

# AvMed Medicare 2022 Formulary List of Covered Drugs

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

HPMS Approved Formulary File Submission  
ID, 00022049 Version Number 12  
H1016\_PH262-092021\_C

This formulary was updated on 06/01/2022. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - 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., or visit [www.avmed.org](http://www.avmed.org)



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

When this drug list (formulary) refers to "we," "us", or "our," it means AvMed. When it refers to "plan" or "our plan," it means AvMed Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 06/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

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

A formulary is a list of covered drugs selected by AvMed Medicare 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 will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a AvMed Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

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

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

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

we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the AvMed Medicare Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2022. To get updated information about the drugs covered by AvMed Medicare, please contact us. Our contact information appears on the front and back cover pages.

## **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.” If you know what your drug is used for, look for the category name in the list that begins on page number 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 64. 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 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 requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare before you fill your prescriptions. If you don't get approval, AvMed Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare limits the amount of the drug that AvMed Medicare will cover. For example, AvMed Medicare provides 30 per prescription for OPSUMIT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AvMed Medicare 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare 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. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AvMed Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an

exception to the AvMed Medicare formulary?" on page 4 for information about how to request an exception.

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

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

If you learn that AvMed Medicare 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. 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.
- You can ask AvMed Medicare 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 Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AvMed Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

### **Transition Supply for Current Members with changes in treatment setting:**

If the setting where you receive treatment changes during the plan year, you may need a short-term supply of your drugs during the transition. For example:

- You're discharged from a hospital or skilled nursing facility (where your Medicare Part A payments include drug costs) and need a prescription from a pharmacy to continue taking a drug at home (using your Part D plan benefit); or
- You transfer from one skilled nursing facility to another

If you do change treatment settings and need to fill a prescription at a pharmacy, we'll cover up to a 30-day supply of a drug covered by Medicare Part D, so your drug treatment won't be interrupted. To ask for a temporary supply, call AvMed Member Engagement (phone numbers are printed on the front and back cover of this booklet).

If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization for continued coverage of your drug. See the "How do I request an exception to the AvMed Medicare Formulary?" section on page 4.

## **For more information**

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

If you have questions about AvMed Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **AvMed's Medicare Formulary**

The formulary below provides coverage information about the drugs covered by AvMed Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 64. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CHANTIX) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

**B/D PA:** This prescription 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. For more information, call Member Engagement at 1-800- 782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - 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.

**ED:** Excluded Drug. 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 toward 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:** Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call the Member Engagement Center.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**SI:** Select Insulins: Insulins available at a set copay in the initial coverage and gap coverage phases. Does not apply to AvMed Medicare Premium Saver Broward County (HMO).

