                           | FANAPT PAK PACK A ...24                                                  |
| entecavir .....6                                                       | esomeprazole magnesium<br>.....41                                      | FANAPT PAK PACK C ...24                                                  |
| ENTRESTO CAP 15-16MG<br>.....16                                        | estarylla .....36                                                      | FARXIGA.....32                                                           |
| ENTRESTO CAP 6-6MG 16                                                  | estradiol .....38                                                      | FASENRA.....51                                                           |
| ENTRESTO TAB 24-26MG<br>.....16                                        | estradiol & norethindrone<br>acetate tab 0.5-0.1 mg 38                 | FASENRA PEN .....51                                                      |
| ENTRESTO TAB 49-51MG<br>.....16                                        | estradiol & norethindrone<br>acetate tab 1-0.5 mg ...38                | feirza 1.5/30.....36                                                     |
| ENTRESTO TAB 97-<br>103MG .....16                                      | estradiol vaginal.....38                                               | feirza 1/20.....36                                                       |
| enulose .....41                                                        | estradiol valerate .....38                                             | felbamate .....26                                                        |
| EPCLUSA PAK 150-37.5..6                                                | eszopiclone.....29                                                     | felodipine .....19                                                       |
|                                                                        | ethambutol hcl .....5                                                  | fenofibrate.....18                                                       |
|                                                                        | ethosuximide.....26                                                    | fenofibrate micronized ....18                                            |
|                                                                        | ethynodiol diacetate &<br>ethinyl estradiol tab 1<br>mg-35 mcg .....36 | fentanyl .....1                                                          |
|                                                                        |                                                                        | fesoterodine fumarate.....42                                             |
|                                                                        |                                                                        | FETZIMA .....22                                                          |

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|                                                           |        |                                                              |    |                                              |    |
|-----------------------------------------------------------|--------|--------------------------------------------------------------|----|----------------------------------------------|----|
| FETZIMA CAP TITRATIO .....                                | 22     | fluticasone-salmeterol aer powder ba 500-50 mcg/act .....    | 52 | gemcitabine hcl.....                         | 8  |
| FIASP .....                                               | 33     | fluvoxamine maleate .....                                    | 21 | gemfibrozil .....                            | 18 |
| FIASP FLEXTOUCH.....                                      | 33     | fondaparinux sodium .....                                    | 42 | GEMTESA .....                                | 42 |
| FIASP PENFILL.....                                        | 34     | fosamprenavir calcium.....                                   | 4  | generlac .....                               | 41 |
| FIASP PUMPCART .....                                      | 34     | fosinopril sodium.....                                       | 16 | gengraf .....                                | 46 |
| finasteride .....                                         | 42     | fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg ..... | 15 | GENOTROPIN.....                              | 39 |
| finbolimod hcl.....                                       | 30     | fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg ..... | 15 | GENOTROPIN MINIQUEL .....                    | 39 |
| FINTEPLA .....                                            | 26     | FOTIVDA .....                                                | 11 | gentamicin in saline inj 0.8 mg/ml .....     | 3  |
| finzala .....                                             | 36     | FRINDOVYX.....                                               | 8  | gentamicin in saline inj 1 mg/ml .....       | 3  |
| FIRMAGON .....                                            | 9      | FRUZAQLA.....                                                | 11 | gentamicin in saline inj 1.2 mg/ml .....     | 3  |
| flac .....                                                | 49     | FULPHILA .....                                               | 43 | gentamicin in saline inj 1.6 mg/ml .....     | 3  |
| FLAREX.....                                               | 48     | fulvestrant .....                                            | 9  | gentamicin in saline inj 2 mg/ml .....       | 3  |
| FLEBOGAMMA DIF.....                                       | 45     | furosemide .....                                             | 20 | gentamicin sulfate .....                     | 3  |
| flecainide acetate .....                                  | 18     | furosemide inj .....                                         | 20 | gentamicin sulfate (ophth) .....             | 48 |
| fluconazole .....                                         | 4      | FUZEON .....                                                 | 4  | gentamicin sulfate (topical) .....           | 53 |
| fluconazole in nacl 0.9% inj 200 mg/100ml .....           | 4      | fyavolv tab 0.5mg-2.5mcg .....                               | 38 | GENVOYA TAB .....                            | 5  |
| fluconazole in nacl 0.9% inj 400 mg/200ml .....           | 4      | fyavolv tab 1mg-5mcg.....                                    | 38 | GILOTRIF .....                               | 11 |
| flucytosine.....                                          | 4      | FYCOMPA .....                                                | 26 | glatiramer acetate .....                     | 30 |
| fludrocortisone acetate ...                               | 38     | <b>G</b> .....                                               |    | glatopa .....                                | 30 |
| flunisolide (nasal).....                                  | 51     | gabapentin.....                                              | 26 | GLEOSTINE .....                              | 8  |
| fluocinolone acetonide ...                                | 54     | galantamine hydrobromide .....                               | 21 | glimepiride .....                            | 32 |
| fluocinolone acetonide (otic) .....                       | 49     | galbriela .....                                              | 36 | glipizide.....                               | 32 |
| fluocinonide .....                                        | 54     | gallifrey .....                                              | 39 | glipizide xl .....                           | 32 |
| fluocinonide emulsified base .....                        | 54     | GAMASTAN INJ .....                                           | 45 | glipizide-metformin hcl tab 2.5-250 mg ..... | 32 |
| fluorometholone (ophth) ..                                | 48     | GAMMAGARD LIQUID ...                                         | 45 | glipizide-metformin hcl tab 2.5-500 mg ..... | 32 |
| fluorouracil .....                                        | 8      | GAMMAGARD S/D IGA LESS TH .....                              | 45 | glipizide-metformin hcl tab 5-500 mg .....   | 32 |
| fluorouracil (topical) ..                                 | 54, 55 | GAMMAKED.....                                                | 45 | glycopyrrolate .....                         | 40 |
| fluoxetine hcl.....                                       | 22     | GAMMAPLEX.....                                               | 45 | glydo .....                                  | 54 |
| fluphenazine decanoate ..                                 | 24     | GAMUNEX-C.....                                               | 45 | GLYXAMBI TAB 10-5 MG .....                   | 32 |
| fluphenazine hcl.....                                     | 24     | ganciclovir sodium .....                                     | 6  | GLYXAMBI TAB 25-5 MG .....                   | 32 |
| flurbiprofen.....                                         | 1      | GARDASIL 9.....                                              | 46 | GOMEKLI .....                                | 11 |
| flurbiprofen sodium .....                                 | 48     | gatifloxacin (ophth) .....                                   | 48 | granisetron hcl .....                        | 40 |
| fluticasone propionate.....                               | 54     | GATTEX .....                                                 | 41 | griseofulvin microsize .....                 | 4  |
| fluticasone propionate (nasal) .....                      | 51     | GAUZE PADS 2.....                                            | 34 | griseofulvin ultramicrosize 4 .....          | 4  |
| fluticasone-salmeterol aer powder ba 100-50 mcg/act ..... | 52     | gavilyte-c .....                                             | 41 | guanfacine hcl.....                          | 20 |
| fluticasone-salmeterol aer powder ba 250-50 mcg/act ..... | 52     | gavilyte-g .....                                             | 41 |                                              |    |
|                                                           |        | gavilyte-n/ flavor pack .....                                | 41 |                                              |    |
|                                                           |        | GAVRETO .....                                                | 11 |                                              |    |
|                                                           |        | gefitinib .....                                              | 11 |                                              |    |

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|                                      |                                      |                                     |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <i>guanfacine hcl (adhd)</i> .....29 | <i>hydrocodone-</i>                  | IMOVAX RABIES                       |
| <b>H</b>                             | <i>acetaminophen tab 5-325</i>       | (H.D.C.V.).....46                   |
| HAEGARDA .....43                     | <i>mg</i> .....2                     | IMPAVIDO .....3                     |
| <i>hailey 1.5/30</i> .....36         | <i>hydrocodone-</i>                  | INBRIJA.....23                      |
| <i>hailey 24 fe</i> .....36          | <i>acetaminophen tab 7.5-</i>        | <i>incassia</i> .....36             |
| <i>halobetasol propionate</i> ...54  | <i>325 mg</i> .....2                 | INCRELEX.....39                     |
| <i>haloette</i> .....36              | <i>hydrocodone-ibuprofen tab</i>     | INCRUSE ELLIPTA .....50             |
| <i>haloperidol</i> .....24           | <i>7.5-200 mg</i> .....2             | <i>indapamide</i> .....20           |
| <i>haloperidol decanoate</i> ....24  | <i>hydrocortisone</i> .....38        | INFANRIX INJ.....46                 |
| <i>haloperidol lactate</i> .....24   | <i>hydrocortisone (intrarectal)</i>  | INFLIXIMAB.....44                   |
| HARVONI PAK 33.75-                   | .....40                              | INLYTA .....11                      |
| 150MG .....6                         | <i>hydrocortisone (rectal)</i> ...55 | INQOVI TAB 35-100MG ...9            |
| HARVONI PAK 45-200MG                 | <i>hydrocortisone (topical)</i> ..54 | INREBIC .....12                     |
| .....6                               | <i>hydrocortisone sod</i>            | INSULIN PEN NEEDLES:                |
| HARVONI TAB 45-200MG6                | <i>succinate</i> .....38             | BD-EMBECTA.....34                   |
| HARVONI TAB 90-400MG6                | <i>hydrocortisone valerate</i> ..54  | INSULIN SAFETY                      |
| HAVRIX .....46                       | <i>hydromorphone hcl</i> .....2      | NEEDLES: BD-                        |
| <i>heather</i> .....36               | <i>hydroxychloroquine sulfate</i>    | EMBECTA.....34                      |
| HEP SOD/NACL INJ                     | .....45                              | INSULIN SYRINGES: BD-               |
| 25000UNT.....42                      | <i>hydroxyurea</i> .....10           | EMBECTA.....34                      |
| <i>heparin sodium (porcine)</i> 42   | <i>hydroxyzine hcl</i> .....50       | INTELENCE.....4                     |
| HEPLISAV-B .....46                   | <i>hydroxyzine pamoate</i> .....50   | INTRALIPID .....48                  |
| HERCEP HYLEC SOL 60-                 | <b>I</b>                             | <i>introvale</i> .....36            |
| 10000 .....11                        | <i>ibandronate sodium</i> .....35    | INVEGA HAFYERA .....24              |
| HERCEPTIN.....11                     | IBRANCE.....11                       | INVEGA SUSTENNA.....24              |
| HERZUMA.....11                       | <i>ibu</i> .....1                    | INVEGA TRINZA .....24               |
| HIBERIX .....46                      | <i>ibuprofen</i> .....1              | IPOL INJ INACTIVE.....46            |
| HUMIRA .....44                       | <i>icatibant acetate</i> .....43     | <i>ipratropium bromide</i> .....50  |
| HUMIRA PEN .....44                   | <i>iclevia</i> .....36               | <i>ipratropium bromide (nasal)</i>  |
| HUMIRA PEN KIT PS/UV                 | ICLUSIG .....11                      | .....50                             |
| .....44                              | IDACIO (2 PEN).....44                | <i>ipratropium-albuterol nebu</i>   |
| HUMIRA PEN-CD/UC/HS                  | IDACIO (2 SYRINGE).....44            | <i>soln 0.5-2.5(3) mg/3ml</i> 49    |
| START .....44                        | IDACIO CROHN INJ                     | <i>irbesartan</i> .....17           |
| HUMIRA PEN-PEDIATRIC                 | DISEASE .....44                      | <i>irbesartan-</i>                  |
| UC S .....44                         | IDACIO PLAQU INJ                     | <i>hydrochlorothiazide tab</i>      |
| HUMULIN R U-500                      | PSORIASIS.....44                     | <i>150-12.5 mg</i> .....16          |
| (CONCENTR.....34                     | IDHIFA.....11                        | <i>irbesartan-</i>                  |
| HUMULIN R U-500                      | <i>imatinib mesylate</i> .....11     | <i>hydrochlorothiazide tab</i>      |
| KWIKPEN .....34                      | IMBRUVICA.....11                     | <i>300-12.5 mg</i> .....16          |
| <i>hydralazine hcl</i> .....20       | <i>imipenem-cilastatin</i>           | <i>irinotecan hcl</i> .....10       |
| <i>hydrochlorothiazide</i> .....20   | <i>intravenous for soln 250</i>      | ISENTRESS .....4                    |
| <i>hydrocodone bitartrate</i> .....1 | <i>mg</i> .....3                     | ISENTRESS HD .....4                 |
| <i>hydrocodone-</i>                  | <i>imipenem-cilastatin</i>           | <i>isibloom</i> .....36             |
| <i>acetaminophen soln 7.5-</i>       | <i>intravenous for soln 500</i>      | ISOLYTE-P INJ /D5W.....47           |
| <i>325 mg/15ml</i> .....2            | <i>mg</i> .....3                     | ISOLYTE-S INJ PH 7.4...47           |
| <i>hydrocodone-</i>                  | <i>imipramine hcl</i> .....22        | <i>isoniazid</i> .....5             |
| <i>acetaminophen tab 10-</i>         | <i>imiquimod</i> .....55             | <i>isosorbide dinitrate</i> .....20 |
| <i>325 mg</i> .....2                 | IMKELDI .....11                      | <i>isosorbide mononitrate</i> ...20 |

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|                                            |    |                                     |                                         |    |
|--------------------------------------------|----|-------------------------------------|-----------------------------------------|----|
| <i>isotretinoin</i> .....                  | 53 | <b>K</b>                            | <i>kionex</i> .....                     | 35 |
| <i>isradipine</i> .....                    | 19 | KADCYLA .....                       | KISQALI 200 DOSE .....                  | 12 |
| ITOVEBI .....                              | 12 | <i>kaitlib fe</i> .....             | KISQALI 200 PAK                         |    |
| <i>itraconazole</i> .....                  | 4  | KALETRA SOL .....                   | FEMARA .....                            | 12 |
| <i>ivabradine hcl</i> .....                | 20 | KALYDECO .....                      | KISQALI 400 DOSE .....                  | 12 |
| <i>ivermectin</i> .....                    | 3  | KANJINTI .....                      | KISQALI 400 PAK                         |    |
| IWILFIN .....                              | 10 | <i>kariva</i> .....                 | FEMARA .....                            | 12 |
| IXCHIQ INJ .....                           | 46 | <i>kcl 10 meq/l (0.075%) in</i>     | KISQALI 600 DOSE .....                  | 12 |
| IXIARO INJ .....                           | 46 | <i>dextrose 5% &amp; nacl</i>       | KISQALI 600 PAK                         |    |
| <b>J</b>                                   |    | <i>0.45% inj</i> .....              | FEMARA .....                            | 12 |
| <i>jaimiess</i> .....                      | 36 | <i>kcl 20 meq/l (0.149%) in</i>     | <i>klayesta</i> .....                   | 53 |
| JAKAFI .....                               | 12 | <i>nacl 0.45% inj</i> .....         | <i>klor-con</i> .....                   | 47 |
| <i>jantoven</i> .....                      | 42 | <i>kcl 20 meq/l (0.15%) in</i>      | <i>klor-con 10</i> .....                | 47 |
| JANUMET TAB 50-1000 .....                  | 32 | <i>dextrose 5% &amp; nacl 0.2%</i>  | <i>klor-con 8</i> .....                 | 47 |
| JANUMET TAB 50-500MG                       |    | <i>inj</i> .....                    | <i>klor-con m10</i> .....               | 47 |
| .....                                      | 32 | <i>kcl 20 meq/l (0.15%) in</i>      | <i>klor-con m15</i> .....               | 47 |
| JANUMET XR TAB 100-                        |    | <i>dextrose 5% &amp; nacl</i>       | <i>klor-con m20</i> .....               | 47 |
| 1000 .....                                 | 32 | <i>0.45% inj</i> .....              | KOSELUGO .....                          | 12 |
| JANUMET XR TAB 50-                         |    | <i>kcl 20 meq/l (0.15%) in</i>      | <i>kourzeq</i> .....                    | 55 |
| 1000 .....                                 | 32 | <i>dextrose 5% &amp; nacl 0.9%</i>  | KRAZATI .....                           | 12 |
| JANUMET XR TAB 50-                         |    | <i>inj</i> .....                    | <i>kurvelo</i> .....                    | 36 |
| 500MG .....                                | 32 | <i>kcl 20 meq/l (0.15%) in nacl</i> | <b>L</b>                                |    |
| JANUVIA .....                              | 32 | <i>0.45% inj</i> .....              | <i>labetalol hcl</i> .....              | 19 |
| JARDIANCE .....                            | 32 | <i>kcl 20 meq/l (0.15%) in nacl</i> | <i>lacosamide</i> .....                 | 26 |
| <i>jasmiel</i> .....                       | 36 | <i>0.9% inj</i> .....               | <i>lacosamide oral</i> .....            | 26 |
| <i>javygtor</i> .....                      | 39 | <i>kcl 30 meq/l (0.224%) in</i>     | <i>lactated ringer's solution</i> ..... | 47 |
| JAYPIRCA .....                             | 12 | <i>dextrose 5% &amp; nacl</i>       | <i>lactic acid (ammonium</i>            |    |
| JENTADUETO TAB 2.5-                        |    | <i>0.45% inj</i> .....              | <i>lactate)</i> .....                   | 55 |
| 1000 .....                                 | 32 | <i>kcl 40 meq/l (0.3%) in</i>       | <i>lactulose</i> .....                  | 41 |
| JENTADUETO TAB 2.5-                        |    | <i>dextrose 5% &amp; nacl</i>       | <i>lactulose (encephalopathy)</i>       |    |
| 500 .....                                  | 32 | <i>0.45% inj</i> .....              | .....                                   | 41 |
| JENTADUETO TAB 2.5-                        |    | <i>kcl 40 meq/l (0.3%) in</i>       | <i>lamivudine</i> .....                 | 4  |
| 850 .....                                  | 32 | <i>dextrose 5% &amp; nacl 0.9%</i>  | <i>lamivudine (hbv)</i> .....           | 6  |
| JENTADUETO TAB XR                          |    | <i>inj</i> .....                    | <i>lamivudine-zidovudine tab</i>        |    |
| 2.5-1000MG .....                           | 32 | <i>kcl 40 meq/l (0.3%) in nacl</i>  | 150-300 mg .....                        | 5  |
| JENTADUETO TAB XR 5-                       |    | <i>0.9% inj</i> .....               | <i>lamotrigine</i> .....                | 26 |
| 1000MG .....                               | 32 | KCL/D5W/NACL INJ                    | <i>lanreotide acetate</i> .....         | 39 |
| <i>jinteli</i> .....                       | 38 | 0.3/0.9% .....                      | <i>lansoprazole</i> .....               | 41 |
| <i>jolessa</i> .....                       | 36 | <i>kelnor 1/35</i> .....            | <i>lapatinib ditosylate</i> .....       | 12 |
| <i>juleber</i> .....                       | 36 | <i>kelnor 1/50</i> .....            | <i>larin 1.5/30</i> .....               | 36 |
| JULUCA TAB 50-25MG .....                   | 5  | KERENDIA .....                      | <i>larin 1/20</i> .....                 | 36 |
| <i>junel 1.5/30</i> .....                  | 36 | KESIMPTA .....                      | <i>larin 24 fe</i> .....                | 36 |
| <i>junel 1/20</i> .....                    | 36 | <i>ketoconazole</i> .....           | <i>larin fe 1.5/30</i> .....            | 36 |
| <i>junel fe 1.5/30</i> .....               | 36 | <i>ketoconazole (topical)</i> ..... | <i>larin fe 1/20</i> .....              | 36 |
| <i>junel fe 1/20</i> .....                 | 36 | <i>ketorolac tromethamine</i>       | <i>latanoprost</i> .....                | 49 |
| <i>junel fe 24</i> .....                   | 36 | <i>(ophth)</i> .....                | <i>layolis fe</i> .....                 | 36 |
| JYLAMVO .....                              | 45 | KEYTRUDA .....                      | LAZCLUZE .....                          | 12 |
| JYNNEOS .....                              | 46 | KINRIX INJ .....                    | <i>leflunomide</i> .....                | 45 |
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| <b>QL</b> - Quantity Limits                |    |                                     |                                         |    |
| <b>ST</b> - Step Therapy                   |    |                                     |                                         |    |
| <b>NM</b> - Not available at mail-         |    |                                     |                                         |    |
| order                                      |    |                                     |                                         | 65 |
| <b>B/D</b> - Covered under Medicare B or D |    |                                     |                                         |    |

