

# AvMed Medicare Choice

## 2013 Formulary

### (List of Covered Drugs)

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

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

This document includes AvMed Medicare Choice partial formulary as of January 1, 2013. For a complete, updated formulary, please visit our Web site at [www.avmed.org](http://www.avmed.org) or call 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m, Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

To get this material in other formats or ask for language translation services, call AvMed Member services at 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY users may call 711.

H1016\_PH170-092012 CMS accepted FINAL1

HPMS Approved Formulary File 13403, Version 1

#### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

## **What is the AvMed Medicare Choice Formulary?**

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

This document is a partial formulary and includes only some of the drugs covered by AvMed Medicare Choice. For a complete listing of all prescription drugs covered by AvMed Medicare Choice, please visit our Web site at [www.avmed.org](http://www.avmed.org) or call 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711.

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by AvMed Medicare Choice, please visit our Web site at [www.avmed.org](http://www.avmed.org) or call Member Services at 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711. You may request a printed formulary by calling 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY users may call 711.

### **AvMed is a Medicare Advantage Organization with a Medicare Contract**

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 84. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** AvMed Medicare Choice requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare Choice before you fill your prescriptions. If you don't get approval, AvMed Medicare Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare Choice limits the amount of the drug that AvMed Medicare Choice will cover. For example, AvMed Medicare Choice provides 30 tablets per prescription for Zetia. This may be in addition to a standard one month or three month supply.

### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

- **Step Therapy:** In some cases, AvMed Medicare Choice requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AvMed Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare Choice will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.avmed.org](http://www.avmed.org).

You can ask AvMed Medicare Choice to make an exception to these restrictions or limits. See the section, “How do I request an exception to the AvMed Medicare Choice formulary?” on page 4 for information about how to request an exception.

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

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so AvMed Medicare Choice may cover your drug. You can contact Member Services at 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711 for additional help.

If you learn that AvMed Medicare Choice does not cover your drug, you have two options:

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

### **How do I request an exception to the AvMed Medicare Choice Formulary?**

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AvMed Medicare Choice limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Name Drug tier, you can ask us to cover it at the cost-sharing amount that applies to the drugs in the Preferred Brand Name Drug tier

#### **AvMed is a Medicare Advantage Organization with a Medicare Contract**

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug tier.

Generally, AvMed Medicare Choice will only approve your request for an exception if the alternative drugs included on the plan's formulary, Preferred Brand Name Drug tier or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **AvMed is a Medicare Advantage Organization with a Medicare Contract**

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

You will be allowed to refill any appropriate and necessary drugs upon admission to or discharge from a long term care facility.

### **For more information**

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

If you have questions about AvMed Medicare Choice, please call Member Services at 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711. Or visit [www.avmed.org](http://www.avmed.org).

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

### **AvMed Medicare Choice Formulary**

The abridged formulary below provides coverage information about some of the drugs covered by AvMed Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 84. Remember: This is only a partial list of drugs covered by AvMed Medicare Choice. If your prescription is not in this partial formulary, please visit our Web site at [www.avmed.org](http://www.avmed.org) or call Member Services at 1-800-782-8633, October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m. TTY/TDD users should call 711 for additional help.

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

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

- “QL” indicates that there is a *quantity limit* for the medication.
- “PA” indicates that a *prior authorization* is required before the medication will be covered.
- “B/D” indicates this drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- “ST” indicates that the medication has a *step therapy* and a preferred medication must first be tried.

#### **AvMed is a Medicare Advantage Organization with a Medicare Contract**

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

- “LA” indicates *limited availability*. This prescription may be available only at certain pharmacies.
- “E” indicates this prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- “MO” indicates this is a medication that can be obtained through mail order.
- “GC” indicates we provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

#### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>amphotericin b</i>	2	B/D GC PA MO
ANCOBON	4	MO
CANCIDAS	4	
<i>clotrimazole troc</i>	2	GC MO
DIFLUCAN SUSR	4	MO
DIFLUCAN TABS 100mg, 200mg, 50mg	4	MO
DIFLUCAN TABS 150mg	4	QL(4 per 30 days) MO
ERAXIS INJ 100mg	4	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	2	GC
<i>fluconazole susr</i>	1	GC MO
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	GC MO
<i>fluconazole tabs 150mg</i>	1	GC QL(4 per 30 days) MO
<i>flucytosine</i>	2	GC MO
<i>griseofulvin microsize</i>	2	GC MO
<i>itraconazole</i>	2	GC PA MO
<i>ketoconazole</i>	2	GC MO
LAMISIL TABS	4	QL(30 per 30 days) MO
NOXAFIL	3	PA MO
<i>nystatin susp</i>	1	GC MO
<i>nystatin tabs</i>	1	GC MO
SPORANOX CAPS	4	PA MO
<i>terbinafine tabs</i>	1	GC QL(30 per 30 days) MO
VFEND IV	4	MO
VFEND SUSR	4	QL(300 per 30 days) MO
VFEND TABS 200mg	4	QL(60 per 30 days) MO
VFEND TABS 50mg	4	QL(120 per 30 days) MO
<i>voriconazole tabs 200mg</i>	2	GC QL(60 per 30 days) MO
<i>voriconazole tabs 50mg</i>	2	GC QL(120 per 30 days) MO
<b>ANTIVIRALS</b>		
<i>acyclovir caps</i>	1	GC MO
<i>acyclovir inj 500mg</i>	1	GC MO
<i>acyclovir susp</i>	1	GC MO
<i>acyclovir tabs</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>amantadine</i>	2	GC MO
APTIVUS CAPS	5	QL(120 per 30 days) MO
APTIVUS ORAL SOLN	5	QL(300 per 30 days)
ATRIPLA	5	QL(30 per 30 days) MO
BARACLUDE ORAL SOLN	3	QL(600 per 30 days) MO
BARACLUDE TABS	3	QL(30 per 30 days) MO
COMBIVIR	5	QL(60 per 30 days) MO
COMPLERA	5	QL(30 per 30 days) MO
COPEGUS	4	PA MO
CRIVIVAN	4	MO
CYTOVENE	4	MO
<i>didanosine</i>	2	GC QL(30 per 30 days) MO
EDURANT	5	QL(30 per 30 days) MO
EMTRIVA CAPS	4	QL(30 per 30 days) MO
EMTRIVA ORAL SOLN	4	QL(850 per 30 days) MO
EPIVIR HBV	3	MO
EPIVIR ORAL SOLN	3	QL(960 per 30 days) MO
EPIVIR TABS 300mg	4	QL(30 per 30 days) MO
EPIVIR TABS 150mg	4	QL(60 per 30 days) MO
EPZICOM	5	QL(30 per 30 days) MO
<i>famciclovir tabs 500mg</i>	2	GC QL(60 per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	GC QL(90 per 30 days) MO
FAMVIR TABS 500mg	4	QL(60 per 30 days) MO
FAMVIR TABS 125mg, 250mg	4	QL(90 per 30 days) MO
<i>foscarnet sodium</i>	2	B/D GC PA MO
FUZEON	5	QL(60 per 30 days) MO
<i>ganciclovir</i>	2	GC MO
HEPSERA	5	QL(30 per 30 days) MO
INCIVEK	5	PA QL(168 per 28 days) MO
INTELENCE TABS 200mg	5	QL(60 per 30 days) MO
INTELENCE TABS 100mg	5	QL(120 per 30 days) MO
INVIRASE CAPS	4	QL(300 per 30 days) MO
INVIRASE TABS	5	QL(120 per 30 days) MO
ISENTRESS	5	QL(60 per 30 days) MO
KALETRA ORAL SOLN	5	QL(480 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
KALETRA TABS 200mg; 50mg	5	QL(120 per 30 days) MO
KALETRA TABS 100mg; 25mg	4	QL(300 per 30 days) MO
<i>lamivudine tabs 300mg</i>	2	GC QL(30 per 30 days) MO
<i>lamivudine tabs 150mg</i>	2	GC QL(60 per 30 days) MO
<i>lamivudine/zidovudine</i>	2	GC QL(60 per 30 days) MO
LEXIVA SUSP	4	QL(1800 per 30 days) MO
LEXIVA TABS	5	QL(120 per 30 days) MO
<i>nevirapine tabs</i>	2	GC QL(60 per 30 days) MO
NORVIR CAPS	4	QL(360 per 30 days) MO
NORVIR ORAL SOLN	4	QL(480 per 30 days) MO
NORVIR TABS	4	QL(360 per 30 days) MO
PREZISTA TABS 150mg	4	QL(180 per 30 days)
PREZISTA TABS 75mg	4	QL(300 per 30 days) MO
PREZISTA TABS 400mg, 600mg	5	QL(60 per 30 days) MO
REBETOL CAPS	4	PA MO
REBETOL ORAL SOLN	3	PA MO
RELENZA DISKHALER	4	QL(56 per 180 days) MO
RESCRIPTOR TABS 200mg	4	QL(180 per 30 days) MO
RESCRIPTOR TABS 100mg	4	QL(360 per 30 days) MO
RETROVIR CAPS	4	QL(180 per 30 days) MO
RETROVIR IV INFUSION	4	MO
RETROVIR SYRP	4	QL(1840 per 30 days) MO
RETROVIR TABS	4	QL(60 per 30 days) MO
REYATAZ CAPS 300mg	3	QL(30 per 30 days) MO
REYATAZ CAPS 150mg, 200mg	3	QL(60 per 30 days) MO
REYATAZ CAPS 100mg	3	QL(120 per 30 days) MO
<i>ribasphere caps</i>	2	GC PA MO
<i>ribasphere tabs 400mg</i>	2	GC PA
<i>ribasphere tabs 200mg</i>	2	GC PA MO
<i>ribasphere tabs 600mg</i>	5	PA MO
<i>ribavirin</i>	2	GC PA
<i>rimantadine hcl</i>	2	GC MO
SELZENTRY TABS 150mg	5	QL(60 per 30 days) MO
SELZENTRY TABS 300mg	5	QL(120 per 30 days) MO
<i>stavudine caps</i>	2	GC QL(60 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
SUSTIVA CAPS 200mg	3	QL(120 per 30 days) MO
SUSTIVA CAPS 50mg	3	QL(210 per 30 days) MO
SUSTIVA TABS	3	QL(30 per 30 days) MO
TAMIFLU CAPS 45mg, 75mg	3	QL(60 per 365 days) MO
TAMIFLU CAPS 30mg	3	QL(120 per 365 days) MO
TAMIFLU SUSR	3	QL(720 per 365 days) MO
TRIZIVIR	5	QL(60 per 30 days) MO
TRUVADA	5	QL(30 per 30 days) MO
TYZEKA	5	QL(30 per 30 days) MO
<i>valacyclovir hcl</i>	2	GC QL(60 per 30 days) MO
VALCYTE ORAL SOLN	5	
VALCYTE TABS	5	MO
VALTREX	4	QL(60 per 30 days) MO
VICTRELIS	5	PA QL(336 per 28 days) MO
VIDEX EC	4	QL(30 per 30 days) MO
VIDEX PEDIATRIC ORAL SOLN 2gm	4	QL(1200 per 30 days) MO
VIRACEPT TABS 625mg	5	QL(120 per 30 days) MO
VIRACEPT TABS 250mg	5	QL(300 per 30 days) MO
VIRAMUNE SUSP	4	QL(1200 per 30 days) MO
VIRAMUNE TABS	4	QL(60 per 30 days) MO
VIRAMUNE XR	3	QL(30 per 30 days) MO
VIREAD POWD	3	QL(240 per 30 days) MO
VIREAD TABS	3	QL(30 per 30 days) MO
VISTIDE	4	MO
ZERIT CAPS	4	QL(60 per 30 days) MO
ZERIT ORAL SOLN	4	QL(2400 per 30 days) MO
ZIAGEN ORAL SOLN	3	QL(960 per 30 days) MO
ZIAGEN TABS	3	QL(60 per 30 days) MO
<i>zidovudine caps</i>	2	GC QL(180 per 30 days) MO
<i>zidovudine syrp</i>	2	GC QL(1840 per 30 days) MO
<i>zidovudine tabs</i>	2	GC QL(60 per 30 days) MO
ZOVIRAX CAPS	4	MO
ZOVIRAX SUSP	4	MO
ZOVIRAX TABS	4	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>CEPHALOSPORINS</b>		
CEDAX CAPS	4	MO
<i>cefaclor</i>	2	GC MO
<i>cefaclor er</i>	2	GC MO
<i>cefadroxil</i>	2	GC MO
<i>cefazolin inj 10gm, 1gm; 5%, 500mg</i>	2	GC
<i>cefazolin inj 1gm</i>	2	GC MO
<i>cefdinir</i>	2	GC MO
<i>cefepime inj 2gm</i>	2	GC
<i>cefepime inj 1gm</i>	2	GC MO
<i>cefotaxime sodium inj 10gm, 1gm</i>	2	GC
<i>cefotaxime sodium inj 2gm</i>	2	GC MO
<i>cefoxitin sodium inj 1gm; 4%, 2gm, 2gm; 2.2%</i>	2	GC
<i>cefoxitin sodium inj 10gm, 2gm</i>	2	GC
<i>cefoxitin sodium inj 1gm</i>	2	GC MO
<i>cefpodoxime proxetil</i>	2	GC MO
<i>cefprozil</i>	2	GC MO
<i>ceftazidime inj 1gm, 6gm</i>	2	GC
<i>ceftazidime inj 2gm</i>	2	GC MO
CEFTAZIDIME/DEXTROSE	4	
CEFTIN SUSR 125mg/5ml	4	MO
CEFTIN TABS	4	MO
<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	GC MO
<i>cefuroxime axetil tabs</i>	2	GC MO
<i>cefuroxime sodium inj 7.5gm</i>	2	GC
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	GC MO
<i>cephalexin</i>	1	GC MO
CLAFORAN INJ 10gm, 500mg	4	
CLAFORAN INJ 2gm	4	MO
FORTAZ INJ 1gm/50ml; 5%, 2gm/50ml; 5%, 6gm	4	
FORTAZ INJ 2gm	4	MO
KEFLEX CAPS 250mg, 500mg	4	MO
SPECTRACEF	4	MO
SUPRAX SUSR	4	MO
SUPRAX TABS	4	
TEFLARO	4	

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin inj 500mg</i>	2	GC MO
<i>azithromycin susr</i>	2	GC MO
<i>azithromycin tabs 250mg, 500mg</i>	2	GC QL(12 per 30 days) MO
<i>azithromycin tabs 600mg</i>	2	GC QL(30 per 30 days) MO
BIAXIN	4	MO
BIAXIN XL	4	MO
<i>clarithromycin</i>	2	GC MO
<i>clarithromycin er</i>	2	GC MO
DIFICID	4	PA QL(20 per 30 days) MO
<i>ery-tab tbec 250mg, 333mg</i>	2	GC MO
ERY-TAB TBEC 500mg	3	MO
ERYTHROCIN LACTOBIONATE INJ 500mg	4	
<i>erythrocine stearate</i>	1	GC MO
ERYTHROMYCIN BASE	3	MO
<i>erythromycin ethylsuccinate</i>	2	GC MO
ZITHROMAX INJ	4	MO
ZITHROMAX SUSR	4	MO
ZITHROMAX TABS	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
ZMAX	3	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA	4	MO
ALINIA SUSR	4	QL(60 per 7 days) MO
ALINIA TABS	4	QL(60 per 30 days) MO
<i>amikacin sulfate inj 500mg/2ml, 50mg/ml</i>	2	GC MO
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	GC MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
AZACTAM INJ 2gm	4	MO
<i>aztreonam inj 1gm</i>	2	GC MO
<i>baciiim</i>	2	GC
<i>bacitracin inj</i>	1	GC MO
BILTRICIDE	4	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
CAPASTAT SULFATE	4	
<i>chloroquine</i>	2	GC MO
CLEOCIN CAPS 150mg, 300mg	4	MO
CLEOCIN GALAXY	4	
CLEOCIN IN D5W	4	
<i>clindamycin hcl caps 150mg, 300mg</i>	2	GC MO
<i>clindamycin phosphate add-vantage</i>	2	GC MO
COARTEM	3	QL(24 per 31 days) MO
<i>colistimethate sodium</i>	2	GC MO
COLY-MYCIN M	4	MO
CUBICIN	4	B/D PA MO
DAPSONE	3	MO
DARAPRIM	3	MO
<i>ethambutol tabs 400mg</i>	2	GC
<i>ethambutol tabs 100mg</i>	2	GC MO
FLAGYL	4	MO
GENTAMICIN SULFATE INJ 10mg/ml	1	GC
<i>gentamicin sulfate inj 40mg/ml</i>	1	GC MO
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ	2	GC
<i>gentamicin sulfate/0.9% sodium chloride inj</i>	2	GC
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	2	GC
<i>hydroxychloroquine</i>	2	GC MO
<i>imipenem/cilastatin</i>	2	GC MO
INVANZ	4	MO
<i>isoniazid inj</i>	1	GC
ISONIAZID SYRP	1	GC MO
<i>isoniazid tabs</i>	1	GC MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	GC
<i>kanamycin sulfate</i>	2	GC
KETEK	4	QL(20 per 30 days) MO
LINCOCIN	4	MO
MEPRON	5	MO
<i>meropenem inj 500mg</i>	2	GC MO
MERREM INJ 500mg	4	MO
<i>metronidazole</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole in nacl 0.79%</i>	2	GC MO
MYCOBUTIN	3	MO
NEBUPENT	4	B/D PA MO
<i>neomycin sulfate</i>	2	GC MO
<i>paromomycin</i>	2	GC MO
PASER	3	MO
PENTAM 300	4	MO
PLAQUENIL	4	MO
<i>polymyxin b sulfate</i>	2	GC MO
PRIFTIN	3	MO
PRIMAXIN IV	4	MO
QUALAQUIN	3	PA MO
RIFADIN	4	MO
RIFAMATE	4	MO
<i>rifampin</i>	2	GC MO
RIFATER	3	MO
SEROMYCIN	3	MO
STREPTOMYCIN SULFATE	4	MO
STROMECTOL	3	MO
TOBI	5	B/D PA MO
<i>tobramycin inj 10mg/ml, 80mg/2ml</i>	1	GC MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	4	
TRECTOR	3	MO
TYGACIL	4	MO
XIFAXAN TABS 200mg	4	QL(9 per 30 days) MO
XIFAXAN TABS 550mg	4	QL(60 per 30 days) MO
ZYVOX INJ	3	MO
ZYVOX SUSR	3	QL(1800 per 30 days) MO
ZYVOX TABS	3	QL(56 per 30 days) MO

## **PENICILLINS**

<i>amoxicillin</i>	1	GC MO
<i>amoxicillin/clavulanate potassium</i>	2	GC MO
<i>amoxicillin/clavulanate potassium er</i>	2	GC MO
<i>amoxicillin/potassium clavulanate tabs</i>	2	GC MO
<i>ampicillin caps</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin inj 125mg</i>	2	GC
<i>ampicillin inj 1gm</i>	2	GC
<i>ampicillin inj 10gm</i>	2	GC MO
<i>ampicillin susr</i>	2	GC MO
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2	GC
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	GC MO
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	4	MO
<i>dicloxacillin sodium</i>	2	GC MO
<i>nafcillin sodium inj 10gm</i>	2	GC
<i>nafcillin sodium inj 1gm</i>	2	GC MO
OXACILLIN SODIUM INJ 10gm, 1gm	2	GC
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	GC
<i>penicillin g potassium inj 5mu</i>	2	GC
PENICILLIN G PROCAINE	2	GC MO
PENICILLIN G SODIUM	2	GC
<i>penicillin v potassium</i>	1	GC MO
<i>pfizerpen-g inj 20mu</i>	2	GC
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	2	GC
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	GC MO
TIMENTIN INJ 0.1gm; 3gm	4	MO
UNASYN BULK PACK	4	
UNASYN INJ 2gm; 1gm	4	MO
ZOSYN INJ 5%; 2gm/50ml; 0.25gm/50ml, 5%; 3gm/50ml; 0.375gm/50ml	4	
ZOSYN INJ 3gm; 0.375gm	4	MO
<b>QUINOLONES</b>		
AVELOX ABC PACK	3	MO
AVELOX INJ	3	
AVELOX TABS	3	MO
CIPRO SUSR	3	
CIPRO TABS 750mg	4	
CIPRO TABS 250mg, 500mg	4	MO
<i>ciprofloxacin er</i>	2	GC MO
<i>ciprofloxacin inj 400mg/40ml</i>	1	GC
<i>ciprofloxacin tabs</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
FACTIVE	3	MO
LEVAQUIN INJ 5%; 750mg/150ml	4	
LEVAQUIN ORAL SOLN	4	MO
LEVAQUIN TABS	4	MO
<i>levofloxacin</i>	2	GC MO
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	GC
<i>ofloxacin</i>	2	GC MO
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM	4	MO
BACTRIM DS	4	MO
<i>sulfadiazine</i>	2	GC MO
<i>sulfamethoxazole/trimethoprim</i>	1	GC MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC MO
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	2	GC MO
<i>doxycycline caps 75mg</i>	2	GC MO
<i>doxycycline hyclate caps</i>	1	GC MO
<i>doxycycline hyclate inj</i>	1	GC MO
<i>doxycycline hyclate tabs</i>	1	GC MO
<i>doxycycline hyclate tbec 100mg, 75mg</i>	1	GC MO
<i>doxycycline hyclate tbec 150mg</i>	2	GC MO
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	2	GC MO
DYNACIN	4	MO
MINOCIN CAPS	4	MO
<i>minocycline hcl</i>	2	GC MO
<i>tetracycline hcl</i>	1	GC MO
VIBRAMYCIN CAPS	4	MO
<b>URINARY TRACT AGENTS</b>		
FURADANTIN	4	PA MO
HIPREX	4	MO
MACROBID	4	PA MO
MACRODANTIN CAPS 100mg	4	PA MO
<i>methenamine hippurate</i>	2	GC MO
MONUROL	3	MO
<i>nitrofurantoin</i>	2	GC PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystalline caps 50mg</i>	2	GC PA MO
<i>nitrofurantoin monohydrate</i>	2	GC PA MO
PRIMSOL	3	MO
<i>trimethoprim</i>	2	GC MO

### **VANCOMYCIN**

VANCOCIN ORAL	4	MO
<i>vancomycin caps</i>	2	GC MO
<i>vancomycin inj 10gm, 500mg</i>	2	B/D GC PA
<i>vancomycin inj 1000mg</i>	2	B/D GC PA MO
VIBATIV INJ 250mg	4	

## **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS**

### **ADJUNCTIVE AGENTS**

<i>amifostine</i>	5	MO
<i>dexrazoxane inj 500mg</i>	2	GC MO
ELITEK INJ 1.5mg	5	
ETHYOL	4	MO
KEPIVANCE	5	
<i>leucovorin calcium inj 100mg, 350mg</i>	2	GC MO
LEUCOVORIN CALCIUM TABS 10mg, 15mg	2	GC MO
<i>leucovorin calcium tabs 25mg, 5mg</i>	2	GC MO
<i>mesna</i>	2	GC MO
MESNEX TABS	3	MO
XGEVA	5	QL(1.7 per 30 days) MO