# AvMed Medicare eff 06/01/2022

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <b>ANALGESICS</b>  |                            |                              |
| <b>GOUT</b>  |                            |                              |
| <i>allopurinol</i> TABS 100mg,<br>300mg  | 2                          | GC                           |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                               | 4                          | QL                           |
| <i>colchicine w/ probenecid tab</i><br>0.5-500 mg                                    | 3                          |                              |
| <i>febuxostat</i> TABS 40mg,<br>80mg   | 4                          | PA                           |
| <i>MITIGARE</i> CAPS .6mg<br>QL (60 caps / 30 days)                                  | 3                          | QL                           |
| <i>probenecid</i> TABS 500mg   | 3                          |                              |
| <b>NSAIDS</b>  |                            |                              |
| <i>celecoxib</i> CAPS 50mg<br>QL (240 caps / 30 days)                                | 3                          | QL                           |
| <i>celecoxib</i> CAPS 100mg<br>QL (120 caps / 30 days)                               | 3                          | QL                           |
| <i>celecoxib</i> CAPS 200mg<br>QL (60 caps / 30 days)                                | 3                          | QL                           |
| <i>celecoxib</i> CAPS 400mg<br>QL (30 caps / 30 days)                                | 3                          | QL                           |
| <i>diclofenac potassium</i> TABS<br>50mg<br>QL (120 tabs / 30 days)                  | 3                          | QL                           |
| <i>diclofenac sodium</i> TB24<br>100mg   | 3                          |                              |
| <i>diclofenac sodium</i> TBEC<br>25mg, 50mg, 75mg                                    | 2                          | GC                           |
| <i>diclofenac w/ misoprostol tab</i><br>delayed release 50-0.2 mg                    | 4                          |                              |
| <i>diclofenac w/ misoprostol tab</i><br>delayed release 75-0.2 mg                    | 4                          |                              |
| <i>diflunisal</i> TABS 500mg   | 3                          |                              |
| <i>ec-naproxen</i> TBEC 375mg<br>QL (120 tabs / 30 days)                             | 2                          | GC QL                        |
| <i>ec-naproxen</i> TBEC 500mg<br>QL (90 tabs / 30 days)                              | 4                          | QL                           |
| <i>etodolac</i> CAPS 200mg,<br>300mg; TABS 400mg, 500mg;<br>TB24 400mg, 500mg, 600mg | 3                          |                              |
| <i>flurbiprofen</i> TABS 100mg   | 3                          |                              |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| <i>ibu</i> TABS 600mg, 800mg  | 1                          | GC                           |
| <i>ibuprofen</i> SUSP 100mg/5ml   | 3                          |                              |
| <i>ibuprofen</i> TABS 400mg,<br>600mg, 800mg  | 1                          | GC                           |
| <i>meloxicam</i> TABS 7.5mg,<br>15mg  | 1                          | GC                           |
| <i>nabumetone</i> TABS 500mg,<br>750mg  | 2                          | GC                           |
| <i>naproxen</i> TABS 250mg,<br>375mg, 500mg   | 1                          | GC                           |
| <i>naproxen</i> TBEC 375mg<br>QL (120 tabs / 30 days)   | 2                          | GC QL                        |
| <i>naproxen</i> TBEC 500mg<br>QL (90 tabs / 30 days)  | 4                          | QL                           |
| <i>naproxen sodium</i> TABS<br>275mg, 550mg   | 3                          |                              |
| <i>oxaprozin</i> TABS 600mg   | 4                          |                              |
| <i>piroxicam</i> CAPS 10mg, 20mg  | 3                          |                              |
| <i>sulindac</i> TABS 150mg,<br>200mg  | 2                          | GC                           |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>   |                            |                              |
| <i>fentanyl</i> PT72 12mcg/hr,<br>25mcg/hr, 50mcg/hr,<br>75mcg/hr, 100mcg/hr<br>QL (10 patches / 30<br>days)  | 4                          | QL PA                        |
| <i>hydrocodone bitartrate</i> T24A<br>20mg, 30mg, 40mg, 60mg,<br>80mg, 100mg, 120mg<br>QL (30 tabs / 30 days) | 3                          | QL PA                        |
| <i>HYSINGLA ER</i> T24A 20mg,<br>30mg, 40mg, 60mg, 80mg,<br>100mg, 120mg<br>QL (30 tabs / 30 days)            | 3                          | QL PA                        |
| <i>methadone hcl</i> SOLN<br>5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                       | 3                          | QL PA                        |
| <i>methadone hcl</i> TABS 5mg,<br>10mg<br>QL (90 tabs / 30 days)  | 3                          | QL PA                        |
| <i>methadone hydrochloride i</i><br>CONC 10mg/ml<br>QL (90 mL / 30 days)                                      | 3                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| morphine sulfate TBCR<br>15mg, 30mg, 60mg, 100mg,<br>200mg<br>QL (90 tabs / 30 days)                   | 3                          | QL PA                        |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>   |                            |                              |
| acetaminophen w/ codeine<br>soln 120-12 mg/5ml<br>QL (2700 mL / 30 days)                               | 3                          | QL                           |
| acetaminophen w/ codeine<br>tab 300-15 mg<br>QL (400 tabs / 30 days)                                   | 3                          | QL                           |
| acetaminophen w/ codeine<br>tab 300-30 mg<br>QL (360 tabs / 30 days)                                   | 3                          | QL                           |
| acetaminophen w/ codeine<br>tab 300-60 mg<br>QL (180 tabs / 30 days)                                   | 3                          | QL                           |
| butorphanol tartrate SOLN<br>1mg/ml, 2mg/ml  | 4                          |                              |
| endocet tab 2.5-325mg<br>QL (360 tabs / 30 days)   | 3                          | QL                           |
| endocet tab 5-325mg<br>QL (360 tabs / 30 days)   | 3                          | QL                           |
| endocet tab 7.5-325mg<br>QL (240 tabs / 30 days)   | 3                          | QL                           |
| endocet tab 10-325mg<br>QL (180 tabs / 30 days)  | 3                          | QL                           |
| fentanyl citrate LPOP<br>200mcg<br>QL (120 lozenges / 30<br>days)                                      | 4                          | QL PA                        |
| fentanyl citrate LPOP<br>400mcg, 600mcg, 800mcg,<br>1200mcg, 1600mcg<br>QL (120 lozenges / 30<br>days) | 5                          | QL PA                        |
| hydrocodone-acetaminophen<br>soln 7.5-325 mg/15ml<br>QL (2700 mL / 30 days)                            | 4                          | QL                           |
| hydrocodone-acetaminophen<br>tab 5-325 mg<br>QL (240 tabs / 30 days)                                   | 3                          | QL                           |
| hydrocodone-acetaminophen<br>tab 7.5-325 mg<br>QL (180 tabs / 30 days)                                 | 3                          | QL                           |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| hydrocodone-acetaminophen<br>tab 10-325 mg<br>QL (180 tabs / 30 days)        | 3                          | QL                           |
| hydrocodone-ibuprofen tab<br>7.5-200 mg<br>QL (150 tabs / 30 days)           | 3                          | QL                           |
| hydromorphone hcl LIQD<br>1mg/ml<br>QL (600 mL / 30 days)                    | 4                          | QL                           |
| hydromorphone hcl TABS<br>2mg, 4mg, 8mg<br>QL (180 tabs / 30 days)           | 3                          | QL                           |
| morphine sulfate SOLN<br>1mg/ml, 4mg/ml, 8mg/ml,<br>10mg/ml                  | 4                          | B/D                          |
| MORPHINE SULFATE SOLN<br>2mg/ml, 4mg/ml, 5mg/ml,<br>8mg/ml, 10mg/ml          | 4                          | B/D                          |
| morphine sulfate SOLN<br>10mg/5ml, 20mg/5ml<br>QL (900 mL / 30 days)         | 3                          | QL                           |
| morphine sulfate SOLN<br>100mg/5ml<br>QL (180 mL / 30 days)                  | 3                          | QL                           |
| morphine sulfate TABS<br>15mg, 30mg<br>QL (180 tabs / 30 days)               | 3                          | QL                           |
| nalbuphine hcl SOLN<br>10mg/ml, 20mg/ml                                      | 4                          |                              |
| oxycodone hcl CAPS 5mg<br>QL (180 caps / 30 days)                            | 4                          | QL                           |
| oxycodone hcl CONC<br>100mg/5ml<br>QL (180 mL / 30 days)                     | 4                          | QL                           |
| oxycodone hcl SOLN<br>5mg/5ml<br>QL (900 mL / 30 days)                       | 4                          | QL                           |
| oxycodone hcl TABS 5mg,<br>10mg, 15mg, 20mg, 30mg<br>QL (180 tabs / 30 days) | 3                          | QL                           |
| oxycodone w/ acetaminophen<br>tab 2.5-325 mg<br>QL (360 tabs / 30 days)      | 3                          | QL                           |
| oxycodone w/ acetaminophen<br>tab 5-325 mg<br>QL (360 tabs / 30 days)        | 3                          | QL                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits     |
|---|----------------------------|----------------------------------|
| oxycodone w/ acetaminophen tab 7.5-325 mg                               | 3                          | QL<br>QL (240 tabs / 30 days)    |
| oxycodone w/ acetaminophen tab 10-325 mg                                | 3                          | QL<br>QL (180 tabs / 30 days)    |
| tramadol hcl TABS 50mg  | 2                          | GC QL<br>QL (240 tabs / 30 days) |
| tramadol-acetaminophen tab 37.5-325 mg                                  | 3                          | QL<br>QL (240 tabs / 30 days)    |
| <b>ANESTHETICS</b>  |                            |                                  |
| <b>LOCAL ANESTHETICS</b>  |                            |                                  |
| lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%                    | 3                          | B/D                              |
| <b>ANTI-INFECTIVES</b>  |                            |                                  |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                  |                            |                                  |
| albendazole TABS 200mg  | 5                          |                                  |
| amikacin sulfate SOLN 1gm/4ml, 500mg/2ml                                | 4                          |                                  |
| atovaquone SUSP 750mg/5ml   | 4                          |                                  |
| aztreonam SOLR 1gm, 2gm   | 4                          |                                  |
| CAYSTON SOLR 75mg   | 5                          | LA PA                            |
| clindamycin hcl CAPS 75mg, 150mg, 300mg                                 | 2                          | GC                               |
| clindamycin palmitate hydrochloride SOLR 75mg/5ml                       | 4                          |                                  |
| clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 3                          |                                  |
| clindamycin phosphate in d5w iv soln 300 mg/50ml                        | 4                          |                                  |
| clindamycin phosphate in d5w iv soln 600 mg/50ml                        | 4                          |                                  |
| clindamycin phosphate in d5w iv soln 900 mg/50ml                        | 4                          |                                  |
| CLINDMYC/NAC INJ 300/50ML   | 4                          |                                  |
| CLINDMYC/NAC INJ 600/50ML   | 4                          |                                  |
| CLINDMYC/NAC INJ 900/50ML   | 4                          |                                  |
| colistimethate sodium SOLR 150mg  | 4                          |                                  |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits    |
|--|----------------------------|---------------------------------|
| dapsone TABS 25mg, 100mg                               | 3                          |                                 |
| DAPTOMYCIN SOLR 350mg                                  | 5                          |                                 |
| daptomycin SOLR 350mg, 500mg                           | 5                          |                                 |
| EMVERM CHEW 100mg                                      | 5                          | QL<br>QL (12 tabs / year)       |
| ertapenem sodium SOLR 1gm                              | 4                          |                                 |
| gentamicin in saline inj 0.8 mg/ml                     | 3                          |                                 |
| gentamicin in saline inj 1 mg/ml                       | 3                          |                                 |
| gentamicin in saline inj 1.2 mg/ml                     | 3                          |                                 |
| gentamicin in saline inj 1.6 mg/ml                     | 3                          |                                 |
| gentamicin in saline inj 2 mg/ml                       | 3                          |                                 |
| gentamicin sulfate SOLN 10mg/ml, 40mg/ml               | 3                          |                                 |
| imipenem-cilastatin intravenous for soln 250 mg        | 4                          |                                 |
| imipenem-cilastatin intravenous for soln 500 mg        | 4                          |                                 |
| ivermectin TABS 3mg                                    | 3                          | QL PA<br>QL (12 tabs / 75 days) |
| linezolid SOLN 600mg/300ml                             | 4                          |                                 |
| linezolid SUSR 100mg/5ml                               | 5                          | QL<br>QL (1800 mL / 30 days)    |
| linezolid TABS 600mg                                   | 4                          | QL<br>QL (60 tabs / 30 days)    |
| linezolid in sodium chloride iv soln 600 mg/300ml-0.9% | 4                          |                                 |
| meropenem SOLR 1gm, 500mg                              | 4                          |                                 |
| methenamine hippurate TABS 1gm                         | 4                          |                                 |
| metronidazole SOLN 500mg/100ml                         | 3                          |                                 |
| metronidazole TABS 250mg, 500mg                        | 1                          | GC                              |
| neomycin sulfate TABS 500mg                            | 2                          | GC                              |
| nitazoxanide TABS 500mg                                | 5                          | QL<br>QL (6 tabs / 30 days)     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name                           | Drug Requirements/<br>Tier                        | Limits            |
|-------------------------------------|---|-------------------|
| <i>nitrofurantoin macrocrystal</i>  | 3   |                   |
| CAPS 50mg, 100mg                    |   |                   |
| <i>nitrofurantoin monohyd macro</i> | 3   |                   |
| CAPS 100mg                          |   |                   |
| <i>paromomycin sulfate</i>          | CAPS<br>250mg                                     | 4                 |
| <i>pentamidine isethionate inh</i>  | 4   | B/D<br>SOLR 300mg |
| <i>pentamidine isethionate inj</i>  | 4   | SOLR 300mg        |
| <i>praziquantel</i>                 | TABS 600mg  | 4                 |
| SIVEXTRO                            | SOLR 200mg;<br>TABS 200mg                         | 5                 |
| <i>streptomycin sulfate</i>         | SOLR<br>1gm                                       | 4                 |
| <i>sulfadiazine</i>                 | TABS 500mg  | 4                 |
| <i>sulfamethoxazole-</i>            | 4   |                   |
| <i>trimethoprim iv soln</i>         | 400-80<br>mg/5ml                                  |                   |
| <i>sulfamethoxazole-</i>            | 3   |                   |
| <i>trimethoprim susp</i>            | 200-40<br>mg/5ml                                  |                   |
| <i>sulfamethoxazole-</i>            | 1   | GC                |
| <i>trimethoprim tab</i>             | 400-80 mg   |                   |
| <i>sulfamethoxazole-</i>            | 1   | GC                |
| <i>trimethoprim tab</i>             | 800-160 mg  |                   |
| SYNERCID INJ                        | 500MG   | 5                 |
| <i>tobramycin</i>                   | NEBU 300mg/5ml                                    | 5 PA              |
| <i>tobramycin sulfate</i>           | SOLN<br>1.2gm/30ml, 10mg/ml,<br>40mg/ml, 80mg/2ml | 3                 |
| TRIMETHOPRIM                        | TABS<br>100mg                                     | 2 GC              |
| <i>vancomycin hcl</i>               | CAPS 125mg<br>QL (80 caps / 180 days)             | 4 QL              |
| <i>vancomycin hcl</i>               | CAPS 250mg<br>QL (160 caps / 180<br>days)         | 4 QL              |
| <i>vancomycin hcl</i>               | SOLR 1gm,<br>5gm, 10gm, 500mg, 750mg              | 4                 |
| VANCOMYCIN INJ                      | 1 GM  | 4                 |
| VANCOMYCIN INJ                      | 500MG   | 4                 |
| VANCOMYCIN INJ                      | 750MG   | 4                 |
| <b>ANTIFUNGALS</b>                  |   |                   |
| ABELCET                             | SUSP 5mg/ml                                       | 4 B/D             |