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|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <i>lenalidomide</i> .....9                                                              | <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.1 mg-20<br/>mcg</i> .....36          | <i>lithium carbonate</i> .....30                                                    |
| LENVIMA 10 MG DAILY<br>DOSE.....12                                                      | <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.15 mg-30<br/>mcg</i> .....36         | LIVTENCITY .....6                                                                   |
| LENVIMA 12MG DAILY<br>DOSE.....12                                                       | <i>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-<br/>30mg-mcg</i> .....36     | <i>loestrin 1.5/30-21</i> .....36                                                   |
| LENVIMA 20 MG DAILY<br>DOSE.....12                                                      | <i>levonorgestrel-ethinyl<br/>estradiol (continuous) tab<br/>90-20 mcg</i> .....36       | <i>loestrin 1/20-21</i> .....36                                                     |
| LENVIMA 4 MG DAILY<br>DOSE.....12                                                       | <i>levonorg-eth est tab 0.1-<br/>0.02mg(84) &amp; eth est tab<br/>0.01mg(7)</i> .....36  | <i>loestrin fe 1.5/30</i> .....36                                                   |
| LENVIMA 8 MG DAILY<br>DOSE.....12                                                       | <i>levonorg-eth est tab 0.15-<br/>0.03mg(84) &amp; eth est tab<br/>0.01mg(7)</i> .....36 | <i>loestrin fe 1/20</i> .....36                                                     |
| LENVIMA CAP 14 MG....12                                                                 | <i>levora 0.15/30-28</i> .....36                                                         | <i>lojaimiess</i> .....36                                                           |
| LENVIMA CAP 18 MG....12                                                                 | <i>levo-t</i> .....39                                                                    | LOKELMA.....35                                                                      |
| LENVIMA CAP 24 MG....12                                                                 | <i>levothyroxine sodium</i> .....39                                                      | LONSURF TAB 15-6.14 ...9                                                            |
| <i>lessina</i> .....36                                                                  | <i>levoxyl</i> .....39                                                                   | LONSURF TAB 20-8.19 ...9                                                            |
| <i>letrozole</i> .....9                                                                 | <i>l-glutamine (sickle cell)</i> ...43                                                   | <i>loperamide hcl</i> .....41                                                       |
| <i>leucovorin calcium</i> .....15                                                       | <i>lidocaine</i> .....54                                                                 | <i>lopinavir-ritonavir soln 400-<br/>100 mg/5ml (80-20<br/>mg/ml)</i> .....5        |
| LEUKERAN .....8                                                                         | <i>lidocaine hcl</i> .....54                                                             | <i>lopinavir-ritonavir tab 100-<br/>25 mg</i> .....5                                |
| <i>leuprolide acetate</i> .....9                                                        | <i>lidocaine hcl (local anesth.)</i><br>.....1                                           | <i>lopinavir-ritonavir tab 200-<br/>50 mg</i> .....5                                |
| <i>levalbuterol hcl</i> .....50                                                         | <i>lidocaine hcl (mouth-throat)</i><br>.....55                                           | <i>lorazepam</i> .....21                                                            |
| <i>levalbuterol tartrate</i> .....50                                                    | <i>lidocaine-prilocaine cream<br/>2.5-2.5%</i> .....54                                   | <i>lorazepam intensol</i> .....21                                                   |
| <i>levetiracetam</i> .....26                                                            | <i>lidocan</i> .....54                                                                   | LORBRENA .....12                                                                    |
| LEVETIRACETAM.....26                                                                    | LILETTA .....36                                                                          | <i>loryna</i> .....36                                                               |
| <i>levetiracetam in sodium<br/>chloride iv soln 1000<br/>mg/100ml</i> .....26           | <i>linezolid</i> .....3                                                                  | <i>losartan potassium</i> .....17                                                   |
| <i>levetiracetam in sodium<br/>chloride iv soln 1500<br/>mg/100ml</i> .....27           | LINEZOLID INJ 2MG/ML ..3                                                                 | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>100-12.5 mg</i> .....17 |
| <i>levetiracetam in sodium<br/>chloride iv soln 500<br/>mg/100ml</i> .....26            | LINZESS.....41                                                                           | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>100-25 mg</i> .....17   |
| <i>levobunolol hcl</i> .....49                                                          | <i>liothyronine sodium</i> .....39                                                       | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>50-12.5 mg</i> .....16  |
| <i>levocarnitine (metabolic<br/>modifiers)</i> .....39                                  | <i>lisinopril</i> .....16                                                                | LOTEMAX.....48                                                                      |
| <i>levocetirizine<br/>dihydrochloride</i> .....50                                       | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>10-12.5 mg</i> .....15               | <i>loteprednol etabonate</i> ....49                                                 |
| <i>levofloxacin</i> .....7                                                              | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>20-12.5 mg</i> .....15               | <i>lovastatin</i> .....18                                                           |
| <i>levofloxacin in d5w iv soln<br/>250 mg/50ml</i> .....7                               | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>20-25 mg</i> .....15                 | <i>low-ogestrel</i> .....36                                                         |
| <i>levofloxacin in d5w iv soln<br/>500 mg/100ml</i> .....7                              | <i>lithium</i> .....30                                                                   | <i>loxapine succinate</i> .....24                                                   |
| <i>levofloxacin in d5w iv soln<br/>750 mg/150ml</i> .....7                              |                                                                                          | LUMAKRAS .....12                                                                    |
| <i>levonest</i> .....36                                                                 |                                                                                          | LUMIGAN .....49                                                                     |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol (91-day) tab<br/>0.15-0.03 mg</i> .....36 |                                                                                          | LUMIZYME .....39                                                                    |

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|                                                                    |                                                                   |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|
| LUPRON DEPOT-PED (6-MONTH).....39                                  | memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack .....21   | metoprolol & hydrochlorothiazide tab 50-25 mg .....19                   |
| <i>lurasidone hcl</i> .....24                                      | <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> .....21   | <i>metoprolol succinate</i> .....19                                     |
| <i>luter</i> .....36                                               | <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> .....21   | <i>metoprolol tartrate</i> .....19                                      |
| LYBALVI TAB 10-10MG .24                                            | <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> .....21   | <i>metronidazole</i> .....3                                             |
| LYBALVI TAB 15-10MG .24                                            | MENACTRA INJ .....46                                              | <i>metronidazole (topical)</i> ...55                                    |
| LYBALVI TAB 20-10MG .24                                            | MENQUADFI .....46                                                 | <i>metronidazole vaginal</i> ....42                                     |
| LYBALVI TAB 5-10MG ...24                                           | MENVEO INJ .....46                                                | <i>metyrosine</i> .....20                                               |
| <i>lyleq</i> .....36                                               | MENVEO SOL .....46                                                | <i>mibelas 24 fe</i> .....37                                            |
| <i>lyllana</i> .....38                                             | <i>mercaptopurine</i> .....9                                      | <i>micafungin sodium</i> .....4                                         |
| LYNPARZA.....12                                                    | <i>meropenem</i> .....3                                           | <i>microgestin 1.5/30</i> .....37                                       |
| LYSODREN.....9                                                     | <i>mesalamine</i> .....40, 41                                     | <i>microgestin 1/20</i> .....37                                         |
| LYTGOBI (12 MG DAILY DOSE).....12                                  | <i>mesalamine w/ cleanser</i> .41                                 | <i>microgestin fe 1.5/30</i> .....37                                    |
| LYTGOBI (16 MG DAILY DOSE).....12                                  | <i>mesna</i> .....15                                              | <i>microgestin fe 1/20</i> .....37                                      |
| LYTGOBI (20 MG DAILY DOSE).....12                                  | MESNEX .....15                                                    | <i>midodrine hcl</i> .....20                                            |
| <i>lyza</i> .....36                                                | <i>metformin hcl</i> .....32                                      | MIEBO .....49                                                           |
| <b>M</b>                                                           | <i>methadone hcl</i> .....1                                       | <i>mifepristone (hyperglycemia)</i> .....39                             |
| <i>magnesium sulfate</i> .....47                                   | <i>methadone hydrochloride i1</i>                                 | <i>mili</i> .....37                                                     |
| MAGNESIUM SULFATE 47                                               | <i>methazalamide</i> .....20                                      | <i>mimvey</i> .....38                                                   |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....47 | <i>methenamine hippurate</i> ....3                                | <i>minocycline hcl</i> .....8                                           |
| <i>malathion</i> .....55                                           | <i>methimazole</i> .....39                                        | <i>minoxidil</i> .....20                                                |
| <i>maraviroc</i> .....4                                            | <i>methocarbamol</i> .....31                                      | <i>mirtazapine</i> .....22                                              |
| <i>marlissa</i> .....37                                            | <i>methotrexate sodium</i> ..9, 45                                | <i>misoprostol</i> .....41                                              |
| MARPLAN .....22                                                    | <i>methsuximide</i> .....27                                       | MITIGARE .....1                                                         |
| MATULANE .....10                                                   | <i>methylphenidate hcl</i> .....29                                | M-M-R II INJ .....46                                                    |
| MAVYRET PAK 50-20MG 6                                              | <i>methylprednisolone</i> .....38                                 | M-NATAL PLUS TAB.....47                                                 |
| MAVYRET TAB 100-40MG .....6                                        | <i>methylprednisolone acetate</i> .....38                         | <i>modafinil</i> .....31                                                |
| <i>meclizine hcl</i> .....40                                       | <i>methylprednisolone sod succ</i> .....38                        | <i>moexipril hcl</i> .....16                                            |
| <i>medroxyprogesterone acetate</i> .....39                         | <i>methyltestosterone</i> .....31                                 | <i>molindone hcl</i> .....24                                            |
| <i>medroxyprogesterone acetate (contraceptive)</i> 37              | <i>metoclopramide hcl</i> .....40                                 | <i>mometasone furoate</i> .....54                                       |
| <i>mefloquine hcl</i> .....4                                       | <i>metolazone</i> .....20                                         | MONJUVI.....13                                                          |
| <i>megestrol acetate</i> .....9, 39                                | <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....19 | <i>mono-lynyah</i> .....37                                              |
| <i>megestrol acetate (appetite)</i> .....39                        | <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....19 | <i>montelukast sodium</i> .....50                                       |
| MEKINIST.....12                                                    |                                                                   | <i>morphine sulfate</i> .....1, 2                                       |
| MEKTOVI .....13                                                    |                                                                   | MOUNJARO .....32                                                        |
| <i>meleya</i> .....37                                              |                                                                   | MOVANTIK.....41                                                         |
| <i>meloxicam</i> .....1                                            |                                                                   | <i>moxifloxacin hcl</i> .....7                                          |
| <i>memantine hcl</i> .....21                                       |                                                                   | <i>moxifloxacin hcl (ophth)</i> ..48                                    |
|                                                                    |                                                                   | <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....7 |
|                                                                    |                                                                   | MRESVIA.....46                                                          |
|                                                                    |                                                                   | MULTAQ.....18                                                           |
|                                                                    |                                                                   | <i>multiple electrolytes ph 5.5</i> .....47                             |

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|-------------------------------------|----------------------------------------|----------------------------------------|
| <i>multiple electrolytes ph 7.4</i> | <i>neomycin-polymyxin-hc</i>           | <i>norethindrone ace &amp; ethinyl</i> |
| .....47                             | <i>ophth susp.....48</i>               | <i>estradiol tab 1 mg-20</i>           |
| <i>mupirocin .....53</i>            | <i>neomycin-polymyxin-hc otic</i>      | <i>mcg .....37</i>                     |
| <i>mycophenolate mofetil ....46</i> | <i>soln 1% .....49</i>                 | <i>norethindrone ace &amp; ethinyl</i> |
| <i>mycophenolate sodium ...46</i>   | <i>neomycin-polymyxin-hc otic</i>      | <i>estradiol-fe tab 1 mg-20</i>        |
| <i>MYRBETRIQ .....42</i>            | <i>susp 3.5 mg/ml-10000</i>            | <i>mcg .....37</i>                     |
| <b>N</b>                            | <i>unit/ml-1% .....49</i>              | <i>norethindrone ace-eth</i>           |
| <i>nabumetone.....1</i>             | <i>neo-polycin 5(3.5)mg-</i>           | <i>estradiol-fe chew tab 1</i>         |
| <i>nadolol .....19</i>              | <i>400unt-10000unt op oin</i>          | <i>mg-20 mcg (24).....37</i>           |
| <i>nafcillin sodium .....8</i>      | .....48                                | <i>norethindrone acetate ....39</i>    |
| <i>NAGLAZYME .....39</i>            | <i>neo-polycin hc ophth oint</i>       | <i>norethindrone acetate-</i>          |
| <i>nalbuphine hcl .....2</i>        | <i>1%.....48</i>                       | <i>ethinyl estradiol tab 0.5</i>       |
| <i>naloxone hcl .....31</i>         | <i>NERLYNX.....13</i>                  | <i>mg-2.5 mcg .....38</i>              |
| <i>naltrexone hcl .....31</i>       | <i>nevirapine .....4</i>               | <i>norethindrone acetate-</i>          |
| <i>NAMZARIC CAP 14-10MG</i>         | <i>NEXLETOL.....18</i>                 | <i>ethinyl estradiol tab 1</i>         |
| .....21                             | <i>NEXLIZET TAB 180/10MG</i>           | <i>mg-5 mcg .....38</i>                |
| <i>NAMZARIC CAP 21-10MG</i>         | .....18                                | <i>norethindrone ac-ethinyl</i>        |
| .....21                             | <i>NEXPLANON.....37</i>                | <i>estradiol-fe tab 1-20/1-30/1-</i>   |
| <i>NAMZARIC CAP 28-10MG</i>         | <i>niacin (antihyperlipidemic)</i>     | <i>35 mg-mcg .....37</i>               |
| .....21                             | .....18                                | <i>norgestimate &amp; ethinyl</i>      |
| <i>NAMZARIC CAP 7-10MG</i>          | <i>nicardipine hcl.....19</i>          | <i>estradiol tab 0.25 mg-35</i>        |
| .....21                             | <i>NICOTROL INHALER....31</i>          | <i>mcg .....37</i>                     |
| <i>NAMZARIC CAP PACK..21</i>        | <i>NICOTROL NS .....31</i>             | <i>norgestimate-eth estrad tab</i>     |
| <i>naproxen.....1</i>               | <i>nifedipine .....19</i>              | <i>0.18-25/0.215-25/0.25-25</i>        |
| <i>naproxen dr .....1</i>           | <i>nikki .....37</i>                   | <i>mg-mcg .....37</i>                  |
| <i>naproxen sodium .....1</i>       | <i>nilotinib hcl.....13</i>            | <i>norgestimate-eth estrad tab</i>     |
| <i>naratriptan hcl.....30</i>       | <i>nilutamide .....9</i>               | <i>0.18-35/0.215-35/0.25-35</i>        |
| <i>NATACYN .....48</i>              | <i>nimodipine .....19</i>              | <i>mg-mcg .....37</i>                  |
| <i>nateglinide .....32</i>          | <i>NINLARO.....13</i>                  | <i>norlyroc .....37</i>                |
| <i>NAYZILAM.....27</i>              | <i>nitazoxanide .....3</i>             | <i>nortrel 0.5/35 (28) .....37</i>     |
| <i>nebivolol hcl.....19</i>         | <i>nitisinone .....39</i>              | <i>nortrel 1/35 (21) .....37</i>       |
| <i>necon 0.5/35-28.....37</i>       | <i>NITRO-BID .....20</i>               | <i>nortrel 1/35 (28) .....37</i>       |
| <i>nefazodone hcl .....22</i>       | <i>nitrofurantoin macrocrystal3</i>    | <i>nortrel 7/7/7.....37</i>            |
| <i>neomycin sulfate .....3</i>      | <i>nitrofurantoin monohyd</i>          | <i>nortriptyline hcl.....22</i>        |
| <i>neomycin-bacitrac zn-</i>        | <i>macro .....3</i>                    | <i>NORVIR.....4</i>                    |
| <i>polymyx 5(3.5)mg-</i>            | <i>nitroglycerin .....20</i>           | <i>NOVOLIN INJ 70/30 .....34</i>       |
| <i>400unt-10000unt op oin</i>       | <i>nitroglycerin (intra-anal) ..55</i> | <i>NOVOLIN INJ 70/30 FP..34</i>        |
| .....48                             | <i>nizatidine .....40</i>              | <i>NOVOLIN N.....34</i>                |
| <i>neomycin-polymy-gramicid</i>     | <i>nora-be .....37</i>                 | <i>NOVOLIN N FLEXPEN...34</i>          |
| <i>op sol 1.75-10000-</i>           | <i>norelgestromin-ethinyl</i>          | <i>NOVOLIN R.....34</i>                |
| <i>0.025mg-unt-mg/ml ....48</i>     | <i>estradiol td ptwk 150-35</i>        | <i>NOVOLIN R FLEXPEN...34</i>          |
| <i>neomycin-polymyxin-</i>          | <i>mcg/24hr .....37</i>                | <i>NOVOLOG.....34</i>                  |
| <i>dexamethasone ophth</i>          | <i>norethindrone &amp; ethinyl</i>     | <i>NOVOLOG FLEXPEN ....34</i>          |
| <i>oint 0.1% .....48</i>            | <i>estradiol-fe chew tab 0.4</i>       | <i>NOVOLOG MIX INJ 70/30</i>           |
| <i>neomycin-polymyxin-</i>          | <i>mg-35 mcg .....37</i>               | .....34                                |
| <i>dexamethasone ophth</i>          | <i>norethindrone</i>                   | <i>NOVOLOG MIX INJ</i>                 |
| <i>susp 0.1% .....48</i>            | <i>(contraceptive) .....37</i>         | <i>FLEXPEN.....34</i>                  |
|                                     |                                        | <i>NOVOLOG PENFILL .....34</i>         |

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|-------------------------------------------------------------------------|----|------------------------------------------------------------------------|----|--------------------------------------------------------|----|
| NUBEQA .....                                                            | 9  | olmesartan-amlodipine-<br>hydrochlorothiazide tab<br>40-5-12.5 mg..... | 17 | ORKAMBI GRA 100-125                                    | 51 |
| NUDEXTA CAP 20-10MG<br>.....                                            | 30 | olmesartan-amlodipine-<br>hydrochlorothiazide tab<br>40-5-25 mg.....   | 17 | ORKAMBI GRA 150-188                                    | 51 |
| NULOJIX .....                                                           | 46 | omega-3-acid ethyl esters<br>cap 1 gm .....                            | 18 | ORKAMBI GRA 75-94MG<br>.....                           | 51 |
| NUPLAZID .....                                                          | 24 | omeprazole .....                                                       | 41 | ORKAMBI TAB 100-125                                    | 51 |
| NURTEC.....                                                             | 30 | OMNIPOD 5 DX KIT INT<br>G7G6 .....                                     | 34 | ORKAMBI TAB 200-125                                    | 51 |
| NUTRILIPID.....                                                         | 48 | OMNIPOD 5 DX MIS POD<br>G7G6 .....                                     | 34 | orquidea.....                                          | 37 |
| NUZYRA.....                                                             | 8  | OMNIPOD 5 G7 KIT<br>INTRO .....                                        | 34 | ORSERDU.....                                           | 9  |
| nyamyc .....                                                            | 53 | OMNIPOD 5 G7 MIS PODS<br>.....                                         | 34 | oseltamivir phosphate .....                            | 6  |
| nylia 1/35 .....                                                        | 37 | OMNIPOD 5 L2 KIT INTRO<br>G6 .....                                     | 34 | oxacillin sodium .....                                 | 8  |
| nylia 7/7/7 .....                                                       | 37 | OMNIPOD 5 L2 MIS PODS<br>G6 .....                                      | 34 | oxaliplatin.....                                       | 8  |
| nystatin .....                                                          | 4  | OMNIPOD DASH KIT<br>INTRO .....                                        | 34 | oxcarbazepine .....                                    | 27 |
| nystatin (mouth-throat)....                                             | 55 | OMNIPOD DASH MIS<br>PODS.....                                          | 34 | oxybutynin chloride .....                              | 42 |
| nystatin (topical).....                                                 | 53 | OMNIPOD GO KIT<br>10UNT/DY.....                                        | 34 | oxycodone hcl.....                                     | 2  |
| nystop .....                                                            | 53 | OMNIPOD GO KIT<br>15UNT/DY.....                                        | 34 | oxycodone w/<br>acetaminophen tab 10-<br>325 mg .....  | 2  |
| <b>O</b>                                                                |    | OMNIPOD GO KIT<br>20UNT/DY.....                                        | 34 | oxycodone w/<br>acetaminophen tab 2.5-<br>325 mg ..... | 2  |
| ocella .....                                                            | 37 | OMNIPOD GO KIT<br>25UNT/DY.....                                        | 34 | oxycodone w/<br>acetaminophen tab 5-325<br>mg .....    | 2  |
| OCTAGAM .....                                                           | 45 | OMNIPOD GO KIT<br>30UNT/DY.....                                        | 34 | oxycodone w/<br>acetaminophen tab 7.5-<br>325 mg ..... | 2  |
| octreotide acetate .....                                                | 39 | OMNIPOD MIS CLASSIC<br>.....                                           | 35 | OZEMPIC (0.25 OR 0.5<br>MG/DOSE).....                  | 33 |
| ODEFSEY TAB.....                                                        | 5  | ondansetron.....                                                       | 40 | OZEMPIC (0.25 OR<br>0.5MG/DOSE) .....                  | 33 |
| ODOMZO .....                                                            | 13 | ondansetron hcl .....                                                  | 40 | OZEMPIC (1MG/DOSE) .                                   | 33 |
| OFEV .....                                                              | 51 | ONTRUZANT.....                                                         | 13 | OZEMPIC (2MG/DOSE) .                                   | 33 |
| ofloxacin (ophth) .....                                                 | 48 | ONUREG .....                                                           | 9  | <b>P</b>                                               |    |
| ofloxacin (otic) .....                                                  | 49 | OPIPZA .....                                                           | 24 | pacerone .....                                         | 18 |
| OGIVRI .....                                                            | 13 | OPSUMIT .....                                                          | 21 | paclitaxel.....                                        | 10 |
| OGSIVEO .....                                                           | 13 | ORGOVYX .....                                                          | 9  | paclitaxel inj 100mg .....                             | 10 |
| OJEMDA.....                                                             | 13 |                                                                        |    | paliperidone .....                                     | 24 |
| OJJAARA .....                                                           | 13 |                                                                        |    | pamidronate disodium ....                              | 35 |
| olanzapine .....                                                        | 24 |                                                                        |    | PAMIDRONATE<br>DISODIUM .....                          | 35 |
| olmesartan medoxomil....                                                | 17 |                                                                        |    | PANRETIN.....                                          | 55 |
| olmesartan medoxomil-<br>hydrochlorothiazide tab<br>20-12.5 mg.....     | 17 |                                                                        |    | pantoprazole sodium .....                              | 41 |
| olmesartan medoxomil-<br>hydrochlorothiazide tab<br>40-12.5 mg.....     | 17 |                                                                        |    | PANZYGA.....                                           | 45 |
| olmesartan medoxomil-<br>hydrochlorothiazide tab<br>40-25 mg.....       | 17 |                                                                        |    | paricalcitol .....                                     | 40 |
| olmesartan-amlodipine-<br>hydrochlorothiazide tab<br>20-5-12.5 mg.....  | 17 |                                                                        |    | paroxetine hcl .....                                   | 22 |
| olmesartan-amlodipine-<br>hydrochlorothiazide tab<br>40-10-12.5 mg..... | 17 |                                                                        |    | PAXLOVID PAK.....                                      | 6  |
| olmesartan-amlodipine-<br>hydrochlorothiazide tab<br>40-10-25 mg.....   | 17 |                                                                        |    | PAXLOVID TAB 150-100..                                 | 6  |
|                                                                         |    |                                                                        |    | PAXLOVID TAB 300-100..                                 | 6  |