### **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS**

ABRAXANE	3	MO
<i>adriamycin inj 2mg/ml</i>	2	GC
AFINITOR	5	PA QL(30 per 30 days) MO
ALIMTA INJ 500mg	5	MO
<i>anastrozole</i>	2	GC MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARRANON	4	
ARZERRA	5	MO
AVASTIN INJ 100mg/4ml	4	MO
<i>azathioprine</i>	2	B/D GC PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>azathioprine sodium</i>	2	B/D GC PA MO
<i>bicalutamide</i>	2	GC MO
BICNU	4	MO
<i>bleomycin sulfate inj 30unit</i>	2	GC MO
BUSULFEX	4	
CAMPATH	3	LA MO
CAPRELSA TABS 300mg	5	LA PA QL(30 per 30 days)
CAPRELSA TABS 100mg	5	LA PA QL(60 per 30 days)
<i>carboplatin inj 150mg/15ml</i>	2	GC MO
CASODEX	4	MO
CEENU	4	MO
CELLCEPT CAPS	4	B/D PA MO
CELLCEPT INTRAVENOUS	3	B/D PA
CELLCEPT SUSR	3	B/D PA MO
CELLCEPT TABS	4	B/D PA MO
<i>cisplatin inj 100mg/100ml</i>	2	GC MO
<i>cladribine</i>	2	GC MO
CLOLAR	3	MO
COSMEGEN	4	MO
<i>cyclophosphamide tabs</i>	2	B/D GC PA MO
CYCLOSPORINE CAPS 50mg	2	B/D GC PA MO
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D GC PA MO
<i>cyclosporine inj</i>	2	B/D GC PA
<i>cyclosporine oral soln</i>	2	B/D GC PA MO
<i>cytarabine inj 500mg</i>	2	GC MO
<i>dacarbazine inj 200mg</i>	2	GC MO
DACOGEN	5	MO
<i>daunorubicin hcl inj 5mg/ml</i>	2	GC
DOCEFREZ	5	
<i>docetaxel inj 80mg/8ml</i>	5	
<i>docetaxel inj 80mg/4ml</i>	2	GC
DOXIL	4	MO
<i>doxorubicin hcl inj 2mg/ml</i>	2	GC MO
DROXIA	3	MO
ELSPAR	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
EMCYT	4	MO
<i>epirubicin hcl inj 50mg/25ml</i>	2	GC
ERBITUX INJ 100mg/50ml	3	MO
ERIVEDGE	5	PA MO
ETOPOPHOS	3	MO
<i>etoposide inj</i>	2	GC MO
<i>exemestane</i>	2	GC MO
FARESTON	4	MO
FASLODEX	5	MO
FEMARA	4	MO
FIRMAGON INJ 80mg	3	MO
FIRMAGON INJ 120mg	5	QL(1 per 90 days) MO
<i>fludarabine phosphate inj 50mg</i>	2	GC MO
<i>fluorouracil inj 500mg/10ml</i>	2	GC MO
<i>flutamide</i>	2	GC MO
<i>gemcitabine hcl inj 1gm</i>	5	MO
GEMZAR INJ 1gm	4	MO
<i>gengraf</i>	2	B/D GC PA MO
GLEEVEC	5	MO
HALAVEN	5	MO
HERCEPTIN	5	MO
HEXALEN	5	MO
HYCANTIN INJ	5	MO
HYDREA	4	MO
<i>hydroxyurea</i>	2	GC MO
<i>idarubicin hcl inj 10mg/10ml</i>	2	GC
<i>ifosfamide inj 1gm</i>	2	GC MO
IMURAN	4	B/D PA MO
INLYTA	5	PA MO
<i>irinotecan inj 100mg/5ml</i>	5	MO
ISTODAX	5	MO
IXEMPRA KIT INJ 45mg	5	MO
JAKAFI	5	PA QL(60 per 30 days) MO
JEVTANA	5	PA MO
<i>letrozole</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
LEUKERAN	3	MO
<i>leuprolide acetate</i>	2	GC MO
LUPRON DEPOT INJ 22.5mg, 3.75mg, 30mg, 45mg, 7.5mg	5	MO
LUPRON DEPOT-PED INJ 11.25mg, 15mg	5	MO
LYSODREN	3	MO
MATULANE	5	MO
MEGACE ES	3	QL(150 per 30 days) MO
MEGACE ORAL	4	MO
<i>megestrol acetate</i>	1	GC MO
<i>melphalan hydrochloride</i>	2	GC
<i>mercaptopurine</i>	2	GC MO
<i>methotrexate</i>	2	B/D GC PA MO
METHOTREXATE SODIUM INJ 1gm	2	GC
<i>methotrexate sodium inj 25mg/ml</i>	2	GC MO
<i>mitomycin inj 20mg</i>	2	GC MO
<i>mitoxantrone hcl</i>	2	GC MO
MUSTARGEN	3	MO
<i>mycophenolate mofetil</i>	2	B/D GC PA MO
MYFORTIC	3	B/D PA MO
NEORAL	4	B/D PA MO
NEXAVAR	5	LA PA QL(120 per 30 days) MO
NILANDRON	3	QL(40 per 30 days) MO
NULOJIX	5	MO
<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	5	MO
<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	GC MO
ONTAK	3	
<i>oxaliplatin inj 100mg/20ml</i>	5	
<i>paclitaxel inj 300mg/50ml</i>	2	GC MO
<i>pentostatin</i>	2	GC MO
PROGRAF CAPS	4	B/D PA MO
PROGRAF INJ	3	B/D PA
PURINETHOL	4	MO
RAPAMUNE	3	B/D PA MO
REVLIMID CAPS 10mg, 15mg, 25mg, 5mg	5	LA QL(28 per 28 days) MO
RITUXAN	5	LA PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
SANDIMMUNE CAPS	4	B/D PA MO
SANDIMMUNE INJ	4	B/D PA
SANDIMMUNE ORAL SOLN	4	B/D PA MO
SANDOSTATIN INJ 1000mcg/ml, 200mcg/ml, 50mcg/ml	4	MO
SIMULECT INJ 20mg	5	MO
SOMATULINE DEPOT	5	MO
SPRYCEL TABS 100mg, 140mg, 80mg	5	QL(30 per 30 days) MO
SPRYCEL TABS 20mg, 70mg	5	QL(60 per 30 days) MO
SPRYCEL TABS 50mg	5	QL(120 per 30 days) MO
SUTENT	5	PA QL(30 per 30 days) MO
TABLOID	4	MO
<i>tacrolimus</i>	2	B/D GC PA MO
<i>tamoxifen citrate</i>	2	GC MO
TARCEVA TABS 100mg, 150mg	5	PA QL(30 per 30 days) MO
TARCEVA TABS 25mg	5	PA QL(60 per 30 days) MO
TARGRETIN CAPS	5	MO
TARGRETIN GEL	3	MO
TASIGNA	5	QL(112 per 28 days) MO
TAXOTERE INJ 80mg/4ml	5	MO
THALOMID	5	PA MO
<i>thiotepa</i>	2	GC MO
<i>topotecan hcl inj 4mg</i>	5	MO
TORISEL	5	PA MO
TREANDA INJ 100mg	5	MO
TRELSTAR DEPOT MIXJECT	3	MO
TRELSTAR LA MIXJECT	3	MO
TRELSTAR MIXJECT	3	
<i>tretinoin</i>	2	GC MO
trisenox	3	MO
tykerb	5	LA QL(150 per 30 days) MO
VECTIBIX INJ 100mg/5ml	5	MO
VELCADE	3	MO
VIDAZA	5	QL(1400 per 30 days) MO
<i>vinblastine sulfate inj 10mg</i>	2	GC
<i>vincasar pfs</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>vincristine sulfate</i>	2	GC MO
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	GC MO
VOTRIENT	5	QL(120 per 30 days) MO
XALKORI	5	PA QL(60 per 30 days) MO
YERVOY INJ 50mg/10ml	5	PA MO
ZANOSAR	3	MO
ZELBORAF	5	PA QL(240 per 30 days) MO
ZOLINZA	5	QL(120 per 30 days) MO
ZORTRESS TABS 0.5mg, 0.75mg	5	B/D PA QL(60 per 30 days) MO
ZORTRESS TABS 0.25mg	3	B/D PA QL(60 per 30 days) MO
ZYTIGA	5	LA PA QL(120 per 30 days) MO

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

BANZEL SUSP	4	QL(2400 per 30 days) MO
BANZEL TABS 400mg	4	QL(240 per 30 days) MO
BANZEL TABS 200mg	4	QL(480 per 30 days) MO
<i>carbamazepine</i>	1	GC MO
<i>carbamazepine er cp12</i>	1	GC MO
CELONTIN	3	MO
<i>clonazepam</i>	2	GC MO
<i>clonazepam odt</i>	2	GC MO
DEPACON	4	MO
DEPAKENE	4	MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
<i>diazepam gel</i>	2	GC MO
DILANTIN CAPS 30mg	3	MO
DILANTIN CAPS 100mg	4	MO
DILANTIN INFATABS	3	MO
DILANTIN SUSP	4	MO
<i>divalproex sodium</i>	2	GC MO
<i>divalproex sodium dr</i>	2	GC MO
<i>divalproex sodium er</i>	2	GC MO
<i>epitol</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>ethosuximide</i>	2	GC MO
<i>felbamate</i>	2	GC MO
FELBATOL	4	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	GC MO
<i>gabapentin caps</i>	2	GC MO
<i>gabapentin oral soln</i>	2	GC QL(2160 per 30 days) MO
<i>gabapentin tabs</i>	2	GC MO
GABITRIL	3	MO
KEPPRA ORAL SOLN	4	MO
KEPPRA TABS 1000mg	4	QL(90 per 30 days) MO
KEPPRA TABS 250mg, 750mg	4	QL(120 per 30 days) MO
KEPPRA TABS 500mg	4	QL(180 per 30 days) MO
KEPPRA XR TB24 750mg	4	QL(120 per 30 days) MO
KEPPRA XR TB24 500mg	4	QL(180 per 30 days) MO
LAMICTAL TABS	4	MO
<i>lamotrigine</i>	2	GC MO
<i>levetiracetam er tb24 750mg</i>	2	GC QL(120 per 30 days) MO
<i>levetiracetam er tb24 500mg</i>	2	GC QL(180 per 30 days) MO
<i>levetiracetam inj 500mg/5ml</i>	2	GC
<i>levetiracetam oral soln</i>	2	GC MO
<i>levetiracetam tabs 1000mg</i>	2	GC QL(90 per 30 days) MO
<i>levetiracetam tabs 250mg, 750mg</i>	2	GC QL(120 per 30 days) MO
<i>levetiracetam tabs 500mg</i>	2	GC QL(180 per 30 days) MO
LYRICA CAPS 225mg, 300mg	4	QL(60 per 30 days) MO
LYRICA CAPS 200mg	4	QL(90 per 30 days) MO
LYRICA CAPS 150mg	4	QL(120 per 30 days) MO
LYRICA CAPS 100mg, 25mg, 50mg, 75mg	4	QL(150 per 30 days) MO
MYSOLINE	4	MO
NEURONTIN CAPS	4	MO
NEURONTIN ORAL SOLN	4	QL(2160 per 30 days) MO
NEURONTIN TABS	4	MO
ONFI	3	MO
<i>oxcarbazepine</i>	2	GC MO
PEGANONE	3	MO
<i>phenobarbital elix</i>	2	GC PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital tabs 30mg</i>	2	GC PA
<i>phenobarbital tabs 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	2	GC PA MO
PHENYTEK	4	MO
<i>phenytoin</i>	2	GC MO
PHENYTOIN SODIUM	2	GC
<i>phenytoin sodium extended</i>	2	GC MO
POTIGA	4	MO
<i>primidone</i>	2	GC MO
SABRIL	5	LA QL(180 per 30 days) MO
TEGRETOL	4	MO
TEGRETOL-XR TB12 200mg, 400mg	4	MO
TEGRETOL-XR TB12 100mg	3	MO
TOPAMAX	4	MO
<i>topiramate</i>	2	GC MO
TRILEPTAL	4	MO
<i>valproate sodium</i>	2	GC MO
<i>valproic acid</i>	2	GC MO
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	QL(1800 per 30 days) MO
VIMPAT TABS	4	QL(60 per 30 days) MO
ZARONTIN	4	MO
ZONEGRAN	4	MO
<i>zonisamide</i>	2	GC MO

### **ANTIPARKINSONISM AGENTS**

APOKYN	5	LA QL(60 per 30 days) MO
AZILECT	3	QL(30 per 30 days) MO
<i>benztropine mesylate tabs</i>	1	GC MO
<i>bromocriptine mesylate</i>	2	GC MO
<i>carbidopa / levodopa</i>	2	GC MO
<i>carbidopa / levodopa er</i>	2	GC MO
COMTAN	3	MO
ELDEPRYL	4	MO
MIRAPEX	4	MO
MIRAPEX ER TB24 0.375mg, 0.75mg, 1.5mg, 3mg	4	MO
MIRAPEX ER TB24 2.25mg, 3.75mg, 4.5mg	4	QL(30 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
PARCOPA TBDP 25mg; 100mg, 25mg; 250mg	4	MO
PARLODEL	4	MO
<i>pramipexole dihydrochloride</i>	2	GC MO
REQUIP	4	MO
REQUIP XL TB24 12mg, 6mg, 8mg	4	QL(60 per 30 days) MO
REQUIP XL TB24 2mg, 4mg	4	QL(90 per 30 days) MO
<i>ropinirole</i>	2	GC MO
<i>ropinirole er tb24 12mg, 6mg, 8mg</i>	2	GC QL(60 per 30 days) MO
<i>ropinirole er tb24 2mg, 4mg</i>	2	GC QL(90 per 30 days) MO
<i>selegiline</i>	2	GC MO
SINEMET	4	MO
SINEMET CR	4	MO
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 50	4	MO
STALEVO 75	4	MO
TASMAR	3	MO
<i>trihexyphenidyl</i>	1	GC MO

### **MIGRAINE / CLUSTER HEADACHE THERAPY**

AMERGE	4	QL(9 per 30 days) MO
<i>dihydroergotamine mesylate</i>	2	GC MO
<i>ergotamine tartrate / caffeine</i>	2	GC MO
FROVA	4	QL(12 per 30 days) MO
IMITREX INJ	4	QL(6 per 30 days) MO
IMITREX TABS	4	QL(9 per 30 days) MO
MAXALT	3	QL(12 per 30 days) MO
MAXALT-MLT	3	QL(12 per 30 days) MO
<i>migergot</i>	2	GC QL(20 per 28 days) MO
MIGRANAL	4	QL(16 per 30 days) MO
<i>naratriptan hcl</i>	2	GC QL(9 per 30 days) MO
RELPAK	3	QL(9 per 30 days) MO
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	GC QL(6 per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	GC QL(9 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ZOMIG NASAL SOLN	4	QL(6 per 30 days) MO
ZOMIG TABS	4	QL(9 per 30 days) MO
ZOMIG ZMT	4	QL(9 per 30 days) MO
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	4	PA QL(60 per 30 days) MO
ARICEPT	4	QL(30 per 30 days) MO
ARICEPT ODT	4	QL(30 per 30 days) MO
COPAXONE	5	PA QL(30 per 30 days) MO
<i>donepezil hcl</i>	2	GC QL(30 per 30 days) MO
EXELON CAPS	4	QL(60 per 30 days) MO
EXELON ORAL SOLN	3	QL(600 per 30 days) MO
EXELON PT24	3	QL(30 per 30 days) MO
<i>galantamine hydrobromide cp24</i>	2	GC QL(30 per 30 days) MO
<i>galantamine hydrobromide oral soln</i>	2	GC QL(600 per 30 days) MO
<i>galantamine hydrobromide tabs</i>	2	GC QL(60 per 30 days) MO
GILENYA	5	PA QL(30 per 30 days) MO
MYTELASE	4	MO
NAMENDA ORAL SOLN	3	QL(300 per 30 days) MO
NAMENDA TABS	3	QL(60 per 30 days) MO
NAMENDA TITRATION PAK	3	MO
NUEDEXTA	3	QL(60 per 30 days) MO
RAZADYNE ER	4	QL(30 per 30 days) MO
RAZADYNE ORAL SOLN	4	QL(600 per 30 days) MO
RAZADYNE TABS	4	QL(60 per 30 days) MO
<i>rivastigmine tartrate</i>	2	GC QL(60 per 30 days) MO
XENAZINE	5	LA MO
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen</i>	1	GC MO
<i>carisoprodol tabs 350mg</i>	2	GC PA MO
<i>chlorzoxazone</i>	2	GC PA MO
<i>cyclobenzaprine hcl tabs 7.5mg</i>	2	GC PA
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	GC PA MO
DANTRIUM	4	MO
<i>dantrolene sodium caps</i>	2	GC MO
<i>meprobamate</i>	2	GC PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MESTINON	4	MO
<i>methocarbamol</i>	2	GC PA MO
<i>orphenadrine citrate er</i>	2	GC PA MO
<i>orphenadrine compound ds</i>	2	GC PA MO
<i>orphenadrine/asa/caffeine</i>	2	GC PA MO
PARAFON FORTE DSC	4	PA MO
<i>pyridostigmine bromide</i>	2	GC MO
SKELAXIN	4	PA MO
SOMA TABS 350mg	4	PA MO
<i>tizanidine hcl</i>	2	GC MO
ZANAFLEX TABS	4	MO
<b>NARCOTIC ANALGESICS</b>		
ABSTRAL SUBL 100mcg	4	QL(120 per 30 days) MO
ABSTRAL SUBL 200mcg, 300mcg, 400mcg, 600mcg, 800mcg	5	QL(120 per 30 days) MO
<i>acetaminophen / codeine oral soln</i>	2	GC MO
<i>acetaminophen / codeine tabs</i>	2	GC QL(360 per 30 days) MO
<i>acetaminophen/codeine #3</i>	2	GC QL(360 per 30 days) MO
ACTIQ	5	QL(120 per 30 days) MO
<i>ascomp/codeine</i>	2	GC QL(240 per 30 days) MO
AVINZA CP24 120mg, 30mg, 60mg, 90mg	3	MO
AVINZA CP24 45mg, 75mg	3	QL(30 per 30 days) MO
<i>buprenorphine hcl subl</i>	2	GC MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	GC QL(240 per 30 days) MO
CO-GESIC	2	GC QL(240 per 30 days) MO
<i>codeine sulfate tabs</i>	2	GC MO
DEMEROL TABS	4	PA MO
DILAUDID TABS	4	MO
DILAUDID-5	4	MO
DILAUDID-HP INJ 10mg/ml	4	
DOLOPHINE	4	MO
DOLOPHINE HCL	4	MO
DURAGESIC	4	QL(10 per 30 days) MO
<i>duramorph</i>	2	GC MO
<i>endocet tabs 650mg; 10mg</i>	2	GC QL(180 per 30 days) MO
<i>endocet tabs 500mg; 7.5mg</i>	2	GC QL(240 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC QL(360 per 30 days) MO
<i>endodan</i>	2	GC QL(360 per 30 days) MO
EXALGO TB24 8mg	4	QL(30 per 30 days) MO
EXALGO TB24 12mg, 16mg	4	QL(120 per 30 days) MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	GC QL(120 per 30 days) MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 per 30 days) MO
<i>fentanyl patches</i>	2	GC QL(10 per 30 days) MO
FENTORA	5	QL(120 per 30 days) MO
FIORICET/CODEINE	4	QL(240 per 30 days) MO
FIORINAL/CODEINE #3	4	QL(240 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	2	GC MO
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	2	GC QL(150 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	2	GC QL(390 per 30 days) MO
<i>hydrocodone/acetaminophen oral soln</i>	2	GC MO
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	2	GC QL(150 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	2	GC QL(180 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	GC QL(240 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC QL(360 per 30 days) MO
<i>hydrocodone/ibuprofen</i>	2	GC QL(240 per 30 days) MO
<i>hydromorphone hcl inj 500mg/50ml</i>	2	GC
<i>hydromorphone hcl tabs</i>	2	GC MO
KADIAN	4	MO
LAZANDA	5	MO
LORCET 10/650	4	QL(180 per 30 days) MO
LORCET PLUS	4	QL(180 per 30 days) MO
LORTAB ELIX	4	MO
LORTAB TABS	4	QL(240 per 30 days) MO
MAXIDONE	4	QL(150 per 30 days) MO
<i>meperidine hcl oral soln</i>	2	GC PA MO
<i>meperidine hcl tabs</i>	2	GC PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl conc</i>	2	GC MO
<i>methadone hcl inj</i>	2	GC
METHADONE HCL ORAL SOLN 10mg/5ml	2	GC MO
<i>methadone hcl oral soln 5mg/5ml</i>	2	GC MO
<i>methadone hcl tabs</i>	2	GC MO
<i>methadose tabs</i>	2	GC MO
<i>morphine sulfate er</i>	2	GC MO
<i>morphine sulfate oral soln</i>	2	GC MO
<i>morphine sulfate tabs</i>	2	GC MO
MS CONTIN	4	MO
NORCO	4	QL(360 per 30 days) MO
ONSOLIS	5	QL(120 per 30 days)
OPANA ER (CRUSH RESISTANT)	4	MO
OPANA TABS	4	MO
<i>oxycodone / acetaminophen caps</i>	2	GC QL(240 per 30 days) MO
<i>oxycodone / acetaminophen tabs 650mg; 10mg</i>	2	GC QL(180 per 30 days) MO
<i>oxycodone / acetaminophen tabs 500mg; 7.5mg</i>	2	GC QL(240 per 30 days) MO
<i>oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC QL(360 per 30 days) MO
<i>oxycodone hcl caps</i>	2	GC MO
<i>oxycodone hcl conc</i>	2	GC MO
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	2	GC MO
<i>oxycodone/aspirin</i>	2	GC MO
<i>oxycodone/ibuprofen</i>	2	GC QL(150 per 30 days) MO
OXYCONTIN TB12 10mg, 15mg, 20mg, 30mg, 40mg, 60mg	4	PA QL(60 per 30 days) MO
OXYCONTIN TB12 80mg	4	PA QL(120 per 30 days) MO
<i>oxymorphone hydrochloride</i>	2	GC MO
<i>oxymorphone hydrochloride er</i>	2	GC MO
PERCOCET TABS 500mg; 7.5mg	4	QL(240 per 30 days) MO
PERCOCET TABS 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	4	QL(360 per 30 days) MO
PERCODAN	4	QL(360 per 30 days) MO
ROXICET ORAL SOLN	4	QL(960 per 30 days) MO
ROXICET TABS 500mg; 5mg	4	QL(240 per 30 days) MO
ROXICODONE	4	MO
TYLENOL/CODEINE #3	4	QL(360 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
TYLENOL/CODEINE #4	4	QL(360 per 30 days) MO
TYLOX	4	QL(240 per 30 days) MO
VICODIN	4	QL(240 per 30 days) MO
VICODIN ES	4	QL(150 per 30 days) MO
VICOPROFEN	4	QL(240 per 30 days) MO
<b>NON-NARCOTIC ANALGESICS</b>		
ANAPROX	4	MO
ANAPROX DS	4	MO
ARTHROTEC 50	4	MO
ARTHROTEC 75	4	MO
CAMBIA	4	QL(9 per 30 days)
CATAFLAM	4	MO
CELEBREX	4	PA QL(60 per 30 days) MO
CLINORIL	4	MO
DAYPRO	4	MO
<i>diclofenac potassium</i>	2	GC MO
<i>diclofenac sodium dr</i>	1	GC MO
<i>diclofenac sodium er</i>	2	GC MO
<i>diflunisal</i>	2	GC MO
EC-NAPROSYN	4	MO
<i>etodolac caps 200mg</i>	2	GC MO
<i>etodolac tabs</i>	2	GC MO
<i>etodolac tb24</i>	2	GC MO
FELDENE	4	MO
<i>fenoprofen calcium</i>	2	GC MO
FLECTOR	4	QL(60 per 30 days) MO
<i>flurbiprofen</i>	2	GC MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC MO
<i>indomethacin caps</i>	1	GC MO
<i>indomethacin er</i>	1	GC MO
<i>ketoprofen</i>	2	GC MO
<i>ketoprofen er</i>	2	GC MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	GC PA MO
<i>ketorolac tromethamine tabs</i>	2	GC PA QL(20 per 30 days) MO
<i>meclofenamate sodium</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>meloxicam susp</i>	1	GC QL(300 per 30 days) MO
<i>meloxicam tabs</i>	1	GC QL(30 per 30 days) MO
mobic tabs	4	QL(30 per 30 days) MO
<i>nabumetone</i>	2	GC MO
NALFON CAPS 400mg	4	MO
<i>naloxone inj 1mg/ml</i>	2	GC
<i>naltrexone</i>	2	GC MO
NAPROSYN	4	MO
<i>naproxen</i>	1	GC MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	GC MO
<i>oxaprozin</i>	2	GC MO
PENNSAID	4	QL(600 per 30 days) MO
<i>pentazocine/acetaminophen</i>	2	GC PA QL(180 per 30 days) MO
<i>pentazocine/naloxone hcl</i>	2	GC PA QL(360 per 30 days) MO
<i>piroxicam</i>	1	GC MO
REVIA	4	MO
SUBOXONE	4	MO
<i>sulindac</i>	2	GC MO
<i>tolmetin sodium</i>	2	GC MO
<i>tramadol</i>	2	GC QL(240 per 30 days) MO
<i>tramadol hcl / acetaminophen</i>	2	GC QL(240 per 30 days) MO
<i>tramadol hcl er tb24 300mg</i>	2	GC QL(30 per 30 days)
<i>tramadol hcl er tb24 200mg</i>	2	GC QL(60 per 30 days) MO
<i>tramadol hcl er tb24 100mg</i>	2	GC QL(90 per 30 days) MO
ULTRACET	4	QL(240 per 30 days)
ULTRAM	4	QL(240 per 30 days) MO
ULTRAM ER TB24 200mg	4	QL(60 per 30 days) MO
ULTRAM ER TB24 100mg	4	QL(90 per 30 days) MO
VIMOVO	3	QL(60 per 30 days) MO
VOLTAREN	4	MO
VOLTAREN-XR	4	MO
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY DISCMELT TBDP 15mg	4	PA QL(60 per 30 days) MO
ABILIFY DISCMELT TBDP 10mg	4	PA QL(90 per 30 days) MO
ABILIFY INJ	4	PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ABILIFY ORAL SOLN	4	PA MO
ABILIFY TABS 20mg, 2mg, 30mg, 5mg	4	PA QL(30 per 30 days) MO
ABILIFY TABS 15mg	4	PA QL(60 per 30 days) MO
ABILIFY TABS 10mg	4	PA QL(90 per 30 days) MO
ADDERALL XR	4	PA QL(60 per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	GC PA QL(90 per 30 days) MO
<i>alprazolam tabs 2mg</i>	2	GC PA QL(150 per 30 days) MO
AMBIEN	4	QL(30 per 30 days) MO
AMBIEN CR	4	QL(30 per 30 days) MO
<i>amitriptyline</i>	1	GC MO
<i>amoxapine</i>	2	GC MO
<i>amphetamine/dextroamphetamine tabs</i>	2	GC PA QL(60 per 30 days) MO
ANAFRANIL	4	MO
<i>budeprion sr</i>	2	GC QL(60 per 30 days) MO
<i>budeprion xl tb24 300mg</i>	2	GC QL(30 per 30 days) MO
<i>budeprion xl tb24 150mg</i>	2	GC QL(90 per 30 days)
<i>bupropion hcl</i>	2	GC MO
<i>bupropion hcl sr</i>	2	GC QL(60 per 30 days) MO
<i>bupirone hcl</i>	2	GC MO
CELEXA TABS 40mg	4	QL(30 per 30 days) MO
CELEXA TABS 10mg	4	QL(60 per 30 days) MO
CELEXA TABS 20mg	4	QL(90 per 30 days) MO
<i>chlordiazepoxide hcl</i>	2	GC PA QL(120 per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	2	GC PA MO
<i>chlorpromazine</i>	2	GC MO
<i>citalopram oral soln</i>	1	GC MO
<i>citalopram tabs 40mg</i>	1	GC QL(30 per 30 days) MO
<i>citalopram tabs 10mg</i>	1	GC QL(60 per 30 days) MO
<i>citalopram tabs 20mg</i>	1	GC QL(90 per 30 days) MO
<i>clomipramine</i>	2	GC MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	GC QL(90 per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	GC QL(120 per 30 days) MO
CLOZAPINE TABS 200mg	2	GC
<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	GC
CLOZARIL	4	