| Drug Name                           | Drug Requirements/<br>Tier                           | Limits  |
|-------------------------------------|--|---------|
| AMBISOME                            | SUSR 50mg  | 5 B/D   |
| <i>amphotericin b</i>               | SOLR 50mg  | 4 B/D   |
| <i>amphotericin b liposome</i>      | SUSR 50mg  | 5 B/D   |
| <i>caspofungin acetate</i>          | SOLR<br>50mg, 70mg                                   | 4       |
| <i>fluconazole</i>                  | SUSR 10mg/ml,<br>40mg/ml; TABS 50mg,<br>100mg, 200mg | 3       |
| <i>fluconazole</i>                  | TABS 150mg   | 2 GC    |
| <i>fluconazole in nacl 0.9% inj</i> | 200 mg/100ml   | 3       |
| <i>fluconazole in nacl 0.9% inj</i> | 400 mg/200ml   | 3       |
| <i>flucytosine</i>                  | CAPS 250mg,<br>500mg                                 | 5 PA    |
| <i>griseofulvin microsize</i>       | SUSP<br>125mg/5ml; TABS 500mg                        | 4       |
| <i>griseofulvin ultramicrosize</i>  | TABS 125mg, 250mg                                    | 4       |
| <i>itraconazole</i>                 | CAPS 100mg   | 4 PA    |
| <i>ketoconazole</i>                 | TABS 200mg   | 3 PA    |
| <i>micafungin sodium</i>            | SOLR<br>50mg, 100mg                                  | 5       |
| NOXAFIL                             | SUSP 40mg/ml<br>QL (630 mL / 30 days)                | 5 QL PA |
| <i>nystatin</i>                     | TABS 500000unit                                      | 3       |
| <i>posaconazole</i>                 | TBEC 100mg<br>QL (93 tabs / 30 days)                 | 5 QL PA |
| <i>terbinafine hcl</i>              | TABS 250mg<br>QL (90 tabs / year)                    | 1 GC QL |
| <i>voriconazole</i>                 | SOLR 200mg;<br>SUSR 40mg/ml                          | 5 PA    |
| <i>voriconazole</i>                 | TABS 50mg<br>QL (480 tabs / 30 days)                 | 4 QL PA |
| <i>voriconazole</i>                 | TABS 200mg<br>QL (120 tabs / 30 days)                | 4 QL PA |
| <b>ANTIMALARIALS</b>                |  |         |
| <i>atovaquone-proguanil hcl tab</i> | 62.5-25 mg   | 4       |
| <i>atovaquone-proguanil hcl tab</i> | 250-100 mg   | 4       |
| <i>chloroquine phosphate</i>        | TABS 250mg, 500mg                                    | 4       |
| COARTEM TAB                         | 20-120MG   | 4       |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>mefloquine hcl</i> TABS 250mg                   | 3                          |        |
| <i>primaquine phosphate</i> TABS 26.3mg            | 3                          |        |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                   | 3                          |        |
| <i>quinine sulfate</i> CAPS 324mg                  | 4                          | PA     |
| <b>ANTIRETROVIRAL AGENTS</b>                       |                            |        |
| <i>abacavir sulfate</i> SOLN 20mg/ml               | 4                          |        |
| <i>abacavir sulfate</i> TABS 300mg                 | 3                          |        |
| APTVUS CAPS 250mg                                  | 5                          |        |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 4                          |        |
| EDURANT TABS 25mg                                  | 5                          |        |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg      | 4                          |        |
| <i>emtricitabine</i> CAPS 200mg                    | 3                          |        |
| EMTRIVA SOLN 10mg/ml                               | 4                          |        |
| <i>etravirine</i> TABS 100mg, 200mg                | 5                          |        |
| <i>fosamprenavir calcium</i> TABS 700mg            | 5                          |        |
| FUZEON SOLR 90mg                                   | 5                          |        |
| INTELENCE TABS 25mg                                | 4                          |        |
| INVIRASE TABS 500mg                                | 5                          |        |
| ISENTRESS CHEW 25mg; PACK 100mg                    | 3                          |        |
| ISENTRESS CHEW 100mg; TABS 400mg                   | 5                          |        |
| ISENTRESS HD TABS 600mg                            | 5                          |        |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg  | 3                          |        |
| LEXIVA SUSP 50mg/ml                                | 4                          |        |
| <i>maraviroc</i> TABS 150mg, 300mg                 | 5                          |        |
| <i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg | 4                          |        |
| <i>nevirapine</i> TABS 200mg                       | 2                          | GC     |
| NORVIR PACK 100mg; SOLN 80mg/ml                    | 4                          |        |
| PIFELTRO TABS 100mg                                | 5                          |        |
| PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)       | 5                          | QL     |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| PREZISTA TABS 75mg QL (480 tabs / 30 days)                       | 4                          | QL     |
| PREZISTA TABS 150mg QL (240 tabs / 30 days)                      | 5                          | QL     |
| PREZISTA TABS 600mg QL (60 tabs / 30 days)                       | 5                          | QL     |
| PREZISTA TABS 800mg QL (30 tabs / 30 days)                       | 5                          | QL     |
| REYATAZ PACK 50mg  | 5                          |        |
| <i>ritonavir</i> TABS 100mg                                      | 3                          |        |
| RUKOBIA TB12 600mg   | 5                          |        |
| SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg                  | 5                          |        |
| SELZENTRY TABS 25mg  | 3                          |        |
| <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg                     | 4                          |        |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg                  | 3                          |        |
| TIVICAY TABS 10mg  | 3                          |        |
| TIVICAY TABS 25mg, 50mg  | 5                          |        |
| TIVICAY PD TBSO 5mg  | 3                          |        |
| TROGARZO SOLN 200mg/1.33ml                                       | 5                          | LA     |
| TYBOST TABS 150mg  | 3                          |        |
| VIRACEPT TABS 250mg, 625mg                                       | 5                          |        |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                    | 5                          |        |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml                      | 4                          |        |
| <i>zidovudine</i> TABS 300mg                                     | 3                          |        |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                         |                            |        |
| <i>abacavir sulfate-lamivudine</i> tab 600-300 mg                | 3                          |        |
| <i>abacavir sulfate-lamivudine-zidovudine</i> tab 300-150-300 mg | 5                          |        |
| BIKTARVY TAB 30-120-15 MG  | 5                          |        |
| BIKTARVY TAB 50-200-25 MG  | 5                          |        |
| CIMDUO TAB 300-300   | 5                          |        |
| COMPLERA TAB   | 5                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits                           |
|---|----------------------------|----------------------------------|
| DELSTRIGO TAB   | 5                          |                                  |
| DESCOVY TAB 120-15MG  | 5                          |                                  |
| DESCOVY TAB 200/25MG  | 5                          |                                  |
| DOVATO TAB 50-300MG   | 5                          |                                  |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 5                          |                                  |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 5                          |                                  |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 5                          |                                  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5                          | QL<br><br>QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5                          | QL<br><br>QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5                          | QL<br><br>QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 5                          | QL<br><br>QL (30 tabs / 30 days) |
| EVOTAZ TAB 300-150  | 5                          |                                  |
| GENVOYA TAB   | 5                          |                                  |
| JULUCA TAB 50-25MG  | 5                          |                                  |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 4                          |                                  |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 4                          |                                  |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 4                          |                                  |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 5                          |                                  |
| ODEFSEY TAB   | 5                          |                                  |
| PREZCOBIX TAB 800-150   | 5                          |                                  |
| STRIBILD TAB  | 5                          |                                  |
| SYMTUZA TAB   | 5                          |                                  |
| TEMIXYS TAB 300-300   | 5                          |                                  |
| TRIUMEQ PD TAB  | 5                          |                                  |
| TRIUMEQ TAB   | 5                          |                                  |

| Drug Name                                      | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <b>ANTITUBERCULAR AGENTS</b>                   |                            |        |
| cycloserine CAPS 250mg                         | 5                          |        |
| <i>ethambutol hcl TABS 100mg, 3400mg</i>       |                            |        |
| <i>isoniazid SYRP 50mg/5ml</i>                 | 4                          |        |
| <i>isoniazid TABS 100mg, 300mg</i>             | 1                          | GC     |
| PASER PACK 4gm                                 | 4                          |        |
| PRIFTIN TABS 150mg                             | 4                          |        |
| <i>pyrazinamide TABS 500mg</i>                 | 4                          |        |
| <i>rifabutin CAPS 150mg</i>                    | 4                          |        |
| <i>rifampin CAPS 150mg, 300mg</i>              | 3                          |        |
| <i>rifampin SOLR 600mg</i>                     | 4                          |        |
| SIRTURO TABS 20mg, 100mg                       | 5                          | LA PA  |
| TRECATOR TABS 250mg                            | 4                          |        |
| <b>ANTIVIRALS</b>                              |                            |        |
| <i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i> | 2                          | GC     |
| <i>acyclovir SUSP 200mg/5ml</i>                | 4                          |        |
| <i>acyclovir sodium SOLN 50mg/ml</i>           | 4                          | B/D    |
| <i>adefovir dipivoxil TABS 10mg</i>            | 5                          |        |
| <i>BARACLUDE SOLN .05mg/ml</i>                 | 5                          |        |
| <i>entecavir TABS .5mg, 1mg</i>                | 4                          |        |
| EPCLUSA PAK 150-37.5                           | 5                          | PA     |
| EPCLUSA PAK 200-50MG                           | 5                          | PA     |
| EPCLUSA TAB 200-50MG                           | 5                          | PA     |
| EPCLUSA TAB 400-100                            | 5                          | PA     |
| EPIVIR HBV SOLN 5mg/ml                         | 4                          |        |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i>    | 3                          |        |
| <i>ganciclovir sodium SOLR 500mg</i>           | 4                          | B/D    |
| HARVONI PAK 33.75-150MG                        | 5                          | PA     |
| HARVONI PAK 45-200MG                           | 5                          | PA     |
| HARVONI TAB 45-200MG                           | 5                          | PA     |
| HARVONI TAB 90-400MG                           | 5                          | PA     |
| <i>lamivudine (hbv) TABS 100mg</i>             | 4                          |        |
| MAVYRET PAK 50-20MG                            | 5                          | PA     |
| MAVYRET TAB 100-40MG                           | 5                          | PA     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| <b>Drug Name</b>  | <b>Drug Requirements/<br/>Tier      Limits</b> |       |
|---|--|-------|
| <i>oseltamivir phosphate</i> CAPS 30mg<br>QL (168 caps / year)      | 3  | QL    |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg<br>QL (84 caps / year) | 3  | QL    |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml<br>QL (1080 mL / year)     | 3  | QL    |
| PEGASYS SOLN 180mcg/ml; 5 SOSY 180mcg/0.5ml                         | 5  | PA    |
| PREVYMIS TABS 240mg, 480mg<br>QL (28 tabs / 28 days)                | 5  | QL PA |
| RELENZA DISKHALER AEPB 5mg/blister<br>QL (6 inhalers / year)        | 3  | QL    |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg                           | 3  |       |
| <i>ribavirin (hepatitis c)</i> TABS 200mg                           | 4  |       |
| <i>rimantadine hydrochloride</i> TABS 100mg                         | 4  |       |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                             | 3  |       |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                              | 5  |       |
| <i>valganciclovir hcl</i> TABS 450mg                                | 3  |       |
| VEMLIDY TABS 25mg   | 5  | PA    |
| VOSEVI TAB  | 5  | PA    |
| <b>CEPHALOSPORINS</b>   |  |       |
| <i>cefaclor</i> CAPS 250mg, 500mg                                   | 3  |       |
| <i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml                | 4  |       |
| CEFACLOR ER TB12 500mg  | 4  |       |
| <i>cefadroxil</i> CAPS 500mg  | 2  | GC    |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml                         | 3  |       |
| CEFAZOLIN INJ 1GM/50ML  | 4  |       |
| <i>cefaezolin sodium</i> SOLR 1gm, 10gm, 500mg                      | 3  |       |
| CEFAZOLIN SOLN 2GM/100ML-4%   | 4  |       |
| <i>cefdinir</i> CAPS 300mg  | 2  | GC    |