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| <i>pazopanib hcl</i> .....13          | <i>pioglitazone hcl-metformin</i>  | <i>potassium chloride</i>          |
| PEDIARIX INJ 0.5ML.....46             | <i>hcl tab 15-850 mg</i> .....33   | <i>microencapsulated</i>           |
| PEDVAX HIB .....46                    | <i>piperacillin sod-tazobactam</i> | <i>crystals er</i> .....47         |
| peg 3350-kcl-na bicarb-               | <i>na for inj 3.375 gm (3-</i>     | <i>potassium citrate</i>           |
| <i>nacl-na sulfate for soln</i>       | <i>0.375 gm)</i> .....8            | <i>(alkalinizer)</i> .....42       |
| <i>236 gm</i> .....41                 | <i>piperacillin sod-tazobactam</i> | <i>pramipexole</i>                 |
| peg 3350-kcl-sod bicarb-              | <i>sod for inj 13.5 gm (12-</i>    | <i>dihydrochloride</i> .....23     |
| <i>nacl for soln 420 gm</i> ....41    | <i>1.5 gm)</i> .....8              | <i>prasugrel hcl</i> .....43       |
| PEGASYS .....6                        | <i>piperacillin sod-tazobactam</i> | <i>pravastatin sodium</i> .....18  |
| PEMAZYRE .....13                      | <i>sod for inj 2.25 gm (2-</i>     | <i>praziquantel</i> .....3         |
| <i>pemetrexed disodium</i> .....9     | <i>0.25 gm)</i> .....8             | <i>prazosin hcl</i> .....16        |
| PENBRAYA INJ.....46                   | <i>piperacillin sod-tazobactam</i> | <i>prednisolone</i> .....38        |
| <i>penicillamine</i> .....35          | <i>sod for inj 4.5 gm (4-0.5</i>   | <i>prednisolone acetate</i>        |
| <i>penicillin g potassium</i> .....8  | <i>gm)</i> .....8                  | <i>(ophth)</i> .....49             |
| <i>penicillin g sodium</i> .....8     | <i>piperacillin sod-tazobactam</i> | PREDNISOLONE SODIUM                |
| <i>penicillin v potassium</i> .....8  | <i>sod for inj 40.5 gm (36-</i>    | PHOSP.....49                       |
| PENTACEL INJ .....46                  | <i>4.5 gm)</i> .....8              | <i>prednisolone sodium</i>         |
| <i>pentamidine isethionate inh</i>    | PIQRAY 200MG DAILY                 | <i>phosphate</i> .....38           |
| .....3                                | DOSE .....13                       | <i>prednisone</i> .....38          |
| <i>pentamidine isethionate inj</i>    | PIQRAY 250MG TAB                   | PREDNISONE INTENSOL                |
| .....3                                | DOSE .....13                       | .....38                            |
| <i>pentoxifylline</i> .....43         | PIQRAY 300MG DAILY                 | <i>pregabalin</i> .....27          |
| <i>perampanel</i> .....27             | DOSE .....13                       | PREMASOL SOL 10% ...48             |
| <i>perindopril erbumine</i> .....16   | <i>pirfenidone</i> .....51         | PRENATAL TAB 27-1MG                |
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| <i>vienva</i> .....37                                                          | XCOPRI PAK 12.5-25....28                                     | <i>zafemy</i> .....38                   |
| <i>vigabatrin</i> .....28                                                      | XCOPRI PAK 150-200MG (MAINTENANCE).....28                    | <i>zafirlukast</i> .....50              |
| <i>vigadrone</i> .....28                                                       | XCOPRI PAK 150-200MG (TITRATION).....28                      | <i>zaleplon</i> .....29                 |
| VIGAFYDE .....28                                                               | XCOPRI PAK 50-100MG 28                                       | ZARXIO .....43                          |
| <i>vigpoder</i> .....28                                                        | XDEMZY .....48                                               | ZEGALOGUE .....38                       |
| <i>vilazodone hcl</i> .....22                                                  | XELJANZ .....45                                              | ZEJULA .....15                          |
| VIMKUNYA.....46                                                                | XELJANZ XR .....45                                           | ZELBORAF .....15                        |
| <i>vincristine sulfate</i> .....10                                             | <i>xelria fe</i> .....38                                     | ZEMAIRA.....51                          |
| <i>vinorelbine tartrate</i> .....10                                            | XERMELO .....41                                              | <i>zenatane</i> .....53                 |
| <i>viorele</i> .....37                                                         | XGEVA .....35                                                | ZENPEP CAP 10000UNT .....41             |
| VIRACEPT.....5                                                                 | XHANCE.....52                                                | ZENPEP CAP 15000UNT .....41             |
| VIREAD .....5                                                                  | XIFAXAN .....41                                              | ZENPEP CAP 20000UNT .....41             |
| VITRAKVI .....14                                                               | XIGDUO XR TAB 10-1000 .....33                                | ZENPEP CAP 25000UNT .....41             |
| VIVIMUSTA .....8                                                               | XIGDUO XR TAB 10-500MG .....33                               | ZENPEP CAP 3000UNIT 41                  |
| VIVITROL .....31                                                               | XIGDUO XR TAB 2.5-1000 .....33                               | ZENPEP CAP 40000UNT .....41             |
| VIVOTIF CAP EC .....46                                                         | XIGDUO XR TAB 5-1000MG .....33                               | ZENPEP CAP 5000UNIT 41                  |
| VIZIMPRO .....14                                                               | XIIDRA.....49                                                | ZENPEP CAP 60000UNT .....41             |
| VONJO .....14                                                                  | XOFLUZA .....6                                               | ZERVIAE .....49                         |
| VORANIGO .....14                                                               | XOLAIR .....51                                               |                                         |
| <i>voriconazole</i> .....4                                                     | XOSPATA.....14                                               |                                         |
| VOSEVI TAB .....6                                                              |                                                              |                                         |
| VOWST CAP .....41                                                              |                                                              |                                         |
| VRAYLAR.....25                                                                 |                                                              |                                         |
| <i>vyfemla</i> .....37                                                         |                                                              |                                         |
| <i>vylibra</i> .....37                                                         |                                                              |                                         |
| VYZULTA .....49                                                                |                                                              |                                         |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

|                                   |    |                                |    |                          |    |
|-----------------------------------|----|--------------------------------|----|--------------------------|----|
| <i>zidovudine</i> .....           | 5  | ZOLINZA .....                  | 15 | <i>zumandimine</i> ..... | 38 |
| <i>ziprasidone hcl</i> .....      | 25 | <i>zolpidem tartrate</i> ..... | 29 | ZURZUVAE .....           | 22 |
| <i>ziprasidone mesylate</i> ..... | 25 | ZONISADE .....                 | 28 | ZYDELIG .....            | 15 |
| ZIRABEV .....                     | 15 | <i>zonisamide</i> .....        | 28 | ZYKADIA .....            | 15 |
| ZIRGAN .....                      | 48 | <i>zovia 1/35</i> .....        | 38 | ZYLET SUS 0.5-0.3%.....  | 48 |
| <i>zoledronic acid</i> .....      | 35 | ZTALMY .....                   | 28 |                          |    |

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## 2025 年 Dual Care Supplemental Medicaid 藥物名冊承保藥物清單

生效日期 09/01/2025

身為 HMSA Akamai Advantage Dual Care 會員，您也投保了 QUEST（Medicaid）計劃，以提供 Medicare 通常不承保的產品承保。補充部分列出您的 QUEST (Medicaid) 計劃承保的其他藥物。

## 藥物名冊上所使用的縮寫

| 關鍵字 | 定義                                                                                        |
|-----|-------------------------------------------------------------------------------------------|
| AGE | 年齡限制                                                                                      |
| 小寫  | 表示仿製藥                                                                                     |
| OB7 | 鴉片類和苯二氮平類藥物的初始處方<br>同時將限制為 7 天的藥量。                                                        |
| OTC | 非處方                                                                                       |
| PA  | 事先授權                                                                                      |
| QL  | 數量限制                                                                                      |
| SP  | 專科藥品                                                                                      |
| ST  | 逐步療法                                                                                      |
| 大寫  | 表示原廠藥                                                                                     |
| +   | 表示仿製藥和等效原廠藥均屬於承保範圍，且以書面代碼 1 (DAW 1) 的方式分發。這包括國家規定的藥物類別（HIV 和 AIDS、抗憂鬱藥、抗精神病藥、抗焦慮藥和免疫抑制劑）。 |

## 藥物承保資訊

此清單上的藥物狀態為截至本出版品日期的最新狀態。

這份清單是作為我們的提供者和會員選擇產品的指南。清單可能變更。簽約藥局在配取處方藥時擁有最新的藥物名冊資訊。完成 HMSA 審查程序後，如適用，新藥物、強度、型態和／或治療類別將反映在藥物名冊中。

並非所有仿製藥有列出。

| Drug Name                                             | Requirements/Limits         |
|-------------------------------------------------------|-----------------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>  |                             |
| <b>ANTI-OBESITY AGENTS</b>                            |                             |
| WEGOVY INJ 0.25MG                                     | PA; Not covered for obesity |
| WEGOVY INJ 0.5MG                                      | PA; Not covered for obesity |
| WEGOVY INJ 1.7MG                                      | PA; Not covered for obesity |
| WEGOVY INJ 1 MG                                       | PA; Not covered for obesity |
| WEGOVY INJ 2.4MG                                      | PA; Not covered for obesity |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                 |                             |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b> |                             |
| <i>flurbiprofen tab 50 mg</i>                         |                             |
| <i>ibuprofen cap 200 mg</i>                           | OTC                         |
| <i>ibuprofen chew tab 100 mg</i>                      | OTC                         |
| <i>ibuprofen susp 40 mg/ml</i>                        | OTC                         |
| <i>ibuprofen tab 100 mg</i>                           | OTC                         |
| <i>ibuprofen tab 200 mg</i>                           | OTC                         |
| <i>naproxen sodium cap 220 mg</i>                     | OTC                         |
| <i>naproxen sodium tab 220 mg</i>                     | OTC                         |
| <b>ANALGESICS - NONNARCOTIC</b>                       |                             |
| <b>ANALGESICS OTHER</b>                               |                             |
| <i>acetaminophen cap 500 mg</i>                       | OTC                         |
| <i>acetaminophen chew tab 80 mg</i>                   | OTC                         |
| <i>acetaminophen chew tab 160 mg</i>                  | OTC                         |
| <i>acetaminophen disintegrating tab 80 mg</i>         | OTC                         |
| <i>acetaminophen disintegrating tab 160 mg</i>        | OTC                         |
| <i>acetaminophen elixir 160 mg/5ml</i>                | OTC                         |
| <i>acetaminophen liquid 160 mg/5ml</i>                | OTC                         |
| <i>acetaminophen liquid 167 mg/5ml</i>                | OTC                         |
| <i>acetaminophen soln 160 mg/5ml</i>                  | OTC                         |
| <i>acetaminophen suppos 120 mg</i>                    | OTC                         |
| <i>acetaminophen suppos 650 mg</i>                    | OTC                         |
| <i>acetaminophen susp 160 mg/5ml</i>                  | OTC                         |
| <i>acetaminophen tab 325 mg</i>                       | OTC                         |
| <i>acetaminophen tab 500 mg</i>                       | OTC                         |
| <i>acetaminophen tab er 650 mg</i>                    | OTC                         |
| FEVERALL INF SUP 80MG                                 | OTC                         |
| FEVERALL SUP 325MG                                    | OTC                         |
| <b>SALICYLATES</b>                                    |                             |
| <i>aspirin chew tab 81 mg</i>                         | OTC                         |
| <i>aspirin tab 325 mg</i>                             | OTC                         |
| <i>aspirin tab 500 mg</i>                             | OTC                         |
| <i>aspirin tab delayed release 81 mg</i>              | OTC                         |
| <i>aspirin tab delayed release 325 mg</i>             | OTC                         |

| Drug Name                                                          | Requirements/Limits |
|--------------------------------------------------------------------|---------------------|
| <b>ANTACIDS</b>                                                    |                     |
| <b>ANTACID COMBINATIONS</b>                                        |                     |
| <i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> | OTC                 |
| <i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | OTC                 |
| <i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | OTC                 |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>  | OTC                 |
| <i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>  | OTC                 |
| <i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i> | OTC                 |
| <i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>         | OTC                 |
| FOAM ANTACID CHW 80-20MG                                           | OTC                 |
| <b>ANTACIDS - BICARBONATE</b>                                      |                     |
| <i>sodium bicarbonate tab 325 mg</i>                               | OTC                 |
| <i>sodium bicarbonate tab 650 mg</i>                               | OTC                 |
| <b>ANTACIDS - CALCIUM SALTS</b>                                    |                     |
| ANTACID CHW 1177MG                                                 | OTC                 |
| ANTACID SOFT CHW 1177MG                                            | OTC                 |
| CALCIUM CARB TAB 648MG                                             | OTC                 |
| <i>calcium carbonate (antacid) chew tab 400 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 420 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 500 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 750 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i>                | OTC                 |
| <i>calcium carbonate (antacid) susp 1250 mg/5ml</i>                | OTC                 |
| CVS ANTACID CHW 1177MG                                             | OTC                 |
| MAALOX CHW 600MG                                                   | OTC                 |
| TUMS CHW DEL CHW 1177MG                                            | OTC                 |
| <b>ANTACIDS - MAGNESIUM SALTS</b>                                  |                     |
| <i>magnesium oxide tab 250 mg</i>                                  | OTC                 |
| <i>magnesium oxide tab 400 mg</i>                                  | OTC                 |
| <i>magnesium oxide tab 420 mg</i>                                  | OTC                 |
| <b>ANTHELMINTICS</b>                                               |                     |
| <b>ANTHELMINTICS</b>                                               |                     |
| <i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>       | OTC                 |
| <b>ANTIANGINAL AGENTS</b>                                          |                     |
| <b>NITRATES</b>                                                    |                     |
| <i>nitroglycerin cap er 2.5 mg</i>                                 |                     |
| <i>nitroglycerin cap er 6.5 mg</i>                                 |                     |
| <i>nitroglycerin cap er 9 mg</i>                                   |                     |

| Drug Name                                   | Requirements/Limits |
|---------------------------------------------|---------------------|
| <b>ANTIANKXIETY AGENTS</b>                  |                     |
| <b>ANTIANKXIETY AGENTS - MISC.</b>          |                     |
| DROPERIDOL POW                              |                     |
| DROPERIDOL SOL NACL                         |                     |
| HYDROXYZINE POW PAMOATE                     |                     |
| <b>BENZODIAZEPINES</b>                      |                     |
| DIAZEPAM INJ 10MG/2ML                       | OB7                 |
| <b>ANTIARRHYTHMICS</b>                      |                     |
| <b>ANTIARRHYTHMICS TYPE I-A</b>             |                     |
| PROCAINAMIDE POW                            |                     |
| <b>ANTICONVULSANTS</b>                      |                     |
| <b>ANTICONVULSANTS - MISC.</b>              |                     |
| CARBAMAZEPIN POW                            |                     |
| ELEPSIA XR TAB 1000MG                       |                     |
| ELEPSIA XR TAB 1500MG                       |                     |
| FANATREX SUS 25MG/ML                        |                     |
| GABAPENTIN TAB TINY TABS                    |                     |
| LEVETIR/NACL SOL 250/50ML                   |                     |
| <b>HYDANTOINS</b>                           |                     |
| PHENYTOIN POW SODIUM                        |                     |
| <b>SEROTONIN MODULATORS</b>                 |                     |
| TRAZODONE POW                               |                     |
| VIIBRYD KIT STARTER                         |                     |
| <b>TRICYCLIC AGENTS</b>                     |                     |
| DESIPRAMINE POW                             |                     |
| IMIPRAMINE POW HCL                          |                     |
| NORTRIPTYLIN POW HCL                        |                     |
| TRIMIPRAMINE POW MALEATE                    |                     |
| <b>ANTIDIABETICS</b>                        |                     |
| <b>INSULIN</b>                              |                     |
| HUMALOG MIX INJ 50/50                       |                     |
| <b>ANTIARRHEAL/PROBIOTIC AGENTS</b>         |                     |
| <b>ANTIARRHEAL/PROBIOTIC AGENTS - MISC.</b> |                     |
| bismuth subsalicylate chew tab 262 mg       | OTC                 |
| bismuth subsalicylate susp 262 mg/15ml      | OTC                 |
| bismuth subsalicylate susp 525 mg/15ml      | OTC                 |
| bismuth subsalicylate tab 262 mg            | OTC                 |
| <b>ANTIARRHEAL/PROBIOTIC COMBINATIONS</b>   |                     |
| loperamide-simethicone tab 2-125 mg         | OTC                 |
| <b>ANTIPERISTALTIC AGENTS</b>               |                     |
| loperamide hcl tab 2 mg                     | OTC                 |

| Drug Name                                         | Requirements/Limits       |
|---------------------------------------------------|---------------------------|
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>         |                           |
| <b>OPIOID ANTAGONISTS</b>                         |                           |
| RIVIVE SPR 3/0.1ML                                | QL (2 units/30 days), OTC |
| <b>ANTIHISTAMINES</b>                             |                           |
| <b>ANTIHISTAMINES - ALKYLAMINES</b>               |                           |
| chlorpheniramine maleate syrup 2 mg/5ml           | OTC                       |
| chlorpheniramine maleate tab 4 mg                 | OTC                       |
| chlorpheniramine maleate tab er 12 mg             | OTC                       |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>             |                           |
| clemastine fumarate tab 1.34 mg (1 mg base equiv) | OTC                       |
| diphenhydramine hcl chew tab 12.5 mg              | OTC                       |
| diphenhydramine hcl liquid 12.5 mg/5ml            | OTC                       |
| diphenhydramine hcl tab 25 mg                     | OTC                       |
| diphenhydramine hcl tab disint 12.5 mg            | OTC                       |
| <b>ANTIHISTAMINES - NON-SEDATING</b>              |                           |
| ALLEGRA ALRG TAB 30MG                             | OTC                       |
| cetirizine hcl cap 10 mg                          | OTC                       |
| cetirizine hcl orally disintegrating tab 10 mg    | OTC                       |
| fexofenadine hcl susp 30 mg/5ml (6 mg/ml)         | OTC                       |
| loratadine cap 10 mg                              | OTC                       |
| loratadine chew tab 5 mg                          | OTC                       |
| loratadine oral soln 5 mg/5ml                     | OTC                       |
| loratadine orally disintegrating tab 5 mg         | OTC                       |
| loratadine rapidly-disintegrating tab 10 mg       | OTC                       |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>   |                           |
| <b>ALKYLATING AGENTS</b>                          |                           |
| MYLERAN TAB 2MG                                   |                           |
| temozolomide cap 5 mg                             | SP, PA                    |
| temozolomide cap 20 mg                            | SP, PA                    |
| temozolomide cap 100 mg                           | SP, PA                    |
| temozolomide cap 140 mg                           | SP, PA                    |
| temozolomide cap 180 mg                           | SP, PA                    |
| temozolomide cap 250 mg                           | SP, PA                    |
| <b>ANTIMETABOLITES</b>                            |                           |
| capecitabine tab 150 mg                           | SP, PA                    |
| capecitabine tab 500                              | SP, PA                    |
| <b>MITOTIC INHIBITORS</b>                         |                           |
| etoposide cap 50 mg                               | SP                        |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>            |                           |
| <b>ANTIMANIC AGENTS</b>                           |                           |
| LITHIUM CARB POW                                  |                           |

| Drug Name                                            | Requirements/Limits |
|------------------------------------------------------|---------------------|
| <b>ANTIPSYCHOTICS - MISC.</b>                        |                     |
| <b>BENZISOXAZOLES</b>                                |                     |
| RYKINDO INJ 25MG                                     |                     |
| RYKINDO INJ 37.5MG                                   |                     |
| RYKINDO INJ 50MG                                     |                     |
| <b>DIBENZAPINES</b>                                  |                     |
| ADASUVE INH 10MG                                     |                     |
| <b>PHENOTHIAZINES</b>                                |                     |
| PROCHLORPER POW MALEATE                              |                     |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>               |                     |
| <b>ANTISEPTIC COMBINATIONS</b>                       |                     |
| IV PREP WIPE PAD                                     | OTC                 |
| MICROCLENS PAD WIPES                                 | OTC                 |
| UNI-SOLVE PAD WIPES                                  | OTC                 |
| <b>IODINE ANTISEPTICS</b>                            |                     |
| povidone-iodine soln 10%                             | OTC                 |
| <b>ANTIVIRALS</b>                                    |                     |
| <b>ANTIRETROVIRALS</b>                               |                     |
| nevirapine tab er 24hr 100 mg                        | SP                  |
| NORVIR SOL 80MG/ML                                   | SP                  |
| stavudine cap 15 mg                                  | SP                  |
| stavudine cap 20 mg                                  | SP                  |
| stavudine cap 30 mg                                  | SP                  |
| stavudine cap 40 mg                                  | SP                  |
| <b>CONTRACEPTIVES</b>                                |                     |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>      |                     |
| TWIRLA DIS 120-30                                    |                     |
| <b>EMERGENCY CONTRACEPTIVES</b>                      |                     |
| ELLA TAB 30MG                                        | QL (3 tabs/90 days) |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>               |                     |
| OPILL TAB 0.075MG                                    | OTC                 |
| <b>COUGH/COLD/ALLERGY</b>                            |                     |
| <b>ANTITUSSIVES</b>                                  |                     |
| benzonatate cap 100 mg                               |                     |
| benzonatate cap 200 mg                               |                     |
| <b>COUGH/COLD/ALLERGY COMBINATIONS</b>               |                     |
| brompheniramine & pseudoephedrine elixir 1-15 mg/5ml | OTC                 |
| dextromethorphan-guaifenesin liquid 5-100 mg/5ml     | OTC                 |
| dextromethorphan-guaifenesin liquid 10-100 mg/5ml    | OTC                 |
| dextromethorphan-guaifenesin liquid 10-200 mg/5ml    | OTC                 |
| dextromethorphan-guaifenesin liquid 30-200 mg/5ml    | OTC                 |
| dextromethorphan-guaifenesin syrup 10-100 mg/5ml     | OTC                 |