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
CONCERTA TBCR 18mg, 27mg, 54mg	4	PA QL(30 per 30 days) MO
CONCERTA TBCR 36mg	4	PA QL(60 per 30 days) MO
CYMBALTA CPEP 60mg	3	QL(60 per 30 days) MO
CYMBALTA CPEP 30mg	3	QL(120 per 30 days) MO
CYMBALTA CPEP 20mg	3	QL(180 per 30 days) MO
<i>desipramine</i>	2	GC MO
DEXEDRINE CP24 5mg	4	PA QL(90 per 30 days) MO
DEXEDRINE CP24 10mg, 15mg	4	PA QL(120 per 30 days) MO
<i>dexmethylphenidate</i>	2	GC PA QL(60 per 30 days) MO
<i>dextroamphetamine sulfate</i>	2	GC PA QL(180 per 30 days) MO
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	GC PA QL(90 per 30 days) MO
<i>dextroamphetamine sulfate er cp24 10mg, 15mg</i>	2	GC PA QL(120 per 30 days) MO
<i>diazepam intensol</i>	2	GC MO
<i>diazepam oral soln</i>	2	GC MO
<i>diazepam tabs</i>	2	GC QL(120 per 30 days) MO
<i>doxepin</i>	1	GC MO
EFFEXOR XR CP24 150mg, 37.5mg	4	QL(30 per 30 days) MO
EFFEXOR XR CP24 75mg	4	QL(90 per 30 days) MO
EMSAM	4	QL(30 per 30 days) MO
<i>ergoloid mesylates</i>	2	GC MO
<i>escitalopram oxalate oral soln</i>	2	GC QL(600 per 30 days) MO
<i>escitalopram oxalate tabs 20mg, 5mg</i>	2	GC QL(30 per 30 days) MO
<i>escitalopram oxalate tabs 10mg</i>	2	GC QL(45 per 30 days) MO
<i>estazolam</i>	2	GC PA QL(30 per 30 days) MO
FANAPT TABS 1mg, 2mg, 4mg	4	QL(30 per 30 days) MO
FANAPT TABS 10mg, 12mg, 6mg, 8mg	4	QL(60 per 30 days) MO
FANAPT TITRATION PACK	4	MO
FAZACLO	3	
<i>fluoxetine caps 40mg</i>	1	GC QL(60 per 30 days) MO
<i>fluoxetine caps 20mg</i>	1	GC QL(120 per 30 days) MO
<i>fluoxetine caps 10mg</i>	1	GC QL(240 per 30 days) MO
<i>fluoxetine dr</i>	1	GC QL(4 per 28 days) MO
<i>fluoxetine oral soln</i>	1	GC MO
<i>fluoxetine tabs 20mg</i>	1	GC MO
<i>fluoxetine tabs 10mg</i>	1	GC QL(240 per 30 days) MO

### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine conc</i>	1	GC
<i>fluphenazine decanoate inj</i>	1	GC MO
<i>fluphenazine elix</i>	1	GC MO
<i>fluphenazine inj</i>	1	GC MO
<i>fluphenazine tabs</i>	1	GC MO
<i>flurazepam hcl</i>	2	GC PA QL(30 per 30 days) MO
<i>fluvoxamine</i>	2	GC QL(90 per 30 days) MO
FOCALIN	4	PA QL(60 per 30 days) MO
FOCALIN XR	4	PA QL(30 per 30 days) MO
GEODON CAPS	4	QL(60 per 30 days) MO
GEODON INJ	4	MO
HALDOL	4	MO
HALDOL DECANOATE 100	4	MO
HALDOL DECANOATE 50	4	MO
<i>haloperidol</i>	1	GC MO
<i>haloperidol decanoate inj</i>	2	GC MO
<i>haloperidol lactate inj</i>	2	GC MO
<i>imipramine</i>	2	GC MO
<i>imipramine pamoate</i>	2	GC MO
INTUNIV	4	QL(30 per 30 days) MO
INVEGA SUSTENNA INJ 39mg/0.25ml	4	QL(0.5 per 30 days) MO
INVEGA SUSTENNA INJ 156mg/ml, 78mg/0.5ml	4	QL(1 per 30 days) MO
INVEGA SUSTENNA INJ 117mg/0.75ml, 234mg/1.5ml	4	QL(1.5 per 30 days) MO
INVEGA TB24 3mg, 9mg	4	PA QL(30 per 30 days) MO
INVEGA TB24 1.5mg, 6mg	4	PA QL(60 per 30 days) MO
LATUDA	4	QL(30 per 30 days) MO
LEXAPRO ORAL SOLN	4	QL(600 per 30 days) MO
LEXAPRO TABS 20mg, 5mg	4	QL(30 per 30 days) MO
LEXAPRO TABS 10mg	4	QL(45 per 30 days) MO
<i>lithium carbonate</i>	1	GC MO
<i>lithium carbonate er</i>	1	GC MO
<i>lithium citrate</i>	2	GC MO
LITHOBID	4	MO
LORAZEPAM INTENSOL	2	GC MO
<i>lorazepam tabs</i>	2	GC QL(90 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>loxapine</i>	2	GC MO
LOXITANE	4	MO
LUNESTA	4	QL(30 per 30 days) MO
<i>maprotiline</i>	2	GC MO
MARPLAN	4	MO
<i>metadate er</i>	2	GC PA QL(90 per 30 days) MO
<i>methylphenidate hcl</i>	2	GC PA QL(90 per 30 days) MO
<i>methylphenidate hcl er cp24</i>	2	GC PA QL(60 per 30 days) MO
<i>methylphenidate hcl er tbc 20mg</i>	2	GC PA QL(90 per 30 days) MO
<i>methylphenidate hydrochloride oral soln 10mg/5ml</i>	2	GC PA QL(1080 per 30 days) MO
<i>methylphenidate hydrochloride oral soln 5mg/5ml</i>	2	GC PA QL(2160 per 30 days) MO
<i>mirtazapine</i>	2	GC QL(30 per 30 days) MO
<i>mirtazapine odt tbdp 30mg, 45mg</i>	2	GC QL(30 per 30 days) MO
NARDIL	4	MO
<i>nefazodone tabs 100mg, 150mg, 250mg, 50mg</i>	2	GC QL(60 per 30 days) MO
<i>nefazodone tabs 200mg</i>	2	GC QL(90 per 30 days) MO
NORPRAMIN	4	MO
<i>nortriptyline</i>	1	GC MO
NUVIGIL	4	QL(30 per 30 days) MO
<i>olanzapine inj</i>	2	GC MO
<i>olanzapine odt</i>	2	GC QL(30 per 30 days) MO
<i>olanzapine tabs</i>	2	GC QL(30 per 30 days) MO
OLEPTRO TB24 300mg	4	QL(30 per 30 days) MO
OLEPTRO TB24 150mg	4	QL(75 per 30 days) MO
ORAP	3	MO
<i>oxazepam</i>	2	GC PA QL(120 per 30 days) MO
PAMELOR	4	MO
PARNATE	4	MO
<i>paroxetine er tb24 12.5mg, 37.5mg</i>	1	GC QL(60 per 30 days) MO
<i>paroxetine er tb24 25mg</i>	1	GC QL(90 per 30 days) MO
<i>paroxetine tabs 20mg, 40mg</i>	1	GC QL(30 per 30 days) MO
<i>paroxetine tabs 10mg, 30mg</i>	1	GC QL(60 per 30 days) MO
PAXIL CR TB24 12.5mg	4	QL(60 per 30 days) MO
PAXIL CR TB24 25mg	4	QL(90 per 30 days) MO
PAXIL SUSP	4	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
PAXIL TABS 20mg, 40mg	4	QL(30 per 30 days) MO
PAXIL TABS 10mg, 30mg	4	QL(60 per 30 days) MO
<i>perphenazine</i>	2	GC MO
<i>perphenazine/amitriptyline</i>	2	GC MO
<i>phenelzine sulfate</i>	2	GC MO
PRISTIQ	4	QL(30 per 30 days) MO
<i>protriptyline hcl</i>	2	GC MO
PROVIGIL TABS 200mg	4	QL(60 per 30 days) MO
PROVIGIL TABS 100mg	4	QL(150 per 30 days) MO
PROZAC CAPS 40mg	4	QL(60 per 30 days) MO
PROZAC CAPS 20mg	4	QL(120 per 30 days) MO
PROZAC CAPS 10mg	4	QL(240 per 30 days) MO
PROZAC WEEKLY	4	QL(4 per 28 days) MO
<i>quetiapine fumarate tabs 25mg, 300mg, 400mg</i>	2	GC QL(60 per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 200mg, 50mg</i>	2	GC QL(90 per 30 days) MO
REMERON	4	MO
REMERON SOLTAB	4	MO
RISPERDAL CONSTA	3	QL(4 per 28 days) MO
RISPERDAL M-TAB	4	QL(60 per 30 days) MO
RISPERDAL ORAL SOLN	4	MO
RISPERDAL TABS	4	QL(60 per 30 days) MO
RISPERIDONE ODT TBDP 0.25mg	2	GC QL(60 per 30 days) MO
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	GC QL(60 per 30 days) MO
<i>risperidone oral soln</i>	2	GC MO
<i>risperidone tabs</i>	2	GC QL(60 per 30 days) MO
RITALIN	4	PA QL(90 per 30 days) MO
RITALIN LA CP24 40mg	4	PA QL(30 per 30 days) MO
RITALIN LA CP24 10mg, 20mg, 30mg	4	PA QL(60 per 30 days) MO
RITALIN SR	4	PA QL(90 per 30 days) MO
ROZEREM	3	QL(30 per 30 days) MO
SAPHRIS	4	QL(60 per 30 days) MO
SEROQUEL TABS 25mg, 300mg, 400mg	4	QL(60 per 30 days) MO
SEROQUEL TABS 100mg, 200mg, 50mg	4	QL(90 per 30 days) MO
SEROQUEL XR TB24 300mg, 400mg	3	QL(60 per 30 days) MO
SEROQUEL XR TB24 150mg, 200mg, 50mg	3	QL(90 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>sertraline conc</i>	1	GC QL(300 per 30 days) MO
<i>sertraline tabs 100mg, 25mg</i>	1	GC QL(60 per 30 days) MO
<i>sertraline tabs 50mg</i>	1	GC QL(90 per 30 days) MO
SONATA	4	QL(30 per 30 days) MO
STRATTERA CAPS 100mg, 10mg, 18mg, 25mg, 60mg, 80mg	3	QL(30 per 30 days) MO
STRATTERA CAPS 40mg	3	QL(60 per 30 days) MO
SURMONTIL	4	MO
SYMBYAX	3	QL(30 per 30 days) MO
<i>temazepam caps 22.5mg, 30mg</i>	2	GC QL(30 per 30 days) MO
<i>temazepam caps 15mg</i>	2	GC QL(60 per 30 days) MO
<i>temazepam caps 7.5mg</i>	2	GC QL(120 per 30 days) MO
<i>thioridazine</i>	2	GC PA MO
<i>thiothixene</i>	1	GC MO
TOFRANIL	4	MO
<i>tranylcypromine</i>	2	GC MO
<i>trazodone</i>	1	GC MO
<i>triazolam tabs 0.125mg</i>	2	GC QL(30 per 30 days) MO
<i>triazolam tabs 0.25mg</i>	2	GC PA QL(30 per 30 days) MO
<i>trifluoperazine</i>	2	GC MO
<i>trimipramine maleate</i>	2	GC MO
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	GC QL(30 per 30 days) MO
<i>venlafaxine hcl er cp24 75mg</i>	2	GC QL(90 per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	2	GC QL(30 per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg, 75mg</i>	2	GC QL(90 per 30 days) MO
VENLAFAXINE HCL ER TB24 225mg	3	QL(30 per 30 days)
<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg, 50mg</i>	2	GC QL(90 per 30 days) MO
<i>venlafaxine hcl tabs 75mg</i>	2	GC QL(150 per 30 days) MO
VIIBRYD KIT	4	MO
VIIBRYD TABS	4	QL(30 per 30 days) MO
VIVACTIL	4	MO
WELLBUTRIN	4	MO
WELLBUTRIN SR	4	QL(60 per 30 days) MO
WELLBUTRIN XL TB24 300mg	4	QL(30 per 30 days) MO
WELLBUTRIN XL TB24 150mg	4	QL(90 per 30 days) MO
XYREM	5	PA

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon</i>	2	GC QL(30 per 30 days) MO
<i>ziprasidone hcl</i>	2	GC QL(60 per 30 days) MO
ZOLOFT CONC	4	QL(300 per 30 days) MO
ZOLOFT TABS 100mg, 25mg	4	QL(60 per 30 days) MO
ZOLOFT TABS 50mg	4	QL(90 per 30 days) MO
<i>zolpidem</i>	2	GC QL(30 per 30 days) MO
<i>zolpidem tartrate er</i>	2	GC QL(30 per 30 days) MO
ZYPREXA INJ	4	MO
ZYPREXA TABS	4	QL(30 per 30 days) MO
ZYPREXA ZYDIS	4	QL(30 per 30 days) MO