| <b>Drug Name</b>  | <b>Drug Requirements/<br/>Tier      Limits</b> |    |
|---|--|----|
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml                           | 3  |    |
| <i>cefpeme hcl</i> SOLR 1gm, 2gm                                    | 4  |    |
| <i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml                           | 4  |    |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                         | 4  |    |
| <i>cefodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml                 | 4  |    |
| <i>cefodoxime proxetil</i> TABS 100mg, 200mg                        | 3  |    |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg       | 3  |    |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                               | 4  |    |
| CEFTAZIDIME/ SOL D5W 1GM  | 4  |    |
| CEFTAZIDIME/ SOL D5W 2GM  | 4  |    |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg         | 4  |    |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                          | 3  |    |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                          | 3  |    |
| <i>cephalexin</i> CAPS 250mg, 500mg                                 | 1  | GC |
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml                         | 3  |    |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                   | 4  |    |
| TEFLARO SOLR 400mg, 600mg   | 5  |    |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                     |  |    |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml | 3  |    |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg                        | 1  | GC |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml                     | 4  |    |
| <i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg                 | 3  |    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| DIFICID SUSR 40mg/ml;<br>TABS 200mg   | 5                          |        |
| e.e.s. 400 TABS 400mg   | 4                          |        |
| ery-tab TBEC 250mg,<br>333mg, 500mg   | 4                          |        |
| ERYTHROCIN  | 5                          |        |
| LACTOBIONATE SOLR<br>500mg  |                            |        |
| erythrocin stearate TABS<br>250mg   | 4                          |        |
| erythromycin base CPEP<br>250mg; TABS 250mg, 500mg;<br>TBEC 250mg, 333mg, 500mg                               | 4                          |        |
| erythromycin ethylsuccinate<br>TABS 400mg   | 4                          |        |
| erythromycin lactobionate<br>SOLR 500mg   | 5                          |        |
| <b>FLUOROQUINOLONES</b>   |                            |        |
| CIPRO SUSR 500mg/5ml  | 4                          |        |
| ciprofloxacin 200 mg/100ml in<br>d5w  | 3                          |        |
| ciprofloxacin 400 mg/200ml in<br>d5w  | 3                          |        |
| ciprofloxacin hcl TABS<br>100mg   | 4                          |        |
| ciprofloxacin hcl TABS<br>250mg, 500mg, 750mg   | 1                          | GC     |
| levofloxacin SOLN 25mg/ml   | 4                          |        |
| levofloxacin TABS 250mg,<br>500mg, 750mg  | 1                          | GC     |
| levofloxacin in d5w iv soln 250<br>mg/50ml  | 3                          |        |
| levofloxacin in d5w iv soln 500<br>mg/100ml   | 3                          |        |
| levofloxacin in d5w iv soln 750<br>mg/150ml   | 3                          |        |
| moxifloxacin hcl TABS<br>400mg  | 4                          |        |
| <b>PENICILLINS</b>  |                            |        |
| amoxicillin CAPS 250mg,<br>500mg; SUSR 125mg/5ml,<br>200mg/5ml, 250mg/5ml,<br>400mg/5ml; TABS 500mg,<br>875mg | 1                          | GC     |
| amoxicillin CHEW 125mg,<br>250mg  | 2                          | GC     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| amoxicillin & k clavulanate<br>chew tab 200-28.5 mg                             | 4                          |        |
| amoxicillin & k clavulanate<br>chew tab 400-57 mg                               | 4                          |        |
| amoxicillin & k clavulanate for<br>susp 200-28.5 mg/5ml                         | 3                          |        |
| amoxicillin & k clavulanate for<br>susp 250-62.5 mg/5ml                         | 4                          |        |
| amoxicillin & k clavulanate for<br>susp 400-57 mg/5ml                           | 3                          |        |
| amoxicillin & k clavulanate for<br>susp 600-42.9 mg/5ml                         | 3                          |        |
| amoxicillin & k clavulanate tab<br>250-125 mg                                   | 3                          |        |
| amoxicillin & k clavulanate tab<br>500-125 mg                                   | 2                          | GC     |
| amoxicillin & k clavulanate tab<br>875-125 mg                                   | 2                          | GC     |
| amoxicillin & k clavulanate tab<br>er 12hr 1000-62.5 mg                         | 4                          |        |
| ampicillin CAPS 500mg   | 2                          | GC     |
| ampicillin & sulbactam sodium<br>for inj 1.5 (1-0.5) gm                         | 4                          |        |
| ampicillin & sulbactam sodium<br>for inj 3 (2-1) gm                             | 4                          |        |
| ampicillin & sulbactam sodium<br>for iv soln 1.5 (1-0.5) gm                     | 4                          |        |
| ampicillin & sulbactam sodium<br>for iv soln 3 (2-1) gm                         | 4                          |        |
| ampicillin & sulbactam sodium<br>for iv soln 15 (10-5) gm                       | 4                          |        |
| ampicillin sodium SOLR 1gm, 4<br>2gm, 10gm, 125mg, 250mg,<br>500mg              |                            |        |
| BICILLIN L-A SUSP<br>2400000unit/4ml; SUSY<br>600000unit/ml,<br>1200000unit/2ml | 4                          |        |
| dicloxacillin sodium CAPS<br>250mg, 500mg                                       | 3                          |        |
| nafcillin sodium SOLR 1gm,<br>2gm   | 4                          |        |
| nafcillin sodium SOLR 10gm  | 5                          |        |
| oxacillin sodium SOLR 1gm,<br>2gm, 10gm   | 4                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| PEN GK/DEXTR INJ<br>40000/ML   | 4                          |        |
| PEN GK/DEXTR INJ<br>60000/ML   | 4                          |        |
| <i>penicillin g potassium</i> SOLR<br>5000000unit, 20000000unit            | 4                          |        |
| PENICILLIN G PROCAINE<br>SUSP 600000unit/ml                                | 4                          |        |
| <i>penicillin g sodium</i> SOLR<br>5000000unit                             | 4                          |        |
| <i>penicillin v potassium</i> SOLR<br>125mg/5ml, 250mg/5ml                 | 2                          | GC     |
| <i>penicillin v potassium</i> TABS<br>250mg, 500mg                         | 1                          | GC     |
| <i>pfizerpen</i> SOLR 5000000unit, 4<br>20000000unit                       |                            |        |
| <i>piperacillin sod-tazobactam na</i> 4<br>for inj 3.375 gm (3-0.375 gm)   |                            |        |
| <i>piperacillin sod-tazobactam</i> 4<br>sod for inj 2.25 gm (2-0.25<br>gm) |                            |        |
| <i>piperacillin sod-tazobactam</i> 4<br>sod for inj 4.5 gm (4-0.5 gm)      |                            |        |
| <i>piperacillin sod-tazobactam</i> 4<br>sod for inj 13.5 gm (12-1.5<br>gm) |                            |        |
| <i>piperacillin sod-tazobactam</i> 4<br>sod for inj 40.5 gm (36-4.5<br>gm) |                            |        |
| <b>TETRACYCLINES</b>   |                            |        |
| <i>doxy</i> 100 SOLR 100mg   | 4                          |        |
| <i>doxycycline (monohydrate)</i><br>CAPS 50mg, 100mg                       | 2                          | GC     |
| <i>doxycycline (monohydrate)</i><br>TABS 50mg, 75mg, 100mg                 | 3                          |        |
| <i>doxycycline hyclate</i> CAPS<br>50mg, 100mg; TABS 20mg,<br>100mg        | 3                          |        |
| <i>doxycycline hyclate</i> SOLR<br>100mg                                   | 4                          |        |
| <i>minocycline hcl</i> CAPS 50mg,<br>75mg, 100mg                           | 3                          |        |
| NUZYRA SOLR 100mg;<br>TABS 150mg   | 5                          | LA     |
| <i>tetracycline hcl</i> CAPS 250mg, 4<br>500mg                             |                            | PA     |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>tigecycline</i> SOLR 50mg   | 4                          |        |
| TIGECYCLINE SOLR 50mg  | 5                          |        |
| <b>ANTINEOPLASTIC AGENTS</b>   |                            |        |
| <b>ALKYLATING AGENTS</b>   |                            |        |
| BENDEKA SOLN 100mg/4ml   | 5                          | B/D    |
| <i>carboplatin</i> SOLN 50mg/5ml,<br>150mg/15ml, 450mg/45ml,<br>600mg/60ml | 3                          | B/D    |
| <i>cisplatin</i> SOLN 50mg/50ml,<br>100mg/100ml, 200mg/200ml               | 3                          | B/D    |
| <i>cyclophosphamide</i> CAPS<br>25mg, 50mg                                 | 3                          | B/D    |
| CYCLOPHOSPHAMIDE<br>SOLN 1gm/5ml, 500mg/2.5ml                              | 5                          | B/D    |
| <i>cyclophosphamide</i> SOLR<br>1gm, 2gm, 500mg                            | 5                          | B/D    |
| CYCLOPHOSPHAMIDE<br>TABS 25mg, 50mg  | 4                          | B/D    |
| CYCLOPHOSPHAMIDE<br>MONOHYDR SOLN<br>2gm/10ml                              | 5                          | B/D    |
| LEUKERAN TABS 2mg  | 4                          |        |
| <i>oxaliplatin</i> SOLN 50mg/10ml,<br>100mg/20ml, 200mg/40ml               | 4                          | B/D    |
| <i>oxaliplatin</i> SOLR 50mg,<br>100mg                                     | 5                          | B/D    |
| <i>paraplatin</i> SOLN<br>1000mg/100ml                                     | 3                          | B/D    |
| <b>ANTIBIOTICS</b>   |                            |        |
| <i>adriamycin</i> SOLN 2mg/ml  | 4                          | B/D    |
| <i>doxorubicin hcl</i> SOLN 2mg/ml   | 4                          | B/D    |
| <i>doxorubicin hcl liposomal</i> INJ<br>2mg/ml                             | 5                          | B/D    |
| <i>epirubicin hcl</i> SOLN<br>50mg/25ml, 200mg/100ml                       | 4                          | B/D    |
| <b>ANTIMETABOLITES</b>   |                            |        |
| ALIMTA SOLR 100mg,<br>500mg  | 5                          | B/D    |
| <i>azacitidine</i> SUSR 100mg  | 5                          | B/D    |
| <i>cytarabine</i> SOLN 20mg/ml   | 3                          | B/D    |
| <i>fluorouracil</i> SOLN 1gm/20ml,<br>2.5gm/50ml, 5gm/100ml,<br>500mg/10ml | 3                          | B/D    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>gemcitabine hcl</i> SOLN<br>1gm/26.3ml, 2gm/52.6ml,<br>200mg/5.26ml; SOLR 1gm,<br>2gm, 200mg | 4                          | B/D    |
| INQOVI TAB 35-100MG   | 5                          | LA PA  |
| LONSURF TAB 15-6.14   | 5                          | PA     |
| LONSURF TAB 20-8.19   | 5                          | PA     |
| <i>mercaptopurine</i> TABS 50mg   | 3                          |        |
| <i>methotrexate sodium</i> SOLN<br>1gm/40ml, 50mg/2ml,<br>250mg/10ml; SOLR 1gm                  | 3                          | B/D    |
| ONUREG TABS 200mg,<br>300mg   | 5                          | LA PA  |
| PURIXAN SUSP<br>2000mg/100ml  | 5                          |        |
| TABLOID TABS 40mg   | 4                          |        |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>   |                            |        |
| <i>abiraterone acetate</i> TABS<br>250mg, 500mg   | 5                          | PA     |
| <i>anastrozole</i> TABS 1mg   | 2                          | GC     |
| <i>bicalutamide</i> TABS 50mg   | 2                          | GC     |
| EMCYT CAPS 140mg  | 5                          |        |
| ERLEADA TABS 60mg   | 5                          | LA PA  |
| <i>exemestane</i> TABS 25mg   | 4                          |        |
| <i>flutamide</i> CAPS 125mg   | 3                          |        |
| <i>fulvestrant</i> SOLN 250mg/5ml   | 5                          | B/D    |
| <i>letrozole</i> TABS 2.5mg   | 2                          | GC     |
| <i>leuprolide acetate</i> KIT<br>1mg/0.2ml  | 4                          | PA     |
| LUPRON DEPOT (1-MONTH)<br>KIT 3.75mg  | 5                          | PA     |
| LUPRON DEPOT (3-MONTH)<br>KIT 11.25mg   | 5                          | PA     |
| LYSODREN TABS 500mg   | 5                          |        |
| <i>megestrol acetate</i> TABS<br>20mg, 40mg   | 3                          |        |
| <i>nilutamide</i> TABS 150mg  | 5                          |        |
| NUBEQA TABS 300mg   | 5                          | LA PA  |
| ORGOVYX TABS 120mg  | 5                          | LA PA  |
| SOLTAMOX SOLN 10mg/5ml  | 5                          |        |
| <i>tamoxifen citrate</i> TABS<br>10mg, 20mg   | 2                          | GC     |
| <i>toremifene citrate</i> TABS<br>60mg  | 5                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits   |
|--|----------------------------|----------|
| TRELSTAR MIXJECT SUSR<br>3.75mg, 11.25mg                                     | 5                          | PA       |
| XTANDI CAPS 40mg; TABS<br>40mg, 80mg   | 5                          | LA PA    |
| <b>IMMUNOMODULATORS</b>  |                            |          |
| <i>lenalidomide</i> CAPS 5mg,<br>10mg, 15mg<br>QL (28 caps / 28 days)        | 5                          | QL LA PA |
| <i>lenalidomide</i> CAPS 25mg<br>QL (21 caps / 28 days)                      | 5                          | QL LA PA |
| POMALYST CAPS 1mg, 2mg<br>QL (21 caps / 21 days)                             | 5                          | QL LA PA |
| POMALYST CAPS 3mg, 4mg<br>QL (21 caps / 28 days)                             | 5                          | QL LA PA |
| REVLIMID CAPS 2.5mg,<br>5mg, 10mg, 15mg<br>QL (28 caps / 28 days)            | 5                          | QL LA PA |
| REVLIMID CAPS 20mg,<br>25mg<br>QL (21 caps / 28 days)                        | 5                          | QL LA PA |
| THALOMID CAPS 50mg,<br>100mg<br>QL (28 caps / 28 days)                       | 5                          | QL PA    |
| THALOMID CAPS 150mg,<br>200mg<br>QL (56 caps / 28 days)                      | 5                          | QL PA    |
| <b>MISCELLANEOUS</b>   |                            |          |
| BESREMI SOSY 500mcg/ml   | 5                          | LA PA    |
| <i>bexarotene</i> CAPS 75mg  | 5                          | PA       |
| <i>hydroxyurea</i> CAPS 500mg  | 2                          | GC       |
| <i>irinotecan hcl</i> SOLN<br>40mg/2ml, 100mg/5ml,<br>300mg/15ml, 500mg/25ml | 4                          | B/D      |
| KISQALI 200 PAK FEMARA<br>QL (49 tabs / 28 days)                             | 5                          | QL PA    |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                             | 5                          | QL PA    |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                             | 5                          | QL PA    |
| MATULANE CAPS 50mg   | 5                          | LA       |
| SYNRIBO SOLR 3.5mg   | 5                          | PA       |
| <i>tretinoin (chemotherapy)</i><br>CAPS 10mg                                 | 5                          |          |
| WELIREG TABS 40mg  | 5                          | LA PA    |
| <b>MITOTIC INHIBITORS</b>  |                            |          |
| ABRAXANE INJ 100MG   | 5                          | B/D      |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits       |
|---|----------------------------|------------------------------------|
| docetaxel CONC 20mg/ml  | 4                          | B/D                                |
| docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5                          | B/D                                |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5                          | B/D                                |
| etoposide SOLN 100mg/5ml, 500mg/25ml                                    | 3                          | B/D                                |
| paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml          | 4                          | B/D                                |
| paclitaxel protein-bound particles for iv susp 100 mg                   | 5                          | B/D                                |
| toposar SOLN 1gm/50ml, 100mg/5ml  | 3                          | B/D                                |
| vincristine sulfate SOLN 1mg/ml   | 2                          | GC B/D                             |
| vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml                             | 4                          | B/D                                |
| <b>MOLECULAR TARGET AGENTS</b>  |                            |                                    |
| AFINITOR TABS 10mg  | 5                          | QL PA<br>QL (30 tabs / 30 days)    |
| AFINITOR DISPERZ TBSO 2mg   | 5                          | QL PA<br>QL (150 tabs / 30 days)   |
| AFINITOR DISPERZ TBSO 3mg   | 5                          | QL PA<br>QL (90 tabs / 30 days)    |
| AFINITOR DISPERZ TBSO 5mg   | 5                          | QL PA<br>QL (60 tabs / 30 days)    |
| ALECENSA CAPS 150mg   | 5                          | LA PA                              |
| ALUNBRIG TABS 30mg, 90mg, 180mg   | 5                          | LA PA                              |
| ALUNBRIG PAK  | 5                          | LA PA                              |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml                                      | 5                          | LA PA                              |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg                            | 5                          | QL LA PA<br>QL (30 tabs / 30 days) |
| BALVERSA TABS 3mg, 4mg, 5mg   | 5                          | LA PA                              |
| BORTEZOMIB SOLR 3.5mg   | 5                          | PA                                 |