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

**AGE** - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                                           | <b>Requirements/Limits</b>                                                     |
|------------------------------------------------------------|--------------------------------------------------------------------------------|
| <i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>  | OTC                                                                            |
| <i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i> | OTC                                                                            |
| <i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i> | OTC                                                                            |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>              | QL (60 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over) |
| M-CLEAR WC LIQ 100-6.33                                    | QL (30 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over) |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>        | QL (30 mL/day (7 day max per month)), AGE; (Covered for ages 18 and over)      |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                |                                                                                |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>        |                                                                                |
| <i>pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml</i>    | OTC                                                                            |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>   | OTC                                                                            |
| <i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i> | OTC                                                                            |
| <b>EXPECTORANTS</b>                                        |                                                                                |
| EXPECT CHILD LIQ 200M/5ML                                  | OTC                                                                            |
| GILTUSS EX LIQ MAX STR                                     | OTC                                                                            |
| <i>guaifenesin liquid 100 mg/5ml</i>                       | OTC                                                                            |
| <i>guaifenesin tab 200 mg</i>                              | OTC                                                                            |
| <i>guaifenesin tab 400 mg</i>                              | OTC                                                                            |
| <i>guaifenesin tab er 12hr 600 mg</i>                      | OTC                                                                            |
| <i>guaifenesin tab er 12hr 1200 mg</i>                     | OTC                                                                            |
| <i>potassium iodide oral soln 1 gm/ml</i>                  |                                                                                |
| <b>MISC. RESPIRATORY INHALANTS</b>                         |                                                                                |
| <i>sodium chloride soln nebu 3%</i>                        |                                                                                |
| <i>sodium chloride soln nebu 7%</i>                        |                                                                                |
| <i>sodium chloride soln nebu 10%</i>                       |                                                                                |
| <b>DERMATOLOGICALS</b>                                     |                                                                                |
| <b>ACNE PRODUCTS</b>                                       |                                                                                |
| <i>benzoyl peroxide cream 2.5%</i>                         | OTC                                                                            |
| <i>benzoyl peroxide cream 10%</i>                          | OTC                                                                            |
| <i>benzoyl peroxide gel 2.5%</i>                           | OTC                                                                            |
| <i>benzoyl peroxide gel 10%</i>                            | OTC                                                                            |
| <i>benzoyl peroxide liq 2.5%</i>                           | OTC                                                                            |
| <i>benzoyl peroxide liq 5%</i>                             | OTC                                                                            |
| <i>benzoyl peroxide liq 10%</i>                            | OTC                                                                            |
| <b>ANTIBIOTICS - TOPICAL</b>                               |                                                                                |
| <i>bacitracin oint 500 unit/gm</i>                         | OTC                                                                            |
| <i>bacitracin zinc oint 500 unit/gm</i>                    | OTC                                                                            |
| <i>bacitracin-polymyxin b oint</i>                         | OTC                                                                            |
| <i>neomycin-bacitracin-polymyxin oint</i>                  | OTC                                                                            |

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**AGE** - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| Drug Name                                      | Requirements/Limits          |
|------------------------------------------------|------------------------------|
| <b>ANTIFUNGALS - TOPICAL</b>                   |                              |
| <i>miconazole nitrate cream 2%</i>             | OTC                          |
| <i>miconazole nitrate ointment 2%</i>          | OTC                          |
| <i>miconazole nitrate powder 2%</i>            | OTC                          |
| <i>tolnaftate aerosol pow 1%</i>               | OTC                          |
| <i>tolnaftate cream 1%</i>                     | OTC                          |
| <i>tolnaftate soln 1%</i>                      | OTC                          |
| <b>ANTISEBORRHEIC PRODUCTS</b>                 |                              |
| <i>selenium sulfide lotion 1%</i>              | OTC                          |
| <b>ANTIVIRALS - TOPICAL</b>                    |                              |
| <i>docosanol cream 10%</i>                     | OTC                          |
| <b>CORTICOSTEROIDS - TOPICAL</b>               |                              |
| <i>hydrocortisone acetate cream 1%</i>         | OTC                          |
| <i>hydrocortisone cream 0.5%</i>               | OTC                          |
| <i>hydrocortisone gel 1%</i>                   | OTC                          |
| <i>hydrocortisone lotion 1%</i>                | OTC                          |
| <i>hydrocortisone oint 0.5%</i>                | OTC                          |
| <i>hydrocortisone soln 1%</i>                  | OTC                          |
| <b>LOCAL ANESTHETICS - TOPICAL</b>             |                              |
| <i>capsaicin cream 0.1%</i>                    | QL (120 grams/30 days), OTC  |
| <i>capsaicin cream 0.025%</i>                  | QL (120 mL/30 days), OTC     |
| <i>capsaicin cream 0.075%</i>                  | QL (120 grams/30 days), OTC  |
| CAPSAICIN LIQ 0.15%                            | QL (30 mL/30 days), OTC      |
| CAPZASIN GEL RELIEF                            | QL (42.5 grams/30 days), OTC |
| CAPZASIN LIQ 0.15%                             | QL (30 mL/30 days), OTC      |
| CAPZASIN-P CRE 0.035%                          | QL (120 grams/30 days), OTC  |
| CASTIVA LOT                                    | QL (120 grams/30 days), OTC  |
| <i>lidocaine patch 4%</i>                      | QL (30 patches/30 days), OTC |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i> |                              |
| QC CAPSAICIN LIQ 0.15%                         | QL (30 mL/30 days), OTC      |
| ZOSTRIX NAT CRE 0.033%                         | QL (120 grams/30 days), OTC  |
| <b>MISC. TOPICAL</b>                           |                              |
| CALAMINE LOT                                   | OTC                          |
| CALAMINE LOT 8-8%                              | OTC                          |
| DRYSOL SOL 20%                                 |                              |
| GNP CALAMINE LOT 8-8%                          | OTC                          |
| HM CALAMINE LOT 8-8%                           | OTC                          |
| PX CALAMINE LOT                                | OTC                          |
| SM CALAMINE LOT                                | OTC                          |
| <b>SCABICIDES &amp; PEDICULICIDES</b>          |                              |
| <i>ivermectin lotion 0.5%</i>                  | OTC                          |
| <i>permethrin aerosol 0.5%</i>                 | OTC                          |
| <i>permethrin creme rinse 1%</i>               | OTC                          |

| Drug Name                                                           | Requirements/Limits          |
|---------------------------------------------------------------------|------------------------------|
| <b>DIAGNOSTIC PRODUCTS</b>                                          |                              |
| <b>DIAGNOSTIC TESTS</b>                                             |                              |
| ALBUSTIX TES                                                        | OTC                          |
| CHEMSTRIP 2 TES GP                                                  | QL (100 strips/30 days), OTC |
| CHEMSTRIP 5 TES OB                                                  | QL (100 strips/30 days), OTC |
| CHEMSTRIP 9 TES STRIPS                                              | QL (100 strips/30 days), OTC |
| CHEMSTRIP 10 TES MD                                                 | QL (100 strips/30 days), OTC |
| CHEMSTRIP TES -10 SG                                                | QL (100 strips/30 days), OTC |
| CHEMSTRIP TES UGK                                                   | QL (100 strips/30 days), OTC |
| CHEMSTRIP K TES                                                     |                              |
| CVS KETONE TES CARE                                                 | QL (100 strips/30 days), OTC |
| KETONE TES                                                          |                              |
| DIASTIX TES STRIPS                                                  |                              |
| FREESTYLE TES                                                       | OTC                          |
| FREESTYLE TES INSULINX                                              | OTC                          |
| FREESTYLE TES LITE                                                  | OTC                          |
| FREESTYLE TES PREC NEO                                              | OTC                          |
| MULTISTIX 10 TES SG                                                 | QL (100 strips/30 days), OTC |
| ONETOUCH TES ULTRA                                                  | OTC                          |
| ONETOUCH TES VERIO                                                  | OTC                          |
| PRECISION TES XTRA                                                  | OTC                          |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>                       |                              |
| <b>ADRENAL STEROID INHIBITORS</b>                                   |                              |
| ISTURISA TAB 10MG                                                   | SP, PA                       |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                              |                              |
| <b>ANTIFLATULENTS</b>                                               |                              |
| GAS-X CHILD MIS 40MG                                                | OTC                          |
| <i>simethicone cap 125 mg</i>                                       | OTC                          |
| <i>simethicone cap 180 mg</i>                                       | OTC                          |
| <i>simethicone chew tab 80 mg</i>                                   | OTC                          |
| <i>simethicone chew tab 125 mg</i>                                  | OTC                          |
| <i>simethicone liquid 40 mg/0.6ml</i>                               | OTC                          |
| <i>simethicone susp 40 mg/0.6ml</i>                                 | OTC                          |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                         |                              |
| <b>ACIDIFIERS</b>                                                   |                              |
| K-PHOS TAB NO 2                                                     |                              |
| <b>ALKALINIZERS</b>                                                 |                              |
| <i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i> |                              |
| <b>URINARY ANALGESICS</b>                                           |                              |
| <i>phenazopyridine hcl tab 100 mg</i>                               |                              |
| <i>phenazopyridine hcl tab 200 mg</i>                               |                              |

| Drug Name                                                          | Requirements/Limits |
|--------------------------------------------------------------------|---------------------|
| <b>HEMATOPOIETIC AGENTS</b>                                        |                     |
| <b>COBALAMINS</b>                                                  |                     |
| <i>cyanocobalamin inj 1000 mcg/ml</i>                              |                     |
| <i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>                    |                     |
| <b>FOLIC ACID/FOLATES</b>                                          |                     |
| <i>folic acid tab 1 mg</i>                                         |                     |
| <i>folic acid tab 400 mcg</i>                                      | OTC                 |
| <i>folic acid tab 800 mcg</i>                                      | OTC                 |
| <b>HEMATOPOIETIC MIXTURES</b>                                      |                     |
| <i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>     |                     |
| <i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> |                     |
| <i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>  |                     |
| <i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>  | OTC                 |
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>    |                     |
| <i>ferrous fumarate-folic acid tab 324-1 mg</i>                    |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg</i>       | OTC                 |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>         |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>           |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>           |                     |
| <i>iron combination cap</i>                                        |                     |
| <i>iron combination cap</i>                                        | OTC                 |
| <i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>        |                     |
| <i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>        | OTC                 |
| <i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg</i>     | OTC                 |
| <i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>   |                     |
| <i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>        | OTC                 |
| <i>iron-vitamin c tab 100-250 mg</i>                               | OTC                 |
| <b>IRON</b>                                                        |                     |
| <i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>           | OTC                 |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>           | OTC                 |
| <i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>       | OTC                 |
| <i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>       | OTC                 |
| <i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>          | OTC                 |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>       | OTC                 |
| <i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>    | OTC                 |
| <i>ferrous sulfate tab 27 mg (elemental fe)</i>                    | OTC                 |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>             | OTC                 |
| <i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>         | OTC                 |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>         | OTC                 |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i>                 | OTC                 |
| <i>ferrous sulfate tab er 50 mg (elemental fe)</i>                 | OTC                 |
| <i>IRON HP TAB 65MG</i>                                            | OTC                 |
| <i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>    | OTC                 |

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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**AGE** - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| Drug Name                                        | Requirements/Limits        |
|--------------------------------------------------|----------------------------|
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |                            |
| <b>ANTIHISTAMINE HYPNOTICS</b>                   |                            |
| <i>diphenhydramine hcl (sleep) cap 50 mg</i>     | OTC                        |
| <i>diphenhydramine hcl (sleep) tab 25 mg</i>     | OTC                        |
| <i>diphenhydramine hcl (sleep) tab 50 mg</i>     | OTC                        |
| <i>doxylamine succinate (sleep) tab 25 mg</i>    | OTC                        |
| <b>LAXATIVES</b>                                 |                            |
| <b>LAXATIVE COMBINATIONS</b>                     |                            |
| <i>sennosides-docusate sodium tab 8.6-50 mg</i>  | OTC                        |
| <b>STIMULANT LAXATIVES</b>                       |                            |
| <i>bisacodyl suppos 10 mg</i>                    | OTC                        |
| <i>bisacodyl tab delayed release 5 mg</i>        | OTC                        |
| <i>sennosides chew tab 15 mg</i>                 | OTC                        |
| <i>sennosides syrup 8.8 mg/5ml</i>               | OTC                        |
| <i>sennosides tab 8.6 mg</i>                     | OTC                        |
| <i>sennosides tab 15 mg</i>                      | OTC                        |
| <i>sennosides tab 17.2 mg</i>                    | OTC                        |
| <i>sennosides tab 25 mg</i>                      | OTC                        |
| <b>SURFACTANT LAXATIVES</b>                      |                            |
| <i>docusate calcium cap 240 mg</i>               | OTC                        |
| DOCUSATE SOD SYP 60/15ML                         | OTC                        |
| <i>docusate sodium cap 50 mg</i>                 | OTC                        |
| <i>docusate sodium cap 250 mg</i>                | OTC                        |
| <i>docusate sodium liquid 150 mg/15ml</i>        | OTC                        |
| <i>docusate sodium syrup 60 mg/15ml</i>          | OTC                        |
| <i>docusate sodium tab 100 mg</i>                | OTC                        |
| PEDIA-LAX LIQ 50MG                               | OTC                        |
| <b>MEDICAL DEVICES AND SUPPLIES</b>              |                            |
| <b>BANDAGES-DRESSINGS-TAPE</b>                   |                            |
| ADHESIVE BANDAGES                                |                            |
| ADHESIVE BANDAGES                                | OTC                        |
| GAUZE BANDAGES                                   | OTC                        |
| GAUZE PADS & DRESSINGS                           |                            |
| GAUZE PADS & DRESSINGS                           | OTC                        |
| <b>CONTRACEPTIVES</b>                            |                            |
| CAYA DPR                                         | QL (1 unit/year)           |
| DIAPHRAGM                                        | QL (1 unit/year)           |
| FC2 FEMALE MIS CONDOM                            | QL (12 units/30 days), OTC |
| FEMCAP MIS 22MM                                  |                            |
| FEMCAP MIS 26MM                                  |                            |
| FEMCAP MIS 30MM                                  |                            |
| MALE CONDOMS                                     | QL (12 units/30 days), OTC |
| WIDE-SEAL DPR KIT 60                             | QL (1 unit/year)           |

| <b>Drug Name</b>                       | <b>Requirements/Limits</b> |
|----------------------------------------|----------------------------|
| WIDE-SEAL DPR KIT 65                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 70                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 75                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 80                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 85                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 90                   | QL (1 unit/year)           |
| WIDE-SEAL DPR KIT 95                   | QL (1 unit/year)           |
| <b>DIABETIC SUPPLIES</b>               |                            |
| CONTOUR KIT NEXT                       | OTC                        |
| FREESTYLE LIQ CONTROL                  | OTC                        |
| LANCETS OTC                            | OTC                        |
| LANCETS RX                             |                            |
| ONETOUCH KIT ULTRA 2                   | OTC                        |
| ONETOUCH KIT VERIO FL                  | OTC                        |
| ONETOUCH KIT VERIO RE                  | OTC                        |
| PRECISION LIQ GLUC/KET                 | OTC                        |
| <b>ELASTIC BANDAGES &amp; SUPPORTS</b> |                            |
| ELASTIC BANDAGES & SUPPORTS            |                            |
| ELASTIC BANDAGES & SUPPORTS            | OTC                        |
| <b>MISC. DEVICES</b>                   |                            |
| ALCOHOL SWABS                          | QL (400/30 days), OTC      |
| <b>RESPIRATORY THERAPY SUPPLIES</b>    |                            |
| AERCHMBR PLS MIS FLOW-VU               | QL (2/year)                |
| AERCHMBR PLS MIS INTERMED              |                            |
| AERCHMBR PLS MIS LRG MASK              | QL (2/year)                |
| AERCHMBR PLS MIS MED MASK              | QL (2/year)                |
| AERCHMBR PLS MIS SM MASK               | QL (2/year)                |
| AERCHMBR Z- MIS STAT PLS               | QL (2/year)                |
| AEROCHAMBER MIS CHAMBER                | QL (2/year)                |
| AEROCHAMBER MIS FLOSIGNA               | QL (2/year)                |
| AEROCHAMBER MIS HOLDING                |                            |
| AEROCHAMBER MIS MTHPIECE               |                            |
| AEROCHAMBER MIS MV                     | QL (2/year)                |
| AEROCHAMBER MIS PLUS                   | QL (2/year)                |
| AEROVENT MIS PLUS                      |                            |
| AIRZONE PEAK MIS FLOW MTR              | QL (2/year), OTC           |
| BREATHE EASE MIS LG MASK               |                            |
| BREATHE EASE MIS MED MASK              |                            |
| BREATHE EASE MIS SM MASK               |                            |
| BREATHERITE MIS MDI CHMB               |                            |
| COMPACT SPAC MIS CHAMBER               |                            |
| COMPACT SPAC MIS LG MASK               |                            |
| COMPACT SPAC MIS MD MASK               |                            |

| <b>Drug Name</b>             | <b>Requirements/Limits</b> |
|------------------------------|----------------------------|
| COMPACT SPAC MIS SM MASK     |                            |
| EASIVENT MIS                 | QL (2/year)                |
| EASIVENT MIS MASK LG         | QL (2/year)                |
| EASIVENT MIS MASK MED        | QL (2/year)                |
| EASIVENT MIS MASK SM         | QL (2/year)                |
| FLEXICHAMBER MIS             |                            |
| FLEXICHAMBER MIS MASK LRG    |                            |
| FLEXICHAMBER MIS MASK SM     |                            |
| HOLD CHAMBER MIS ADLT LG     |                            |
| HOLD CHAMBER MIS ADLT LG     | OTC                        |
| HOLD CHAMBER MIS MEDIUM      |                            |
| HOLD CHAMBER MIS MEDIUM      | OTC                        |
| HOLD CHAMBER MIS SMALL       |                            |
| HOLD CHAMBER MIS SMALL       | OTC                        |
| HOLDING CHAM MIS ADULT       | OTC                        |
| HOLDING CHAM MIS CHILD       | OTC                        |
| INSPIREASE MIS DD SYST       | QL (2/year)                |
| MASK VORTEX/ MIS FROG        | QL (2/year), OTC           |
| MASK VORTEX/ MIS LADY BUG    | QL (2/year), OTC           |
| MICROCHAMBER MIS             | QL (2/year)                |
| MICROSPACER MIS              | QL (2/year)                |
| NEBULIZERS                   |                            |
| NEBULIZERS                   | OTC                        |
| OPTICHAMBER MIS DIA LG       |                            |
| OPTICHAMBER MIS DIA MD       |                            |
| OPTICHAMBER MIS DIA SM       |                            |
| OPTICHAMBER MIS DIAMOND      |                            |
| PANDA MASK MIS LARGE         | OTC                        |
| PANDA MASK MIS MEDIUM        | OTC                        |
| PANDA MASK MIS PEDIATRI      | OTC                        |
| PANDA MASK MIS SMALL         | OTC                        |
| PARI VORTEX MIS ADL MASK     | OTC                        |
| POCKET CHAMB MIS             | QL (2/year)                |
| POCKET SPACE MIS             | QL (2/year)                |
| PROCARE MIS ADULT            | OTC                        |
| PROCARE MIS CHILD            | OTC                        |
| PROCHAMBER MIS VHC           | QL (2/year)                |
| PURE COMFORT MIS SPACER      | OTC                        |
| RESPIRATORY THERAPY SUPPLIES |                            |
| RESPIRATORY THERAPY SUPPLIES | OTC                        |
| RITEFLO MIS                  | QL (2/year)                |
| SPACE CHAMBR MIS ANTI-STA    |                            |
| SPACE CHAMBR MIS LARGE       |                            |
| SPACE CHAMBR MIS MEDIUM      |                            |

| Drug Name                | Requirements/Limits |
|--------------------------|---------------------|
| SPACE CHAMBR MIS SMALL   |                     |
| SPACER CHAMB MIS ADULT   | OTC                 |
| SPACER CHAMB MIS CHILD   | OTC                 |
| SPACER CHAMB MIS INFANT  | OTC                 |
| VAPORIZERS               | OTC                 |
| VORTEX VALVE MIS CHAMBER | QL (2/year)         |
| VORTEX/MASK MIS CHILDS   | QL (2/year)         |
| VORTEX/MASK MIS TODDLER  | QL (2/year)         |