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone tabs</i>	2	GC MO
BETAPACE TABS 120mg, 160mg	4	MO
CORDARONE	4	MO
<i>disopyramide phosphate</i>	2	GC MO
<i>flecainide acetate</i>	2	GC MO
<i>mexiletine</i>	2	GC MO
MULTAQ	4	QL(60 per 30 days) MO
NORPACE	4	MO
PACERONE TABS 400mg	4	MO
<i>pacerone tabs 200mg</i>	2	GC MO
<i>propafenone hcl</i>	2	GC MO
<i>propafenone hcl er</i>	2	GC MO
<i>quinidine gluconate er</i>	2	GC MO
<i>quinidine sulfate</i>	2	GC MO
<i>quinidine sulfate er</i>	2	GC MO
RYTHMOL	4	MO
RYTHMOL SR	4	MO
<i>sorine tabs 240mg</i>	1	GC
<i>sorine tabs 120mg, 160mg, 80mg</i>	1	GC MO
<i>sotalol</i>	1	GC MO
SOTALOL HYDROCHLORIDE	2	GC
TIKOSYN	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	4	MO
ACCURETIC	4	MO
<i>acebutolol</i>	2	GC MO
ACEON	4	MO
ADALAT CC TB24 90mg	4	QL(60 per 30 days) MO
ADALAT CC TB24 30mg, 60mg	4	QL(90 per 30 days) MO
<i>afeditab cr</i>	2	GC QL(90 per 30 days) MO
ALDACTAZIDE TABS 25mg; 25mg	4	MO
ALDACTONE	4	MO
ALTACE	4	MO
<i>amiloride</i>	2	GC MO
<i>amiloride/hydrochlorothiazide</i>	1	GC MO
<i>amlodipine / benazepril</i>	2	GC QL(30 per 30 days) MO
<i>amlodipine tabs 10mg, 2.5mg</i>	2	GC QL(30 per 30 days) MO
<i>amlodipine tabs 5mg</i>	2	GC QL(45 per 30 days) MO
AMTURNIDE	3	QL(30 per 30 days) MO
ATACAND	4	QL(30 per 30 days) MO
ATACAND HCT	4	QL(30 per 30 days) MO
<i>atenolol</i>	1	GC MO
<i>atenolol / chlorthalidone</i>	1	GC MO
AVALIDE	4	QL(30 per 30 days) MO
AVAPRO	4	QL(30 per 30 days) MO
AZOR	4	QL(30 per 30 days) MO
<i>benazepril</i>	1	GC MO
<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	1	GC QL(120 per 30 days) MO
<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	GC QL(240 per 30 days) MO
<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	GC QL(480 per 30 days) MO
BENICAR HCT	4	QL(30 per 30 days) MO
BENICAR TABS 20mg, 40mg	4	QL(30 per 30 days) MO
BENICAR TABS 5mg	4	QL(60 per 30 days) MO
<i>betaxolol hcl tabs 20mg</i>	2	GC MO
<i>bisoprolol fumarate</i>	2	GC MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	GC MO
<i>bumetanide tabs</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC TABS 2.5mg, 5mg	3	MO
BYSTOLIC TABS 20mg	3	QL(60 per 30 days) MO
BYSTOLIC TABS 10mg	3	QL(120 per 30 days) MO
CALAN	4	MO
CALAN SR	4	MO
<i>captopril</i>	1	GC MO
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg</i>	1	GC QL(30 per 30 days) MO
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	GC QL(90 per 30 days) MO
CARDIZEM	4	MO
CARDIZEM CD CP24 120mg, 180mg, 240mg, 300mg	4	MO
CARDIZEM LA	4	QL(30 per 30 days) MO
CARDURA	4	QL(60 per 30 days) MO
<i>cartia xt</i>	2	GC MO
<i>carvedilol</i>	2	GC QL(60 per 30 days) MO
CATAPRES	4	MO
CATAPRES-TTS PTWK 0.1mg/24HR, 0.2mg/24HR	4	QL(4 per 28 days) MO
CATAPRES-TTS PTWK 0.3mg/24HR	4	QL(8 per 28 days) MO
<i>chlorothiazide</i>	1	GC MO
<i>chlorothiazide sodium</i>	2	GC MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC MO
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr</i>	1	GC QL(4 per 28 days) MO
<i>clonidine ptwk 0.3mg/24hr</i>	1	GC QL(8 per 28 days) MO
<i>clonidine tabs</i>	1	GC MO
COREG	4	MO
COREG CR	3	QL(30 per 30 days) MO
CORGARD	4	MO
CORZIDE	4	MO
COZAAR	4	QL(30 per 30 days) MO
DEMADEX TABS 10mg, 20mg, 5mg	4	MO
DILACOR XR	4	MO
<i>dilt-cd cp24 120mg, 300mg</i>	2	GC MO
<i>dilt-xr cp24 180mg, 240mg</i>	2	GC MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	GC MO
<i>diltiazem hcl er cp12</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl er cp24 180mg, 360mg</i>	2	GC MO
DILTIAZEM HCL INJ 100mg	2	GC
<i>diltiazem hcl inj 50mg/10ml</i>	2	GC
<i>diltiazem hcl tabs</i>	2	GC MO
DIOVAN	3	QL(30 per 30 days) MO
DIOVAN HCT	3	QL(30 per 30 days) MO
DIURIL IV	4	MO
<i>doxazosin</i>	1	GC QL(60 per 30 days) MO
DYAZIDE	4	MO
DYNACIRC CR TB24 5mg	4	MO
DYNACIRC CR TB24 10mg	4	QL(60 per 30 days) MO
DYRENIUM	3	MO
EDARBI	4	MO
EDARBYCLOR	4	MO
<i>enalapril</i>	1	GC MO
<i>enalapril / hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	GC QL(30 per 30 days) MO
<i>enalapril / hydrochlorothiazide tabs 10mg; 25mg</i>	1	GC QL(60 per 30 days) MO
<i>eplerenone</i>	2	GC MO
<i>eprosartan mesylate</i>	2	GC QL(30 per 30 days) MO
EXFORGE	3	QL(30 per 30 days) MO
EXFORGE HCT	3	QL(30 per 30 days) MO
<i>felodipine er</i>	2	GC MO
<i>fosinopril</i>	1	GC MO
<i>fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	GC QL(30 per 30 days) MO
<i>fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	GC QL(120 per 30 days) MO
<i>furosemide inj</i>	1	GC MO
FUROSEMIDE ORAL SOLN 8mg/ml	1	GC MO
<i>furosemide oral soln 10mg/ml</i>	1	GC MO
<i>furosemide tabs</i>	1	GC MO
<i>guanfacine hcl</i>	1	GC MO
<i>hydralazine</i>	1	GC MO
<i>hydrochlorothiazide</i>	1	GC MO
HYZAAR	4	QL(30 per 30 days) MO
<i>indapamide</i>	1	GC MO
INDERAL LA	4	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
INSPRA	4	MO
<i>irbesartan</i>	2	GC QL(30 per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	2	GC QL(30 per 30 days) MO
<i>isradipine</i>	2	GC MO
<i>labetalol inj</i>	2	GC
<i>labetalol tabs</i>	2	GC MO
LASIX	4	MO
<i>lisinopril</i>	1	GC MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	1	GC QL(30 per 30 days) MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	GC QL(120 per 30 days) MO
LOPRESSOR HCT	4	MO
LOPRESSOR INJ	4	
LOPRESSOR TABS	4	MO
<i>losartan potassium</i>	1	GC QL(30 per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	GC QL(30 per 30 days) MO
LOTENSIN	4	MO
LOTENSIN HCT	4	MO
LOTREL	4	QL(30 per 30 days) MO
<i>matzim la</i>	2	GC QL(30 per 30 days) MO
MAVIK	4	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
<i>methyclothiazide</i>	2	GC MO
<i>methyldopa</i>	2	GC MO
<i>methyldopa/hydrochlorothiazide</i>	2	GC MO
<i>metolazone</i>	2	GC MO
<i>metoprolol succinate er</i>	2	GC
<i>metoprolol tartrate inj</i>	1	GC
<i>metoprolol tartrate tabs</i>	1	GC MO
<i>metoprolol/hydrochlorothiazide</i>	2	GC MO
MICARDIS	4	QL(30 per 30 days) MO
MICARDIS HCT	4	QL(30 per 30 days) MO
MICROZIDE	4	MO
MINIPRESS	4	MO
<i>minoxidil tabs</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>moexipril</i>	1	GC MO
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	1	GC QL(30 per 30 days) MO
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	GC QL(60 per 30 days) MO
<i>nadolol</i>	1	GC MO
<i>nadolol/bendroflumethiazide</i>	2	GC MO
<i>nicardipine caps</i>	2	GC MO
<i>nifediac cc tb24 90mg</i>	2	GC QL(60 per 30 days) MO
<i>nifedical xl tb24 60mg</i>	2	GC QL(30 per 30 days) MO
<i>nifedical xl tb24 30mg</i>	2	GC QL(90 per 30 days) MO
<i>nifedipine</i>	2	GC PA MO
<i>nifedipine er tb24 30mg, 60mg</i>	2	GC
<i>nifedipine er tb24 90mg</i>	2	GC MO
<i>nimodipine</i>	2	GC MO
<i>nisoldipine er</i>	2	GC QL(30 per 30 days) MO
<i>nisoldipine tb24 20mg, 30mg, 34mg, 40mg</i>	2	GC QL(30 per 30 days) MO
<i>nisoldipine tb24 17mg</i>	2	GC QL(60 per 30 days) MO
<i>nisoldipine tb24 8.5mg</i>	2	GC QL(120 per 30 days) MO
NORVASC TABS 10mg, 2.5mg	4	QL(30 per 30 days) MO
NORVASC TABS 5mg	4	QL(45 per 30 days) MO
<i>perindopril erbumine tabs 2mg, 4mg</i>	1	GC QL(30 per 30 days) MO
<i>perindopril erbumine tabs 8mg</i>	1	GC QL(60 per 30 days) MO
<i>pindolol</i>	1	GC MO
<i>prazosin</i>	1	GC QL(120 per 30 days) MO
PRINIVIL	4	MO
PRINZIDE	4	MO
PROCARDIA	4	PA MO
PROCARDIA XL	4	MO
<i>propranolol hcl er</i>	1	GC MO
<i>propranolol hcl inj</i>	1	GC
<i>propranolol hcl oral soln</i>	1	GC MO
<i>propranolol hcl tabs</i>	1	GC MO
<i>propranolol/hydrochlorothiazide</i>	2	GC MO
<i>quinapril</i>	1	GC MO
<i>quinapril/hydrochlorothiazide</i>	1	GC QL(30 per 30 days) MO
<i>ramipril</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>reserpine tabs 0.25mg</i>	4	MO
SECTRAL	4	MO
<i>spironolactone</i>	1	GC MO
<i>spironolactone/hydrochlorothiazide</i>	2	GC MO
SULAR TB24 34mg	4	QL(30 per 30 days) MO
SULAR TB24 17mg	4	QL(60 per 30 days) MO
SULAR TB24 8.5mg	4	QL(120 per 30 days) MO
TARKA	4	QL(30 per 30 days) MO
<i>taztia xt</i>	2	GC MO
TEKAMLO	3	QL(30 per 30 days) MO
TEKTURNA	3	QL(30 per 30 days) MO
TEKTURNA HCT	3	QL(30 per 30 days) MO
TENEX	4	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	MO
<i>terazosin hcl</i>	1	GC QL(60 per 30 days) MO
TEVETEN	4	QL(30 per 30 days) MO
TEVETEN HCT	4	QL(30 per 30 days) MO
TIAZAC	4	MO
<i>timolol maleate</i>	1	GC MO
TOPROL XL	4	MO
<i>torsemide tabs</i>	2	GC MO
TRANDATE TABS 100mg, 200mg	4	MO
<i>trandolapril</i>	1	GC MO
<i>triamterene/hydrochlorothiazide</i>	1	GC MO
TRIBENZOR	4	QL(30 per 30 days) MO
UNIRETIC	4	MO
UNIVASC	4	MO
VALTURNA	3	QL(30 per 30 days) MO
VASERETIC	4	MO
VASOTEC	4	MO
<i>verapamil er</i>	1	GC MO
<i>verapamil inj</i>	1	GC
<i>verapamil tabs</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
VERELAN CP24 120mg, 180mg, 240mg	4	MO
VERELAN PM	4	MO
ZEBETA	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
ZIAC	4	MO
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin oral soln</i>	1	GC MO
<i>digoxin tabs</i>	1	GC MO
LANOXIN TABS	3	MO
<b>COAGULATION THERAPY</b>		
AGGRENOX	3	QL(60 per 30 days) MO
ARIXTRA	4	QL(21 per 60 days) MO
BRILINTA	4	MO
<i>cilostazol</i>	2	GC MO
<i>clopidogrel tabs 300mg</i>	2	GC MO
<i>clopidogrel tabs 75mg</i>	2	GC QL(33 per 30 days) MO
COUMADIN TABS	3	MO
CYKLOKAPRON	3	MO
<i>dipyridamole tabs</i>	2	GC PA MO
EFFIENT	3	QL(35 per 30 days) MO
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	GC QL(42 per 60 days) MO
<i>fondaparinux sodium</i>	2	GC QL(21 per 60 days) MO
FRAGMIN	4	QL(21 per 60 days) MO
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	GC MO
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	GC
HEPARIN SODIUM/NACL 0.45% INJ 100UNIT/ml; 0.45%	2	GC
HEPARIN SODIUM/NACL 0.45% INJ 50UNIT/ml; 0.45%	3	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	GC
<i>jantoven</i>	1	GC MO
LOVENOX INJ 300mg/3ml	4	QL(21 per 60 days) MO
LOVENOX INJ 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	QL(42 per 60 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>pentoxifylline er</i>	2	GC MO
PERSANTINE	4	PA MO
PLAVIX TABS 300mg	4	MO
PLAVIX TABS 75mg	4	QL(33 per 30 days) MO
PLETAL	4	MO
PRADAXA	3	QL(60 per 30 days) MO
PROMACTA	5	LA PA QL(30 per 30 days) MO
<i>ticlopidine hcl</i>	2	GC MO
TRENTAL	4	MO
<i>warfarin</i>	1	GC MO
XARELTO	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ADVICOR TB24 20mg; 500mg, 40mg; 1000mg	3	QL(30 per 30 days) MO
ADVICOR TB24 20mg; 1000mg, 20mg; 750mg	3	QL(60 per 30 days) MO
ANTARA	4	QL(30 per 30 days) MO
<i>atorvastatin calcium tabs 10mg, 40mg, 80mg</i>	1	GC QL(30 per 30 days) MO
<i>atorvastatin calcium tabs 20mg</i>	1	GC QL(45 per 30 days) MO
CADUET	4	QL(30 per 30 days) MO
<i>cholestyramine light pack</i>	2	GC MO
COLESTID GRAN	4	MO
COLESTID TABS	4	MO
<i>colestipol</i>	2	GC MO
CRESTOR	3	QL(30 per 30 days) MO
<i>fenofibrate</i>	2	GC QL(30 per 30 days) MO
<i>fenofibrate micronized</i>	2	GC QL(30 per 30 days) MO
FIBRICOR	4	MO
<i>fluvastatin caps 20mg</i>	1	GC QL(30 per 30 days) MO
<i>fluvastatin caps 40mg</i>	1	GC QL(60 per 30 days) MO
<i>gemfibrozil</i>	2	GC QL(60 per 30 days) MO
LESCOL CAPS 20mg	4	QL(30 per 30 days) MO
LESCOL CAPS 40mg	4	QL(60 per 30 days) MO
LESCOL XL	4	QL(30 per 30 days) MO
LIPITOR TABS 10mg, 40mg, 80mg	4	QL(30 per 30 days) MO
LIPITOR TABS 20mg	4	QL(45 per 30 days) MO
LOFIBRA	4	QL(30 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
LOPID	4	QL(60 per 30 days) MO
<i>lovastatin tabs 10mg, 20mg</i>	1	GC QL(30 per 30 days) MO
<i>lovastatin tabs 40mg</i>	1	GC QL(60 per 30 days) MO
LOVAZA	3	QL(120 per 30 days) MO
MEVACOR TABS 20mg	4	QL(30 per 30 days) MO
MEVACOR TABS 40mg	4	QL(60 per 30 days) MO
NIASPAN	3	QL(60 per 30 days) MO
PRAVACHOL TABS 20mg, 80mg	4	QL(30 per 30 days) MO
PRAVACHOL TABS 40mg	4	QL(60 per 30 days) MO
<i>pravastatin tabs 10mg, 20mg, 80mg</i>	1	GC QL(30 per 30 days) MO
<i>pravastatin tabs 40mg</i>	1	GC QL(60 per 30 days) MO
SIMCOR TB24 1000mg; 40mg, 500mg; 20mg, 500mg; 40mg, 750mg; 20mg	3	QL(30 per 30 days) MO
<i>simvastatin</i>	1	GC QL(30 per 30 days) MO
TRICOR	3	QL(30 per 30 days) MO
TRILIPIX	3	QL(30 per 30 days) MO
VYTORIN	3	QL(30 per 30 days) MO
WELCHOL	3	MO
ZETIA	4	QL(30 per 30 days) MO
ZOCOR	4	QL(30 per 30 days) MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
RANEXA TB12 1000mg	3	QL(60 per 30 days) MO
RANEXA TB12 500mg	3	QL(120 per 30 days) MO
<b>NITRATES</b>		
ISORDIL TITRADOSE TABS 5mg	4	MO
<i>isosorbide dinitrate</i>	1	GC MO
<i>isosorbide dinitrate er</i>	1	GC MO
<i>isosorbide mononitrate er</i>	1	GC MO
<i>isosorbide mononitrate tabs 20mg</i>	2	GC MO
MONOKET TABS 10mg	4	MO
<i>nitro-bid</i>	2	GC MO
<i>nitroglycerin pt24</i>	2	GC MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	GC MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROMIST	3	MO
NITROSTAT	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



Drug Name	Tier	Requirements/Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>calcipotriene external soln</i>	2	GC QL(60 per 30 days) MO
<i>calcipotriene oint</i>	2	GC QL(120 per 30 days) MO
DOVONEX	3	QL(120 per 30 days) MO
DOVONEX SCALP	4	QL(60 per 30 days) MO
<i>selenium sulfide lotn</i>	1	GC MO
SORIATANE	4	MO
TACLONEX	4	MO
TACLONEX SCALP	4	QL(240 per 30 days) MO
VECTICAL	3	MO
<b>BURN THERAPY</b>		
SILVADENE	4	MO
<i>silver sulfadiazine</i>	2	GC MO
<i>ssd</i>	2	GC MO
<i>thermazene</i>	2	GC MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ALDARA	4	QL(12 per 30 days) MO
<i>ammonium lactate lotn</i>	2	GC MO
CARAC	3	MO
CONDYLOX GEL	3	MO
EFUDEX	4	MO
ELIDEL	3	MO
FLUOROPLEX	3	MO
<i>fluorouracil crea</i>	2	GC MO
<i>imiquimod</i>	2	GC QL(12 per 30 days) MO
LAC-HYDRIN LOTN	4	MO
OXSORALEN ULTRA	5	MO
PANRETIN	3	MO
PICATO	4	MO
<i>podofilox</i>	2	GC MO
PROTOPIC	4	MO
REGRANEX	4	MO
SOLARAZE	3	MO
UVADEX	3	

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
VEREGEN	4	QL(15 per 30 days) MO
ZONALON	4	QL(45 per 30 days) MO
<b>THERAPY FOR ACNE</b>		
ACZONE	4	MO
<i>amnesteem</i>	2	GC
AZELEX	4	MO
<i>claravis caps 30mg</i>	5	
<i>claravis caps 10mg, 20mg, 40mg</i>	2	GC
CLEOCIN-T	4	MO
<i>clindamycin phosphate external soln</i>	2	GC MO
<i>clindamycin phosphate gel</i>	2	GC MO
<i>clindamycin phosphate lotn</i>	2	GC MO
<i>clindamycin phosphate swab</i>	2	GC MO
<i>ery</i>	1	GC MO
<i>erythromycin external soln</i>	1	GC MO
<i>erythromycin gel</i>	1	GC MO
FINACEA	4	MO
METROCREAM	4	MO
METROLOTION	4	MO
<i>metronidazole</i>	1	GC MO
TAZORAC	4	MO
<i>tretinoin</i>	2	GC MO
<b>TOPICAL ANESTHETICS</b>		
EMLA	4	MO
<i>lidocaine / prilocaine crea</i>	2	GC MO
<i>lidocaine external soln</i>	2	GC MO
<i>lidocaine gel</i>	2	GC MO
<i>lidocaine inj 0.5%, 1%</i>	2	GC
<i>lidocaine oint</i>	2	GC MO
<i>lidocaine viscous</i>	2	GC MO
LIDODERM	4	QL(90 per 30 days) MO
SYNERA	3	MO
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	4	QL(15 per 30 days) MO
BACTROBAN CREA	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BACTROBAN OINT	4	MO
<i>gentamicin sulfate crea</i>	1	GC MO
<i>gentamicin sulfate oint 0.1%</i>	1	GC MO
<i>mupirocin</i>	2	GC MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox</i>	2	GC MO
<i>ciclopirox nail lacquer</i>	2	GC MO
<i>ciclopirox olamine</i>	2	GC MO
<i>clotrimazole / betamethasone</i>	2	GC MO
<i>clotrimazole external crea</i>	2	GC MO
<i>econazole nitrate</i>	2	GC MO
EXELDERM	4	MO
<i>ketoconazole</i>	2	GC MO
LOPROX	4	MO
LOPROX SHAMPOO	4	MO
LOTRISONE	4	MO
NAFTIN CREA 1%	3	MO
NAFTIN GEL	3	MO
NIZORAL	4	MO
<i>nystatin / triamcinolone</i>	1	GC MO
<i>nystatin crea</i>	1	GC MO
<i>nystatin external powd</i>	1	GC
<i>nystatin oint</i>	1	GC MO
<i>nystop</i>	1	GC MO
OXISTAT	4	MO
<i>pedi-dri</i>	1	GC MO
<b>TOPICAL ANTIVIRALS</b>		
DENAVIR	4	MO
ZOVIRAX CREA	3	QL(15 per 30 days) MO
ZOVIRAX OINT	3	QL(30 per 30 days) MO
<b>TOPICAL CORTICOSTEROIDS</b>		
ACLOVATE	4	MO
<i>alclometasone dipropionate</i>	2	GC MO
<i>amcinonide</i>	2	GC MO
<i>augmented betamethasone dipropionate crea</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>augmented betamethasone dipropionate lotn</i>	1	GC MO
<i>augmented betamethasone dipropionate oint</i>	1	GC MO
<i>betamethasone dipropionate</i>	2	GC MO
<i>betamethasone valerate</i>	1	GC MO
CAPEX	3	MO
<i>clobetasol propionate crea</i>	2	GC MO
<i>clobetasol propionate external soln</i>	2	GC
<i>clobetasol propionate foam</i>	2	GC
<i>clobetasol propionate gel</i>	2	GC MO
<i>clobetasol propionate lotn</i>	2	GC MO
<i>clobetasol propionate oint</i>	2	GC MO
<i>clobetasol propionate sham</i>	2	GC MO
CLOBEX LOTN	4	MO
CLOBEX SHAM	4	MO
CORDRAN TAPE	4	MO
CUTIVATE CREA	4	MO
CUTIVATE OINT	4	MO
DERMA-SMOOTHIE / FS BODY OIL	3	MO
DERMATOP	4	MO
<i>desonide</i>	2	GC MO
<i>desoximetasone crea</i>	2	GC MO
<i>desoximetasone gel</i>	2	GC MO
<i>desoximetasone oint 0.25%</i>	2	GC MO
<i>diflorasone diacetate</i>	2	GC MO
DIPROLENE AF	4	MO
DIPROLENE LOTN	4	MO
ELOCON	4	MO
<i>fluocinolone acetonide</i>	1	GC MO
<i>fluocinolone acetonide body</i>	1	GC MO
<i>fluocinonide external soln</i>	2	GC MO
<i>fluocinonide gel</i>	2	GC MO
<i>fluocinonide oint</i>	2	GC MO
<i>fluocinonide-e</i>	2	GC MO
<i>fluticasone propionate crea</i>	2	GC MO
<i>fluticasone propionate lotn</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate oint</i>	2	GC MO
<i>halobetasol propionate</i>	2	GC MO
HALOG	3	MO
<i>hydrocortisone crea 2.5%</i>	1	GC MO
<i>hydrocortisone lotn 2.5%</i>	1	GC MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	GC MO
<i>hydrocortisone valerate</i>	2	GC MO
LOCOID EXTERNAL SOLN	4	MO
LOCOID OINT	4	MO
LOKARA	2	GC MO
LUXIQ	4	MO
<i>mometasone furoate</i>	2	GC MO
<i>prednicarbate</i>	2	GC MO
TEMOVATE EXTERNAL SOLN	4	MO
TEMOVATE GEL	4	MO
TEMOVATE OINT	4	MO
TOPICORT CREA	4	MO
TOPICORT GEL	4	MO
TOPICORT OINT 0.25%	4	MO
<i>triamcinolone acetonide crea</i>	1	GC MO
<i>triamcinolone acetonide lotn</i>	1	GC MO
<i>triamcinolone acetonide oint</i>	1	GC MO
<i>triderm</i>	1	GC MO
ULTRAVATE	4	MO
WESTCORT	4	MO
<b>TOPICAL ENZYMES</b>		
SANTYL	3	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
EURAX	4	MO
<i>lindane</i>	2	GC QL(1800 per 365 days) MO
OVIDE	4	MO
<i>permethrin crea</i>	2	GC MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>neomycin/polymyxin b sulfates</i>	2	GC MO
PHYSIOLYTE	2	GC
<i>ringers irrigation</i>	2	GC MO
<b>MISCELLANEOUS AGENTS</b>		
ACTONEL TABS 30mg	4	QL(30 per 30 days) ST MO
ADAGEN	5	LA MO
AGRYLIN	4	MO
<i>alendronate sodium tabs 40mg</i>	2	GC QL(30 per 30 days) MO
<i>anagrelide hydrochloride</i>	2	GC MO
ANTABUSE	3	MO
ARALAST NP INJ 400mg	5	LA MO
BUPHENYL	3	MO
CAMPRAL	3	QL(180 per 30 days) MO
CARBAGLU	5	LA MO
CARNITOR TABS	4	B/D PA MO
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 2.75%/DEXTROSE 10%	3	
CLINIMIX E 2.75%/DEXTROSE 5%	3	
DEXTROSE 10%/NAACL 0.45%	2	GC
<i>dextrose 10% flex container</i>	2	GC
DEXTROSE 10%/NAACL 0.2%	2	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	GC
<i>dextrose 5%</i>	2	GC MO
<i>dextrose 5%/lactated ringers</i>	2	GC
<i>dextrose 5%/nacl 0.2%</i>	2	GC
<i>dextrose 5%/nacl 0.225%</i>	2	GC
DEXTROSE 5%/NAACL 0.33%	2	GC
<i>dextrose 5%/nacl 0.45%</i>	2	GC MO
<i>dextrose 5%/nacl 0.9%</i>	2	GC MO
DIDRONEL	4	MO
<i>disulfiram</i>	2	GC MO
<i>etidronate disodium</i>	2	GC MO
EVOXAC	4	MO
EXJADE TBSO 125mg	3	LA MO
EXJADE TBSO 250mg, 500mg	5	LA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
FERRIPROX	5	
FOSRENOL CHEW 500mg, 750mg	3	MO
FOSRENOL CHEW 1000mg	3	QL(90 per 30 days) MO
GLASSIA	5	MO
INCRELEX	5	LA PA MO
KAYEXALATE	4	MO
<i>kionex powd</i>	2	GC MO
<i>levocarnitine tabs</i>	2	B/D GC PA MO
<i>midodrine</i>	2	GC MO
ORFADIN	5	LA MO
<i>pilocarpine hcl tabs</i>	2	GC MO
PROLASTIN-C	5	LA
RECLAST	4	MO
RENAGEL	3	MO
REVELA PACK 2.4gm	3	QL(175 per 30 days) MO
REVELA PACK 0.8gm	3	QL(525 per 30 days) MO
REVELA TABS	3	QL(525 per 30 days) MO
RILUTEK	5	MO
SALAGEN	4	MO
<i>sodium chloride 0.9%</i>	2	GC MO
<i>sodium chloride inj 0.9%</i>	2	GC MO
<i>sodium polystyrene sulfonate susp</i>	2	GC MO
<i>sterile water irrigation</i>	2	GC MO
syprine	3	MO
zemaira	4	MO

### **SMOKING DETERRENTS**

<i>buproban</i>	2	GC PA QL(60 per 30 days) MO
CHANTIX	4	PA QL(56 per 28 days) MO
CHANTIX STARTING MONTH PAK	4	PA MO
NICOTROL INHALER	3	PA QL(336 per 30 days) MO
NICOTROL NASAL	3	PA QL(40 per 30 days) MO

## **EAR, NOSE / THROAT MEDICATIONS**

### **MISCELLANEOUS AGENTS**

ASTELIN	4	MO
ASTEPRO	3	QL(30 per 25 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ATROVENT	4	QL(30 per 30 days) MO
<i>azelastine hcl</i>	2	GC MO
BACTROBAN NASAL	4	MO
<i>chlorhexidine gluconate oral rinse</i>	1	GC MO
<i>ipratropium bromide nasal soln</i>	1	GC QL(30 per 30 days) MO
PATANASE	4	MO
<i>perio gard</i>	1	GC MO
<i>triamcinolone in orabase</i>	1	GC MO
TYZINE	4	MO

### MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid</i>	2	GC MO
DERMOTIC	4	MO
<i>fluocinolone acetonide</i>	1	GC MO
<i>hydrocortisone/acetic acid</i>	2	GC MO
<i>ofloxacin</i>	2	GC MO

### OTIC STEROID / ANTIBIOTIC

CIPRO HC	4	MO
CIPRODEX	4	MO
CORTISPORIN OTIC SOLN	4	MO
<i>neomycin/polymyxin/hc</i>	2	GC MO