| Drug Name                               | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits       |
|---|----------------------------|------------------------------------|
| BOSULIF TABS 100mg, 400mg, 500mg        | 5                          | PA                                 |
| BRAFTOVI CAPS 75mg                      | 5                          | LA PA                              |
| BRUKINSA CAPS 80mg                      | 5                          | LA PA                              |
| CABOMETYX TABS 20mg, 40mg, 60mg         | 5                          | QL LA PA<br>QL (30 tabs / 30 days) |
| CALQUENCE CAPS 100mg                    | 5                          | QL LA PA<br>QL (60 caps / 30 days) |
| CAPRELSA TABS 100mg, 300mg              | 5                          | LA PA                              |
| COMETRIQ (60MG DOSE) KIT 20mg           | 5                          | LA PA                              |
| COMETRIQ KIT 100MG                      | 5                          | LA PA                              |
| COMETRIQ KIT 140MG                      | 5                          | LA PA                              |
| COPIKTRA CAPS 15mg, 25mg                | 5                          | LA PA                              |
| COTELLIC TABS 20mg                      | 5                          | LA PA                              |
| DAURISMO TABS 25mg, 100mg               | 5                          | LA PA                              |
| ERIVEDGE CAPS 150mg                     | 5                          | LA PA                              |
| erlotinib hcl TABS 25mg                 | 5                          | QL PA<br>QL (90 tabs / 30 days)    |
| erlotinib hcl TABS 100mg, 150mg         | 5                          | QL PA<br>QL (30 tabs / 30 days)    |
| everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg | 5                          | QL PA<br>QL (30 tabs / 30 days)    |
| everolimus TBSO 2mg                     | 5                          | QL PA<br>QL (150 tabs / 30 days)   |
| everolimus TBSO 3mg                     | 5                          | QL PA<br>QL (90 tabs / 30 days)    |
| everolimus TBSO 5mg                     | 5                          | QL PA<br>QL (60 tabs / 30 days)    |
| EXKIVITY CAPS 40mg                      | 5                          | LA PA                              |
| FOTIVDA CAPS .89mg, 1.34mg              | 5                          | QL LA PA<br>QL (21 caps / 28 days) |
| GAVRETO CAPS 100mg                      | 5                          | LA PA                              |
| GILOTrif TABS 20mg, 30mg, 40mg          | 5                          | LA PA                              |
| HERCEP HYLEC SOL 60-10000               | 5                          | PA                                 |
| HERCEPTIN SOLR 150mg                    | 5                          | PA                                 |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits    | Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits        |
|--|----------------------------|---------------------------------|--|----------------------------|-------------------------------------|
| HERZUMA SOLR 150mg,<br>420mg   | 5                          | PA                              | KISQALI 400 DOSE TBPK<br>200mg                           | 5                          | QL PA<br>QL (42 tabs / 28 days)     |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)           | 5                          | QL LA PA                        | KISQALI 600 DOSE TBPK<br>200mg                           | 5                          | QL PA<br>QL (63 tabs / 28 days)     |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)           | 5                          | QL LA PA                        | <i>lapatinib ditosylate</i> TABS<br>250mg                | 5                          | PA                                  |
| ICLUSIG TABS 10mg<br>QL (60 tabs / 30 days)                            | 5                          | QL LA PA                        | LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg                      | 5                          | QL LA PA<br>QL (30 caps / 30 days)  |
| ICLUSIG TABS 15mg, 30mg,<br>45mg<br>QL (30 tabs / 30 days)             | 5                          | QL LA PA                        | LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg                      | 5                          | QL LA PA<br>QL (60 caps / 30 days)  |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                      | 5                          | QL LA PA                        | LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg                    | 5                          | QL LA PA<br>QL (30 caps / 30 days)  |
| <i>imatinib mesylate</i> TABS<br>100mg<br>QL (90 tabs / 30 days)       | 5                          | QL PA                           | LENVIMA 12MG DAILY<br>DOSE CPPK 4mg                      | 5                          | QL LA PA<br>QL (90 caps / 30 days)  |
| <i>imatinib mesylate</i> TABS<br>400mg<br>QL (60 tabs / 30 days)       | 5                          | QL PA                           | LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg                    | 5                          | QL LA PA<br>QL (60 caps / 30 days)  |
| IMBRUWICA CAPS 70mg<br>QL (30 caps / 30 days)                          | 5                          | QL LA PA                        | LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)              | 5                          | QL LA PA                            |
| IMBRUWICA CAPS 140mg<br>QL (120 caps / 30 days)                        | 5                          | QL LA PA                        | LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)              | 5                          | QL LA PA                            |
| IMBRUWICA TABS 140mg,<br>280mg, 420mg, 560mg<br>QL (30 tabs / 30 days) | 5                          | QL LA PA                        | LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)              | 5                          | QL LA PA                            |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                             | 5                          | QL LA PA                        | LORBRENA TABS 25mg,<br>100mg                             | 5                          | LA PA                               |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                             | 5                          | QL LA PA                        | LUMAKRAS TABS 120mg                                      | 5                          | LA PA                               |
| INREBIC CAPS 100mg   | 5                          | LA PA                           | LYNPARZA TABS 100mg,<br>150mg                            | 5                          | QL LA PA<br>QL (120 tabs / 30 days) |
| IRESSA TABS 250mg  | 5                          | LA PA                           | MEKINIST TABS .5mg, 2mg                                  | 5                          | LA PA                               |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days)   | 5                          | QL LA PA                        | MEKTOVI TABS 15mg  | 5                          | LA PA                               |
| KADCYLA SOLR 100mg,<br>160mg   | 5                          | B/D                             | MONJUVI SOLR 200mg                                       | 5                          | LA PA                               |
| KANJINTI SOLR 150mg,<br>420mg  | 5                          | PA                              | MVASI SOLN 100mg/4ml,<br>400mg/16ml                      | 5                          | LA PA                               |
| KEYTRUDA SOLN<br>100mg/4ml   | 5                          | PA                              | NERLYNX TABS 40mg  | 5                          | LA PA                               |
| KISQALI 200 DOSE TBPK<br>200mg   | 5                          | QL PA<br>QL (21 tabs / 28 days) | NEXAVAR TABS 200mg<br>QL (120 tabs / 30 days)            | 5                          | QL LA PA                            |
|  |                            |                                 | NINLARO CAPS 2.3mg,<br>3mg, 4mg<br>QL (3 caps / 28 days) | 5                          | QL PA                               |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits   |
|---|----------------------------|----------|
| ODOMZO CAPS 200mg   | 5                          | LA PA    |
| OGIVRI SOLR 150mg   | 5                          | PA       |
| OGIVRI INJ 420MG  | 5                          | PA       |
| ONTRUZANT SOLR 150mg,<br>420mg  | 5                          | PA       |
| PEMAZYRE TABS 4.5mg,<br>9mg, 13.5mg   | 5                          | LA PA    |
| PHESGO SOL  | 5                          | LA PA    |
| PIQRAY 200MG DAILY<br>DOSE TBPK 200mg   | 5                          | PA       |
| PIQRAY 250MG TAB DOSE   | 5                          | PA       |
| PIQRAY 300MG DAILY<br>DOSE TBPK 150mg   | 5                          | PA       |
| QINLOCK TABS 50mg   | 5                          | LA PA    |
| RETEVMO CAPS 40mg,<br>80mg  | 5                          | LA PA    |
| RIABNI SOLN 100mg/10ml,<br>500mg/50ml   | 5                          | LA PA    |
| RITUXAN SOLN<br>100mg/10ml, 500mg/50ml  | 5                          | LA PA    |
| RITUXAN INJ HYCELA  | 5                          | LA PA    |
| ROZLYTREK CAPS 100mg,<br>200mg  | 5                          | LA PA    |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)                | 5                          | QL LA PA |
| RUXIENCE SOLN<br>100mg/10ml, 500mg/50ml                                       | 5                          | PA       |
| RYDAPT CAPS 25mg  | 5                          | PA       |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                                  | 5                          | QL PA    |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                                 | 5                          | QL PA    |
| SPRYCEL TABS 20mg,<br>50mg, 70mg, 80mg, 100mg,<br>140mg                       | 5                          | PA       |
| STIVARGA TABS 40mg  | 5                          | LA PA    |
| sunitinib malate CAPS<br>12.5mg, 25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 5                          | QL PA    |
| TABRECTA TABS 150mg,<br>200mg   | 5                          | PA       |
| TAFINLAR CAPS 50mg,<br>75mg   | 5                          | LA PA    |