## MINERALS & ELECTROLYTES

### CALCIUM

|                                                                     |     |
|---------------------------------------------------------------------|-----|
| <i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)</i>   | OTC |
| <i>calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)</i>   | OTC |
| <i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i>   | OTC |
| <i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>  | OTC |
| <i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i> | OTC |
| <i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i> | OTC |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>    | OTC |
| <i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>    | OTC |
| <i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>    | OTC |
| <i>calcium carbonate tab 600 mg</i>                                 | OTC |
| <i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>          | OTC |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>          | OTC |
| <i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i> | OTC |
| <i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i> | OTC |
| <i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>      | OTC |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>  | OTC |
| <i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>      | OTC |
| CALCIUM CHW 500-10                                                  | OTC |
| <i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>    | OTC |
| <i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>    | OTC |
| <i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>   | OTC |
| <i>calcium citrate tab 950 mg (200 mg elemental ca)</i>             | OTC |
| CALCIUM TAB 280MG                                                   | OTC |
| <i>calcium tab 600 mg</i>                                           | OTC |
| <i>calcium w/ magnesium tab 333-167 mg</i>                          | OTC |
| <i>calcium w/ magnesium tab 500-250 mg</i>                          | OTC |
| <i>calcium w/ vitamin d &amp; k chew tab 500 mg-100 unit-40 mcg</i> | OTC |
| <i>calcium w/ vitamin d &amp; k chew tab 500 mg-200 unit-40 mcg</i> | OTC |
| <i>calcium-magnesium-zinc tab 333-133-5 mg</i>                      | OTC |
| <i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>                    | OTC |
| CALCIUM/D3 WAF                                                      | OTC |
| <i>oyster shell calcium tab 500 mg</i>                              | OTC |

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit OB7 - Opioid/Benzodiazepine Limit OTC - Over the counter PA - Prior

Authorization QL - Quantity Limits SP - Specialty ST - Step Therapy

| Drug Name                                                    | Requirements/Limits |
|--------------------------------------------------------------|---------------------|
| <b>ELECTROLYTE MIXTURES</b>                                  |                     |
| oral electrolyte solution                                    | OTC                 |
| <b>FLUORIDE</b>                                              |                     |
| sodium fluoride tab 0.5 mg f (from 1.1 mg naf)               |                     |
| sodium fluoride tab 1 mg f (from 2.2 mg naf)                 |                     |
| <b>MAGNESIUM</b>                                             |                     |
| MAG OXIDE TAB 420MG                                          | OTC                 |
| MAGNESIUM CHW 200MG                                          | OTC                 |
| magnesium glycinate cap 100 mg (elemental mg)                | OTC                 |
| magnesium oxide tab 200 mg (elemental mg)                    | OTC                 |
| magnesium oxide tab 250 mg (mg supplement)                   | OTC                 |
| magnesium oxide tab 400 mg (240 mg elemental mg)             | OTC                 |
| magnesium oxide tab 500 mg (mg supplement)                   | OTC                 |
| MAGNESIUM TAB 400MG                                          | OTC                 |
| <b>MINERAL COMBINATIONS</b>                                  |                     |
| CAL/MAG/ZINC TAB VIT D3                                      | OTC                 |
| <b>PHOSPHATE</b>                                             |                     |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg |                     |
| potassium phosphate monobasic tab 500 mg                     |                     |
| <b>SODIUM</b>                                                |                     |
| sodium chloride tab 1 gm                                     | OTC                 |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                     |                     |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                              |                     |
| AZATHIOPRINE POW                                             |                     |
| <b>THICKENED PRODUCTS</b>                                    |                     |
| THICK-IT LIQ HONEY                                           | OTC                 |
| THICK-IT LIQ NECTAR                                          | OTC                 |
| <b>MULTIVITAMINS</b>                                         |                     |
| <b>B-COMPLEX VITAMINS</b>                                    |                     |
| b-complex vitamin cap                                        | OTC                 |
| b-complex vitamin elixir                                     | OTC                 |
| b-complex vitamin inj                                        |                     |
| b-complex vitamin sublingual liquid                          | OTC                 |
| b-complex vitamin tab                                        | OTC                 |
| b-complex vitamin tab er                                     | OTC                 |
| brewers yeast tab                                            | OTC                 |
| <b>B-COMPLEX W/ C</b>                                        |                     |
| b-complex w/ c & calcium tab                                 | OTC                 |
| b-complex w/ c & e + zn tab                                  | OTC                 |
| b-complex w/ c cap                                           | OTC                 |
| b-complex w/ c tab                                           | OTC                 |

| Drug Name                                                       | Requirements/Limits                       |
|-----------------------------------------------------------------|-------------------------------------------|
| <b>B-COMPLEX W/ FOLIC ACID</b>                                  |                                           |
| <i>b-complex w/ c &amp; folic acid cap 1 mg</i>                 |                                           |
| <i>b-complex w/ c &amp; folic acid cap 1 mg</i>                 | OTC                                       |
| <i>b-complex w/ c &amp; folic acid tab</i>                      |                                           |
| <i>b-complex w/ c &amp; folic acid tab</i>                      | OTC                                       |
| <i>b-complex w/ c &amp; folic acid tab 0.8 mg</i>               | OTC                                       |
| <i>b-complex w/ c &amp; folic acid tab 1 mg</i>                 |                                           |
| <i>b-complex w/ c &amp; folic acid tab 1 mg</i>                 | OTC                                       |
| <i>b-complex w/ c &amp; folic acid tab 5 mg</i>                 |                                           |
| <i>b-complex w/ c-biotin-minerals &amp; folic acid tab 5 mg</i> |                                           |
| <i>b-complex w/ folic acid cap</i>                              | OTC                                       |
| <i>b-complex w/ folic acid tab</i>                              | OTC                                       |
| <i>b-complex w/biotin &amp; folic acid tab</i>                  | OTC                                       |
| <i>b-complex w/biotin &amp; folic acid tab er</i>               | OTC                                       |
| <b>B-COMPLEX W/ IRON</b>                                        |                                           |
| <i>b-complex w/ iron tab</i>                                    | OTC                                       |
| <b>B-COMPLEX W/ MINERALS</b>                                    |                                           |
| <i>b-complex w/ minerals liq</i>                                | OTC                                       |
| <b>BIOFLAVONOID PRODUCTS</b>                                    |                                           |
| <i>bioflavonoid products tab</i>                                | OTC                                       |
| <i>bioflavonoid products tab er</i>                             | OTC                                       |
| <b>IRON W/ VITAMINS</b>                                         |                                           |
| <i>iron w/ vitamin tab</i>                                      |                                           |
| <i>iron w/ vitamin tab</i>                                      | OTC                                       |
| <b>MULTIPLE VITAMINS W/ CALCIUM</b>                             |                                           |
| <i>multiple vitamins w/ calcium tab</i>                         | AGE, OTC; (Covered for ages 20 and under) |
| <b>MULTIPLE VITAMINS W/ IRON</b>                                |                                           |
| <i>multiple vitamins w/ iron tab</i>                            | AGE, OTC; (Covered for ages 20 and under) |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>                            |                                           |
| ABC COMPLETE TAB ADULT                                          | OTC                                       |
| ABC COMPLETE TAB MENS                                           | OTC                                       |
| ABC COMPLETE TAB MENS 50+                                       | OTC                                       |
| ABC COMPLETE TAB SENIOR                                         | OTC                                       |
| ABC COMPLETE TAB WOMEN                                          | OTC                                       |
| ACTIVE 55 LIQ PLUS                                              | OTC                                       |
| ACTIVESSENT PAK                                                 | OTC                                       |
| ACTIVESSENTI PAK ONCOPLEX                                       | OTC                                       |
| ACTIVESSENTI PAK WOMEN                                          | OTC                                       |
| ACTIVNUT W/O POW COP/IRON                                       | OTC                                       |
| ACTIVNUTRIEN CAP                                                | OTC                                       |
| ACTIVNUTRIEN CAP PERFORMA                                       | OTC                                       |

| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| ACTIVNUTRIEN CAP W/O IRON | OTC                        |
| ADEK CHW PLUS ZN          | OTC                        |
| ADLT ONE DLY CHW GUMMIES  | OTC                        |
| ADULT 50+ CAP EYE HLTH    | OTC                        |
| ADULT 50+ CAP OCUVITE     | OTC                        |
| ADV DIABETIC TAB MULTIVIT | OTC                        |
| AIRBORNE CHW              | OTC                        |
| AIRBORNE CHW KIDS         | OTC                        |
| AIRBORNE POW              | OTC                        |
| AIRBORNE+ CHW PROBIOTI    | OTC                        |
| AIRBORNE+ CHW REST        | OTC                        |
| AIRBORNE+ POW STRESS      | OTC                        |
| AIRBORNE+NAT LIQ ENERGY   | OTC                        |
| AIRSHIELD CHW IMMUNITY    | OTC                        |
| ALGAE BASED TAB CALCIUM   | OTC                        |
| ALIVE 50+ TAB ENERGY      | OTC                        |
| ALIVE DAILY TAB WOMENS    | OTC                        |
| ALIVE DIABET TAB MULTIVIT | OTC                        |
| ALIVE ENERGY TAB WOMENS   | OTC                        |
| ALIVE HAIR CHW SKN/NAIL   | OTC                        |
| ALIVE IMMUNE CAP HEALTH   | OTC                        |
| ALIVE LIQ MULT-VIT        | OTC                        |
| ALIVE MENS CHW 50+        | OTC                        |
| ALIVE MENS CHW GUMMY      | OTC                        |
| ALIVE MENS TAB            | OTC                        |
| ALIVE MENS TAB COMPLETE   | OTC                        |
| ALIVE MULTI CHW VITAMIN   | OTC                        |
| ALIVE WOMENS CHW 50+      | OTC                        |
| ALIVE WOMENS CHW GUMMY    | OTC                        |
| ALIVE WOMENS TAB 50+ COMP | OTC                        |
| ANTIOXIDANT TAB FORMULA   | OTC                        |
| APETIBEX CAP              | OTC                        |
| APPE-CURB CAP             | OTC                        |
| ATP IGNITE PAK            | OTC                        |
| ATP IGNITE POW WORKOUT    | OTC                        |
| AZO HORMONAL TAB HEALTH   | OTC                        |
| BACMIN TAB                |                            |
| BARIATRIC CAP MULTIVIT    | OTC                        |
| BARIATRIC CHW FUSION      | OTC                        |
| BASIC AM TAB              | OTC                        |
| BASIC PM TAB              | OTC                        |
| BIO-35 GLUTE CAP FREE     | OTC                        |
| BIO-35 IRON CAP FREE      | OTC                        |
| BIOCAL CAP                | OTC                        |

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| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| BONEUP 3 PER CAP DAY      | OTC                        |
| BONEUP CAP                | OTC                        |
| BONEUP VEG TAB            | OTC                        |
| BOOSTNOW CAP IMM SUPP     | OTC                        |
| BOOSTNOW POW IMM SUPP     | OTC                        |
| C-BUFF POW                | OTC                        |
| CAL-DAY 1000 TAB          | OTC                        |
| CELEBRATE CAP 18          | OTC                        |
| CELEBRATE CAP 36          | OTC                        |
| CELEBRATE CAP 45          | OTC                        |
| CELEBRATE CAP 60          | OTC                        |
| CELEBRATE CHW 18          | OTC                        |
| CELEBRATE CHW 36          | OTC                        |
| CELEBRATE CHW 45          | OTC                        |
| CELEBRATE CHW 60          | OTC                        |
| CENT MATURE TAB ADLT 50+  | OTC                        |
| CENTRAL-VITE TAB          | OTC                        |
| CENTRAVITES TAB 50 PLUS   | OTC                        |
| CENTRAVITES TAB ADULTS    | OTC                        |
| CENTRUM 50+ CHW ADULTS    | OTC                        |
| CENTRUM 50+ CHW FRSH/FRU  | OTC                        |
| CENTRUM CHW ADULTS        | OTC                        |
| CENTRUM CHW FLAV BST      | OTC                        |
| CENTRUM CHW SILVER        | OTC                        |
| CENTRUM CHW VITAMINT      | OTC                        |
| CENTRUM MINI TAB ADULT 50 | OTC                        |
| CENTRUM MINI TAB MEN 50+  | OTC                        |
| CENTRUM MINI TAB WOMEN 50 | OTC                        |
| CENTRUM MULT CHW OMEGA 3  | OTC                        |
| CENTRUM POW DRINK         | OTC                        |
| CENTRUM SPEC TAB HEART    | OTC                        |
| CENTRUM SPEC TAB IMMUNE   | OTC                        |
| CENTRUM SPEC TAB VISION   | OTC                        |
| CENTRUM TAB CARDIO        | OTC                        |
| CENTRUM TAB MEN           | OTC                        |
| CENTRUM TAB SILVER        | OTC                        |
| CENTRUM TAB ULTRA         | OTC                        |
| CERTAVITE TAB SENIOR      | OTC                        |
| CERTAVITE/ TAB ANTIOXID   | OTC                        |
| CHOICEFUL CAP MULTIVIT    | OTC                        |
| CHOICEFUL CHW MULTIVIT    | OTC                        |
| CONCEPTIONXR MIS MOTILITY | OTC                        |
| CULTURELLE CHW MULTIVIT   | OTC                        |
| CVS IMMUNE CAP SUPPORT    | OTC                        |

| <b>Drug Name</b>         | <b>Requirements/Limits</b> |
|--------------------------|----------------------------|
| CVS VISION CAP HEALTH    | OTC                        |
| DAILY HEART PAK SUPPORT  | OTC                        |
| DAILY PAK MIS MULTIVIT   | OTC                        |
| DAYAVITE TAB             |                            |
| DECUBI-VITE CAP          | OTC                        |
| DEKAS CHW BARIATRI       | OTC                        |
| DEKAS PLUS CAP           | OTC                        |
| DEKAS PLUS CAP OCEAN     | OTC                        |
| DEKAS PLUS CHW           | OTC                        |
| DERMACINRX TAB RIBOT-E   |                            |
| DERMAVITE TAB            | OTC                        |
| DEXATRAN CAP             |                            |
| DIABET HLTH PAK SUPPORT  | OTC                        |
| DIABETES PAK HEALTH      | OTC                        |
| DIALYVITE TAB SUPREM D   |                            |
| DIATROL TAB              |                            |
| EMERGEN-C CHW IMMUNE/D   | OTC                        |
| EMERGEN-C CHW VITA C     | OTC                        |
| EMERGEN-C PAK BLUE       | OTC                        |
| EMERGEN-C PAK FIVE       | OTC                        |
| EMERGEN-C PAK HEART      | OTC                        |
| EMERGEN-C PAK IMMUNE     | OTC                        |
| EMERGEN-C PAK JOINT      | OTC                        |
| EMERGEN-C PAK KIDZ       | OTC                        |
| EMERGEN-C PAK MSM LITE   | OTC                        |
| EMERGEN-C PAK PINK       | OTC                        |
| EMERGEN-C PAK SUPER FR   | OTC                        |
| EMERGEN-C PAK VIT D/CA   | OTC                        |
| EMERGEN-C PAK VITA C     | OTC                        |
| ENDUR-VM TAB             | OTC                        |
| ENDUR-VM TAB IRON        | OTC                        |
| ENERGY POW BOOSTER       | OTC                        |
| EQ COMPLETE TAB ADULT    | OTC                        |
| EQ ONE DAILY TAB MENS    | OTC                        |
| EQ ONE DAILY TAB WOMENS  | OTC                        |
| EQL CENTURY TAB MENS     | OTC                        |
| EQL CENTURY TAB WOMENS   | OTC                        |
| ESTROVEN MEN TAB SUPPLEM | OTC                        |
| EVOLUTION60 POW          | OTC                        |
| EYE HEALTH CAP           | OTC                        |
| EYE HEALTH CAP ADLT 50+  | OTC                        |
| EYE HEALTH TAB LUTEIN    | OTC                        |
| EYE MULTIVIT CAP         | OTC                        |
| EYE MULTIVIT CAP LUTEIN  | OTC                        |

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| <b>Drug Name</b>          | <b>Requirements/Limits</b>                |
|---------------------------|-------------------------------------------|
| EYE MULTIVIT TAB SODIUM   | OTC                                       |
| FITNESS TABS TAB MEN      | OTC                                       |
| FITNESS TABS TAB WOMEN    | OTC                                       |
| FOLAGENT CAP DHA          |                                           |
| FOLAMAX TAB               |                                           |
| FOLAMED DHA CAP           |                                           |
| FOLIFLEX TAB              |                                           |
| FOLIKA-MG TAB             | OTC                                       |
| FOLITIN-Z TAB             |                                           |
| FREEDAVITE TAB            | OTC                                       |
| GENADEK CAP STEP 1        | OTC                                       |
| GENADEK CAP STEP 2        | OTC                                       |
| GERI-FREEDA TAB SENIOR    | OTC                                       |
| GNP IMMUNE PAK            | OTC                                       |
| GNP IMMUNE PAK SUPPORT    | OTC                                       |
| HAIR SKIN & TAB NAILS AD  | OTC                                       |
| HAIR SKIN TAB NAILS       | OTC                                       |
| HAIR/SKIN/ CAP NAILS      | OTC                                       |
| HEAD CARE TAB PROACTIV    | OTC                                       |
| HEALTHY EYES CAP SUPERVIS | OTC                                       |
| HI POT MV/ TAB BETA-CAR   | OTC                                       |
| HIGH POTENCY TAB MV/FA    | OTC                                       |
| HM COMPLETE TAB MEN       | OTC                                       |
| HM HAIR/SKIN TAB /NAILS   | OTC                                       |
| HYLAZINC TAB              |                                           |
| ICAPS AREDS TAB FORMULA   | OTC                                       |
| IMMUBLAST-C POW ORANGE    | OTC                                       |
| IMMUNE CHW SUPPORT        | OTC                                       |
| IMMUNE ESSEN CAP DAILY    | OTC                                       |
| IMMUNE SUPP POW VIT C     | OTC                                       |
| K-PAX TAB PROF ST         | OTC                                       |
| KEYFOLIC TAB              |                                           |
| KEYLOSA TAB               |                                           |
| KP MENS MIS DAILY PK      | OTC                                       |
| KP WOMENS PAK DAILY       | OTC                                       |
| LIFE PACK MIS MENS        | OTC                                       |
| LIFE PACK MIS WOMENS      | OTC                                       |
| LIVER DETOX TAB           | OTC                                       |
| LIVITA LIQ ADULTS         |                                           |
| LUTEIN PLUS TAB ZEAXANTH  | OTC                                       |
| LYSIPLEX LIQ PLUS         | AGE, OTC; (Covered for ages 20 and under) |
| MAXIMIN PAK               | OTC                                       |
| MEGA MULTI TAB MEN        | OTC                                       |

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| <b>Drug Name</b>                               | <b>Requirements/Limits</b>                |
|------------------------------------------------|-------------------------------------------|
| MEGA MULTI TAB WOMEN                           | OTC                                       |
| MEGAVITE TAB FRT/VEG                           | OTC                                       |
| MEGAVITE TAB GOLD 55+                          | OTC                                       |
| MENATROL CAP                                   |                                           |
| MENS 50+ CAP ADVANCED                          | OTC                                       |
| MENS 50+ TAB MULTIVIT                          | OTC                                       |
| MENS DAILY PAK PACK                            | OTC                                       |
| MENS MULTI CHW                                 | OTC                                       |
| MENS MULTI TAB VIT/MIN                         | OTC                                       |
| MENS MULTIPL TAB                               | OTC                                       |
| MENS PAK                                       | OTC                                       |
| MOOD FOOD CAP                                  | OTC                                       |
| MOOD FOOD ES CAP                               | OTC                                       |
| MULTI FOR POW HER                              | OTC                                       |
| MULTI FOR POW HIM                              | OTC                                       |
| MULTI VITAMN TAB MINERALS                      | OTC                                       |
| MULTI-BETIC TAB DIABETES                       | OTC                                       |
| MULTI-VITAMI TAB MONOCAPS                      | OTC                                       |
| MULTI-VITE LIQ                                 | OTC                                       |
| <i>multiple vitamins w/ minerals cap</i>       | AGE; (Covered for ages 20 and under)      |
| <i>multiple vitamins w/ minerals cap</i>       | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamins w/ minerals chew tab</i>  | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamins w/ minerals effer tab</i> | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamins w/ minerals liquid</i>    | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamins w/ minerals tab</i>       | AGE; (Covered for ages 20 and under)      |
| <i>multiple vitamins w/ minerals tab</i>       | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamins w/ minerals tab er</i>    | AGE, OTC; (Covered for ages 20 and under) |
| MULTITAM TAB                                   |                                           |
| MULTIVITAMIN CHW ADLT GUM                      | OTC                                       |
| MULTIVITAMIN TAB                               | OTC                                       |
| MULTIVITAMIN TAB ADULT                         | OTC                                       |
| MULTIVITAMIN TAB ADULTS                        | OTC                                       |
| MULTIVITAMIN TAB MEN                           | OTC                                       |
| MULTIVITAMIN TAB WOMEN                         | OTC                                       |
| MULTIVITAMIN TAB ZINC STR                      | OTC                                       |
| MVW COMPLETE CAP D3000                         | OTC                                       |
| MVW COMPLETE CAP D5000                         | OTC                                       |