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

<i>a-hydrocort</i>	2	GC MO
CELESTONE	4	MO
CORTEF	4	MO
<i>cortisone acetate</i>	2	GC MO
DEPO-MEDROL	4	MO
<i>dexamethasone elix</i>	1	GC MO
<i>dexamethasone inj 4mg/ml</i>	1	GC MO
DEXAMETHASONE TABS 1mg, 2mg	1	GC MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	GC MO
DEXPAK 13 DAY	4	MO
FLO-PRED	4	
<i>fludrocortisone acetate</i>	2	GC MO
<i>hydrocortisone tabs</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MEDROL DOSEPAK	4	MO
MEDROL TABS 16mg, 32mg, 4mg, 8mg	4	MO
<i>methylprednisolone acetate</i>	2	GC MO
<i>methylprednisolone dose pack</i>	2	GC MO
METHYLPREDNISOLONE SODIUMSUCCINATE INJ 1gm	2	GC MO
<i>methylprednisolone tabs 32mg</i>	1	GC
<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	GC MO
ORAPRED	4	MO
<i>prednisolone sodium phosphate</i>	2	GC MO
<i>prednisone</i>	1	GC MO
PREDNISONO INTENSOL	3	MO
SOLU-CORTEF INJ 250mg	4	MO
SOLU-MEDROL INJ 2gm	4	
SOLU-MEDROL INJ 125mg, 40mg	4	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	2	GC MO
<i>propylthiouracil</i>	2	GC MO
TAPAZOLE	4	MO
<b>DIABETES THERAPY</b>		
<i>acarbose</i>	2	GC QL(90 per 30 days) MO
ACTOPLUS MET	3	QL(90 per 30 days) MO
ACTOPLUS MET XR TB24 1000mg; 30mg	3	QL(30 per 30 days) MO
ACTOPLUS MET XR TB24 1000mg; 15mg	3	QL(60 per 30 days) MO
ACTOS	3	QL(30 per 30 days) MO
ALCOHOL PREPS PADS	3	
AMARYL TABS 4mg	4	QL(60 per 30 days) MO
AMARYL TABS 2mg	4	QL(120 per 30 days) MO
AMARYL TABS 1mg	4	QL(240 per 30 days) MO
AVANDAMET TABS 1000mg; 2mg, 1000mg; 4mg, 500mg; 4mg	4	QL(60 per 30 days) MO
AVANDAMET TABS 500mg; 2mg	4	QL(90 per 30 days) MO
AVANDARYL TABS 2mg; 8mg, 4mg; 4mg, 4mg; 8mg	4	QL(30 per 30 days) MO
AVANDARYL TABS 1mg; 4mg, 2mg; 4mg	4	QL(60 per 30 days) MO
AVANDIA TABS 8mg	4	QL(30 per 30 days) MO
AVANDIA TABS 4mg	4	QL(60 per 30 days) MO
AVANDIA TABS 2mg	4	QL(90 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BYDUREON	3	QL(4 per 30 days) MO
BYETTA INJ 10mcg/0.04ml	3	QL(2.4 per 30 days) MO
BYETTA INJ 5mcg/0.02ml	3	QL(4.8 per 30 days) MO
<i>chlorpropamide tabs 250mg</i>	2	GC QL(90 per 30 days) MO
<i>chlorpropamide tabs 100mg</i>	2	GC QL(210 per 30 days) MO
DIABETA TABS 5mg	4	QL(120 per 30 days) MO
DIABETA TABS 2.5mg	4	QL(240 per 30 days) MO
DIABETA TABS 1.25mg	4	QL(480 per 30 days) MO
DUETACT	3	QL(30 per 30 days) MO
GAUZE PADS 2"X2"	3	MO
<i>glimepiride tabs 4mg</i>	1	GC QL(60 per 30 days) MO
<i>glimepiride tabs 2mg</i>	1	GC QL(120 per 30 days) MO
<i>glimepiride tabs 1mg</i>	1	GC QL(240 per 30 days) MO
<i>glipizide / metformin tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	GC QL(120 per 30 days) MO
<i>glipizide / metformin tabs 2.5mg; 250mg</i>	2	GC QL(240 per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	GC QL(60 per 30 days) MO
<i>glipizide er tb24 5mg</i>	1	GC QL(120 per 30 days) MO
<i>glipizide er tb24 2.5mg</i>	1	GC QL(240 per 30 days) MO
<i>glipizide tabs 10mg</i>	1	GC QL(120 per 30 days) MO
<i>glipizide tabs 5mg</i>	1	GC QL(240 per 30 days) MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	3	QL(2 per 30 days) MO
GLUCOPHAGE TABS 1000mg	4	QL(60 per 30 days) MO
GLUCOPHAGE TABS 850mg	4	QL(90 per 30 days) MO
GLUCOPHAGE TABS 500mg	4	QL(150 per 30 days) MO
GLUCOPHAGE XR TB24 750mg	4	QL(60 per 30 days) MO
GLUCOPHAGE XR TB24 500mg	4	QL(120 per 30 days) MO
GLUCOTROL TABS 10mg	4	QL(120 per 30 days) MO
GLUCOTROL TABS 5mg	4	QL(240 per 30 days) MO
GLUCOTROL XL TB24 10mg	4	QL(60 per 30 days) MO
GLUCOTROL XL TB24 5mg	4	QL(120 per 30 days) MO
GLUCOTROL XL TB24 2.5mg	4	QL(240 per 30 days) MO
GLUCOVANCE TABS 2.5mg; 500mg, 5mg; 500mg	4	QL(120 per 30 days) MO
GLUMETZA TB24 500mg	4	QL(120 per 30 days) MO
<i>glyburide / metformin tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	GC QL(120 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>glyburide / metformin tabs 1.25mg; 250mg</i>	2	GC QL(240 per 30 days) MO
<i>glyburide micronized tabs 6mg</i>	1	GC QL(60 per 30 days) MO
<i>glyburide micronized tabs 3mg</i>	1	GC QL(120 per 30 days) MO
<i>glyburide micronized tabs 1.5mg</i>	1	GC QL(240 per 30 days) MO
<i>glyburide tabs 5mg</i>	1	GC QL(120 per 30 days) MO
<i>glyburide tabs 2.5mg</i>	1	GC QL(240 per 30 days) MO
<i>glyburide tabs 1.25mg</i>	1	GC QL(480 per 30 days) MO
GLYNASE TABS 6mg	4	QL(60 per 30 days) MO
GLYNASE TABS 3mg	4	QL(120 per 30 days) MO
GLYNASE TABS 1.5mg	4	QL(240 per 30 days) MO
GLYSET	3	QL(90 per 30 days) MO
HUMALOG	3	QL(35 per 30 days) MO
HUMALOG KWIKPEN	3	QL(35 per 30 days) MO
HUMALOG MIX 50/50	3	QL(35 per 30 days) MO
HUMALOG MIX 50/50 KWIKPEN	3	QL(35 per 30 days) MO
HUMALOG MIX 75/25	3	QL(35 per 30 days) MO
HUMALOG MIX 75/25 KWIKPEN	3	QL(35 per 30 days) MO
HUMULIN 70/30	3	QL(35 per 30 days) MO
HUMULIN 70/30 PEN	3	QL(35 per 30 days) MO
HUMULIN N	3	QL(35 per 30 days) MO
HUMULIN N U-100 PEN	3	QL(35 per 30 days) MO
HUMULIN R	3	QL(35 per 30 days) MO
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 per 30 days) MO
INSULIN PEN NEEDLE	3	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ml	3	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1 ml	3	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ml	3	QL(100 per 30 days) MO
JANUMET	3	QL(60 per 30 days) MO
JANUMET XR	3	QL(30 per 30 days) MO
JANUVIA	3	QL(30 per 30 days) MO
JENTADUETO	3	QL(60 per 30 days) MO
JUVISYNC	3	QL(30 per 30 days) MO
KOMBIGLYZE XR TB24 1000mg; 5mg, 500mg; 5mg	3	QL(30 per 30 days) MO
KOMBIGLYZE XR TB24 1000mg; 2.5mg	3	QL(60 per 30 days) MO
LANTUS	3	QL(35 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR	3	QL(35 per 30 days) MO
LEVEMIR	3	QL(35 per 30 days) MO
LEVEMIR FLEXPEN	3	QL(35 per 30 days) MO
<i>metformin hcl er tb24 750mg</i>	1	GC QL(60 per 30 days) MO
<i>metformin hcl er tb24 500mg</i>	1	GC QL(120 per 30 days) MO
<i>metformin hcl tabs 1000mg</i>	1	GC QL(60 per 30 days) MO
<i>metformin hcl tabs 850mg</i>	1	GC QL(90 per 30 days) MO
<i>metformin hcl tabs 500mg</i>	1	GC QL(150 per 30 days) MO
<i>nateglinide</i>	2	GC QL(90 per 30 days) MO
NEEDLES, INSULIN DISP., SAFETY	3	QL(100 per 30 days) MO
NOVOLIN 70/30	3	QL(35 per 30 days) MO
NOVOLIN N	3	QL(35 per 30 days) MO
NOVOLIN R	3	QL(35 per 30 days) MO
NOVOLOG	3	QL(35 per 30 days) MO
NOVOLOG FLEXPEN	3	QL(35 per 30 days) MO
NOVOLOG MIX 70/30	3	QL(35 per 30 days) MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(35 per 30 days) MO
ONGLYZA	3	QL(30 per 30 days) MO
PRANDIN TABS 0.5mg, 1mg	3	QL(120 per 30 days) MO
PRANDIN TABS 2mg	3	QL(240 per 30 days) MO
PRECOSE	4	QL(90 per 30 days) MO
PROGLYCEM	3	MO
STARLIX	4	QL(90 per 30 days) MO
SYMLINPEN 120	3	QL(11 per 30 days) MO
SYMLINPEN 60	3	QL(12 per 30 days) MO
<i>tolazamide tabs 500mg</i>	2	GC QL(60 per 30 days) MO
<i>tolazamide tabs 250mg</i>	2	GC QL(120 per 30 days) MO
TRADJENTA	3	QL(30 per 30 days) MO
VICTOZA	4	QL(9 per 30 days) ST MO

### **MISCELLANEOUS HORMONES**

ALDURAZYME	5	LA MO
ANDROGEL GEL 50mg/5gm	3	PA QL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62%	3	PA QL(300 per 30 days) MO
<i>androxy</i>	2	GC PA MO
AXIRON	4	PA QL(180 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>cabergoline</i>	2	GC MO
CALCIJEX	4	MO
<i>calcitonin-salmon</i>	2	GC QL(3.7 per 28 days) MO
<i>calcitriol caps</i>	2	B/D GC PA MO
<i>calcitriol inj</i>	2	B/D GC PA MO
<i>calcitriol oral soln</i>	2	B/D GC PA MO
CEREZYME INJ 200UNIT	5	LA MO
<i>danazol</i>	2	GC MO
DDAVP	4	MO
DEPO-TESTOSTERONE INJ 100mg/ml	4	PA MO
<i>desmopressin acetate</i>	2	GC MO
FABRAZYME INJ 35mg	5	LA MO
FORTESTA	4	PA QL(120 per 30 days) MO
<i>fortical</i>	2	GC QL(3.7 per 28 days) MO
HECTOROL	4	MO
KUVAN	5	LA PA MO
MIACALCIN NASAL SOLN	4	QL(3.7 per 28 days) MO
NAGLAZYME	5	LA MO
<i>oxandrolone tabs 10mg</i>	5	PA QL(60 per 30 days) MO
<i>oxandrolone tabs 2.5mg</i>	2	GC PA QL(120 per 30 days) MO
PAMIDRONATE DISODIUM INJ 6mg/ml	2	B/D GC PA
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	2	B/D GC PA MO
ROCALTROL	4	B/D PA MO
SAMSCA TABS 15mg	5	QL(30 per 30 days) MO
SAMSCA TABS 30mg	5	QL(60 per 30 days) MO
SENSIPAR TABS 90mg	5	QL(120 per 30 days) MO
SENSIPAR TABS 60mg	5	QL(150 per 30 days) MO
SENSIPAR TABS 30mg	3	QL(120 per 30 days) MO
SOMAVERT	5	MO
SYNAREL	4	PA MO
<i>testosterone cypionate</i>	2	GC PA MO
VPRIV	5	MO
ZAVESCA	3	LA
ZEMPLAR CAPS	3	B/D PA MO
ZOMETA INJ 4mg/5ml	5	QL(10 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ZOMETA INJ 4mg/100ml	5	QL(200 per 30 days) MO

### **THYROID HORMONES**

CYTOMEL	4	MO
LEVOTHROID	3	MO
<i>levothyroxine tabs</i>	1	GC
<i>levoxyl</i>	1	GC MO
<i>liothyronine sodium tabs</i>	2	GC MO
SYNTHROID	3	MO
TIROSINT	3	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	GC MO

## **GASTROENTEROLOGY**

### **ANTIDIARRHEALS / ANTISPASMODICS**

ATROPINE SULFATE INJ 0.05mg/ml	3	
BENTYL	4	PA MO
CUVPOSA	4	MO
<i>dicyclomine hcl</i>	2	GC PA MO
<i>diphenoxylate / atropine</i>	2	GC PA MO
<i>glycopyrrolate tabs</i>	2	GC MO
LOMOTIL	4	PA MO
<i>loperamide hcl caps</i>	2	GC MO
<i>methscopolamine bromide</i>	2	GC MO
PAMINE	4	MO
PAMINE FORTE	4	MO
<i>propantheline bromide</i>	2	GC MO
ROBINUL FORTE	4	MO
ROBINUL TABS	4	MO

### **MISCELLANEOUS GASTROINTESTINAL AGENTS**

ACTIGALL	4	MO
AMITIZA	3	QL(60 per 30 days) MO
ANUSOL-HC CREA	4	MO
ANZEMET TABS 100mg	4	B/D PA QL(4 per 30 days) MO
ANZEMET TABS 50mg	4	B/D PA QL(8 per 30 days) MO
APRISO	4	QL(120 per 30 days) MO
ASACOL	3	QL(360 per 30 days) MO
ASACOL HD	3	QL(180 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide</i>	2	GC MO
<i>budesonide cp24</i>	2	GC MO
CANASA	3	QL(60 per 30 days) MO
CESAMET	4	QL(60 per 30 days) MO
CIMZIA	5	PA QL(6 per 28 days) MO
COLAZAL	4	MO
COLYTE-FLAVOR PACKS ORAL SOLN 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	4	MO
<i>compro</i>	2	GC MO
CORTIFOAM	4	MO
CREON	3	MO
<i>cromolyn sodium conc</i>	2	GC MO
DIPENTUM	4	MO
<i>dronabinol</i>	2	B/D GC PA QL(120 per 30 days) MO
EMEND CAPS	3	B/D PA QL(6 per 30 days) MO
ENTOCORT EC	4	MO
<i>enulose</i>	1	GC MO
GASTROCROM	4	MO
<i>gavilyte-c</i>	2	GC QL(4000 per 30 days) MO
<i>gavilyte-g</i>	2	GC QL(4000 per 30 days) MO
<i>gavilyte-n/flavor pack</i>	2	GC QL(4000 per 30 days) MO
GOLYTELY ORAL SOLN 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	4	QL(4000 per 30 days) MO
<i>granisetron tabs</i>	2	B/D GC PA QL(30 per 30 days) MO
GRANISOL	2	B/D GC PA
HALFLYTELY BOWEL PREP/FLAVOR PACKS	4	QL(2 per 30 days) MO
<i>hydrocortisone enem</i>	1	GC
<i>lactulose</i>	1	GC MO
LIALDA	3	QL(120 per 30 days) MO
LOTRONEX	3	QL(60 per 30 days) MO
MARINOL	4	B/D PA QL(120 per 30 days) MO
<i>mesalamine kit</i>	2	GC MO
<i>metoclopramide</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MOVIPREP	4	MO
NULYTELY/FLAVOR PACKS	4	QL(4000 per 30 days) MO
<i>ondansetron hcl inj 4mg/2ml</i>	2	GC MO
<i>ondansetron hcl oral soln</i>	2	B/D GC PA QL(450 per 30 days) MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D GC PA QL(15 per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D GC PA QL(45 per 30 days) MO
<i>ondansetron odt</i>	2	B/D GC PA QL(45 per 30 days) MO
OSMOPREP	4	MO
PANCREAZE	3	MO
PENTASA	3	QL(240 per 30 days) MO
<i>polyethylene glycol 3350 powd</i>	2	GC
<i>prochlorperazine</i>	2	GC
<i>prochlorperazine edisylate</i>	2	GC MO
<i>prochlorperazine maleate</i>	1	GC MO
REGLAN	4	MO
RELISTOR INJ 12mg/0.6ml	4	QL(18 per 30 days) MO
REMICADE	5	PA MO
SANCUSO	4	QL(4 per 28 days) MO
<i>sulfasalazine tabs</i>	2	GC MO
<i>sulfazine ec</i>	2	GC
SUPREP BOWEL PREP	4	MO
TIGAN	4	PA MO
<i>trilyte</i>	2	GC QL(4000 per 30 days) MO
<i>trimethobenzamide hcl caps</i>	2	GC PA MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol</i>	2	GC MO
ZENPEP CPEP 16000unit; 3000unit; 10000unit	3	
ZENPEP CPEP 109000unit; 20000unit; 68000unit, 136000unit; 25000unit; 85000unit, 27000unit; 5000unit; 17000unit, 55000unit; 10000unit; 34000unit, 82000unit; 15000unit; 51000unit	3	MO
ZOFRAN INJ	4	MO
ZOFRAN ODT	4	B/D PA QL(45 per 30 days) MO
ZOFRAN ORAL SOLN	4	B/D PA QL(450 per 30 days) MO
ZOFRAN TABS	4	B/D PA QL(45 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>ULCER THERAPY</b>		
AXID ORAL SOLN	4	MO
CARAFATE SUSP	3	MO
CARAFATE TABS	4	MO
CYTOTEC	4	MO
<i>famotidine inj</i>	1	GC MO
<i>famotidine premixed</i>	2	GC
<i>famotidine susr</i>	1	GC MO
<i>famotidine tabs 20mg, 40mg</i>	1	GC MO
HELIDAC	4	MO
<i>lansoprazole</i>	2	GC QL(30 per 30 days) MO
<i>misoprostol tabs 200mcg</i>	2	GC MO
NEXIUM	3	QL(30 per 30 days) MO
NEXIUM I.V. INJ 20mg	3	
NEXIUM I.V. INJ 40mg	3	MO
<i>nizatidine</i>	2	GC MO
<i>omeprazole cpdr 40mg</i>	1	GC QL(30 per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	GC QL(60 per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	2	GC QL(30 per 30 days) MO
<i>pantoprazole</i>	2	GC QL(60 per 30 days) MO
PEPCID TABS	4	MO
PREVACID	4	QL(30 per 30 days) MO
PREVACID SOLUTAB	4	QL(30 per 30 days) MO
PREVPAC	4	MO
PRILOSEC CPDR 40mg	4	QL(30 per 30 days) MO
PRILOSEC CPDR 10mg, 20mg	4	QL(60 per 30 days) MO
PROTONIX INJ	4	MO
PROTONIX PACK	4	QL(30 per 30 days) MO
PROTONIX TBEC	4	QL(60 per 30 days) MO
PYLERA	3	QL(120 per 30 days) MO
<i>ranitidine hcl caps</i>	1	GC MO
<i>ranitidine hcl inj 150mg/6ml</i>	1	GC MO
<i>ranitidine hcl syrp</i>	1	GC MO
<i>ranitidine hcl tabs</i>	1	GC MO
<i>sucralfate</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ZANTAC INJ 25mg/ml	4	MO
ZANTAC SYRP	4	MO
ZANTAC TABS	4	MO
ZEGERID	4	QL(30 per 30 days) MO

## Genitourinary Agents

### Genitourinary Agents, Other

CIALIS TABS 10MG, 20MG	4	ED GC QL(3 per 30 days)
LEVITRA	4	ED GC QL(3 per 30 days)
STAXYN	4	ED GC QL(3 per 30 days)
VIAGRA	4	ED GC QL(3 per 30 days)

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	LA PA MO
ARANESP INJ 500mcg/ml	5	PA QL(1 per 30 days) MO
ARANESP INJ 150mcg/0.3ml	5	PA QL(1.2 per 30 days) MO
ARANESP INJ 200mcg/0.4ml	5	PA QL(1.6 per 30 days) MO
ARANESP INJ 300mcg/0.6ml	5	PA QL(2.4 per 30 days) MO
ARANESP INJ 200mcg/ml, 300mcg/ml	5	PA QL(4 per 30 days) MO
ARANESP INJ 100mcg/0.5ml	4	PA QL(2 per 30 days) MO
ARANESP INJ 60mcg/0.3ml	4	PA QL(2.4 per 30 days) MO
ARANESP INJ 40mcg/0.4ml	4	PA QL(3.2 per 30 days) MO
ARANESP INJ 25mcg/0.42ml	4	PA QL(3.36 per 30 days) MO
ARANESP INJ 100mcg/ml	4	PA QL(4 per 30 days) MO
ARANESP INJ 25mcg/ml, 40mcg/ml, 60mcg/ml	4	PA QL(8 per 30 days) MO
ARCALYST	5	LA MO
AVONEX	5	PA QL(4 per 30 days) MO
BETASERON	5	PA QL(15 per 30 days) MO
EPOGEN INJ 20000unit/ml, 2000unit/ml, 3000unit/ml, 4000UNIT/ml	4	PA QL(12 per 30 days) MO
EPOGEN INJ 10000UNIT/ml	4	PA QL(24 per 30 days) MO
INTRON-A INJ 10MU/0.2ml, 3MU/0.2ml	4	PA
INTRON-A INJ 6000000UNIT/ml	4	PA MO
INTRON-A INJ 5MU/0.2ml	5	PA
INTRON-A WITH DILUENT INJ 10MU	5	PA MO
LEUKINE	5	PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MOZOBIL	5	PA QL(4.8 per 90 days) MO
NEULASTA	5	PA QL(2 per 30 days) MO
NEUMEGA	5	PA QL(21 per 30 days) MO
NEUPOGEN INJ 300mcg/0.5ml	5	PA QL(7 per 30 days) MO
NEUPOGEN INJ 480mcg/0.8ml	5	PA QL(11.2 per 30 days) MO
NEUPOGEN INJ 480mcg/1.6ml	5	PA QL(22.4 per 30 days) MO
OMNITROPE INJ 5.8mg	5	LA PA MO
PEG-INTRON INJ 50mcg/0.5ml	5	PA QL(4 per 30 days) MO
PEG-INTRON REDIPEN	5	PA QL(4 per 30 days) MO
PEGASYS INJ 180mcg/0.5ml	5	PA QL(2 per 30 days)
PEGASYS INJ 180mcg/ml	5	PA QL(4 per 30 days) MO
PEGASYS PROCLICK INJ 135mcg/0.5ml	5	PA QL(4 per 30 days) MO
PROCRIT INJ 40000UNIT/ml	5	PA QL(6 per 30 days) MO
PROCRIT INJ 20000UNIT/ml	5	PA QL(12 per 30 days) MO
PROCRIT INJ 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	4	PA QL(12 per 30 days) MO
PROLEUKIN	5	MO
REBIF	5	PA QL(6 per 30 days) MO
REBIF TITRATION PACK	5	PA MO
SYLATRON	5	PA MO

### **VACCINES / MISCELLANEOUS IMMUNOLOGICALS**

ACTHIB	3	
ADACEL	3	MO
ATGAM	3	B/D PA
BOOSTRIX INJ	3	
BOOSTRIX INJ	3	MO
CERVARIX	3	
COMVAX	3	MO
DAPTACEL	3	MO
DECAVAC	3	MO
ENGERIX-B INJ 10mcg/0.5ml	3	B/D PA
ENGERIX-B INJ 20mcg/ml	3	B/D PA MO
<i>fomepizole</i>	2	GC
GAMMAGARD LIQUID	3	MO
GAMMAPLEX INJ 10gm/200ml	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
GARDASIL	3	MO
HAVRIX INJ 720ELU/0.5ml	3	
HAVRIX INJ 1440ELU/ml	3	MO
HIZENTRA INJ 1gm/5ml	5	MO
INFANRIX	3	MO
IPOL INACTIVATED IPV	3	MO
IXIARO	3	MO
M-M-R II W/DILUENT 10 DOSE	3	MO
MENACTRA	3	MO
MENOMUNE-A/C/Y/W-135	3	MO
MENVEO	3	
PEDVAX HIB	3	MO
PRIVIGEN INJ 20gm/200ml	5	MO
PROQUAD	3	
RABAVERT	3	MO
RECOMBIVAX HB INJ 40mcg/ml	3	B/D PA
RECOMBIVAX HB INJ 10mcg/ml	3	B/D PA MO
ROTATEQ	3	
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	MO
THYMOGLOBULIN	5	
TWINRIX	3	MO
TYPHIM VI	3	
VAQTA	3	MO
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