| Drug Name  | Drug Requirements/<br>Tier | Limits   |
|--|----------------------------|----------|
| TAGRISSO TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                | 5                          | QL LA PA |
| TALZENNA CAPS .5mg,<br>.75mg, 1mg<br>QL (30 caps / 30 days)          | 5                          | QL LA PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                        | 5                          | QL LA PA |
| TASIGNA CAPS 50mg,<br>150mg, 200mg                                   | 5                          | PA       |
| TAZVERIK TABS 200mg  | 5                          | LA PA    |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                            | 5                          | LA PA    |
| TEPMETKO TABS 225mg  | 5                          | LA PA    |
| TIBSOVO TABS 250mg   | 5                          | LA PA    |
| TRAZIMERA SOLR 150mg,<br>420mg                                       | 5                          | PA       |
| TRUSELTIQ 50 MG DAILY<br>DOSE CPPK 25mg                              | 5                          | LA PA    |
| TRUSELTIQ 75 MG DAILY<br>DOSE CPPK 25mg                              | 5                          | LA PA    |
| TRUSELTIQ 100 MG DAILY<br>DOSE CPPK 100mg                            | 5                          | LA PA    |
| TRUSELTIQ 125 MG DAILY<br>DOSE                                       | 5                          | LA PA    |
| TRUXIMA SOLN<br>100mg/10ml, 500mg/50ml                               | 5                          | PA       |
| TUKYSA TABS 50mg,<br>150mg   | 5                          | LA PA    |
| TURALIO CAPS 200mg   | 5                          | LA PA    |
| UKONIQ TABS 200mg  | 5                          | LA PA    |
| VELCADE SOLR 3.5mg   | 5                          | PA       |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days)                       | 4                          | QL LA PA |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days)                       | 5                          | QL LA PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                      | 5                          | QL LA PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                     | 5                          | QL LA PA |
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg<br>QL (56 tabs / 28 days) | 5                          | QL LA PA |
| VITRAKVI CAPS 25mg,<br>100mg; SOLN 20mg/ml                           | 5                          | LA PA    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

20

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| VIZIMPRO TABS 15mg,<br>30mg, 45mg  | 5                          | LA PA                        |
| VOTRIENT TABS 200mg  | 5                          | LA PA                        |
| XALKORI CAPS 200mg,<br>250mg   | 5                          | LA PA                        |
| XOSPATA TABS 40mg  | 5                          | LA PA                        |
| XPOVIO 40 MG ONCE<br>WEEKLY TBPK 20mg, 40mg  | 5                          | LA PA                        |
| XPOVIO 40 MG TWICE   | 5                          | LA PA                        |
| WEEKLY TBPK 20mg, 40mg   |                            |                              |
| XPOVIO 60 MG ONCE  | 5                          | LA PA                        |
| WEEKLY TBPK 20mg, 60mg   |                            |                              |
| XPOVIO 60 MG TWICE   | 5                          | LA PA                        |
| WEEKLY TBPK 20mg   |                            |                              |
| XPOVIO 80 MG ONCE  | 5                          | LA PA                        |
| WEEKLY TBPK 20mg, 40mg   |                            |                              |
| XPOVIO 80 MG TWICE   | 5                          | LA PA                        |
| WEEKLY TBPK 20mg   |                            |                              |
| XPOVIO 100 MG ONCE   | 5                          | LA PA                        |
| WEEKLY TBPK 20mg, 50mg   |                            |                              |
| ZEJULA CAPS 100mg<br>QL (90 caps / 30 days)  | 5                          | QL LA PA                     |
| ZELBORAF TABS 240mg  | 5                          | LA PA                        |
| ZIRABEV SOLN 100mg/4ml,<br>400mg/16ml  | 5                          | PA                           |
| ZOLINZA CAPS 100mg   | 5                          | PA                           |
| ZYDELIG TABS 100mg,<br>150mg   | 5                          | LA PA                        |
| ZYKADIA TABS 150mg   | 5                          | LA PA                        |
| <b>PROTECTIVE AGENTS</b>   |                            |                              |
| leucovorin calcium SOLN<br>500mg/50ml; SOLR 50mg,<br>100mg, 200mg, 350mg,<br>500mg | 4                          | B/D                          |
| leucovorin calcium TABS<br>5mg, 10mg   | 3                          |                              |
| leucovorin calcium TABS<br>15mg, 25mg  | 4                          |                              |
| MESNEX TABS 400mg  | 5                          |                              |
| <b>CARDIOVASCULAR</b>  |                            |                              |
| <b>ACE INHIBITOR COMBINATIONS</b>  |                            |                              |
| amlodipine besylate-<br>benazepril hcl cap 2.5-10 mg<br>QL (30 caps / 30 days)     | 1                          | GC QL                        |