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Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| MVW COMPLETE CAP FORMULAT | OTC                        |
| MVW COMPLETE CAP MINIS    | OTC                        |
| MVW HI-D CHW ADEK         | OTC                        |
| MVW MODULAT CAP FORM MIN  | OTC                        |
| MVW MODULAT CAP FORMULAT  | OTC                        |
| NANOVN POW ADULT          | OTC                        |
| NANOVN POW SENIOR         | OTC                        |
| NAT-RUL THER TAB M        | OTC                        |
| NATRUL-VITES TAB          | OTC                        |
| NEOVITE TAB               |                            |
| NICADAN TAB               |                            |
| NICAZEL TAB               |                            |
| NICAZEL TAB FORTE         |                            |
| NUTRICAP TAB              |                            |
| OCUHEALTH CAP VISION 2    | OTC                        |
| OCULAR TAB VITAMINS       | OTC                        |
| OCUVEL CAP 0.5MG          |                            |
| OCUVITE CAP ADULT         | OTC                        |
| OCUVITE LUTE CAP          | OTC                        |
| ONCOVITE TAB              | OTC                        |
| ONE A DAY CHW IMMUNITY    | OTC                        |
| ONE A DAY CHW WOMENS      | OTC                        |
| ONE DAILY CHW ADLT GUM    | OTC                        |
| ONE DAILY MN TAB W/O IRON | OTC                        |
| ONE DAILY MV TAB WOMENS   | OTC                        |
| ONE DAILY TAB MENS        | OTC                        |
| ONE DAILY TAB MENS 50+    | OTC                        |
| ONE DAILY TAB WMNS 50+    | OTC                        |
| ONE DAILY TAB WOMENS      | OTC                        |
| ONE-A-DAY CHW IMMUNITY    | OTC                        |
| ONE-A-DAY CHW VITACRAV    | OTC                        |
| ONE-A-DAY TAB 50+ ADV     | OTC                        |
| ONE-A-DAY TAB 50+ MENS    | OTC                        |
| ONE-A-DAY TAB 50+ WMN     | OTC                        |
| ONE-A-DAY TAB 65+         | OTC                        |
| ONE-A-DAY TAB ENERGY      | OTC                        |
| ONE-A-DAY TAB MENOPAUS    | OTC                        |
| ONE-A-DAY TAB MENS        | OTC                        |
| ONE-A-DAY TAB PROEDGE     | OTC                        |
| ONE-A-DAY TAB TEEN/HIM    | OTC                        |
| ONE-A-DAY TAB WOMENS      | OTC                        |
| ONE-DAILY CAP MULTI       | OTC                        |
| ONEVITE TAB               |                            |
| OPTIFAST POS CHW BARIATRI | OTC                        |

| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| OPTIMUM CHW AIRVITES      | OTC                        |
| OPTISOURCE CHW BARIATRC   | OTC                        |
| OPURITY CHW BYPASS        | OTC                        |
| OPURITY TAB               | OTC                        |
| OSTEOPRIME TAB PLUS       | OTC                        |
| PARVLEX TAB               | OTC                        |
| PHLEXY-VITS POW           | OTC                        |
| PHYTOMULTI TAB            | OTC                        |
| PORENAL+D CAP OMEGA 3     | OTC                        |
| PREMIUM MIS PACKETS       | OTC                        |
| PRESCRIPTION CAP SUPPORT  | OTC                        |
| PRESERVISION CAP AREDS    | OTC                        |
| PRESERVISION CAP AREDS 2  | OTC                        |
| PRESERVISION CAP LUTEIN   | OTC                        |
| PRESERVISION CHW AREDS 2  | OTC                        |
| PRESERVISION TAB AREDS    | OTC                        |
| PRO-CAL TAB               | OTC                        |
| PROCERV HP TAB            | OTC                        |
| PROFOLA TAB               |                            |
| PRORENAL +D TAB           | OTC                        |
| PRORENAL+D CAP OMEGA-3    | OTC                        |
| PRORENAL+D TAB            | OTC                        |
| PROTECT CAP CARDIO        | OTC                        |
| PROTECT CAP PLUS SO       | OTC                        |
| PROTEGRA CAP              | OTC                        |
| PROVIT TAB                | OTC                        |
| PROXEED PLUS PAK          | OTC                        |
| QC MULTI-VIT TAB          | OTC                        |
| QUIN B TAB STRONG         | OTC                        |
| QUINTABS-M TAB            | OTC                        |
| RA ESSENCE-C POW ORANGE   | OTC                        |
| RA ESSENCE-C POW RASPBRY  | OTC                        |
| RA ESSENCE-C POW TNGERINE | OTC                        |
| RAYAVIT TAB               | OTC                        |
| REMEDIENT CAP             |                            |
| RENAPLEX-D TAB            | OTC                        |
| SENTRY SENIO TAB LUTEIN   | OTC                        |
| SENTRY TAB                | OTC                        |
| SIDEROL TAB               |                            |
| SKIN BEAUTY/ PAK WELLNESS | OTC                        |
| SKIN/HAIR/ CAP NAILS      | OTC                        |
| SM ONE DAILY TAB MENS     | OTC                        |
| SM ONE DAILY TAB WOMENS   | OTC                        |
| SOLO TAB                  | OTC                        |

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| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| SPECTRAVITE CHW ADLT 50+  | OTC                        |
| SPECTRAVITE CHW WOMEN     | OTC                        |
| SPECTRAVITE TAB           | OTC                        |
| SPECTRAVITE TAB ADLT 50+  | OTC                        |
| SPECTRAVITE TAB ADULTS    | OTC                        |
| SPECTRAVITE TAB MEN 50+   | OTC                        |
| SPECTRAVITE TAB ULT MEN   | OTC                        |
| SPECTRAVITE TAB ULT WMN   | OTC                        |
| STROVITE FOR SYP          |                            |
| STROVITE ONE TAB          |                            |
| SUPER ANTIOX CAP          | OTC                        |
| SUPER POW NU-THERA        | OTC                        |
| SUPERIOR TAB MENS         | OTC                        |
| SUPPORT LIQ               |                            |
| SUPPORT-500 CAP           | OTC                        |
| SYSTANE ICAP CHW AREDS2   | OTC                        |
| SYSTANE ICAP TAB AREDS2   | OTC                        |
| T-VITES TAB               | OTC                        |
| THERA M PLUS TAB          | OTC                        |
| THERA-M TAB               | OTC                        |
| THERA-TABS M TAB          | OTC                        |
| THERABETIC TAB MULTIVIT   | OTC                        |
| THERAGRAN-M TAB           | OTC                        |
| THERAGRAN-M TAB 50 PLUS   | OTC                        |
| THERAGRAN-M TAB ADVANCED  | OTC                        |
| THERAGRAN-M TAB PREMIER   | OTC                        |
| THERAMILL CAP FORTE       | OTC                        |
| THERANATAL CAP LACTATIO   | OTC                        |
| THERANATAL MIS LACTATIO   | OTC                        |
| THEREMS-M TAB             | OTC                        |
| UDAMIN SP TAB             |                            |
| ULTRA BONEUP TAB          | OTC                        |
| ULTRA MEGA G TAB 75MG CR  | OTC                        |
| ULTRA MEGA G TAB 100MG    | OTC                        |
| ULTRA MEGA TAB 75MG CR    | OTC                        |
| ULTRA MEGA TAB TWO        | OTC                        |
| ULTRA POTENC TAB WOMEN 50 | OTC                        |
| VENEXA FE TAB             |                            |
| VENEXA TAB                |                            |
| VENTRIXYL FE TAB          |                            |
| VENTRIXYL TAB             |                            |
| VISION CAP OPTIMIZE       | OTC                        |
| VISION HEALT CAP          | OTC                        |
| VISTA ADVAN CAP AREDS2    | OTC                        |

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| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| VISTA ADVAN CAP DRY EYE   | OTC                        |
| VITABEX CAP               | OTC                        |
| VITABEX PLUS CAP          | OTC                        |
| VITACHEW CHW ADULT        | OTC                        |
| VITACRAVES CHW GUMMIES    | OTC                        |
| VITACRAVES CHW IMMUNITY   | OTC                        |
| VITACRAVES CHW MENS       | OTC                        |
| VITACRAVES CHW SOUR GUM   | OTC                        |
| VITACRAVES CHW WOMENS     | OTC                        |
| VITAJoy MULT CHW ADULT    | OTC                        |
| VITAMIN C PAK BLEND       | OTC                        |
| VITAMIN D3 TAB COMPLETE   | OTC                        |
| VITASANA TAB              | OTC                        |
| VITATRUM TAB              | OTC                        |
| VITEYES CAP CLASSIC       | OTC                        |
| VITEYES CLAS CAP ADV      | OTC                        |
| VITEYES CLAS CAP ADVANCED | OTC                        |
| VITEYES CLAS CAP MAC SUPP | OTC                        |
| VITEYES CLAS CAP OMEGA-3  | OTC                        |
| VITEYES CLAS POW +MULTI   | OTC                        |
| VITEYES CLAS TAB MULTIVIT | OTC                        |
| VITEYES OPTI TAB NERV SUP | OTC                        |
| VITRAMYN TAB              |                            |
| VITRANOL FE TAB           |                            |
| VITRANOL TAB              |                            |
| VITREXATE FE TAB          |                            |
| VITREXATE TAB             |                            |
| VITREXYL TAB              |                            |
| VITREXYL TAB IRON         |                            |
| VITRUM 50+ TAB ADT- MUL   | OTC                        |
| VITRUM TAB ADULT          | OTC                        |
| VITRUM TAB SENIOR         | OTC                        |
| WAL-BORN CHW VIT C        | OTC                        |
| WELLFOLA TAB              |                            |
| WMNS MULTIVI CHW +COLLAGE | OTC                        |
| WOMENS 50+ TAB MULTIVIT   | OTC                        |
| WOMENS DAILY PAK PACK     | OTC                        |
| WOMENS MULT CHW GUMMIES   | OTC                        |
| WOMENS MULTI TAB          | OTC                        |
| WOMENS MULTI TAB VIT/MIN  | OTC                        |
| WOMENS PAK                | OTC                        |
| YELETS TEEN TAB FORMULA   | OTC                        |
| YOUR LIFE CHW GUMMIES     | OTC                        |
| YUMVS DIABET CHW MULTIVIT | OTC                        |

| <b>Drug Name</b>                                               | <b>Requirements/Limits</b>                |
|----------------------------------------------------------------|-------------------------------------------|
| YUMVS MULTI CHW ZERO                                           | OTC                                       |
| ZINC LOZ                                                       | OTC                                       |
| ZINTREXYL-C TAB                                                |                                           |
| <b>MULTIVITAMINS</b>                                           |                                           |
| <i>multiple vitamin cap</i>                                    | AGE; (Covered for ages 20 and under)      |
| <i>multiple vitamin cap</i>                                    | AGE, OTC; (Covered for ages 20 and under) |
| <i>multiple vitamin tab</i>                                    | AGE, OTC; (Covered for ages 20 and under) |
| <b>PED MULTIPLE VITAMINS W/ MINERALS</b>                       |                                           |
| BABY IRON DRO IMMUNITY                                         | OTC                                       |
| DEKAS PLUS LIQ                                                 | OTC                                       |
| GENADEK DRO                                                    | OTC                                       |
| LIVITA LIQ CHILDREN                                            |                                           |
| MVW COMPLETE DRO PEDIATRI                                      | OTC                                       |
| MVW HI-D DR LIQ EX VIT D                                       | OTC                                       |
| MVW MOD FORM LIQ PEDS                                          | OTC                                       |
| NANOVN POW 1-3 YRS                                             | OTC                                       |
| NANOVN POW 4-8YEARS                                            | OTC                                       |
| NANOVN POW 9-18 YRS                                            | OTC                                       |
| NANOVN T/F POW                                                 | OTC                                       |
| UPSPRINGBABY DRO MV/IRON                                       | OTC                                       |
| <b>PED MV W/ IRON</b>                                          |                                           |
| <i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>      | AGE, OTC; (Covered for ages 20 and under) |
| <i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>      | AGE, OTC; (Covered for ages 20 and under) |
| <b>PEDIATRIC MULTIPLE VITAMINS</b>                             |                                           |
| MULTIV INFAN DRO /TODDLER                                      | OTC                                       |
| MULTIVITAMIN DRO INFANT                                        | OTC                                       |
| PED POLY-VIT DRO                                               | OTC                                       |
| <i>pediatric multiple vitamin chew tab</i>                     | AGE, OTC; (Covered for ages 20 and under) |
| POLY-VI-SOL SOL 50MG/ML                                        | OTC                                       |
| POLY-VITA DRO                                                  | OTC                                       |
| POLY-VITE DRO                                                  | OTC                                       |
| <b>PEDIATRIC VITAMINS</b>                                      |                                           |
| <i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i> | AGE, OTC; (Covered for ages 20 and under) |
| <b>PRENATAL VITAMINS</b>                                       |                                           |
| ALIVE PREMIU CHW PRENATAL                                      | OTC                                       |
| ALIVE PRENAT CHW DAILY SU                                      | OTC                                       |
| ATABEX CHW PRENATAL                                            | OTC                                       |

| Drug Name                 | Requirements/Limits |
|---------------------------|---------------------|
| ATABEX EC TAB 29-1MG      |                     |
| ATABEX OB TAB 29-1MG      |                     |
| AZESCO TAB 13-1MG         |                     |
| BE WELL PAK ROUNDED       | OTC                 |
| BRAINSTRONG MIS PRENATAL  | OTC                 |
| C-NATE DHA CAP 28-1-200   |                     |
| CADEAU DHA CAP            | OTC                 |
| CENTRUM SPEC PAK PRENATAL | OTC                 |
| CL PRENATAL TAB 28-0.8MG  | OTC                 |
| COMPLETE NAT PAK DHA      |                     |
| CONCEPT DHA CAP           |                     |
| CONCEPT OB CAP            |                     |
| CVS PRENATAL CHW GUMMY    | OTC                 |
| CVS PRENATAL TAB 27-0.8MG | OTC                 |
| DERMACINRX TAB PRETRATE   |                     |
| DUET DHA 400 MIS 25-1-400 |                     |
| DUET DHA MIS BALANCED     |                     |
| ENBRACE HR CAP            |                     |
| ENFAMIL MIS EXPECTA       | OTC                 |
| EQL PRENATAL TAB FORMULA  | OTC                 |
| FOLIVANE-OB CAP           |                     |
| GNP PRENATAL TAB 28-0.8MG | OTC                 |
| JENLIVA CAP               |                     |
| KOSHR PRENAT TAB 30-1MG   |                     |
| KP PRENATAL TAB MULTIVIT  | OTC                 |
| KPN PRENATAL TAB          | OTC                 |
| MASONATAL TAB             | OTC                 |
| MULTI PRENAT TAB          | OTC                 |
| MULTI-MAC TAB             |                     |
| NATACHEW CHW              |                     |
| NATAL PNV TAB             |                     |
| NATALVIT TAB 75-1MG       |                     |
| NEEVO DHA CAP 27-1.13     |                     |
| NEONATAL 19 TAB           |                     |
| NEONATAL FE TAB           |                     |
| NEONATAL TAB PRENATAL     | OTC                 |
| NEONATAL VIT TAB 27-0.8MG | OTC                 |
| NEONATAL/DHA MIS          |                     |
| NESTABS DHA PAK           |                     |
| NESTABS ONE CAP           |                     |
| NESTABS TAB               |                     |
| OB COMPLETE CAP ONE       |                     |
| OB COMPLETE CAP PETITE    |                     |
| OB COMPLETE TAB           |                     |

| Drug Name                                                        | Requirements/Limits |
|------------------------------------------------------------------|---------------------|
| OB COMPLETE TAB PREMIER                                          |                     |
| OB COMPLETE/ CAP DHA                                             |                     |
| OBSTETRIX CAP ONE                                                | OTC                 |
| OBSTETRIX EC TAB                                                 |                     |
| OBSTETRIX EC TAB                                                 | OTC                 |
| OBSTETRIX MIS DHA                                                | OTC                 |
| OBSTETRX ONE CAP 38-1-225                                        |                     |
| OBTREX DHA PAK                                                   | OTC                 |
| OBTREX TAB                                                       | OTC                 |
| ONE A DAY CAP PRENATAL                                           | OTC                 |
| ONE A DAY CHW PRENATAL                                           | OTC                 |
| ONE A DAY MIS PRENATAL                                           | OTC                 |
| ONE A DAY PAK PRENATAL                                           | OTC                 |
| ONE-A-DAY PAK PRENATAL                                           | OTC                 |
| PERRY PRENAT CAP                                                 | OTC                 |
| PNV TAB 20-1 TAB                                                 |                     |
| PNV-DHA CAP DOCUSATE                                             |                     |
| PNV-OMEGA CAP                                                    |                     |
| PREGEN DHA CAP                                                   |                     |
| PREGENNA TAB                                                     |                     |
| PREMESISRX TAB                                                   |                     |
| PRENA1 CHW                                                       |                     |
| PRENA1 PEARL CAP                                                 |                     |
| PRENA 1 TRUE MIS                                                 |                     |
| PRENAISSANCE CAP                                                 |                     |
| PRENAISSANCE CAP PLUS                                            |                     |
| PRENAT DHA CHW 0.4-25MG                                          | OTC                 |
| PRENAT MULTI CAP +DHA                                            | OTC                 |
| <i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i> |                     |
| PRENATAL ADV PAK BRAIN SU                                        | OTC                 |
| PRENATAL CAP COMPLETE                                            | OTC                 |
| PRENATAL CAP DHA                                                 | OTC                 |
| PRENATAL CAP ESSENTIA                                            | OTC                 |
| PRENATAL CAP FORMULA                                             | OTC                 |
| PRENATAL CHW GUMMIES                                             | OTC                 |
| PRENATAL CHW NOURISH                                             | OTC                 |
| PRENATAL COM CAP /DHA                                            | OTC                 |
| PRENATAL DHA PAK MULTI                                           | OTC                 |
| PRENATAL FRM TAB A-FREE                                          | OTC                 |
| PRENATAL GUM CHW 0.4-32.5                                        | OTC                 |
| PRENATAL MUL CAP +DHA                                            | OTC                 |
| PRENATAL MUL CAP DHA                                             | OTC                 |
| PRENATAL MV MIS + DHA                                            | OTC                 |
| PRENATAL ONE TAB DAILY                                           | OTC                 |

| <b>Drug Name</b>                                                | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|----------------------------|
| PRENATAL TAB                                                    | OTC                        |
| PRENATAL TAB 27-0.8MG                                           | OTC                        |
| PRENATAL TAB 28-0.8MG                                           | OTC                        |
| PRENATAL TAB COMPLETE                                           | OTC                        |
| PRENATAL TAB FORTE                                              | OTC                        |
| PRENATAL TAB IRON                                               | OTC                        |
| PRENATAL TAB MULTIVIT                                           | OTC                        |
| PRENATAL VIT TAB 28-0.8MG                                       | OTC                        |
| PRENATAL VIT TAB MINERALS                                       | OTC                        |
| <i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>         |                            |
| <i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i> |                            |
| <i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>          |                            |
| <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>               |                            |
| <i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>             | OTC                        |
| <i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>          |                            |
| PRENATAL+DHA MIS                                                | OTC                        |
| PRENATAL+DHA MIS WOMENS                                         | OTC                        |
| PRENATAL-U CAP 106.5-1                                          |                            |
| PRENATAL/FA CAP +DHA                                            | OTC                        |
| PRENATAL/FE TAB                                                 | OTC                        |
| PRENATE AM TAB 1MG                                              |                            |
| PRENATE CAP ENHANCE                                             |                            |
| PRENATE CAP ESSENT                                              |                            |
| PRENATE CAP PIXIE                                               |                            |
| PRENATE CAP RESTORE                                             |                            |
| PRENATE CHW 0.6-0.4                                             |                            |
| PRENATE DHA CAP                                                 |                            |
| PRENATE MINI CAP                                                |                            |
| PRENATE TAB ELITE                                               |                            |
| PRENATL MULT CAP + DHA                                          | OTC                        |
| PRENATVITE TAB COMPLETE                                         |                            |
| PRENATVITE TAB PLUS                                             |                            |
| PRENATVITE TAB RX                                               |                            |
| PRENTAT MULT CAP PLUS DHA                                       | OTC                        |
| PRIMACARE CAP                                                   |                            |
| PROVIDA OB CAP                                                  |                            |
| PX PRENATAL TAB MULTIVIT                                        | OTC                        |
| QC PRENATAL TAB 28-0.8MG                                        | OTC                        |
| RA PRENATAL TAB 28-0.8MG                                        | OTC                        |
| RA PRENATAL TAB FORMULA                                         | OTC                        |
| REDICHEW RX CHW                                                 |                            |
| RELNATE DHA CAP                                                 |                            |
| SELECT-OB CHW                                                   |                            |
| SELECT-OB+ PAK DHA                                              |                            |

| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| SIMILAC PREN PAK EARLY SH | OTC                        |
| SM ONE DAILY MIS PRENATAL | OTC                        |
| SM PRENATAL TAB VITAMINS  | OTC                        |
| STUART ONE CAP            | OTC                        |
| TARON-C DHA CAP           |                            |
| THERANATAL CAP ONE        | OTC                        |
| THERANATAL MIS COMPLETE   | OTC                        |
| THERANATAL PAK OVAVITE    | OTC                        |
| TRINATAL RX TAB 1         |                            |
| TRISTART CAP FREE         |                            |
| TRISTART DHA CAP          |                            |
| TRISTART ONE CAP 35-1-215 |                            |
| ULTRA PRENAT CAP + DHA    | OTC                        |
| VINATE CARE CHW 40-1MG    | OTC                        |
| VINATE DHA CAP 27-1.13    |                            |
| VINATE II TAB             |                            |
| VINATE ONE TAB            |                            |
| VIRT-C DHA CAP            |                            |
| VIRT-NATE CAP DHA         |                            |
| VIRT-PN DHA CAP           |                            |
| VITA-PAC CAP              | OTC                        |
| VITAFOL CAP ULTRA         |                            |
| VITAFOL CHW GUMMIES       |                            |
| VITAFOL FE+ CAP           |                            |
| VITAFOL STRP MIS 1MG      |                            |
| VITAFOL-NANO TAB          |                            |
| VITAFOL-OB PAK +DHA       |                            |
| VITAFOL-OB TAB 65-1MG     |                            |
| VITAFOL-ONE CAP           |                            |
| VITAFUSION CHW PRENATAL   | OTC                        |
| VITAMED MD CAP ONE RX     |                            |
| VITAPEARL CAP             |                            |
| VITATRUE MIS              |                            |
| VIVA DHA CAP              |                            |
| WESCAP-C DHA CAP          |                            |
| WESCAP-PN CAP DHA         |                            |
| WESNATAL DHA PAK COMPLETE |                            |
| WESNATE DHA CAP           |                            |
| WESTGEL DHA CAP           |                            |
| ZALVIT TAB 13-1MG         |                            |
| ZATEAN-PN CAP DHA         |                            |
| ZIPHEX TAB 13-1MG         |                            |
| <b>VITAMIN MIXTURES</b>   |                            |
| <i>cod liver oil cap</i>  | OTC                        |