ALLOPURINOL INJ	2	GC
<i>allopurinol tabs</i>	1	GC MO
ALOPRIM	4	
COLCRYS	4	QL(120 per 30 days) MO
<i>probenecid</i>	2	GC MO
<i>probenecid / colchicine</i>	2	GC MO
ULORIC	4	PA QL(30 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ZYLOPRIM	4	MO
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL TABS 150mg	4	QL(1 per 30 days) ST MO
ACTONEL TABS 35mg	4	QL(4 per 28 days) ST MO
ACTONEL TABS 5mg	4	QL(30 per 30 days) ST MO
<i>alendronate sodium tabs 35mg, 70mg</i>	2	GC QL(4 per 28 days) MO
<i>alendronate sodium tabs 10mg, 5mg</i>	2	GC QL(30 per 30 days) MO
AELVIA	4	QL(4 per 28 days) ST MO
BONIVA INJ	4	B/D PA MO
BONIVA TABS	4	B/D PA ST MO
EVISTA	3	QL(30 per 30 days) MO
FORTEO	5	PA QL(2.4 per 30 days) MO
FOSAMAX TABS 70mg	4	QL(4 per 28 days) ST MO
<i>ibandronate sodium</i>	2	B/D GC PA MO
PROLIA	4	MO

### **OTHER RHEUMATOLOGICALS**

ARAVA	4	QL(30 per 30 days) MO
DEPEN TITRATABS	4	MO
ENBREL	5	PA QL(200 per 30 days) MO
HUMIRA INJ 20mg/0.4ml	5	PA QL(0.8 per 30 days) MO
HUMIRA INJ 40mg/0.8ml	5	PA QL(1.6 per 30 days) MO
HUMIRA PEN-CROHNS DISEASE STARTER	5	PA MO
KINERET	5	PA MO
<i>leflunomide</i>	2	GC QL(30 per 30 days) MO
ORENCIA INJ 125mg/1ml	5	PA QL(4 per 30 days) MO
RIDAURA	3	MO
SAVELLA	3	QL(60 per 30 days) MO
SAVELLA TITRATION PACK	3	QL(55 per 28 days) MO
SIMPONI	5	PA QL(1 per 30 days) MO

## **OBSTETRICS / GYNECOLOGY**

### **ESTROGENS / PROGESTINS**

ACTIVELLA TABS 0.5mg; 0.1mg	3	MO
ACTIVELLA TABS 1mg; 0.5mg	4	MO
ALORA	3	QL(8 per 28 days) MO
ANGELIQ TABS 0.5mg; 1mg	3	QL(28 per 28 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
AYGESTIN	4	MO
<i>camila</i>	2	GC MO
CENESTIN	3	PA MO
CLIMARA PRO	4	MO
CLIMARA PTWK 0.05mg/24HR, 0.06mg/24HR, 0.1mg/24HR, 37.5mcg/24HR	4	QL(4 per 28 days) MO
CLIMARA PTWK 0.025mg/24HR, 0.075mg/24HR	4	QL(8 per 28 days) MO
COMBIPATCH	3	QL(8 per 28 days) MO
CRINONE	4	MO
DEPO-PROVERA	3	MO
DEPO-PROVERA CONTRACEPTIVE	4	MO
DIVIGEL GEL 1mg/gm	4	MO
ELESTRIN	4	MO
ENJUVIA	4	PA MO
<i>errin</i>	2	GC MO
ESTRACE CREA	3	MO
ESTRACE TABS	4	MO
<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	2	GC MO
<i>estradiol ptwk</i>	1	GC QL(4 per 28 days)
<i>estradiol ptwk</i>	1	GC QL(8 per 28 days)
<i>estradiol tabs</i>	1	GC MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	2	GC MO
ESTRING	4	QL(1 per 84 days) MO
<i>estropipate</i>	2	GC PA MO
EVAMIST	4	MO
FEMHRT 1/5	4	MO
FEMHRT LOW DOSE	4	MO
FEMRING	4	QL(1 per 84 days) MO
FEMTRACE	3	MO
<i>jinteli</i>	2	GC MO
<i>jolivette</i>	2	GC MO
<i>medroxyprogesterone acetate</i>	1	GC MO
MENEST	3	PA MO
NOR-QD	4	MO
<i>nora-be</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone tabs 5mg</i>	2	GC MO
PREFEST	3	MO
PREMARIN CREA	3	MO
PREMARIN INJ	3	PA
PREMARIN TABS	3	PA MO
PREMPHASE	3	PA QL(28 per 28 days) MO
PREMPRO	3	PA QL(28 per 28 days) MO
<i>progesterone caps</i>	2	GC MO
PROMETRIUM	4	MO
PROVERA	4	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL(8 per 28 days) MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN CREA	4	MO
CLEOCIN SUPP	3	MO
<i>clindamycin phosphate crea</i>	2	GC MO
METROGEL-VAGINAL	4	MO
<i>metronidazole vaginal</i>	1	GC MO
<i>miconazole 3</i>	2	GC MO
NUVARING	3	QL(1 per 28 days) MO
ORTHO EVRA	3	QL(3 per 28 days) MO
TERAZOL 3 CREA	4	QL(40 per 30 days) MO
TERAZOL 3 SUPP	4	QL(12 per 30 days) MO
TERAZOL 7	4	QL(90 per 30 days) MO
<i>terconazole crea 0.4%</i>	2	GC QL(90 per 30 days) MO
<i>terconazole supp</i>	2	GC QL(12 per 30 days) MO
<i>vandazole</i>	1	GC MO
ZAZOLE CREA 0.8%	2	GC QL(40 per 30 days) MO
ZAZOLE CREA 0.4%	2	GC QL(90 per 30 days) MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>amethia</i>	2	GC QL(91 per 91 days) MO
<i>amethyst</i>	2	GC QL(91 per 91 days) MO
<i>apri</i>	2	GC QL(28 per 28 days) MO
<i>aviane</i>	2	GC MO
BEYAZ	3	MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BREVICON-28	4	MO
<i>briellyn</i>	2	GC MO
<i>cryselle-28</i>	2	GC MO
<i>cyclafem 1/35</i>	2	GC MO
<i>cyclafem 7/7/7</i>	2	GC MO
CYCLESSA	4	MO
DESOGEN	4	MO
ELLA	4	QL(1 per 30 days)
<i>emoquette</i>	2	GC MO
ENPRESSE-28	2	GC MO
ESTROSTEP FE	4	MO
FEMCON FE	4	MO
<i>gianvi</i>	2	GC MO
<i>introvale</i>	2	GC QL(91 per 91 days) MO
<i>junel</i>	2	GC MO
<i>junel fe 1.5/30</i>	2	GC MO
<i>junel fe 1/20</i>	2	GC MO
<i>kariva</i>	2	GC MO
<i>kelnor 1/35</i>	2	GC MO
<i>leena</i>	2	GC MO
<i>lessina-28</i>	2	GC MO
<i>levora</i>	2	GC MO
LO LOESTRIN FE	4	MO
LO/OVRAL-28	4	MO
LOSEASONIQUE	4	QL(91 per 91 days) MO
<i>low-ogestrel</i>	2	GC QL(28 per 28 days) MO
<i>lutra</i>	2	GC MO
<i>marlissa</i>	2	GC MO
<i>microgestin 1.5/30</i>	2	GC QL(28 per 28 days) MO
<i>microgestin 1/20</i>	2	GC QL(28 per 28 days) MO
<i>microgestin fe</i>	2	GC MO
<i>microgestin fe 1.5/30</i>	2	GC MO
<i>mononessa</i>	2	GC MO
<i>necon 0.5/35-28</i>	2	GC QL(28 per 28 days) MO
<i>necon 1/35-28</i>	2	GC QL(28 per 28 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>necon 10/11-28</i>	2	GC QL(28 per 28 days) MO
<i>necon 7/7/7</i>	2	GC QL(28 per 28 days) MO
<i>next choice</i>	2	GC
NORDETTE-28	4	MO
NORINYL 1+35	4	MO
<i>nortrel 0.5/35 (28)</i>	2	GC QL(28 per 28 days) MO
<i>nortrel 1/35 (21)</i>	2	GC QL(28 per 28 days) MO
<i>nortrel 1/35 (28)</i>	2	GC QL(28 per 28 days) MO
<i>nortrel 7/7/7</i>	2	GC QL(28 per 28 days) MO
<i>ocella</i>	2	GC MO
<i>ogestrel</i>	2	GC MO
<i>orsythia</i>	2	GC MO
ORTHO TRI-CYCLEN	4	MO
ORTHO-CYCLEN	4	MO
ORTHO-NOVUM 7/7/7	4	MO
<i>portia-28</i>	2	GC QL(28 per 28 days) MO
<i>previfem</i>	2	GC MO
<i>quasense</i>	2	GC QL(91 per 91 days) MO
<i>reclipsen</i>	2	GC MO
SAFYRAL	4	MO
SEASONALE	4	QL(91 per 91 days) MO
SEASONIQUE	4	QL(91 per 91 days) MO
<i>sprintec 28</i>	2	GC MO
<i>tri-legest fe</i>	2	GC MO
TRI-NORINYL 28	4	MO
<i>tri-previfem</i>	2	GC QL(28 per 28 days) MO
<i>tri-sprintec</i>	2	GC QL(28 per 28 days) MO
<i>trinessa</i>	2	GC QL(28 per 28 days) MO
<i>trivora-28</i>	2	GC MO
<i>velivet</i>	2	GC MO
<i>vestura</i>	2	GC MO
YAZ	4	MO
<i>zeosa</i>	2	GC QL(28 per 28 days) MO
<i>zovia 1/35e</i>	2	GC MO
<i>zovia 1/50e</i>	2	GC QL(28 per 28 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tabs</i>	2	GC
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
AZASITE	4	QL(5 per 15 days) MO
<i>bacitracin / polymyxin b</i>	2	GC MO
<i>bacitracin ophthalmic oint</i>	1	GC MO
BESIVANCE	4	MO
CILOXAN OINT	3	MO
CILOXAN OPHTHALMIC SOLN	4	MO
<i>ciprofloxacin ophthalmic soln</i>	1	GC MO
<i>erythromycin oint</i>	1	GC MO
<i>gentamicin sulfate ophthalmic soln</i>	1	GC MO
<i>levofloxacin</i>	2	GC MO
MOXEZA	3	MO
NATACYN	4	MO
<i>neomycin/bacitracin/polymyxin</i>	1	GC MO
<i>neomycin/polymyxin/gramicidin</i>	2	GC MO
NEOSPORIN	4	MO
OCUFLOX	4	MO
<i>ofloxacin</i>	2	GC MO
POLYTRIM	4	MO
<i>tobramycin ophthalmic soln</i>	1	GC MO
TOBEX OINT	3	MO
TOBEX OPHTHALMIC SOLN	4	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC MO
VIGAMOX	3	MO
ZYMAXID	4	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	GC MO
VIROPTIC	4	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
BETAGAN	4	MO
<i>betaxolol hcl ophthalmic soln</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BETIMOL	3	MO
BETOPTIC-S	4	MO
<i>carteolol hcl</i>	2	GC MO
ISTALOL	3	MO
<i>levobunolol hcl ophthalmic soln 0.5%</i>	1	GC MO
<i>metipranolol</i>	2	GC MO
OPTIPRANOLOL	4	MO
<i>timolol maleate</i>	1	GC MO
<i>timolol maleate ophthalmic gel forming</i>	1	GC MO
TIMOPTIC-XE	4	MO
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	4	MO
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	4	MO
PILOPINE HS	3	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRIAL	4	QL(15 per 30 days) MO
ALOMIDE	3	MO
<i>azelastine hcl</i>	2	GC MO
BEPREVE	3	QL(10 per 30 days) MO
<i>cromolyn sodium ophthalmic soln</i>	2	GC MO
ELESTAT	4	MO
EMADINE	4	MO
<i>epinastine hcl</i>	2	GC MO
LASTACAFT	4	QL(3 per 30 days) MO
OPTIVAR	4	MO
PATADAY	3	QL(10 per 30 days) MO
PATANOL	3	QL(10 per 30 days) MO
RESTASIS	3	QL(64 per 30 days) MO
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	QL(10 per 30 days) MO
ACULAR LS	4	QL(10 per 30 days) MO
BROMDAY	4	QL(5 per 30 days) MO
<i>bromfenac</i>	2	GC QL(5 per 30 days) MO
<i>diclofenac sodium</i>	1	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>flurbiprofen sodium</i>	2	GC MO
<i>ketorolac tromethamine ophthalmic soln</i>	2	GC QL(10 per 30 days) MO
NEVANAC	4	MO
OCUFEN	4	MO
VOLTAREN	4	MO

### **ORAL DRUGS FOR GLAUCOMA**

<i>acetazolamide</i>	2	GC MO
<i>acetazolamide er</i>	2	GC MO
<i>methazolamide</i>	2	GC MO

### **OTHER GLAUCOMA DRUGS**

AZOPT	3	QL(10 per 30 days) MO
COMBIGAN	4	QL(10 per 30 days) MO
COSOPT	4	QL(10 per 30 days) MO
<i>dorzolamide hcl</i>	2	GC QL(10 per 30 days) MO
<i>dorzolamide hcl/timolol maleate</i>	2	GC QL(10 per 30 days) MO
<i>latanoprost</i>	2	GC QL(5 per 30 days) MO
LUMIGAN	3	QL(5 per 30 days) MO
TRAVATAN Z	3	QL(5 per 30 days) MO
TRUSOPT	4	QL(10 per 30 days) MO
XALATAN	4	QL(5 per 30 days) MO

### **STEROID-ANTIBIOTIC COMBINATIONS**

MAXITROL	4	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	GC MO
<i>neomycin/polymyxin/dexamethasone</i>	1	GC MO
<i>neomycin/polymyxin/hc</i>	2	GC MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
TOBRADEX	4	MO
TOBRADEX ST	4	MO
<i>tobramycin/dexamethasone</i>	2	GC MO
ZYLET	4	MO

### **STEROID-SULFONAMIDE COMBINATIONS**

BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>STEROIDS</b>		
ALREX	4	QL(20 per 30 days) MO
<i>dexamethasone ophthalmic soln</i>	1	GC MO
DUREZOL	4	MO
FLAREX	4	MO
FML	3	MO
FML FORTE	3	MO
FML LIQUIFILM	4	MO
LOTEMAX	4	MO
OMNIPRED	4	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	2	GC MO
<i>prednisolone sodium phosphate</i>	2	GC MO
VEXOL	4	MO
<b>SULFONAMIDES</b>		
BLEPH-10	4	MO
<i>sodium sulfacetamide ophthalmic soln</i>	2	GC MO
<i>sulfacetamide sodium oint</i>	2	GC
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P	4	QL(15 per 30 days) MO
<i>apraclonidine</i>	2	GC MO
<i>brimonidine tartrate</i>	2	GC MO
IOPIDINE	4	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>cyproheptadine hcl</i>	2	GC PA MO
<i>diphenhydramine hcl caps 50mg</i>	2	GC PA MO
<i>diphenhydramine hcl inj</i>	2	GC MO
EPIPEN	3	QL(2 per 30 days) MO
EPIPEN-JR	3	QL(2 per 30 days) MO
<i>hydroxyzine hcl inj</i>	2	GC MO
<i>hydroxyzine hcl syrp</i>	2	GC PA MO
<i>hydroxyzine hcl tabs</i>	2	GC PA MO
<i>hydroxyzine pamoate</i>	2	GC PA MO
<i>levocetirizine dihydrochloride oral soln</i>	2	GC MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride tabs</i>	2	GC QL(30 per 30 days) MO
<i>phenadoz supp 12.5mg</i>	2	GC
<i>phenadoz supp 25mg</i>	2	GC MO
PHENERGAN	4	
<i>promethazine hcl inj 25mg/ml</i>	2	GC
<i>promethazine hcl inj 50mg/ml</i>	2	GC MO
<i>promethazine hcl supp</i>	2	GC MO
<i>promethazine hcl syrp</i>	2	GC PA MO
<i>promethazine hcl tabs</i>	2	GC PA MO
<i>promethazine vc</i>	2	GC PA MO
<i>promethegan supp 25mg, 50mg</i>	2	GC MO
TWINJECT	4	MO
VISTARIL	4	PA MO
XYZAL TABS	4	QL(30 per 30 days) MO

### **PULMONARY AGENTS**

ACCOLATE	4	QL(60 per 30 days) MO
ACCUNEB	4	B/D PA QL(375 per 30 days) MO
<i>acetylcysteine</i>	2	B/D GC PA MO
ADCIRCA	5	QL(60 per 30 days) MO
ADVAIR DISKUS	3	QL(60 per 30 days) MO
ADVAIR HFA	3	QL(12 per 30 days) MO
<i>albuterol sulfate er</i>	1	GC MO
<i>albuterol sulfate nebu 0.5%</i>	1	B/D GC PA QL(60 per 30 days) MO
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D GC PA QL(375 per 30 days) MO
<i>albuterol sulfate syrp</i>	1	GC MO
<i>albuterol sulfate tabs</i>	1	GC MO
ALVESCO	4	MO
ARCAPTA NEOHALER	4	MO
ASMANEX 120 METERED DOSES	4	QL(1 per 30 days) MO
ASMANEX 14 METERED DOSES	4	QL(2 per 28 days) MO
ASMANEX 30 METERED DOSES	4	QL(1 per 30 days) MO
ASMANEX 60 METERED DOSES	4	QL(1 per 30 days) MO
ATROVENT HFA	4	QL(25.8 per 30 days) MO
BECONASE AQ	4	QL(50 per 30 days) MO
BROVANA	4	B/D PA MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>budesonide susp</i>	2	B/D GC PA MO
COMBIVENT	3	QL(29.4 per 30 days) MO
<i>cromolyn sodium nebu</i>	2	B/D GC PA MO
DALIRESP	4	PA QL(30 per 30 days) MO
DULERA	3	QL(13 per 30 days) MO
DUONEB	4	B/D PA QL(540 per 30 days) MO
ELIXOPHYLLIN	4	MO
FIRAZYR	5	MO
FLONASE	4	QL(16 per 30 days) MO
FLOVENT DISKUS	3	QL(120 per 30 days) MO
FLOVENT HFA	3	QL(26 per 30 days) MO
<i>flunisolide nasal soln 0.025%</i>	2	GC MO
<i>fluticasone propionate susp</i>	2	GC QL(16 per 30 days) MO
FORADIL AEROLIZER	3	QL(60 per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D GC PA MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D GC PA QL(540 per 30 days) MO
KALYDECO	5	PA QL(60 per 30 days) MO
LETAIRIS	5	LA QL(30 per 30 days) MO
<i>levalbuterol</i>	2	B/D GC PA MO
MAXAIR AUTOHALER	4	QL(14 per 25 days) MO
NASACORT AQ	4	QL(16.5 per 30 days) MO
NASONEX	3	QL(34 per 30 days) MO
OMNARIS	4	MO
PERFOROMIST	4	B/D PA MO
PROAIR HFA	3	QL(34 per 30 days) MO
PROVENTIL HFA	4	QL(28 per 30 days) MO
PULMICORT	4	B/D PA MO
PULMICORT FLEXHALER	4	QL(2 per 30 days) MO
PULMOZYME	5	B/D PA MO
QVAR	4	QL(29.2 per 30 days) MO
REVATIO INJ	5	QL(1125 per 30 days) MO
REVATIO TABS	5	QL(90 per 30 days) MO
RHINOCORT AQUA	3	QL(17.2 per 30 days) MO
SEREVENT DISKUS	3	QL(60 per 30 days) MO
SINGULAIR	3	QL(30 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
SPIRIVA HANDIHALER	3	QL(30 per 30 days) MO
SYMBICORT AERO 80mcg/ACT; 4.5mcg/ACT	3	QL(10.2 per 30 days)
SYMBICORT AERO 160mcg/ACT; 4.5mcg/ACT	3	QL(10.2 per 30 days) MO
<i>terbutaline sulfate tabs</i>	2	GC MO
<i>theophylline cr</i>	2	GC MO
<i>theophylline er tb12 300mg, 450mg</i>	2	GC MO
<i>theophylline er tb24</i>	2	GC MO
TRACLEER TABS 125mg	5	LA QL(60 per 30 days) MO
TRACLEER TABS 62.5mg	5	LA QL(120 per 30 days) MO
<i>triamcinolone acetonide inha</i>	1	GC QL(16.5 per 30 days) MO
VENTAVIS INHALATION SOLN 10mcg/ml	5	PA MO
VENTOLIN HFA	3	QL(36 per 30 days) MO
VERAMYST	4	QL(10 per 30 days) MO
XOLAIR	5	QL(7.2 per 30 days) MO
XOPENEX	4	B/D PA MO
XOPENEX HFA	4	QL(30 per 30 days) MO
<i>zafirlukast</i>	2	GC QL(60 per 30 days) MO
ZYFLO	3	QL(120 per 30 days) MO
ZYFLO CR	3	QL(120 per 30 days) MO

## Therapeutic Nutrients/Minerals/ Electrolytes

### Vitamins

<i>folic acid tabs 1mg</i>	1	ED GC QL(30 per 30 days)
MEPHYTON	4	ED GC QL(4 per 30 days)
<i>vitamin d caps 50000unit</i>	2	ED GC QL(4 per 28 days)

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

DETROL	4	QL(60 per 30 days) MO
DETROL LA	3	QL(30 per 30 days) MO
DITROPAN XL TB24 5mg	4	QL(30 per 30 days) MO
DITROPAN XL TB24 10mg, 15mg	4	QL(60 per 30 days) MO
ENABLEX	4	QL(30 per 30 days) MO
<i>flavoxate hcl</i>	2	GC MO
GELNIQUE GEL 10%	4	QL(30 per 30 days) MO
<i>oxybutynin er tb24 5mg</i>	1	GC QL(30 per 30 days) MO
<i>oxybutynin er tb24 10mg, 15mg</i>	1	GC QL(60 per 30 days) MO

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin syrp</i>	1	GC MO
<i>oxybutynin tabs</i>	1	GC QL(120 per 30 days) MO
OXYTROL	4	QL(8 per 28 days) MO
SANCTURA	4	QL(60 per 30 days) MO
SANCTURA XR	4	QL(30 per 30 days) MO
TOVIAZ	4	QL(30 per 30 days) MO
<i>trospium chloride</i>	2	GC QL(60 per 30 days) MO
VESICARE	3	QL(30 per 30 days) MO

### **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY**

<i>alfuzosin hcl er</i>	2	GC QL(30 per 30 days) MO
AVODART	3	QL(30 per 30 days) MO
<i>finasteride</i>	2	GC QL(30 per 30 days) MO
FLOMAX	4	QL(60 per 30 days) MO
JALYN	3	QL(30 per 30 days) MO
PROSCAR	4	QL(30 per 30 days) MO
<i>tamsulosin hcl</i>	2	GC QL(60 per 30 days) MO
UROXATRAL	4	QL(30 per 30 days) MO

### **CHOLINERGIC STIMULANTS**

<i>bethanechol chloride</i>	2	GC MO
URECHOLINE	4	MO

### **MISCELLANEOUS UROLOGICALS**

CIALIS TABS 2.5mg, 5mg	4	ED GC QL(30 per 30 days) MO
CYSTAGON	3	LA
ELMIRON	4	MO

## **VITAMINS, HEMATINICS / ELECTROLYTES**

### **ELECTROLYTES**

<i>calcium acetate caps</i>	2	GC MO
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	2	GC
K-TABS	4	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/lr</i>	2	GC
KCL 0.15%/D5W/NACL 0.225%	2	GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	GC