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

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| quinapril-hydrochlorothiazide tab 10-12.5 mg       | 1                          | GC                           |
| quinapril-hydrochlorothiazide tab 20-12.5 mg       | 1                          | GC                           |
| quinapril-hydrochlorothiazide tab 20-25 mg         | 1                          | GC                           |
| <b>ACE INHIBITORS</b>                              |                            |                              |
| benazepril hcl TABS 5mg, 10mg, 20mg, 40mg          | 1                          | GC                           |
| captopril TABS 12.5mg, 25mg, 50mg, 100mg           | 1                          | GC                           |
| enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg      | 1                          | GC                           |
| fosinopril sodium TABS 10mg, 20mg, 40mg            | 1                          | GC                           |
| lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1                          | GC                           |
| moexipril hcl TABS 7.5mg, 15mg                     | 1                          | GC                           |
| perindopril erbumine TABS 2mg, 4mg, 8mg            | 1                          | GC                           |
| quinapril hcl TABS 5mg, 10mg, 20mg, 40mg           | 1                          | GC                           |
| ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg             | 1                          | GC                           |
| trandolapril TABS 1mg, 2mg, 4mg                    | 1                          | GC                           |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>            |                            |                              |
| eplerenone TABS 25mg, 50mg                         | 3                          |                              |
| KERENDIA TABS 10mg, 20mg                           | 3                          | QL<br>QL (30 tabs / 30 days) |
| spironolactone TABS 25mg, 50mg, 100mg              | 1                          | GC                           |
| <b>ALPHA BLOCKERS</b>                              |                            |                              |
| doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg         | 2                          | GC                           |
| prazosin hcl CAPS 1mg, 2mg, 5mg                    | 3                          |                              |
| terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg             | 2                          | GC                           |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits    |
|---|----------------------------|---------------------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>      |                            |                                 |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg        | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-olmesartan medoxomil tab 5-40 mg        | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-olmesartan medoxomil tab 10-20 mg       | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-olmesartan medoxomil tab 10-40 mg       | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-valsartan tab 5-160 mg                  | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-valsartan tab 5-320 mg                  | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-valsartan tab 10-160 mg                 | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine besylate-valsartan tab 10-320 mg                 | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg  | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg    | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg | 1                          | GC QL<br>QL (30 tabs / 30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg   | 1                          | GC QL<br>QL (30 tabs / 30 days) |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i><br>QL (30 tabs / 30 days)   | 1                          | GC QL                        |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i><br>QL (60 tabs / 30 days)    | 1                          | GC QL                        |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i><br>QL (30 tabs / 30 days)    | 1                          | GC QL                        |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i><br>QL (30 tabs / 30 days)      | 1                          | GC QL                        |
| <i>EDARBYCLOR TAB 40-12.5</i><br>QL (30 tabs / 30 days)                                      | 4                          | QL                           |
| <i>EDARBYCLOR TAB 40-25MG</i><br>QL (30 tabs / 30 days)                                      | 4                          | QL                           |
| <i>ENTRESTO TAB 24-26MG</i><br>3   |                            |                              |
| <i>ENTRESTO TAB 49-51MG</i><br>3   |                            |                              |
| <i>ENTRESTO TAB 97-103MG</i><br>3  |                            |                              |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i><br>QL (30 tabs / 30 days)              | 1                          | GC QL                        |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i><br>QL (30 tabs / 30 days)              | 1                          | GC QL                        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>                           | 1                          | GC                           |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>                          | 1                          | GC                           |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>                            | 1                          | GC                           |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i><br>QL (30 tabs / 30 days)     | 1                          | GC QL                        |
| <hr/>  |                            |                              |
| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i><br>QL (30 tabs / 30 days)     | 1                          | GC QL                        |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i><br>QL (30 tabs / 30 days)       | 1                          | GC QL                        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i><br>QL (30 tabs / 30 days)  | 1                          | GC QL                        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i><br>QL (30 tabs / 30 days)    | 1                          | GC QL                        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i><br>QL (30 tabs / 30 days) | 1                          | GC QL                        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i><br>QL (30 tabs / 30 days)   | 1                          | GC QL                        |
| <i>telmisartan-amlodipine tab 40-5 mg</i><br>QL (30 tabs / 30 days)                          | 1                          | GC QL                        |
| <i>telmisartan-amlodipine tab 40-10 mg</i><br>QL (30 tabs / 30 days)                         | 1                          | GC QL                        |
| <i>telmisartan-amlodipine tab 80-5 mg</i><br>QL (30 tabs / 30 days)                          | 1                          | GC QL                        |
| <i>telmisartan-amlodipine tab 80-10 mg</i><br>QL (30 tabs / 30 days)                         | 1                          | GC QL                        |
| <i>telmisartan-</i><br><i>hydrochlorothiazide tab 40-12.5 mg</i><br>QL (30 tabs / 30 days)   | 1                          | GC QL                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

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

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <i>telmisartan TABS 20mg, 40mg, 80mg</i><br>QL (30 tabs / 30 days) | 1                          | GC QL                        |
| <i>valsartan TABS 40mg, 80mg, 160mg</i><br>QL (60 tabs / 30 days)  | 1                          | GC QL                        |
| <i>valsartan TABS 320mg</i><br>QL (30 tabs / 30 days)              | 1                          | GC QL                        |
| <b>ANTIARRHYTHMICS</b>   |                            |                              |
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>  | 4                          |                              |
| <i>amiodarone hcl TABS 200mg</i>                                   | 1                          | GC                           |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                    | 4                          |                              |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                      | 4                          |                              |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                  | 3                          |                              |
| <i>MULTAQ TABS 400mg</i>   | 4                          |                              |
| <i>NORPACE CR CP12 100mg, 150mg</i>                                | 4                          |                              |
| <i>pacerone TABS 100mg, 400mg</i>                                  | 4                          |                              |
| <i>pacerone TABS 200mg</i>   | 1                          | GC                           |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i>                    | 4                          |                              |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i>                    | 3                          |                              |
| <i>quinidine sulfate TABS 200mg, 300mg</i>                         | 2                          | GC                           |
| <i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>                       | 2                          | GC                           |
| <i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>                  | 2                          | GC                           |
| <i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>              | 3                          |                              |
| <b>ANTILIPEMICS, FIBRATES</b>                                      |                            |                              |
| <i>choline fenofibrate CPDR 45mg, 135mg</i>                        | 3                          |                              |
| <i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>                   | 3                          |                              |
| <i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>              | 3                          |                              |
| <i>gemfibrozil TABS 600mg</i>                                      | 1                          | GC                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                             |                            |        |
| ALTOPREV TB24 20mg<br>QL (60 tabs / 30 days)                                  | 5                          | QL ST  |
| ALTOPREV TB24 40mg,<br>60mg<br>QL (30 tabs / 30 days)                         | 5                          | QL ST  |
| atorvastatin calcium TABS<br>10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | GC QL  |
| EZALLOR SPRINKLE CPSP<br>5mg, 10mg, 20mg, 40mg<br>QL (30 caps / 30 days)      | 4                          | QL ST  |
| fluvastatin sodium CAPS<br>20mg, 40mg<br>QL (60 caps / 30 days)               | 1                          | GC QL  |
| fluvastatin sodium TB24<br>80mg<br>QL (30 tabs / 30 days)                     | 1                          | GC QL  |
| LIVALO TABS 1mg, 2mg,<br>4mg<br>QL (30 tabs / 30 days)                        | 4                          | QL ST  |
| lovastatin TABS 10mg, 20mg, 1<br>40mg<br>QL (60 tabs / 30 days)               | 1                          | GC QL  |
| pravastatin sodium TABS<br>10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)   | 1                          | GC QL  |
| rosuvastatin calcium TABS<br>5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)  | 1                          | GC QL  |
| simvastatin TABS 5mg,<br>10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)     | 1                          | GC QL  |
| ZYPITAMAG TABS 2mg,<br>4mg<br>QL (30 tabs / 30 days)                          | 4                          | QL ST  |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>  |                            |        |
| cholestyramine PACK 4gm;<br>POWD 4gm/dose                                     | 3                          |        |
| cholestyramine light PACK<br>4gm; POWD 4gm/dose                               | 3                          |        |
| colesevelam hcl PACK<br>3.75gm; TABS 625mg                                    | 4                          |        |
| colestipol hcl GRAN 5gm;<br>PACK 5gm  | 4                          |        |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| colestipol hcl TABS 1gm   | 3                          |        |
| ezetimibe TABS 10mg   | 3                          |        |
| ezetimibe-simvastatin tab 10-<br>10 mg<br>QL (30 tabs / 30 days)                      | 1                          | GC QL  |
| ezetimibe-simvastatin tab 10-<br>20 mg<br>QL (30 tabs / 30 days)                      | 1                          | GC QL  |
| ezetimibe-simvastatin tab 10-<br>40 mg<br>QL (30 tabs / 30 days)                      | 1                          | GC QL  |
| ezetimibe-simvastatin tab 10-<br>80 mg<br>QL (30 tabs / 30 days)                      | 1                          | GC QL  |
| niacin (antihyperlipidemic)<br>TBCR 500mg, 750mg,<br>1000mg<br>QL (60 tabs / 30 days) | 3                          | QL     |
| PRALUENT SOAJ 75mg/ml,<br>150mg/ml  | 3                          | PA     |
| prevalite PACK 4gm; POWD<br>4gm/dose  | 3                          |        |
| VASCEPA CAPS .5gm, 1gm  | 4                          |        |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>   |                            |        |
| atenolol & chlorthalidone tab<br>50-25 mg   | 2                          | GC     |
| atenolol & chlorthalidone tab<br>100-25 mg  | 2                          | GC     |
| bisoprolol &<br>hydrochlorothiazide tab 2.5-<br>6.25 mg                               | 2                          | GC     |
| bisoprolol &<br>hydrochlorothiazide tab 5-6.25<br>mg                                  | 2                          | GC     |
| bisoprolol &<br>hydrochlorothiazide tab 10-<br>6.25 mg                                | 2                          | GC     |
| metoprolol &<br>hydrochlorothiazide tab 50-25<br>mg                                   | 3                          |        |
| metoprolol &<br>hydrochlorothiazide tab 100-<br>25 mg                                 | 3                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                     | 3                          |        |
| <b>BETA-BLOCKERS</b>  |                            |        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                                       | 3                          |        |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg  | 1                          | GC     |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                                     | 2                          | GC     |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg                          | 1                          | GC     |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                                 | 3                          |        |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg                     | 2                          | GC     |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml                                       | 4                          |        |
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg                             | 1                          | GC     |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg  | 3                          |        |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days)          | 4                          | QL     |
| <i>nebivolol hcl</i> TABS 20mg<br>QL (60 tabs / 30 days)                      | 4                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg  | 3                          |        |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml | 3                          |        |
| <i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg                      | 2                          | GC     |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                   | 4                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>   |                            |        |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg                              | 1                          | GC     |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg                              | 2                          | GC     |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                       | 3                          |        |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg                                   | 4                          |        |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml                                 | 3                          |        |
| <i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg   | 2                          | GC     |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg                         | 2                          | GC     |
| <i>diltiazem hcl coated beads</i> CP24 360mg  | 4                          |        |
| <i>diltiazem hcl coated beads</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg                  | 3                          |        |
| <i>diltiazem hcl extended release</i> beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2                          | GC     |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg   | 2                          | GC     |
| <i>isradipine</i> CAPS 2.5mg, 5mg   | 3                          |        |
| <i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg                                   | 3                          |        |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg  | 4                          |        |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg   | 3                          |        |
| <i>nimodipine</i> CAPS 30mg   | 4                          |        |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg                       | 4                          |        |
| <i>NYMALIZE</i> SOLN 6mg/ml   | 5                          |        |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg                                   | 2                          | GC     |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                           | 2                          | GC     |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml                       | 4                          |        |
| <i>verapamil hcl</i> CP24 120mg, 180mg, 240mg   | 3                          |        |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg   | 1                          | GC     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| verapamil hcl TBCR 120mg,<br>180mg, 240mg                      | 2                          | GC     |
| <b>DIURETICS</b>   |                            |        |
| acetazolamide CP12 500mg                                       | 4                          |        |
| acetazolamide TABS 125mg,<br>250mg                             | 3                          |        |
| amiloride &<br>hydrochlorothiazide tab 5-50<br>mg              | 2                          | GC     |
| amiloride hcl TABS 5mg   | 2                          | GC     |
| bumetanide SOLN .25mg/ml;<br>TABS .5mg, 1mg, 2mg               | 3                          |        |
| chlorthalidone TABS 25mg,<br>50mg                              | 2                          | GC     |
| furosemide SOLN 8mg/ml,<br>10mg/ml                             | 2                          | GC     |
| furosemide TABS 20mg,<br>40mg, 80mg                            | 1                          | GC     |
| furosemide inj SOLN<br>10mg/ml                                 | 3                          |        |
| hydrochlorothiazide CAPS<br>12.5mg; TABS 12.5mg, 25mg,<br>50mg | 1                          | GC     |
| indapamide TABS 1.25mg,<br>2.5mg                               | 2                          | GC     |
| methazolamide TABS 25mg,<br>50mg                               | 4                          |        |
| metolazone TABS 2.5mg,<br>5mg, 10mg                            | 3                          |        |
| spironolactone &<br>hydrochlorothiazide tab 25-25<br>mg        | 3                          |        |
| torsemide TABS 5mg, 10mg,<br>20mg, 100mg                       | 2                          | GC     |
| triamterene &<br>hydrochlorothiazide cap 37.5-<br>25 mg        | 1                          | GC     |
| triamterene &<br>hydrochlorothiazide tab 37.5-<br>25 mg        | 1                          | GC     |
| triamterene &<br>hydrochlorothiazide tab 75-50<br>mg           | 1                          | GC     |
| <b>MISCELLANEOUS</b>   |                            |        |
| ADRENALIN SOLN 1mg/ml  | 4                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| aliskiren fumarate TABS<br>150mg, 300mg                        | 4                          |        |
| amlodipine besylate-<br>atorvastatin calcium tab 2.5-<br>10 mg | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 2.5-<br>20 mg | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 2.5-<br>40 mg | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 5-10<br>mg    | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 5-20<br>mg    | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 5-40<br>mg    | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 5-80<br>mg    | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 10-10<br>mg   | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 10-20<br>mg   | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 10-40<br>mg   | 1                          | GC     |
| amlodipine besylate-<br>atorvastatin calcium tab 10-80<br>mg   | 1                          | GC     |
| clonidine PTWK .1mg/24hr,<br>.2mg/24hr, .3mg/24hr              | 4                          |        |
| clonidine hcl TABS .1mg,<br>.2mg, .3mg                         | 1                          | GC     |
| CORLANOR SOLN 5mg/5ml; 4<br>TABS 5mg, 7.5mg                    |                            |        |
| digitek TABS .125mg, .25mg<br>QL (30 tabs / 30 days)           | 2                          | GC QL  |
| digox TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days)            | 2                          | GC QL  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits   |
|---|----------------------------|----------|
| digoxin SOLN .05mg/ml, .25mg/ml   | 4                          |          |
| digoxin TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days)                           | 2                          | GC QL    |
| droxidopa CAPS 100mg<br>QL (90 caps / 30 days)                                  | 5                          | QL PA    |
| droxidopa CAPS 200mg, 300mg<br>QL (180 caps / 30 days)                          | 5                          | QL PA    |
| guanfacine hcl TABS 1mg, 2mg<br>PA if 70 years and older                        | 3                          | PA       |
| hydralazine hcl SOLN 20mg/ml  | 4                          |          |
| hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg                                    | 2                          | GC       |
| methyldopa TABS 250mg, 500mg<br>PA if 70 years and older                        | 2                          | GC PA    |
| metyrosine CAPS 250mg   | 5                          | PA       |
| midodrine hcl TABS 2.5mg, 5mg   | 3                          |          |
| midodrine hcl TABS 10mg   | 4                          |          |
| minoxidil TABS 2.5mg, 10mg  | 2                          | GC       |
| ranolazine TB12 500mg, 1000mg   | 4                          |          |
| <b>NITRATES</b>   |                            |          |
| isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg                                 | 3                          |          |
| isosorbide mononitrate TABS 10mg, 20mg  | 2                          | GC       |
| isosorbide mononitrate TB24 30mg, 60mg, 120mg                                   | 1                          | GC       |
| NITRO-BID OINT 2%   | 3                          |          |
| nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr;<br>SUBL .3mg, .4mg, .6mg | 3                          |          |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>  |                            |          |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg<br>QL (90 tabs / 30 days)             | 5                          | QL LA PA |
| ambrisentan TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                            | 5                          | QL LA PA |