| <b>Drug Name</b>                                                | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|----------------------------|
| <i>niacin w/ inositol cap 400-100 mg</i>                        | OTC                        |
| <i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i> |                            |
| <i>vitamins a &amp; d cap</i>                                   | OTC                        |
| <i>vitamins a &amp; d tab</i>                                   | OTC                        |
| <b>VITAMINS W/ LIPOTROPICS</b>                                  |                            |
| <i>vitamins w/ lipotropics cap</i>                              | OTC                        |
| <i>vitamins w/ lipotropics tab</i>                              | OTC                        |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                      |                            |
| <b>NASAL AGENTS - MISC.</b>                                     |                            |
| <i>AYR NASAL DRO 0.65%</i>                                      | OTC                        |
| <i>CVS NASAL AER 0.9%</i>                                       | OTC                        |
| <i>NOZIN NASAL KIT SANITIZE</i>                                 | QL (400/30 days), OTC      |
| <i>RA STERILE SOL NASAL</i>                                     | OTC                        |
| <i>saline nasal spray 0.65%</i>                                 | OTC                        |
| <i>SIMPLY SALIN AER 0.9%</i>                                    | OTC                        |
| <b>NASAL ANTIALLERGY</b>                                        |                            |
| <i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>       | OTC                        |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                            |                            |
| <i>pseudoephedrine hcl tab 30 mg</i>                            | OTC                        |
| <i>pseudoephedrine hcl tab 60 mg</i>                            | OTC                        |
| <i>pseudoephedrine hcl tab er 12hr 120 mg</i>                   | QL (60 tabs/30 days), OTC  |
| <i>SUDAFED 24HR TAB 240MG</i>                                   | QL (30 tabs/30 days), OTC  |
| <b>NUTRIENTS</b>                                                |                            |
| <b>MISC. NUTRITIONAL SUBSTANCES</b>                             |                            |
| <i>omega-3 fatty acids - oral liquid</i>                        | OTC                        |
| <i>omega-3 fatty acids cap 300 mg</i>                           | OTC                        |
| <i>omega-3 fatty acids cap 435 mg</i>                           | OTC                        |
| <i>omega-3 fatty acids cap 500 mg</i>                           | OTC                        |
| <i>omega-3 fatty acids cap 1000 mg</i>                          | OTC                        |
| <i>omega-3 fatty acids cap 1200 mg</i>                          | OTC                        |
| <i>omega-3 fatty acids chew tab 113.5 mg</i>                    | OTC                        |
| <b>OPHTHALMIC AGENTS</b>                                        |                            |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                          |                            |
| <i>artificial tear ophth solution</i>                           | OTC                        |
| <i>BION TEARS SOL 0.1-0.3%</i>                                  | OTC                        |
| <i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>          | OTC                        |
| <i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>       | OTC                        |
| <i>carboxymethylcellulose sodium ophth gel 1%</i>               | OTC                        |
| <i>carboxymethylcellulose sodium ophth soln 0.5%</i>            | OTC                        |
| <i>carboxymethylcellulose sodium ophth soln 0.25%</i>           | OTC                        |
| <i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>      | OTC                        |
| <i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>         | OTC                        |
| <i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>              | OTC                        |

| Drug Name                                                         | Requirements/Limits |
|-------------------------------------------------------------------|---------------------|
| GENTEAL GEL 0.3%                                                  | OTC                 |
| <i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>        | OTC                 |
| LUBRICNT GEL DRO 0.25-0.3                                         | OTC                 |
| <i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>   | OTC                 |
| <i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>   | OTC                 |
| <i>polyvinyl alcohol ophth soln 1.4%</i>                          | OTC                 |
| <i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i> | OTC                 |
| <i>propylene glycol ophth soln 0.6%</i>                           | OTC                 |
| <i>propylene glycol-glycerin ophth soln 1-0.3%</i>                | OTC                 |
| PURE & GENTL DRO 0.3%                                             | OTC                 |
| REFRESH DRO OP                                                    | OTC                 |
| REFRESH DRO RELIEVA                                               | OTC                 |
| REFRESH DRO TEARS PF                                              | OTC                 |
| REFRESH OPT SOL MEGA-3                                            | OTC                 |
| REFRESH OPTI DRO 0.5-0.9%                                         | OTC                 |
| REFRESH SOL DIGITAL                                               | OTC                 |
| REFRESH SOL OPTIVE                                                | OTC                 |
| THERATEARS SOL 0.25% PF                                           | OTC                 |
| <i>white petrolatum-mineral oil ophth ointment</i>                | OTC                 |

#### **OPHTHALMICS - MISC.**

|                                             |     |
|---------------------------------------------|-----|
| <i>ketotifen fumarate ophth soln 0.035%</i> | OTC |
| PATADAY SOL 0.7%                            | OTC |

#### **PHARMACEUTICAL ADJUVANTS**

##### **INTERNAL VEHICLE INGREDIENTS/AGENTS**

|                                                          |     |
|----------------------------------------------------------|-----|
| GELMIX INFAN POW THICKENE                                | OTC |
| PURATHICK POW                                            | OTC |
| RESOURCE LIQ WATER                                       | OTC |
| RESOURCE POW THICKENU                                    | OTC |
| SIMPLYTHICK GEL                                          | OTC |
| SIMPLYTHICK GEL EASY MIX                                 | OTC |
| SIMPLYTHICK GEL EASYMIX                                  | OTC |
| SIMPLYTHICK GEL HONEY                                    | OTC |
| SIMPLYTHICK GEL NECTAR                                   | OTC |
| <i>starch-maltodextrin oral thickening powder</i>        | OTC |
| <i>starch-maltodextrin oral thickening powder packet</i> | OTC |
| THICK-IT #2 POW                                          | OTC |
| THICKENUP POW CLEAR                                      | OTC |
| THIK & CLEAR PAK HONEY                                   | OTC |
| THIK & CLEAR PAK NECTAR                                  | OTC |
| THIK & CLEAR POW                                         | OTC |

#### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

##### **COMBINATION PSYCHOTHERAPEUTICS**

|                         |  |
|-------------------------|--|
| DULOXICAINE PAK 30MG-4% |  |
|-------------------------|--|

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

**AGE** - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| Drug Name                                                          | Requirements/Limits                                                  |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>SMOKING DETERRENTS</b>                                          |                                                                      |
| <i>nicotine polacrilex gum 2 mg</i>                                | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| <i>nicotine polacrilex gum 4 mg</i>                                | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| <i>nicotine polacrilex lozenge 2 mg</i>                            | AGE, OTC; (covered for ages 18 and over)                             |
| <i>nicotine polacrilex lozenge 4 mg</i>                            | AGE, OTC; (covered for ages 18 and over)                             |
| NICOTINE SYS KIT TRANSDER                                          | AGE, OTC; (covered for ages 18 and over)                             |
| <i>nicotine td patch 24hr 7 mg/24hr</i>                            | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| <i>nicotine td patch 24hr 14 mg/24hr</i>                           | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| <i>nicotine td patch 24hr 21 mg/24hr</i>                           | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>                 |                                                                      |
| <b>H-2 ANTAGONISTS</b>                                             |                                                                      |
| <i>famotidine tab 10 mg</i>                                        | OTC                                                                  |
| <b>PROTON PUMP INHIBITORS</b>                                      |                                                                      |
| <i>esomeprazole magnesium tab delayed release 20 mg</i>            | QL (30 tabs/30 days), OTC                                            |
| <i>omeprazole delayed release tab 20 mg</i>                        | QL (90 tabs/year), OTC                                               |
| <i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>      | QL (30 caps/30 days), OTC                                            |
| <i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i> | OTC                                                                  |
| <b>VACCINES</b>                                                    |                                                                      |
| <b>BACTERIAL VACCINES</b>                                          |                                                                      |
| PNEUMOVAX 23 INJ 25/0.5                                            | AGE; (Covered for ages 19 and over)                                  |
| <b>VAGINAL AND RELATED PRODUCTS</b>                                |                                                                      |
| <b>MISCELLANEOUS VAGINAL PRODUCTS</b>                              |                                                                      |
| <i>acetic acid vaginal solution</i>                                | OTC                                                                  |
| <b>SPERMICIDES</b>                                                 |                                                                      |
| ENCARE SUP 100MG                                                   | OTC                                                                  |
| GYNOL II GEL 3%                                                    | OTC                                                                  |
| TODAY SPONGE MIS                                                   | OTC                                                                  |
| VCF VAGINAL GEL CONTRACE                                           | OTC                                                                  |
| VCF VAGINAL MIS CONTRACP                                           | OTC                                                                  |

| Drug Name                                                             | Requirements/Limits |
|-----------------------------------------------------------------------|---------------------|
| <b>VAGINAL ANTI-INFECTIVES</b>                                        |                     |
| <i>clotrimazole vaginal cream 1%</i>                                  | OTC                 |
| <i>clotrimazole vaginal cream 2%</i>                                  | OTC                 |
| <i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>  | OTC                 |
| <i>miconazole nitrate vaginal cream 2%</i>                            | OTC                 |
| <i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>               | OTC                 |
| <i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> | OTC                 |
| <i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>     | OTC                 |
| <i>miconazole nitrate vaginal suppos 100 mg</i>                       | OTC                 |
| MONISTAT 3 KIT COMBO PK                                               | OTC                 |
| MONISTAT 7 KIT COMPLETE                                               | OTC                 |
| <b>VAGINAL ANTI-INFLAMMATORY AGENTS</b>                               |                     |
| <i>hydrocortisone acetate perivaginal cream 1%</i>                    | OTC                 |
| <i>hydrocortisone perivaginal cream 1%</i>                            | OTC                 |
| <b>VITAMINS</b>                                                       |                     |
| <b>OIL SOLUBLE VITAMINS</b>                                           |                     |
| <i>cholecalciferol cap 1.25 mg (50000 unit)</i>                       | OTC                 |
| <i>cholecalciferol cap 10 mcg (400 unit)</i>                          | OTC                 |
| <i>cholecalciferol cap 25 mcg (1000 unit)</i>                         | OTC                 |
| <i>cholecalciferol cap 50 mcg (2000 unit)</i>                         | OTC                 |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i>                        | OTC                 |
| <i>cholecalciferol cap 250 mcg (10000 unit)</i>                       | OTC                 |
| <i>cholecalciferol chew tab 10 mcg (400 unit)</i>                     | OTC                 |
| <i>cholecalciferol chew tab 25 mcg (1000 unit)</i>                    | OTC                 |
| <i>cholecalciferol chew tab 50 mcg (2000 unit)</i>                    | OTC                 |
| <i>cholecalciferol chew tab 125 mcg (5000 unit)</i>                   | OTC                 |
| <i>cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)</i>        | OTC                 |
| <i>cholecalciferol drops 25 mcg/0.03ml (1000 unit/0.03ml)</i>         | OTC                 |
| <i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>            | OTC                 |
| <i>cholecalciferol tab 1.25 mg (50000 unit)</i>                       | OTC                 |
| <i>cholecalciferol tab 10 mcg (400 unit)</i>                          | OTC                 |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i>                         | OTC                 |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i>                         | OTC                 |
| <i>cholecalciferol tab 125 mcg (5000 unit)</i>                        | OTC                 |
| <i>cholecalciferol tab 250 mcg (10000 unit)</i>                       | OTC                 |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>                        |                     |
| <i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>                  | OTC                 |
| <i>phytonadione tab 5 mg</i>                                          |                     |
| VITAMIN D3 TAB 2000UNIT                                               | OTC                 |
| <i>vitamin e cap 180 mg (400 unit)</i>                                | OTC                 |
| <i>vitamin e cap 268 mg (400 unit)</i>                                | OTC                 |
| <i>vitamin e cap 400 unit</i>                                         | OTC                 |

| Drug Name                              | Requirements/Limits |
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| <b>WATER SOLUBLE VITAMINS</b>          |                     |
| <i>ascorbic acid liquid 500 mg/5ml</i> | OTC                 |
| <i>benfotiamine cap 150 mg</i>         | OTC                 |
| <i>calcium ascorbate tab 500 mg</i>    | OTC                 |
| <i>calcium pantothenate tab 500 mg</i> | OTC                 |
| ENDUR-AMIDE TAB 750MG                  | OTC                 |
| <i>niacin cap er 250 mg</i>            | OTC                 |
| <i>niacin cap er 500 mg</i>            | OTC                 |
| <i>niacin tab 50 mg</i>                | OTC                 |
| <i>niacin tab 100 mg</i>               | OTC                 |
| <i>niacin tab 250 mg</i>               | OTC                 |
| <i>niacin tab er 250 mg</i>            | OTC                 |
| <i>niacin tab er 500 mg</i>            | OTC                 |
| <i>niacin tab er 750 mg</i>            | OTC                 |
| <i>niacinamide tab 100 mg</i>          | OTC                 |
| <i>niacinamide tab 500 mg</i>          | OTC                 |
| <i>niacinamide tab er 500 mg</i>       | OTC                 |
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| <i>pyridoxine hcl inj 100 mg/ml</i>    |                     |
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| <i>pyridoxine hcl tab 50 mg</i>        | OTC                 |
| <i>pyridoxine hcl tab 100 mg</i>       | OTC                 |
| <i>pyridoxine hcl tab 250 mg</i>       | OTC                 |
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| <i>riboflavin tab 100 mg</i>           | OTC                 |
| <i>thiamine hcl inj 100 mg/ml</i>      |                     |
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| <i>thiamine hcl tab 100 mg</i>         | OTC                 |
| <i>thiamine hcl tab 250 mg</i>         | OTC                 |
| <i>thiamine mononitrate tab 100 mg</i> | OTC                 |
| <i>thiamine mononitrate tab 250 mg</i> | OTC                 |

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| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> .....           | 9  |
| <i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> .....       | 10 |
| <i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> .....       | 10 |
| <i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> .....          | 10 |
| <i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i> .....    | 10 |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> .....       | 10 |
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|                                                                    |    |
|--------------------------------------------------------------------|----|
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| <i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i> .....   | 10 |
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| <i>guaifenesin tab er 12hr 1200 mg .....</i>                    | <i>6</i>  |
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| <i>ibuprofen tab 100 mg .....</i>                                      | <i>1</i>  |
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| <i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg .....</i>   | <i>9</i>  |
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|                                                                   |    |                                                                                 |    |
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| LIVITA LIQ CHILDREN .....                                         | 25 | <i>miconazole nitrate ointment 2%</i> .....                                     | 7  |
| <i>loperamide hcl tab 2 mg</i> .....                              | 4  | <i>miconazole nitrate powder 2%</i> .....                                       | 7  |
| <i>loperamide-simethicone tab 2-125 mg</i> .....                  | 4  | <i>miconazole nitrate vaginal app 200 mg &amp; 2%<br/>cream 9 gm kit</i> .....  | 33 |
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| <i>magnesium oxide tab 200 mg (elemental mg)</i> .                | 14 | MULTI FOR POW HIM .....                                                         | 20 |
| <i>magnesium oxide tab 250 mg</i> .....                           | 2  | MULTI PRENAT TAB .....                                                          | 27 |
| <i>magnesium oxide tab 250 mg (mg supplement)</i><br>.....        | 14 | MULTI VITAMN TAB MINERALS .....                                                 | 20 |
| <i>magnesium oxide tab 400 mg</i> .....                           | 2  | MULTI-BETIC TAB DIABETES .....                                                  | 20 |
| <i>magnesium oxide tab 400 mg (240 mg elemental<br/>mg)</i> ..... | 14 | MULTI-MAC TAB .....                                                             | 27 |
| <i>magnesium oxide tab 420 mg</i> .....                           | 2  | <i>multiple vitamin cap</i> .....                                               | 25 |
| <i>magnesium oxide tab 500 mg (mg supplement)</i><br>.....        | 14 | <i>multiple vitamin tab</i> .....                                               | 25 |
| MAGNESIUM TAB 400MG .....                                         | 14 | <i>multiple vitamins w/ calcium tab</i> .....                                   | 15 |
| MALE CONDOMS .....                                                | 11 | <i>multiple vitamins w/ iron tab</i> .....                                      | 16 |
| MASK VORTEX/ MIS FROG .....                                       | 12 | <i>multiple vitamins w/ minerals cap</i> .....                                  | 20 |
| MASK VORTEX/ MIS LADY BUG .....                                   | 12 | <i>multiple vitamins w/ minerals chew tab</i> .....                             | 20 |
| MASONATAL TAB .....                                               | 27 | <i>multiple vitamins w/ minerals effer tab</i> .....                            | 20 |
| MAXIMIN PAK .....                                                 | 20 | <i>multiple vitamins w/ minerals liquid</i> .....                               | 21 |
| M-CLEAR WC LIQ 100-6.33 .....                                     | 6  | <i>multiple vitamins w/ minerals tab</i> .....                                  | 21 |
| MEGA MULTI TAB MEN .....                                          | 20 | <i>multiple vitamins w/ minerals tab er</i> .....                               | 21 |
| MEGA MULTI TAB WOMEN .....                                        | 20 | MULTISTIX 10 TES SG .....                                                       | 8  |
| MEGAVITE TAB FRT/VEG .....                                        | 20 | MULTITAM TAB .....                                                              | 21 |
| MEGAVITE TAB GOLD 55+ .....                                       | 20 | MULTIV INFAN DRO /TODDLER .....                                                 | 26 |
| MENATROL CAP .....                                                | 20 | MULTI-VITAMI TAB MONOCAPS .....                                                 | 20 |
| MENS 50+ CAP ADVANCED .....                                       | 20 | MULTIVITAMIN CHW ADLT GUM .....                                                 | 21 |

|                                                 |    |                                                         |    |
|-------------------------------------------------|----|---------------------------------------------------------|----|
| MULTIVITAMIN DRO INFANT .....                   | 26 | <i>niacin cap er 500 mg</i> .....                       | 34 |
| MULTIVITAMIN TAB .....                          | 21 | <i>niacin tab 100 mg</i> .....                          | 34 |
| MULTIVITAMIN TAB ADULT .....                    | 21 | <i>niacin tab 250 mg</i> .....                          | 34 |
| MULTIVITAMIN TAB ADULTS.....                    | 21 | <i>niacin tab 50 mg</i> .....                           | 34 |
| MULTIVITAMIN TAB MEN .....                      | 21 | <i>niacin tab er 250 mg</i> .....                       | 34 |
| MULTIVITAMIN TAB WOMEN .....                    | 21 | <i>niacin tab er 500 mg</i> .....                       | 34 |
| MULTIVITAMIN TAB ZINC STR .....                 | 21 | <i>niacin tab er 750 mg</i> .....                       | 34 |
| MULTI-VITE LIQ.....                             | 20 | <i>niacin w/ inositol cap 400-100 mg</i> .....          | 30 |
| MVW COMPLETE CAP D3000 .....                    | 21 | <i>niacinamide tab 100 mg</i> .....                     | 34 |
| MVW COMPLETE CAP D5000 .....                    | 21 | <i>niacinamide tab 500 mg</i> .....                     | 34 |
| MVW COMPLETE CAP FORMULAT .....                 | 21 | <i>niacinamide tab er 500 mg</i> .....                  | 34 |
| MVW COMPLETE CAP MINIS.....                     | 21 | <i>niacinamide tab er 750 mg</i> .....                  | 34 |
| MVW COMPLETE DRO PEDIATRI .....                 | 25 | <i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-</i> |    |
| MVW HI-D CHW ADEK.....                          | 21 | <i>2-0.5 mg</i> .....                                   | 30 |
| MVW HI-D DR LIQ EX VIT D .....                  | 25 | NICADAN TAB.....                                        | 21 |
| MVW MOD FORM LIQ PEDS.....                      | 25 | NICAZEL TAB.....                                        | 21 |
| MVW MODULAT CAP FORM MIN .....                  | 21 | NICAZEL TAB FORTE .....                                 | 21 |
| MVW MODULAT CAP FORMULAT.....                   | 21 | <i>nicotine polacrilex gum 2 mg</i> .....               | 32 |
| MYLERAN TAB 2MG.....                            | 4  | <i>nicotine polacrilex gum 4 mg</i> .....               | 32 |
| <b>N</b>                                        |    | <i>nicotine polacrilex lozenge 2 mg</i> .....           | 32 |
| NANOVM POW 1-3 YRS.....                         | 25 | <i>nicotine polacrilex lozenge 4 mg</i> .....           | 32 |
| NANOVM POW 4-8YEARS .....                       | 25 | NICOTINE SYS KIT TRANSDER.....                          | 32 |
| NANOVM POW 9-18 YRS.....                        | 25 | <i>nicotine td patch 24hr 14 mg/24hr</i> .....          | 32 |
| NANOVM POW ADULT .....                          | 21 | <i>nicotine td patch 24hr 21 mg/24hr</i> .....          | 32 |
| NANOVM POW SENIOR.....                          | 21 | <i>nicotine td patch 24hr 7 mg/24hr</i> .....           | 32 |
| NANOVM T/F POW.....                             | 25 | <i>nitroglycerin cap er 2.5 mg</i> .....                | 2  |
| <i>naproxen sodium cap 220 mg</i> .....         | 1  | <i>nitroglycerin cap er 6.5 mg</i> .....                | 2  |
| <i>naproxen sodium tab 220 mg</i> .....         | 1  | <i>nitroglycerin cap er 9 mg</i> .....                  | 2  |
| NATACHEW CHW .....                              | 27 | NORTRIPTYLIN POW HCL .....                              | 3  |
| NATAL PNV TAB.....                              | 27 | NORVIR SOL 80MG/ML .....                                | 5  |
| NATALVIT TAB 75-1MG .....                       | 27 | NOZIN NASAL KIT SANITIZE.....                           | 30 |
| NAT-RUL THER TAB M .....                        | 21 | NUTRICAP TAB .....                                      | 21 |
| NATRUL-VITES TAB .....                          | 21 | <b>O</b>                                                |    |
| NEBULIZERS .....                                | 12 | OB COMPLETE CAP ONE .....                               | 27 |
| NEEVO DHA CAP 27-1.13.....                      | 27 | OB COMPLETE CAP PETITE.....                             | 27 |
| <i>neomycin-bacitracin-polymyxin oint</i> ..... | 7  | OB COMPLETE TAB.....                                    | 27 |
| NEONATAL 19 TAB.....                            | 27 | OB COMPLETE TAB PREMIER .....                           | 27 |
| NEONATAL FE TAB.....                            | 27 | OB COMPLETE/ CAP DHA.....                               | 27 |
| NEONATAL TAB PRENATAL.....                      | 27 | OBSTETRIX CAP ONE .....                                 | 27 |
| NEONATAL VIT TAB 27-0.8MG .....                 | 27 | OBSTETRIX EC TAB .....                                  | 27 |
| NEONATAL/DHA MIS.....                           | 27 | OBSTETRIX MIS DHA .....                                 | 27 |
| NEOVITE TAB .....                               | 21 | OBSTETR X ONE CAP 38-1-225.....                         | 27 |
| NESTABS DHA PAK.....                            | 27 | OBTREX DHA PAK.....                                     | 27 |
| NESTABS ONE CAP .....                           | 27 | OBTREX TAB .....                                        | 27 |
| NESTABS TAB.....                                | 27 | OCUHEALTH CAP VISION 2.....                             | 21 |
| <i>nevirapine tab er 24hr 100 mg</i> .....      | 5  | OCULAR TAB VITAMINS .....                               | 21 |
| <i>niacin cap er 250 mg</i> .....               | 34 | OCUVEL CAP 0.5MG.....                                   | 21 |