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>klor-con 10</i>	2	GC MO
<i>klor-con 8</i>	2	GC MO
KLOR-CON M15	2	GC MO
<i>klor-con m20</i>	2	GC MO
LACTATED RINGERS	2	GC MO
NORMOSOL-R IN D5W	2	GC
PHOSLO	4	MO
PHOSLYRA	4	MO
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	GC MO
<i>potassium chloride 0.15% nacl 0.9%</i>	2	GC
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	GC
<i>potassium chloride 0.224%/dextrose 5% viaflex</i>	2	GC
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	GC
<i>potassium chloride 0.3%/d5w/viaflex</i>	2	GC
<i>potassium chloride er cpcr</i>	2	GC MO
<i>potassium chloride er tbcR 10meq</i>	2	GC
<i>potassium chloride er tbcR 20meq</i>	2	GC MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ml, 30MEQ/100ml	2	GC
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	2	GC
<i>ringers injection</i>	2	GC
<i>sodium chloride 0.45% viaflex</i>	2	GC MO
<i>sodium chloride inj 3%, 5%</i>	2	GC
<i>sodium chloride inj 2.5meq/ml</i>	2	GC MO
TPN ELECTROLYTES	2	GC
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN	2	GC
AMINOSYN II INJ	2	GC
AMINOSYN II INJ	3	
AMINOSYN M	3	
AMINOSYN-HBC	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
CLINIMIX 2.75%/DEXTROSE 5%	3	

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 20%	3	
CLINIMIX 4.25%/DEXTROSE 25%	3	
CLINIMIX 5%/DEXTROSE 15%	3	
CLINIMIX 5%/DEXTROSE 20%	3	
CLINIMIX 5%/DEXTROSE 25%	3	
CLINIMIX E 4.25%/DEXTROSE 25%	3	
CLINIMIX E 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 15%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
CLINIMIX E 5%/DEXTROSE 25%	3	
CLINISOL SF 15%	2	GC
FREAMINE III	2	GC
FREAMINE III 3%	3	
HEPATAMINE	2	GC
HEPATASOL	3	
<i>intralipid inj 2.25%; 20%</i>	2	GC
INTRALIPID INJ 1.7%; 30%	4	
ISOLYTE	3	
LIPOSYN III INJ 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%	2	GC
NEPHRAMINE	3	
NORMOSOL-M IN D5W	2	GC
NORMOSOL-R	2	GC
PLASMA-LYTE	3	
PREMASOL INJ 56MEQ/L; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3MEQ/L; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5MEQ/L; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	2	GC
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	2	GC
PROCALAMINE	3	
PROSOL	3	
<i>travasol</i>	2	GC

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
TROPHAMINE	4	
<b>VITAMINS / HEMATINICS</b>		
<i>prenatal vitamins (generic)</i>	1	GC
<i>sodium fluoride</i>	2	GC MO

## Index of Drugs

<b>A</b>	<b>Page</b>		
abilify	32,33	acular	
abilify discmelt	32	acular ls	75
abraxane	18	acyclovir	8
abstral	28	aczone	50
acarbose	57	adacel	67
accolate	78	adagen	54
accuneb	78	adalat cc	40
accupril	40	adcirca	78
accuretic	40	adderall xr	33
acebutolol	40	adriamycin	18
aceon	40	advair diskus	78
acetaminophen / codeine	28	advair hfa	78
acetaminophen/codeine #3	28	advicor	47
acetazolamide	76	afeditab cr	40
acetazolamide er	76	afinitor	18
acetic acid	56	aggrenox	46
acetylcysteine	78	agrylin	54
aclovate	51	a-hydrocort	56
acthib	67	albenza	13
actigall	62	albuterol sulfate	78
actimmune	66	albuterol sulfate er	78
actiq	28	alclometasone dipropionate	51
activella	69	alcohol preps	57
actonel	54,69	aldactazide	40
actoplus met	57	aldactone	40
actoplus met xr	57	aldara	49
actos	57	aldurazyme	60
	75	alendronate sodium	54,69

### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

alfuzosin hcl er	81	amnesteem	50
alimta	18	amoxapine	33
alinia	13	amoxicillin	15
allopurinol	68	amoxicillin/clavulanate potassium	15
alocril	75	amoxicillin/clavulanate potassium er	15
alomide	75	amoxicillin/potassium clavulanate	15
aloprim	68	amphetamine/dextroamphetamine	33
alora	69	amphotericin b	8
alphagan p	77	ampicillin	15,16
alprazolam	33	ampicillin-sulbactam	16
alrex	77	ampyra	27
altabax	50	amturnide	40
altace	40	anafranil	33
alvesco	78	anagrelide hydrochloride	54
amantadine	9	anaprox	31
amaryl	57	anaprox ds	31
ambien	33	anastrozole	18
ambien cr	33	ancobon	8
amcinonide	51	androgel	60
amerge	26	androgel pump	60
amethia	71	androxy	60
amethyst	71	angeliq	69
amifostine	18	antabuse	54
amikacin sulfate	13	antara	47
amiloride	40	anusol-hc	62
amiloride/hydrochlorothiazide	40	anzemet	62
aminosyn	82	apokyn	25
aminosyn ii	82	apraclonidine	77
aminosyn m	82	apri	71
aminosyn-hbc	82	apriso	62
aminosyn-pf	82	aptivus	9
aminosyn-pf 7%	82	aralast np	54
amiodarone	39	aranesp	66
amitiza	62	arava	69
amitriptyline	33	arcalyst	66
amlodipine	40	arcapta neohaler	78
amlodipine / benazepril	40	aricept	27
ammonium lactate	49	aricept odt	27

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

arimidex	18	aviane	71
arixtra	46	avinza	28
aromasin	18	avodart	81
arranon	18	avonex	66
arthrotec 50	31	axid	65
arthrotec 75	31	axiron	60
arzerra	18	aygestin	70
asacol	62	azactam	13
asacol hd	62		
ascomp/codeine	28	azactam in iso-osmotic dextrose	13
asmanex 120 metered doses	78	azasite	74
asmanex 14 metered doses	78	azathioprine	18
asmanex 30 metered doses	78	azathioprine sodium	19
asmanex 60 metered doses	78	azelastine hcl	56
astelin	55	azelastine hcl	75
astepro	55	azelex	50
atacand	40	azilect	25
atacand hct	40	azithromycin	13
atelvia	69	azopt	76
atenolol	40	azor	40
atenolol / chlorthalidone	40	aztreonam	13
atgam	67	azulfidine	63
atorvastatin calcium	47	azulfidine en-tabs	63
atovaquone/proguanil hcl	13	<b>B</b>	
atripla	9	baciim	13
atropine sulfate	62	bacitracin	13,74
atrovent	56	bacitracin / polymyxin b	74
atrovent hfa	78	baclofen	27
augmented betamethasone dipropionate	51,52	bactocill in dextrose	16
avalide	40	bactrim	17
avandamet	57	bactrim ds	17
avandaryl	57	bactroban	50,51,56
avandia	57	bactroban nasal	56
avapro	40	balsalazide	63
avastin	18	banzel	23
avelox	16	baraclude	9
avelox abc pack	16	beconase aq	78
		benazepril	40

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

benazepril / hydrochlorothiazide	40	bromocriptine mesylate	25
benicar	40	brovana	78
benicar hct	40	budeprion sr	33
bentyl	62	budeprion xl	33
benztropine mesylate	25	budesonide	63,79
bepreve	75	bumetanide	40
besivance	74	buphenyl	54
betagan	74	buprenorphine hcl	28
betamethasone dipropionate	52	buproban	55
betamethasone valerate	52	bupropion hcl	33
betapace	39	bupropion hcl sr	33
betaseron	66	buspirone hcl	33
betaxolol hcl	40,74	busulfex	19
bethanechol chloride	81	butalbital/acetaminophen/caffeine /	
betimol	75	codeine	28
betoptic-s	75	bydureon	58
beyaz	71	byetta	58
biacin	13	bystolic	41
biacin xl	13	<b>C</b>	
bicalutamide	19	cabergoline	61
bicillin c-r	16	caduet	47
bicnu	19	calan	41
biltricide	13	calan sr	41
bisoprolol fumarate	40	calcijex	61
bisoprolol fumarate /		calcipotriene	49
hydrochlorothiazide	40	calcitonin-salmon	61
bleomycin sulfate	19	calcitriol	61
bleph-10	77	calcium acetate	81
blephamide	76	cambia	31
blephamide s.o.p.	76	camila	70
boniva	69	campath	19
boostrix	67	campral	54
brevicon-28	72	canasa	63
briellyn	72	cancidas	8
brilinta	46	capastat sulfate	14
brimonidine tartrate	77	capex	52
bromday	75	caprelsa	19
bromfenac	75	captopril	41

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

captopril/hydrochlorothiazide	41	cefuroxime axetil	12
carac	49	cefuroxime sodium	12
carafate	65	celebrex	31
carbaglu	54	celestone	56
carbamazepine	23	celexa	33
carbamazepine er	23	cellcept	19
carbidopa / levodopa	25	cellcept intravenous	19
carbidopa / levodopa er	25	celontin	23
carboplatin	19	cenestin	70
cardizem	41	cephalexin	12
cardizem cd	41	cerezyme	61
cardizem la	41	cervarix	67
cardura	41	cesamet	63
carisoprodol	27	chantix	55
carnitor	54	chantix starting month pak	55
carteolol hcl	75	chlordiazepoxide hcl	33
cartia xt	41	chlordiazepoxide/amitriptyline	33
carvedilol	41	chlorhexidine gluconate oral rinse	56
casodex	19	chloroquine	14
cataflam	31	chlorothiazide	41
catapres	41	chlorothiazide sodium	41
catapres-tts	41	chlorpromazine	33
cedax	12	chlorpropamide	58
ceenu	19	chlorthalidone	41
cefaclor	12	chlorzoxazone	27
cefaclor er	12	cholestyramine light	47
cefadroxil	12	cialis	66,81
cefazolin	12	ciclopirox	51
cefdinir	12	ciclopirox nail lacquer	51
cefepime	12	ciclopirox olamine	51
cefotaxime sodium	12	cilostazol	46
cefoxitin sodium	12	ciloxan	74
cefpodoxime proxetil	12	cimzia	63
cefprozil	12	cipro	16,56
ceftazidime	12	cipro hc	56
ceftazidime/dextrose	12	ciprodex	56
ceftin	12	ciprofloxacin	16,74
ceftriaxone sodium	12		

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



ciprofloxacin er	16	clonazepam	23
cisplatin	19	clonazepam odt	23
citalopram	33	clonidine	41
cladribine	19	clopidogrel	46
claforan	12	clorazepate dipotassium	33
claravis	50	clotrimazole	8,51
clarithromycin	13	clotrimazole / betamethasone	51
clarithromycin er	13	clozapine	33
cleocin	14,50,71	clozaril	33
cleocin galaxy	14	coartem	14
cleocin in d5w	14	codeine sulfate	28
cleocin-t	50	co-gesic	28
climara	70	colazal	63
climara pro	70	colcrys	68
clindamycin hcl	14	colestid	47
clindamycin phosphate	14,50,71	colestipol	47
clindamycin phosphate add-vantage	14	colistimethate sodium	14
clinimix 2.75%/dextrose 5%	82	coly-mycin m	14
clinimix 4.25%/dextrose 10%	83	colyte-flavor packs	63
clinimix 4.25%/dextrose 20%	83	combigan	76
clinimix 4.25%/dextrose 25%	83	combipatch	70
clinimix 4.25%/dextrose 5%	54	combivent	79
clinimix 5%/dextrose 15%	83	combivir	9
clinimix 5%/dextrose 20%	83	compera	9
clinimix 5%/dextrose 25%	83	compro	63
clinimix e 2.75%/dextrose 10%	54	comtan	25
clinimix e 2.75%/dextrose 5%	54	comvax	67
clinimix e 4.25%/dextrose 25%	83	concerta	34
clinimix e 4.25%/dextrose 5%	83	condylox	49
clinimix e 5%/dextrose 15%	83	copaxone	27
clinimix e 5%/dextrose 20%	83	copegus	9
clinimix e 5%/dextrose 25%	83	cordarone	39
clinisol sf 15%	83	cordran tape	52
clinoril	31	coreg	41
clobetasol propionate	52	coreg cr	41
clobex	52	corgard	41
clolar	19	cortef	56
clomipramine	33	cortifoam	63

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

cortisone acetate	56	daptacel	67
cortisporin	56	daraprim	14
corzide	41	daunorubicin hcl	19
cosmegen	19	daypro	31
cosopt	76	ddavp	61
coumadin	46	decavac	67
cozaar	41	demadex	41
creon	63	demeclocycline hcl	17
crestor	47	demerol	28
crinone	70	denavir	51
crixivan	9	depacon	23
cromolyn sodium	63,75,79	depakene	23
cryselle-28	72	depakote	23
cubicin	14	depakote er	23
cutivate	52	depakote sprinkles	23
cuvposa	62	depen titratabs	69
cyclafem 1/35	72	depo-medrol	56
cyclafem 7/7/7	72	depo-provera	70
cyclessa	72	depo-provera contraceptive	70
cyclobenzaprine hcl	27	depo-testosterone	61
cyclophosphamide	19	derma-smoothe / fs body oil	52
cyclosporine	19	dermatop	52
cyklokapron	46	dermotoc	56
cymbalta	34	desipramine	34
cyproheptadine hcl	77	desmopressin acetate	61
cystagon	81	desogen	72
cytarabine	19	desonide	52
cytomel	62	desoximetasone	52
cytotec	65	detrol	80
cytovene	9	detrol la	80
<b>D</b>		dexamethasone	56,77
dacarbazine	19	dexedrine	34
dacogen	19	dexmethylphenidate	34
daliresp	79	dexpak 13 day	56
danazol	61	dexrazoxane	18
dantrium	27	dextroamphetamine sulfate	34
dantrolene sodium	27	dextroamphetamine sulfate er	34
dapsone	14	dextrose 10%/nacl 0.45%	54

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

dextrose 10% flex container	54	diltiazem hcl	42
dextrose 10%/nacl 0.2%	54	diltiazem hcl er	41,42
		dilt-xr	41
dextrose 2.5%/sodium chloride 0.45%	54	diovan	42
dextrose 5%	54	diovan hct	42
dextrose 5%/lactated ringers	54	dipentum	63
dextrose 5%/nacl 0.2%	54	diphenhydramine hcl	77
dextrose 5%/nacl 0.225%	54	diphenoxylate / atropine	62
dextrose 5%/nacl 0.33%	54	diprolene	52
dextrose 5%/nacl 0.45%	54	diprolene af	52
dextrose 5%/nacl 0.9%	54	dipyridamole	46
dextrose 5%/potassium chloride		disopyramide phosphate	39
0.15%	81	disulfiram	54
diabeta	58	ditropan xl	80
diazepam	23,34	diuril iv	42
diazepam intensol	34	divalproex sodium	23
diclofenac potassium	31	divalproex sodium dr	23
diclofenac sodium	75	divalproex sodium er	23
diclofenac sodium dr	31	divigel	70
diclofenac sodium er	31	docefrez	19
dicloxacillin sodium	16	docetaxel	19
dicyclomine hcl	62	dolophine	28
didanosine	9	dolophine hcl	28
didronel	54	donepezil hcl	27
dificid	13	dorzolamide hcl	76
diflorasone diacetate	52	dorzolamide hcl/timolol maleate	76
diflucan	8	dovonex	49
diflunisal	31	dovonex scalp	49
digoxin	46	doxazosin	42
dihydroergotamine mesylate	26	doxepin	34
dilacor xr	41	doxil	19
dilantin	23	doxorubicin hcl	19
dilantin infatabs	23	doxycycline	17
dilaudid	28	doxycycline hyclate	17
dilaudid-5	28	doxycycline monohydrate	17
dilaudid-hp	28	dronabinol	63
dilt-cd	41	droxia	19
diltiazem cd	41		

### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

duetact	58	enalapril / hydrochlorothiazide	42
dulera	79	enbrel	69
duoneb	79	endocet	28,29
duragesic	28	endodan	29
duramorph	28	engerix-b	67
durezol	77	enjuvia	70
dyazide	42	enoxaparin sodium	46
dynacin	17	enpresse-28	72
dynacirc cr	42	entocort ec	63
dyrenium	42	enulose	63
<b>E</b>		epinastine hcl	75
ec-naprosyn	31	epipen	77
econazole nitrate	51	epipen-jr	77
edarbi	42	epirubicin hcl	20
edarbyclor	42	epitol	23
edurant	9	epivir	9
effexor xr	34	epivir hbv	9
effient	46	eplerenone	42
efudex	49	epogen	66
eldepryl	25	eprosartan mesylate	42
elestat	75	epzicom	9
elestrin	70	eraxis	8
elidel	49	erbitux	20
elitek	18	ergoloid mesylates	34
elixophyllin	79	ergotamine tartrate / caffeine	26
ella	72	erivedge	20
elmiron	81	errin	70
elocon	52	ery	50
elspar	19	ery-tab	13
emadine	75	erythrocin lactobionate	13
emcyt	20	erythrocin stearate	13
emend	63	erythromycin	13,50,74
emla	50	erythromycin base	13
emoquette	72	erythromycin ethylsuccinate	13
emsam	34	escitalopram oxalate	34
emtriva	9	estazolam	34
enablex	80	estrace	70
enalapril	42	estradiol	70

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

estradiol / norethindrone acetate	70	feldene	31
estradiol valerate	70	felodipine er	42
estring	70	femara	20
estropipate	70	femcon fe	72
estropipate	70	femhrt 1/5	70
estropipate fe	72	femhrt low dose	70
ethambutol	14	femring	70
ethosuximide	24	femtrace	70
ethyol	18	fenofibrate	47
etidronate disodium	54	fenofibrate micronized	47
etodolac	31	fenopropfen calcium	31
etopophos	20	fentanyl citrate oral transmucosal	29
etoposide	20	fentanyl patches	29
eurax	53	fentora	29
evamist	70	ferriprox	55
evista	69	fibracor	47
evoxac	54	finacea	50
exalgo	29	finasteride	81
exelderm	51	fioricet/codeine	29
exelon	27	fiorinal/codeine #3	29
exemestane	20	firazyr	79
exforge	42	firmagon	20
exforge hct	42	flagyl	14
exjade	54	flarex	77
<b>F</b>		flavoxate hcl	80
fabrazyme	61	flecainide acetate	39
factive	17	flector	31
famciclovir	9	flomax	81
famotidine	65	flonase	79
famotidine premixed	65	flo-pred	56
famvir	9	flovent diskus	79
fanapt	34	flovent hfa	79
fanapt titration pack	34	fluconazole	8
fareston	20	fluconazole in dextrose	8
faslodex	20	flucytosine	8
fazaclo	34	fludarabine phosphate	20
felbamate	24	fludrocortisone acetate	56
felbatol	24	flunisolide	79

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

fluocinolone acetonide	52	freamine iii	83
fluocinolone acetonide	56	freamine iii 3%	83
fluocinolone acetonide body	52	frova	26
fluocinonide	52	furadantin	17
fluocinonide-e	52	furosemide	42
fluoroplex	49	fuzeon	9
fluorouracil	20,49	<b>G</b>	
fluoxetine	34	gabapentin	24
fluoxetine dr	34	gabitril	24
fluphenazine	35	galantamine hydrobromide	27
fluphenazine decanoate inj	35	gammagard liquid	67
flurazepam hcl	35	gammaplex	67
flurbiprofen	31	ganciclovir	9
flurbiprofen sodium	76	gardasil	68
flutamide	20	gastrocrom	63
fluticasone propionate	52,53,79	gauze pads 2	58
fluvastatin	47	gavilyte-c	63
fluvoxamine	35	gavilyte-g	63
fml	77	gavilyte-n/flavor pack	63
fml forte	77	gelnique	80
fml liquifilm	77	gemcitabine hcl	20
focalin	35	gemfibrozil	47
focalin xr	35	gemzar	20
folic acid	80	gengraf	20
fomepizole	67	gentamicin sulfate	51
fondaparinux sodium	46	gentamicin sulfate/0.9% sodium chloride	14
foradil aerolizer	79	gentamicin sulfate/sodium chloride	14
fortaz	12	geodon	35
forteo	69	gianvi	72
fortesta	61	gilenya	27
fortical	61	glassia	55
fosamax	69	gleevec	20
foscarnet sodium	9	glimepiride	58
fosinopril	42	glipizide	58
fosinopril / hydrochlorothiazide	42	glipizide / metformin	58
fosphenytoin sodium	24	glipizide er	58
fosrenol	55	glucagen hypokit	58
fragmin	46		

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

glucagon emergency kit	58	hepatasol	83
glucophage	58	hepsera	9
glucophage xr	58	herceptin	20
glucotrol	58	hexalen	20
glucotrol xl	58	hiprex	17
glucovance	58	hizentra	68
glumetza	58	humalog	59
glyburide	59	humalog kwikpen	59
glyburide / metformin	58,59	humalog mix 50/50	59
glyburide micronized	59	humalog mix 50/50 kwikpen	59
glycopyrrolate	62	humalog mix 75/25	59
glynase	59	humalog mix 75/25 kwikpen	59
glyset	59	humira	69
golytely	63	humira pen-crohns disease starter	69
granisetron	63	humulin 70/30	59
granisol	63	humulin 70/30 pen	59
griseofulvin microsize	8	humulin n	59
guanfacine hcl	42	humulin n u-100 pen	59
<b>H</b>		humulin r	59
halaven	20	humulin r u-500 (concentrated)	59
haldol	35	hycamtin	20
haldol decanoate 100	35	hydralazine	42
haldol decanoate 50	35	hydrea	20
halflytely bowel prep/flavor packs	63	hydrochlorothiazide	42
halobetasol propionate	53	hydrocodone	
halog	53	bitartrate/acetaminophen	29
haloperidol	35	hydrocodone/acetaminophen	29
haloperidol decanoate inj	35	hydrocodone/ibuprofen	29
haloperidol lactate inj	35	hydrocortisone	53,56,63,76
havrix	68	hydrocortisone valerate	53
hectorol	61	hydrocortisone/acetic acid	56
helidac	65	hydromorphone hcl	29
heparin sodium	46	hydroxychloroquine	14
heparin sodium/d5w	46	hydroxyurea	20
heparin sodium/nacl 0.45%	46	hydroxyzine hcl	77
heparin sodium/sodium chloride 0.9% premix	46	hydroxyzine pamoate	77
hepatamine	83	hyzaar	42
		<b>I</b>	

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

ibandronate sodium	69	irbesartan	43
ibuprofen	31	irbesartan/hydrochlorothiazide	43
idarubicin hcl	20	irinotecan	20
ifosfamide	20	isentress	9
imipenem/cilastatin	14	isolyte	83
imipramine	35	isoniazid	14
imipramine pamoate	35	isopto carpine	75
imiquimod	49	isordil titradose	48
imitrex	26	isosorbide dinitrate	48
imuran	20	isosorbide dinitrate er	48
incivek	9	isosorbide mononitrate	48
increlex	55	isosorbide mononitrate er	48
indapamide	42	isotonic gentamicin	14
inderal la	42	isradipine	43
indomethacin	31	istalol	75
indomethacin er	31	istodax	20
infanrix	68	itraconazole	8
inlyta	20	ixempra kit	20
inspra	43	ixiaro	68
insulin pen needle	59	<b>J</b>	
insulin syringe (disp) u-100 0.3 ml	59	jakafi	20
insulin syringe (disp) u-100 1 ml	59	jalyn	81
insulin syringe (disp) u-100 1/2 ml	59	jantoven	46
intelece	9	janumet	59
intralipid	83	janumet xr	59
intron-a	66	januvia	59
intron-a with diluent	66	jentaduo	59
introvale	72	jevtana	20
intuniv	35	jinteli	70
invanz	14	jolivette	70
invega	35	junel	72
invega sustenna	35	junel fe 1.5/30	72
invirase	9	junel fe 1/20	72
iopidine	77	juvisync	59
ipol inactivated ipv	68	<b>K</b>	
ipratropium bromide	56,79	kadian	29
ipratropium bromide/albuterol sulfate	79	kaletra	9,10
		kalydeco	79

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



kanamycin sulfate	14	lamivudine/zidovudine	10
kariva	72	lamotrigine	24
kayexalate	55	lanoxin	46
kcl 0.075%/d5w/nacl 0.45%	81	lansoprazole	65
kcl 0.15%/d5w/lr	81	lantus	59
kcl 0.15%/d5w/nacl 0.225%	81	lantus solostar	60
kcl 0.15%/d5w/nacl 0.9%	81	lasix	43
kcl 0.3%/d5w/nacl 0.45%	81	lastacraft	75
kcl 0.3%/d5w/nacl 0.9%	81	latanoprost	76
keflex	12	latuda	35
kelnor 1/35	72	lazanda	29
kepivance	18	leena	72
keppra	24	leflunomide	69
keppra xr	24	lescol	47
ketek	14	lescol xl	47
ketoconazole	8	lessina-28	72
ketoconazole	51	letairis	79
ketoprofen	31	letrozole	20
ketoprofen er	31	leucovorin calcium	18
ketorolac tromethamine	31,76	leukeran	21
kineret	69	leukine	66
kionex	55	leuprolide acetate	21
klor-con 10	82	levalbuterol	79
klor-con 8	82	levaquin	17
klor-con m15	82	levemir	60
klor-con m20	82	levemir flexpen	60
kombiglyze xr	59	levetiracetam	24
k-tabs	81	levetiracetam er	24
kuvan	61	levitra	66
<b>L</b>		levobunolol hcl	75
labetalol	43	levocarnitine	55
lac-hydrin	49	levocetirizine dihydrochloride	77,78
lactated ringers	82	levofloxacin	17
lactated ringers irrigation	54	levofloxacin	74
lactulose	63	levofloxacin in d5w	17
lamictal	24	levora	72
lamisil	8	levothroid	62
lamivudine	10	levothyroxine	62

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

levoxyl	62	losartan	
lexapro	35	potassium/hydrochlorothiazide	43
lexiva	10	loseasonique	72
lialda	63	lotemax	77
lidocaine	50	lotensin	43
lidocaine / prilocaine	50	lotensin hct	43
lidocaine viscous	50	lotrel	43
lidoderm	50	lotrisone	51
lincocin	14	lotronex	63
lindane	53	lovastatin	48
liothyronine sodium	62	lovaza	48
lipitor	47	lovenox	46
liposyn iii	83	low-ogestrel	72
lisinopril	43	loxapine	36
lisinopril/hydrochlorothiazide	43	loxitane	36
lithium carbonate	35	lumigan	76
lithium carbonate er	35	lunesta	36
lithium citrate	35	lupron depot	21
lithobid	35	lupron depot-ped	21
lo loestrin fe	72	lutera	72
lo/ovral-28	72	luxiq	53
locoid	53	lyrica	24
lofibra	47	lysodren	21
lokara	53	<b>M</b>	
lomotil	62	macrobid	17
loperamide hcl	62	macrodantin	17
lopid	48	maprotiline	36
lopressor	43	marinol	63
lopressor hct	43	marlissa	72
loprox	51	marplan	36
loprox shampoo	51	matulane	21
lorazepam	35	matzim la	43
lorazepam intensol	35	mavik	43
lorcet 10/650	29	maxair autohaler	79
lorcet plus	29	maxalt	26
lortab	29	maxalt-mlt	26
losartan potassium	43	maxidone	29
		maxitrol	76

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

maxzide	43	methyclothiazide	43
maxzide-25	43	methyldopa	43
meclofenamate sodium	31	methyldopa/hydrochlorothiazide	43
medrol	56,57	methylergonovine maleate	74
medrol dosepak	57	methylphenidate hcl	36
medroxyprogesterone acetate	70	methylphenidate hcl er	36
megace es	21	methylphenidate hydrochloride	36
megace oral	21	methylprednisolone	57
megestrol acetate	21	methylprednisolone acetate	57
meloxicam	32	methylprednisolone dose pack	57
melphalan hydrochloride	21	methylprednisolone sodiumsuccinate	57
menactra	68	metipranolol	75
menest	70	metoclopramide	63
menomune-a/c/y/w-135	68	metolazone	43
menveo	68	metoprolol succinate er	43
meperidine hcl	29	metoprolol tartrate	43
mephyton	80	metoprolol/hydrochlorothiazide	43
meprobamate	27	metrocream	50
mepron	14	metrogel-vaginal	71
mercaptapurine	21	metrolotion	50
meropenem	14	metronidazole	14
merrem	14	metronidazole	50
mesalamine	63	metronidazole in nacl 0.79%	15
mesna	18	metronidazole vaginal	71
mesnex	18	mevacor	48
mestison	28	mexiletine	39
metadate er	36	miacalcin	61
metformin hcl	60	micardis	43
metformin hcl er	60	micardis hct	43
methadone hcl	30	miconazole 3	71
methadose	30	microgestin 1.5/30	72
methazolamide	76	microgestin 1/20	72
methenamine hippurate	17	microgestin fe	72
methimazole	57	microgestin fe 1.5/30	72
methocarbamol	28	microzide	43
methotrexate	21	midodrine	55
methotrexate sodium	21	migergot	26
methscopolamine bromide	62	migranal	26

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

minipress	43	naftin	51
minocin	17	naglazyme	61
minocycline hcl	17	nalfon	32
minoxidil	43	naloxone	32
mirapex	25	naltrexone	32
mirapex er	25	namenda	27
mirtazapine	36	namenda titration pak	27
mirtazapine odt	36	naprosyn	32
misoprostol	65	naproxen	32
mitomycin	21	naproxen sodium	32
mitoxantrone hcl	21	naratriptan hcl	26
m-m-r ii w/diluent 10 dose	68	nardil	36
mobic	32	nasacort aq	79
moexipril	44	nasonex	79
moexipril/hydrochlorothiazide	44	natacyn	74
mometasone furoate	53	nateglinide	60
monoket	48	nebupent	15
mononessa	72	necon 0.5/35-28	72
monurol	17	necon 1/35-28	72
morphine sulfate	30	necon 10/11-28	73
morphine sulfate er	30	necon 7/7/7	73
moviprep	64	needles, insulin disp., safety	60
moxeza	74	nefazodone	36
mozobil	67	neomycin sulfate	15
ms contin	30	neomycin/bacitracin/polymyxin	74
multaq	39	neomycin/polymyxin b sulfates	54
mupirocin	51	neomycin/polymyxin/bacitracin/hydro cortisone	76
mustargen	21		
mycobutin	15	neomycin/polymyxin/dexamethasone	76
mycophenolate mofetil	21	neomycin/polymyxin/gramicidin	74
myfortic	21	neomycin/polymyxin/hc	56
mysoline	24	neomycin/polymyxin/hc	76
mytelase	27	neoral	21
<b>N</b>		neosporin	74
nabumetone	32	nephramine	83
nadolol	44	neulasta	67
nadolol/bendroflumethiazide	44	neumega	67
nafcillin sodium	16		

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

neupogen	67	normosol-r in d5w	82
neurontin	24	norpace	39
nevanac	76	norpramin	36
nevirapine	10	nor-qd	70
nexavar	21	nortrel 0.5/35 (28)	73
nexium	65	nortrel 1/35 (21)	73
nexium i.v.	65	nortrel 1/35 (28)	73
next choice	73	nortrel 7/7/7	73
niaspan	48	nortriptyline	36
nicardipine	44	norvasc	44
nicotrol inhaler	55	norvir	10
nicotrol nasal	55	novolin 70/30	60
nifediac cc	44	novolin n	60
nifedical xl	44	novolin r	60
nifedipine	44	novolog	60
nifedipine er	44	novolog flexpen	60
nilandron	21	novolog mix 70/30	60
nimodipine	44	novolog mix 70/30 prefilled flexpen	60
nisoldipine	44	noxafil	8
nisoldipine er	44	nuedexta	27
nitro-bid	48	nulojix	21
nitrofurantoin	17	nulytely/flavor packs	64
nitrofurantoin macrocrystalline	18	nuvaring	71
nitrofurantoin monohydrate	18	nuvigil	36
nitroglycerin	48	nystatin	8,51
nitroglycerin transdermal	48	nystatin / triamcinolone	51
nitrolingual pumpspray	48	nystop	51
nitromist	48	<b>O</b>	
nitrostat	48	ocella	73
nizatidine	65	octreotide	21
nizoral	51	ocufen	76
nora-be	70	ocuflox	74
norco	30	ofloxacin	17
nordette-28	73	ofloxacin	56
norethindrone	71	ofloxacin	74
norinyl 1+35	73	ogestrel	73
normosol-m in d5w	83	olanzapine	36
normosol-r	83	olanzapine odt	36

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

oleptro	36	oxybutynin	81
omeprazole	65	oxybutynin er	80
omeprazole/sodium bicarbonate	65	oxycodone / acetaminophen	30
omnaris	79	oxycodone hcl	30
omnipred	77	oxycodone/aspirin	30
omnitrope	67	oxycodone/ibuprofen	30
ondansetron hcl	64	oxycontin	30
ondansetron odt	64	oxymorphone hydrochloride	30
onfi	24	oxymorphone hydrochloride er	30
onglyza	60	oxytrol	81
onsolis	30	<b>P</b>	
ontak	21	pacerone	39
opana	30	paclitaxel	21
opana er (crush resistant)	30	pamelor	36
optipranolol	75	pamidronate disodium	61
optivar	75	pamine	62
orap	36	pamine forte	62
orapred	57	pancreaze	64
orencia	69	panretin	49
orfadin	55	pantoprazole	65
orphenadrine citrate er	28	parafon forte dsc	28
orphenadrine compound ds	28	parcopa	26
orphenadrine/asa/caffeine	28	parlodol	26
orsythia	73	parnate	36
ortho evra	71	paromomycin	15
ortho tri-cyclen	73	paroxetine	36
ortho-cyclen	73	paroxetine er	36
ortho-novum 7/7/7	73	paser	15
osmoprep	64	pataday	75
ovide	53	patanase	56
oxacillin sodium	16	patanol	75
oxaliplatin	21	paxil	36,37
oxandrolone	61	paxil cr	36
oxaprozin	32	pedi-dri	51
oxazepam	36	pedvax hib	68
oxcarbazepine	24	peganone	24
oxistat	51	pegasys	67
oxsoralen ultra	49	pegasys proclick	67

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

peg-intron	67	picato	49
peg-intron redipen	67	pilocarpine hcl	55
penicillin g potassium	16	pilopine hs	75
penicillin g potassium in iso-osmotic dextrose	16	pindolol	44
penicillin g procaine	16	piperacillin sodium/tazobactam sodium	16
penicillin g sodium	16	piroxicam	32
penicillin v potassium	16	plaquenil	15
pennsaid	32	plasma-lyte	83
pentam 300	15	plavix	47
pentasa	64	pletal	47
pentazocine/acetaminophen	32	podofilox	49
pentazocine/naloxone hcl	32	polyethylene glycol 3350	64
pentostatin	21	polymyxin b sulfate	15
pentoxifylline er	47	polytrim	74
pepcid	65	portia-28	73
percocet	30	potassium chloride	82
percodan	30	potassium chloride 0.15% /nacl 0.45% viaflex	82
perforomist	79	potassium chloride 0.15% d5w/nacl 0.33%	82
perindopril erbumine	44	potassium chloride 0.15% d5w/nacl 0.45% viaflex	82
periogard	56	potassium chloride 0.15% nacl 0.9%	82
permethrin	53	potassium chloride 0.22% d5w/nacl 0.45%	82
perphenazine	37	potassium chloride 0.224%/dextrose 5% viaflex	82
perphenazine/amitriptyline	37	potassium chloride 0.3%/ nacl 0.9%	82
persantine	47	potassium chloride 0.3%/d5w/viaflex	82
pfizerpen-g	16	potassium chloride er	82
phenadoz	78	potiga	25
phenelzine sulfate	37	pradaxa	47
phenergan	78	pramipexole dihydrochloride	26
phenobarbital	24,25	prandin	60
phenytek	25	pravachol	48
phenytoin	25	pravastatin	48
phenytoin sodium	25		
phenytoin sodium extended	25		
phoslo	82		
phoslyra	82		
phospholine iodide	75		
physiolyte	54		

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

prazosin	44	prochlorperazine	64
precose	60	prochlorperazine edisylate	64
pred mild	77	prochlorperazine maleate	64
pred-g	76	procrit	67
pred-g s.o.p.	76	progesterone	71
prednicarbate	53	proglycem	60
prednisolone acetate	77	prograf	21
prednisolone sodium phosphate	57	prolactin-c	55
prednisolone sodium phosphate	77	proleukin	67
prednisone	57	prolia	69
prednisone intensol	57	promacta	47
prefest	71	promethazine hcl	78
premarin	71	promethazine vc	78
premasol	83	promethegan	78
prempase	71	prometrium	71
prempro	71	propafenone hcl	39
prenatal vitamins (generic)	84	propafenone hcl er	39
prevacid	65	propantheline bromide	62
prevacid solutab	65	propranolol hcl	44
previfem	73	propranolol hcl er	44
prevpac	65	propranolol/hydrochlorothiazide	44
prezista	10	propylthiouracil	57
priftin	15	proquad	68
prilosec	65	proscar	81
primaxin iv	15	prosol	83
primidone	25	protonix	65
primsol	18	protopic	49
prinivil	44	protriptyline hcl	37
prinzide	44	proventil hfa	79
pristiq	37	provera	71
privigen	68	provigil	37
proair hfa	79	prozac	37
probenecid	68	prozac weekly	37
probenecid / colchicine	68	pulmicort	79
procalamine	83	pulmicort flexhaler	79
procardia	44	pulmozyme	79
procardia xl	44	purinethol	21
		pylera	65

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



pyridostigmine bromide	28	reserpine	45
<b>Q</b>		restasis	75
qualaquin	15	retrovir	10
quasense	73	retrovir iv infusion	10
quetiapine fumarate	37	revatio	79
quinapril	44	revia	32
quinapril/hydrochlorothiazide	44	revlimid	21
quinidine gluconate er	39	reyataz	10
quinidine sulfate	39	rhinocort aqua	79
quinidine sulfate er	39	ribasphere	10
qvar	79	ribavirin	10
<b>R</b>		ridaura	69
rabavert	68	rifadin	15
ramipril	44	rifamate	15
ranexa	48	rifampin	15
ranitidine hcl	65	rifater	15
rapamune	21	rilutek	55
razadyne	27	rimantadine hcl	10
razadyne er	27	ringers injection	82
rebetol	10	ringers irrigation	54
rebif	67	risperdal	37
rebif titration pack	67	risperdal consta	37
reclast	55	risperdal m-tab	37
reclipsen	73	risperidone	37
recombivax hb	68	risperidone odt	37
reglan	64	ritalin	37
regranex	49	ritalin la	37
relenza diskhaler	10	ritalin sr	37
relistor	64	rituxan	21
relpax	26	rivastigmine tartrate	27
remeron	37	robinul	62
remeron soltab	37	robinul forte	62
remicade	64	rocaltrol	61
renagel	55	ropinirole	26
renvela	55	ropinirole er	26
requip	26	rotateq	68
requip xl	26	roxicet	30
rescriptor	10	roxycodone	30

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

rozerem	37	skelaxin	28
rythmol	39	sodium chloride	55,82
rythmol sr	39	sodium chloride 0.45% viaflex	82
<b>S</b>		sodium chloride 0.9%	55
sabril	25	sodium fluoride	84
safyral	73	sodium polystyrene sulfonate	55
salagen	55	sodium sulfacetamide	77
samsca	61	solaraze	49
sanctura	81	solu-cortef	57
sanctura xr	81	solu-medrol	57
sancuso	64	soma	28
sandimmune	22	somatuline depot	22
sandostatin	22	somavert	61
santyl	53	sonata	38
saphris	37	soriatane	49
savella	69	sorine	39
savella titration pack	69	sotalol	39
seasonale	73	sotalol hydrochloride	39
seasonique	73	spectracef	12
sectral	45	spiriva handihaler	80
selegiline	26	spironolactone	45
selenium sulfide	49	spironolactone/hydrochlorothiazide	45
selzentry	10	sporanox	8
sensipar	61	sprintec 28	73
serevent diskus	79	sprycel	22
seromycin	15	ssd	49
seroquel	37	stalevo 100	26
seroquel xr	37	stalevo 125	26
sertraline	38	stalevo 150	26
silvadene	49	stalevo 200	26
silver sulfadiazine	49	stalevo 50	26
simcor	48	stalevo 75	26
simponi	69	starlix	60
simulect	22	stavudine	10
simvastatin	48	staxyn	66
sinemet	26	sterile water irrigation	55
sinemet cr	26	strattera	38
singulair	79	streptomycin sulfate	15

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

stromectol	15	targretin	22
suboxone	32	tarka	45
sucralfate	65	tasigna	22
sular	45	tasmar	26
sulfacetamide sodium	77	taxotere	22
sulfacetamide sodium / prednisolone		tazorac	50
sodium phospho	76	taztia xt	45
sulfadiazine	17	teflaro	12
sulfamethoxazole/trimethoprim	17	tegretol	25
sulfamethoxazole/trimethoprim ds	17	tegretol-xr	25
sulfasalazine	64	tekamlo	45
sulfazine ec	64	tekturna	45
sulindac	32	tekturna hct	45
sumatriptan succinate	26	temazepam	38
suprax	12	temovate	53
suprep bowel prep	64	tenex	45
surmontil	38	tenoretic 100	45
sustiva	11	tenoretic 50	45
sutent	22	tenormin	45
sylatron	67	terazol 3	71
symbicort	80	terazol 7	71
symbyax	38	terazosin hcl	45
symlinpen 120	60	terbinafine	8
symlinpen 60	60	terbutaline sulfate	80
synarel	61	terconazole	71
synera	50	testosterone cypionate	61
synthroid	62	tetanus / diphtheria toxoids-adsorbed	
syprine	55	adult	68
<b>T</b>		tetracycline hcl	17
tabloid	22	teveten	45
taclonex	49	teveten hct	45
taclonex scalp	49	thalomid	22
tacrolimus	22	theophylline cr	80
tamiflu	11	theophylline er	80
tamoxifen citrate	22	thermazene	49
tamsulosin hcl	81	thioridazine	38
tapazole	57	thiotepa	22
tarceva	22	thiothixene	38

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

thymoglobulin	68	trandate	45
tiazac	45	trandolapril	45
ticlopidine hcl	47	tranlycypromine	38
tigan	64	travasol	83
tikosyn	39	travatan z	76
timentin	16	trazodone	38
timolol maleate	45	treanda	22
timolol maleate	75	trecator	15
timolol maleate ophthalmic gel forming	75	treistar depot mixject	22
tioptic-xe	75	treistar la mixject	22
tirosint	62	treistar mixject	22
tizanidine hcl	28	trental	47
tobi	15	tretinoin	22
tobradex	76	tretinoin	50
tobradex st	76	triamcinolone acetonide	53,80
tobramycin	15,74	triamcinolone in orabase	56
		triamterene/hydrochlorothiazide	45
tobramycin sulfate / sodium chloride	15	triazolam	38
tobramycin/dexamethasone	76	tribenzor	45
tobrex	74	tricolor	48
tofranil	38	triderm	53
tolazamide	60	trifluoperazine	38
tolmetin sodium	32	trifluridine	74
topamax	25	trihexyphenidyl	26
topicort	53	tri-legest fe	73
topiramate	25	trileptal	25
topotecan hcl	22	trilipix	48
toprol xl	45	trilyte	64
torisel	22	trimethobenzamide hcl	64
torsemide	45	trimethoprim	18
toviaz	81	trimethoprim sulfate/polymyxin b sulfate	74
tpn electrolytes	82	trimipramine maleate	38
tracleer	80	trinessa	73
tradjenta	60	tri-norinyl 28	73
tramadol	32	tri-previfem	73
tramadol hcl / acetaminophen	32	trisenox	22
tramadol hcl er	32		

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

tri-sprintec	73	valproate sodium	25
trivora-28	73	valproic acid	25
trizivir	11	valtrex	11
trophamine	84	valturna	45
tropium chloride	81	vancocin oral	18
trusopt	76	vancomycin	18
truvada	11	vandazole	71
twinject	78	vaqta	68
twinrix	68	varivax	68
tygacil	15	vaseretic	45
tykerb	22	vasotec	45
tylenol/codeine #3	30	vectibix	22
tylenol/codeine #4	31	vectical	49
tylox	31	velcade	22
typhim vi	68	velivet	73
tyzeka	11	venlafaxine hcl	38
tyzine	56	venlafaxine hcl er	38
<b>U</b>		ventavis	80
uloric	68	ventolin hfa	80
ultracet	32	veramyst	80
ultram	32	verapamil	45
ultram er	32	verapamil er	45
ultravate	53	veregen	50
unasyn	16	verelan	46
unasyn bulk pack	16	verelan pm	46
uniretic	45	vesicare	81
unithroid	62	vestura	73
univasc	45	vexol	77
urecholine	81	vfend	8
uroxatral	81	vfend iv	8
urso 250	64	viagra	66
urso forte	64	vibativ	18
ursodiol	64	vibramycin	17
uvadex	49	vicodin	31
<b>V</b>		vicodin es	31
vagifem	71	vicoprofen	31
valacyclovir hcl	11	victoza	60
valcyte	11	victrelis	11

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

vidaza	22	xarelto	47
videx ec	11	xenazine	27
videx pediatric	11	xgeva	18
vigamox	74	xifaxan	15
viibryd	38	xolair	80
vimovo	32	xopenex	80
vimpat	25	xopenex hfa	80
vinblastine sulfate	22	xyrem	38
vincasar pfs	22	xyzal	78
vincristine sulfate	23	<b>Y</b>	
vinorelbine tartrate	23	yaz	73
viracept	11	yervoy	23
viramune	11	yf-vax	68
viramune xr	11	<b>Z</b>	
viread	11	zafirlukast	80
viroptic	74	zaleplon	39
vistaril	78	zanaflex	28
vistide	11	zanosar	23
vitamin d	80	zantac	66
vivactil	38	zarontin	25
vivelle-dot	71	zavesca	61
voltaren	32	zazole	71
voltaren	76	zebeta	46
voltaren-xr	32	zegerid	66
voriconazole	8	zelboraf	23
votrient	23	zemaira	55
vpriv	61	zemplar	61
vytorin	48	zenpep	64
<b>W</b>		zeosa	73
warfarin	47	zerit	11
welchol	48	zestoretic	46
wellbutrin	38	zestril	46
wellbutrin sr	38	zetia	48
wellbutrin xl	38	ziac	46
westcort	53	ziagen	11
<b>X</b>		zidovudine	11
xalatan	76	ziprasidone hcl	39
xalkori	23	zirkan	74

AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

zithromax	13	zonisamide	25
zithromax tri-pak	13	zortress	23
zithromax z-pak	13	zostavax	68
zmax	13	zosyn	16
zocor	48	zovia 1/35e	73
zofran	64	zovia 1/50e	73
zofran odt	64	zovirax	11,51
zolinza	23	zyflo	80
zoloft	39	zyflo cr	80
zolpidem	39	zylet	76
zolpidem tartrate er	39	zyloprim	69
zometa	61,62	zymaxid	74
zomig	27	zyprexa	39
zomig zmt	27	zyprexa zydis	39
zonalon	50	zytiga	23
zonegran	25	zyvox	15

### AvMed is a Medicare Advantage Organization with a Medicare Contract

“ED”-This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

“GC”-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.