|                                                                                    |    |                                                                                |    |
|------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------|----|
| OCUVITE CAP ADULT .....                                                            | 21 | ONEVITE TAB .....                                                              | 22 |
| OCUVITE LUTE CAP .....                                                             | 21 | OPILL TAB 0.075MG .....                                                        | 5  |
| <i>omega-3 fatty acids - oral liquid</i> .....                                     | 30 | OPTICHAMBER MIS DIA LG .....                                                   | 12 |
| <i>omega-3 fatty acids cap 1000 mg</i> .....                                       | 31 | OPTICHAMBER MIS DIA MD .....                                                   | 12 |
| <i>omega-3 fatty acids cap 1200 mg</i> .....                                       | 31 | OPTICHAMBER MIS DIA SM .....                                                   | 12 |
| <i>omega-3 fatty acids cap 300 mg</i> .....                                        | 31 | OPTICHAMBER MIS DIAMOND .....                                                  | 12 |
| <i>omega-3 fatty acids cap 435 mg</i> .....                                        | 31 | OPTIFAST POS CHW BARIATRI .....                                                | 22 |
| <i>omega-3 fatty acids cap 500 mg</i> .....                                        | 31 | OPTIMUM CHW AIRVITES .....                                                     | 22 |
| <i>omega-3 fatty acids chew tab 113.5 mg</i> .....                                 | 31 | OPTISOURCE CHW BARIATRC .....                                                  | 22 |
| <i>omeprazole delayed release tab 20 mg</i> .....                                  | 33 | OPURITY CHW BYPASS .....                                                       | 22 |
| <i>omeprazole magnesium cap dr 20.6 mg (20 mg</i><br><i>base equiv)</i> .....      | 33 | OPURITY TAB .....                                                              | 22 |
| <i>omeprazole magnesium delayed release tab 20</i><br><i>mg (base equiv)</i> ..... | 33 | <i>oral electrolyte solution</i> .....                                         | 14 |
| ONCOVITE TAB .....                                                                 | 21 | OSTEOPRIME TAB PLUS .....                                                      | 22 |
| ONE A DAY CAP PRENATAL .....                                                       | 27 | <i>oyster shell calcium tab 500 mg</i> .....                                   | 14 |
| ONE A DAY CHW IMMUNITY .....                                                       | 21 | <b>P</b>                                                                       |    |
| ONE A DAY CHW PRENATAL .....                                                       | 27 | PANDA MASK MIS LARGE .....                                                     | 12 |
| ONE A DAY CHW WOMENS .....                                                         | 21 | PANDA MASK MIS MEDIUM .....                                                    | 12 |
| ONE A DAY MIS PRENATAL .....                                                       | 27 | PANDA MASK MIS PEDIATRI .....                                                  | 12 |
| ONE A DAY PAK PRENATAL .....                                                       | 27 | PANDA MASK MIS SMALL .....                                                     | 12 |
| ONE DAILY CHW ADLT GUM .....                                                       | 21 | PARI VORTEX MIS ADL MASK .....                                                 | 13 |
| ONE DAILY MN TAB W/O IRON .....                                                    | 21 | PARVLEX TAB .....                                                              | 22 |
| ONE DAILY MV TAB WOMENS .....                                                      | 21 | PATADAY SOL 0.7% .....                                                         | 31 |
| ONE DAILY TAB MENS .....                                                           | 21 | PED POLY-VIT DRO .....                                                         | 26 |
| ONE DAILY TAB MENS 50+ .....                                                       | 22 | PEDIA-LAX LIQ 50MG .....                                                       | 10 |
| ONE DAILY TAB WMNS 50+ .....                                                       | 22 | <i>pediatric multiple vitamin chew tab</i> .....                               | 26 |
| ONE DAILY TAB WOMENS .....                                                         | 22 | <i>pediatric multiple vitamins w/ iron chew tab 15</i><br><i>mg</i> .....      | 25 |
| ONE-A-DAY CHW IMMUNITY .....                                                       | 22 | <i>pediatric multiple vitamins w/ iron chew tab 18</i><br><i>mg</i> .....      | 26 |
| ONE-A-DAY CHW VITACRAV .....                                                       | 22 | <i>pediatric vitamins adc drops 750 unit-400 unit-35</i><br><i>mg/ml</i> ..... | 26 |
| ONE-A-DAY PAK PRENATAL .....                                                       | 27 | <i>permethrin aerosol 0.5%</i> .....                                           | 8  |
| ONE-A-DAY TAB 50+ ADV .....                                                        | 22 | <i>permethrin creme rinse 1%</i> .....                                         | 8  |
| ONE-A-DAY TAB 50+ MENS .....                                                       | 22 | PERRY PRENAT CAP .....                                                         | 27 |
| ONE-A-DAY TAB 50+ WMN .....                                                        | 22 | PEXEVA TAB 10MG .....                                                          | 3  |
| ONE-A-DAY TAB 65+ .....                                                            | 22 | PEXEVA TAB 20MG .....                                                          | 3  |
| ONE-A-DAY TAB ENERGY .....                                                         | 22 | PEXEVA TAB 30MG .....                                                          | 3  |
| ONE-A-DAY TAB MENOPAUS .....                                                       | 22 | <i>phenazopyridine hcl tab 100 mg</i> .....                                    | 9  |
| ONE-A-DAY TAB MENS .....                                                           | 22 | <i>phenazopyridine hcl tab 200 mg</i> .....                                    | 9  |
| ONE-A-DAY TAB PROEDGE .....                                                        | 22 | PHENYTOIN POW SODIUM .....                                                     | 3  |
| ONE-A-DAY TAB TEEN/HIM .....                                                       | 22 | PHLEXY-VITS POW .....                                                          | 22 |
| ONE-A-DAY TAB WOMENS .....                                                         | 22 | PHYTOMULTI TAB .....                                                           | 22 |
| ONE-DAILY CAP MULTI .....                                                          | 22 | <i>phytonadione tab 5 mg</i> .....                                             | 34 |
| ONETOUCH KIT ULTRA 2 .....                                                         | 11 | PNEUMOVAX 23 INJ 25/0.5 .....                                                  | 33 |
| ONETOUCH KIT VERIO FL .....                                                        | 11 | PNV TAB 20-1 TAB .....                                                         | 27 |
| ONETOUCH KIT VERIO RE .....                                                        | 11 | PNV-DHA CAP DOCUSATE .....                                                     | 27 |
| ONETOUCH TES ULTRA .....                                                           | 8  | PNV-OMEGA CAP .....                                                            | 27 |
| ONETOUCH TES VERIO .....                                                           | 8  |                                                                                |    |

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|--------------------------------------------------------------|----|----------------------------------------------------------|----|
| POCKET CHAMB MIS .....                                       | 13 | PRENATAL GUM CHW 0.4-32.5 .....                          | 28 |
| POCKET SPACE MIS.....                                        | 13 | PRENATAL MUL CAP +DHA .....                              | 28 |
| <i>polyethylene glycol-propylene glycol ophth soln</i>       |    | PRENATAL MUL CAP DHA .....                               | 28 |
| 0.4-0.3%.....                                                | 31 | PRENATAL MV MIS + DHA.....                               | 28 |
| <i>polyethylene glycol-propylene glycol pf op soln</i>       |    | PRENATAL ONE TAB DAILY .....                             | 28 |
| 0.4-0.3%.....                                                | 31 | PRENATAL TAB .....                                       | 28 |
| <i>polysaccharide iron complex cap 150 mg (iron</i>          |    | PRENATAL TAB 27-0.8MG .....                              | 28 |
| <i>equivalent)</i> .....                                     | 10 | PRENATAL TAB 28-0.8MG .....                              | 28 |
| <i>polyvinyl alcohol ophth soln 1.4%</i> .....               | 31 | PRENATAL TAB COMPLETE .....                              | 28 |
| <i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml</i>       |    | PRENATAL TAB FORTE.....                                  | 28 |
| <i>(0.5-0.6%)</i> .....                                      | 31 | PRENATAL TAB IRON.....                                   | 28 |
| POLY-VI-SOL SOL 50MG/ML.....                                 | 26 | PRENATAL TAB MULTIVIT .....                              | 28 |
| POLY-VITA DRO.....                                           | 26 | PRENATAL VIT TAB 28-0.8MG.....                           | 28 |
| POLY-VITE DRO .....                                          | 26 | PRENATAL VIT TAB MINERALS .....                          | 28 |
| PORENAL+D CAP OMEGA 3.....                                   | 22 | <i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>  |    |
| <i>pot phos monobasic w/sod phos di &amp; monobas</i>        |    | .....                                                    | 28 |
| <i>tab 155-852-130mg</i> .....                               | 14 | <i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>   |    |
| <i>potassium citrate &amp; citric acid powder pack 3300-</i> |    | .....                                                    | 28 |
| <i>1002 mg</i> .....                                         | 9  | <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> .....  | 28 |
| <i>potassium iodide oral soln 1 gm/ml</i> .....              | 6  | <i>prenatal vit w/ fe fum-methylfolate-fa tab 27-</i>    |    |
| <i>potassium phosphate monobasic tab 500 mg ..</i>           | 14 | <i>0.6-0.4 mg</i> .....                                  | 28 |
| <i>povidone-iodine soln 10%</i> .....                        | 5  | <i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> .... | 28 |
| PRECISION LIQ GLUC/KET .....                                 | 11 | <i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>   |    |
| PRECISION TES XTRA .....                                     | 8  | .....                                                    | 28 |
| PREGEN DHA CAP .....                                         | 27 | PRENATAL/FA CAP +DHA .....                               | 28 |
| PREGENNA TAB .....                                           | 27 | PRENATAL/FE TAB.....                                     | 28 |
| PREMESISRX TAB.....                                          | 27 | PRENATAL+DHA MIS .....                                   | 28 |
| PREMIUM MIS PACKETS.....                                     | 22 | PRENATAL+DHA MIS WOMENS .....                            | 28 |
| PRENA 1 TRUE MIS .....                                       | 27 | PRENATAL-U CAP 106.5-1 .....                             | 28 |
| PRENA1 CHW.....                                              | 27 | PRENATE AM TAB 1MG.....                                  | 28 |
| PRENA1 PEARL CAP .....                                       | 27 | PRENATE CAP ENHANCE .....                                | 28 |
| PRENAISSANCE CAP.....                                        | 27 | PRENATE CAP ESSENT .....                                 | 28 |
| PRENAISSANCE CAP PLUS.....                                   | 27 | PRENATE CAP PIXIE .....                                  | 28 |
| PRENAT DHA CHW 0.4-25MG .....                                | 28 | PRENATE CAP RESTORE.....                                 | 28 |
| PRENAT MULTI CAP +DHA.....                                   | 28 | PRENATE CHW 0.6-0.4 .....                                | 28 |
| <i>prenat w/o a w/fefum-methfol-fa-dha cap 27-</i>           |    | PRENATE DHA CAP .....                                    | 29 |
| <i>0.6-0.4-300 mg</i> .....                                  | 28 | PRENATE MINI CAP .....                                   | 29 |
| PRENATAL ADV PAK BRAIN SU .....                              | 28 | PRENATE TAB ELITE.....                                   | 29 |
| PRENATAL CAP COMPLETE.....                                   | 28 | PRENATL MULT CAP + DHA.....                              | 29 |
| PRENATAL CAP DHA .....                                       | 28 | PRENATVITE TAB COMPLETE .....                            | 29 |
| PRENATAL CAP ESSENTIA .....                                  | 28 | PRENATVITE TAB PLUS.....                                 | 29 |
| PRENATAL CAP FORMULA.....                                    | 28 | PRENATVITE TAB RX.....                                   | 29 |
| PRENATAL CHW GUMMIES .....                                   | 28 | PRENTAT MULT CAP PLUS DHA .....                          | 29 |
| PRENATAL CHW NOURISH.....                                    | 28 | PRESCRIPTION CAP SUPPORT .....                           | 22 |
| PRENATAL COM CAP /DHA.....                                   | 28 | PRESERVISION CAP AREDS .....                             | 22 |
| PRENATAL DHA PAK MULTI.....                                  | 28 | PRESERVISION CAP AREDS 2 .....                           | 22 |
| PRENATAL FRM TAB A-FREE.....                                 | 28 | PRESERVISION CAP LUTEIN .....                            | 22 |

|                                                                              |    |
|------------------------------------------------------------------------------|----|
| PRESERVISION CHW AREDS 2.....                                                | 22 |
| PRESERVISION TAB AREDS .....                                                 | 22 |
| PRIMACARE CAP .....                                                          | 29 |
| PROCAINAMIDE POW.....                                                        | 3  |
| PRO-CAL TAB .....                                                            | 22 |
| PROCARE MIS ADULT .....                                                      | 13 |
| PROCARE MIS CHILD.....                                                       | 13 |
| PROCERV HP TAB.....                                                          | 22 |
| PROCHAMBER MIS VHC .....                                                     | 13 |
| PROCHLORPER POW MALEATE .....                                                | 5  |
| PROFOLA TAB .....                                                            | 22 |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> 6                        |    |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> .....                            | 6  |
| <i>propylene glycol ophth soln 0.6%</i> .....                                | 31 |
| <i>propylene glycol-glycerin ophth soln 1-0.3%</i> ....                      | 31 |
| PRORENAL +D TAB.....                                                         | 22 |
| PRORENAL+D CAP OMEGA-3 .....                                                 | 22 |
| PRORENAL+D TAB .....                                                         | 22 |
| PROTECT CAP CARDIO .....                                                     | 22 |
| PROTECT CAP PLUS SO .....                                                    | 22 |
| PROTEGRA CAP.....                                                            | 22 |
| PROVIDA OB CAP.....                                                          | 29 |
| PROVIT TAB .....                                                             | 22 |
| PROXEED PLUS PAK .....                                                       | 23 |
| <i>pseudoephed-bromphen-dm syrup 30-2-10</i><br><i>mg/5ml</i> .....          | 6  |
| <i>pseudoephedrine hcl tab 30 mg</i> .....                                   | 30 |
| <i>pseudoephedrine hcl tab 60 mg</i> .....                                   | 30 |
| <i>pseudoephedrine hcl tab er 12hr 120 mg</i> .....                          | 30 |
| <i>pseudoephedrine w/ dm-gg liquid 30-10-100</i><br><i>mg/5ml</i> .....      | 6  |
| <i>pseudoephedrine-guaifenesin tab er 12hr 120-</i><br><i>1200 mg</i> .....  | 6  |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600</i><br><i>mg</i> .....     | 6  |
| PURATHICK POW .....                                                          | 32 |
| PURE & GENTL DRO 0.3%.....                                                   | 31 |
| PURE COMFORT MIS SPACER.....                                                 | 13 |
| PX CALAMINE LOT .....                                                        | 8  |
| PX PRENATAL TAB MULTIVIT.....                                                | 29 |
| <i>pyrantel pamoate susp 144 mg/ml (50 mg/ml</i><br><i>base equiv)</i> ..... | 2  |
| <i>pyridoxine hcl inj 100 mg/ml</i> .....                                    | 34 |
| <i>pyridoxine hcl tab 100 mg</i> .....                                       | 34 |
| <i>pyridoxine hcl tab 25 mg</i> .....                                        | 34 |
| <i>pyridoxine hcl tab 250 mg</i> .....                                       | 34 |
| <i>pyridoxine hcl tab 50 mg</i> .....                                        | 34 |

## Q

|                                |    |
|--------------------------------|----|
| QC CAPSAICIN LIQ 0.15% .....   | 8  |
| QC MULTI-VIT TAB .....         | 23 |
| QC PRENATAL TAB 28-0.8MG ..... | 29 |
| QUIN B TAB STRONG.....         | 23 |
| QUINTABS-M TAB .....           | 23 |

## R

|                                    |    |
|------------------------------------|----|
| RA ESSENCE-C POW ORANGE .....      | 23 |
| RA ESSENCE-C POW RASPBRY.....      | 23 |
| RA ESSENCE-C POW TNGERINE.....     | 23 |
| RA PRENATAL TAB 28-0.8MG.....      | 29 |
| RA PRENATAL TAB FORMULA .....      | 29 |
| RA STERILE SOL NASAL.....          | 30 |
| RAYAVIT TAB .....                  | 23 |
| REDICHEW RX CHW.....               | 29 |
| REFRESH DRO OP .....               | 31 |
| REFRESH DRO RELIEVA.....           | 31 |
| REFRESH DRO TEARS PF.....          | 31 |
| REFRESH OPT SOL MEGA-3 .....       | 31 |
| REFRESH OPTI DRO 0.5-0.9% .....    | 31 |
| REFRESH SOL DIGITAL .....          | 31 |
| REFRESH SOL OPTIVE .....           | 31 |
| RELNATE DHA CAP .....              | 29 |
| REMEDIENT CAP.....                 | 23 |
| RENAPLEX-D TAB.....                | 23 |
| RESOURCE LIQ WATER .....           | 32 |
| RESOURCE POW THICKENU .....        | 32 |
| RESPIRATORY THERAPY SUPPLIES.....  | 13 |
| <i>riboflavin tab 100 mg</i> ..... | 35 |
| <i>riboflavin tab 25 mg</i> .....  | 35 |
| <i>riboflavin tab 50 mg</i> .....  | 35 |
| RITEFLO MIS .....                  | 13 |
| RIVIVE SPR.....                    | 4  |
| RYKINDO INJ 25MG .....             | 5  |
| RYKINDO INJ 37.5MG .....           | 5  |
| RYKINDO INJ 50MG .....             | 5  |

## S

|                                          |    |
|------------------------------------------|----|
| <i>saline nasal spray 0.65%</i> .....    | 30 |
| SELECT-OB CHW .....                      | 29 |
| SELECT-OB+ PAK DHA .....                 | 29 |
| <i>selenium sulfide lotion 1%</i> .....  | 7  |
| <i>sennosides chew tab 15 mg</i> .....   | 10 |
| <i>sennosides syrup 8.8 mg/5ml</i> ..... | 10 |
| <i>sennosides tab 15 mg</i> .....        | 10 |
| <i>sennosides tab 17.2 mg</i> .....      | 10 |
| <i>sennosides tab 25 mg</i> .....        | 10 |
| <i>sennosides tab 8.6 mg</i> .....       | 10 |

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| <i>sennosides-docusate sodium tab 8.6-50 mg</i> .....      | 10 | SPECTRAVITE TAB ULT WMN .....                           | 23 |
| SENTRY SENIO TAB LUTEIN .....                              | 23 | <i>starch-maltodextrin oral thickening powder</i> ..... | 32 |
| SENTRY TAB .....                                           | 23 | <i>starch-maltodextrin oral thickening powder</i>       |    |
| SIDEROL TAB.....                                           | 23 | <i>packet</i> .....                                     | 32 |
| <i>simethicone cap 125 mg</i> .....                        | 8  | <i>stavudine cap 15 mg</i> .....                        | 5  |
| <i>simethicone cap 180 mg</i> .....                        | 8  | <i>stavudine cap 20 mg</i> .....                        | 5  |
| <i>simethicone chew tab 125 mg</i> .....                   | 9  | <i>stavudine cap 30 mg</i> .....                        | 5  |
| <i>simethicone chew tab 80 mg</i> .....                    | 9  | <i>stavudine cap 40 mg</i> .....                        | 5  |
| <i>simethicone liquid 40 mg/0.6ml</i> .....                | 9  | STROVITE FOR SYP .....                                  | 23 |
| <i>simethicone susp 40 mg/0.6ml</i> .....                  | 9  | STROVITE ONE TAB .....                                  | 23 |
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| SIMPLYTHICK GEL EASYMIX.....                               | 32 | SUPERIOR TAB MENS .....                                 | 23 |
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| SM ONE DAILY MIS PRENATAL .....                            | 29 | TARON-C DHA CAP .....                                   | 29 |
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| SM ONE DAILY TAB WOMENS .....                              | 23 | <i>temozolomide cap 140 mg</i> .....                    | 4  |
| SM PRENATAL TAB VITAMINS .....                             | 29 | <i>temozolomide cap 180 mg</i> .....                    | 4  |
| <i>sodium bicarbonate tab 325 mg</i> .....                 | 2  | <i>temozolomide cap 20 mg</i> .....                     | 4  |
| <i>sodium bicarbonate tab 650 mg</i> .....                 | 2  | <i>temozolomide cap 250 mg</i> .....                    | 4  |
| <i>sodium chloride soln nebu 10%</i> .....                 | 6  | <i>temozolomide cap 5 mg</i> .....                      | 4  |
| <i>sodium chloride soln nebu 3%</i> .....                  | 6  | THERA M PLUS TAB .....                                  | 23 |
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