| Drug Name   | Drug Requirements/<br>Tier | Limits   |
|---|----------------------------|----------|
| bosentan TABS 62.5mg<br>QL (120 tabs / 30 days)                                 | 5                          | QL LA PA |
| bosentan TABS 125mg<br>QL (60 tabs / 30 days)                                   | 5                          | QL LA PA |
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                     | 5                          | QL LA PA |
| sildenafil citrate (pulmonary hypertension) TABS 20mg<br>QL (90 tabs / 30 days) | 3                          | QL PA    |
| treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml,<br>200mg/20ml               | 5                          | LA PA    |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml  | 5                          | PA       |
| <b>CENTRAL NERVOUS SYSTEM</b>   |                            |          |
| <b>ANTIANXIETY</b>  |                            |          |
| alprazolam TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                | 2                          | GC QL    |
| buspirone hcl TABS 5mg, 10mg, 15mg  | 1                          | GC       |
| buspirone hcl TABS 7.5mg, 30mg  | 3                          |          |
| fluvoxamine maleate TABS 25mg, 50mg, 100mg                                      | 3                          |          |
| lorazepam CONC 2mg/ml<br>QL (150 mL / 30 days)                                  | 3                          | QL       |
| lorazepam SOLN 2mg/ml, 4mg/ml   | 2                          | GC       |
| lorazepam TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                        | 2                          | GC QL    |
| lorazepam intensol CONC 2mg/ml<br>QL (150 mL / 30 days)                         | 3                          | QL       |
| <b>ANTICONVULSANTS</b>  |                            |          |
| APTIOM TABS 200mg, 400mg, 600mg, 800mg<br>QL (60 tabs / 30 days)                | 5                          | QL       |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                  | 5                          | QL PA    |
| BRIVIACT SOLN 50mg/5ml  | 4                          | PA       |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)           | 5                          | QL PA    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits   |
|---|----------------------------|----------|
| <i>carbamazepine</i> CHEW<br>100mg; TABS 200mg  | 3                          |          |
| <i>carbamazepine</i> CP12 100mg, 4<br>200mg, 300mg; SUSP<br>100mg/5ml; TB12 100mg,<br>200mg, 400mg                |                            |          |
| <i>CELONTIN</i> CAPS 300mg  | 4                          |          |
| <i>clobazam</i> SUSP 2.5mg/ml<br>QL (480 mL / 30 days)  | 4                          | QL PA    |
| <i>clobazam</i> TABS 10mg, 20mg<br>QL (60 tabs / 30 days)   | 4                          | QL PA    |
| <i>clonazepam</i> TABS 2mg<br>QL (300 tabs / 30 days)   | 2                          | GC QL    |
| <i>clonazepam</i> TABS .5mg,<br>1mg<br>QL (90 tabs / 30 days)   | 2                          | GC QL    |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)   | 3                          | QL       |
| <i>clonazepam</i> TBDP .125mg,<br>.25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                      | 3                          | QL       |
| <i>clorazepate dipotassium</i><br>TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA if 65 years and older | 4                          | QL PA    |
| <i>DIACOMIT</i> CAPS 250mg<br>QL (360 caps / 30 days)   | 5                          | QL LA PA |
| <i>DIACOMIT</i> CAPS 500mg<br>QL (180 caps / 30 days)   | 5                          | QL LA PA |
| <i>DIACOMIT</i> PACK 250mg<br>QL (360 packets / 30<br>days)   | 5                          | QL LA PA |
| <i>DIACOMIT</i> PACK 500mg<br>QL (180 packets / 30<br>days)   | 5                          | QL LA PA |
| <i>diazepam</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA if 65 years and older                                  | 3                          | QL PA    |
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA if 65 years and older                                | 3                          | QL PA    |
| <i>diazepam</i> TABS 2mg, 5mg,<br>10mg<br>QL (120 tabs / 30 days)<br>PA if 65 years and older                     | 2                          | GC QL PA |

| Drug Name  | Drug Requirements/<br>Tier | Limits   |
|--|----------------------------|----------|
| <i>diazepam (anticonvulsant)</i><br>GEL 2.5mg, 10mg, 20mg                  | 4                          |          |
| <i>diazepam inj</i> SOLN 5mg/ml  | 4                          |          |
| <i>DILANTIN</i> CAPS 30mg,<br>100mg  | 4                          |          |
| <i>DILANTIN INFATABS</i> CHEW<br>50mg                                      | 4                          |          |
| <i>DILANTIN-125</i> SUSP<br>125mg/5ml                                      | 4                          |          |
| <i>divalproex sodium</i> CSDR<br>125mg                                     | 4                          |          |
| <i>divalproex sodium</i> TB24<br>250mg, 500mg; TBEC 125mg,<br>250mg, 500mg | 3                          |          |
| <i>EPIDIOLEX</i> SOLN 100mg/ml<br>QL (600 mL / 30 days)                    | 5                          | QL LA PA |
| <i>epitol</i> TABS 200mg   | 3                          |          |
| <i>EPRONTIA</i> SOLN 25mg/ml   | 4                          |          |
| <i>ethosuximide</i> CAPS 250mg   | 4                          |          |
| <i>ethosuximide</i> SOLN<br>250mg/5ml                                      | 3                          |          |
| <i>felbamate</i> SUSP 600mg/5ml  | 5                          |          |
| <i>felbamate</i> TABS 400mg,<br>600mg                                      | 4                          |          |
| <i>FINTEPLA</i> SOLN 2.2mg/ml<br>QL (360 mL / 30 days)                     | 5                          | QL LA PA |
| <i>FYCOMPA</i> SUSP .5mg/ml<br>QL (720 mL / 30 days)                       | 5                          | QL PA    |
| <i>FYCOMPA</i> TABS 2mg<br>QL (60 tabs / 30 days)                          | 4                          | QL PA    |
| <i>FYCOMPA</i> TABS 4mg, 6mg<br>QL (60 tabs / 30 days)                     | 5                          | QL PA    |
| <i>FYCOMPA</i> TABS 8mg,<br>10mg, 12mg<br>QL (30 tabs / 30 days)           | 5                          | QL PA    |
| <i>gabapentin</i> CAPS 100mg<br>QL (1080 caps / 30<br>days)                | 2                          | GC QL    |
| <i>gabapentin</i> CAPS 300mg<br>QL (360 caps / 30 days)                    | 2                          | GC QL    |
| <i>gabapentin</i> CAPS 400mg<br>QL (270 caps / 30 days)                    | 2                          | GC QL    |
| <i>gabapentin</i> SOLN 250mg/5ml<br>QL (2160 mL / 30 days)                 | 3                          | QL       |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>gabapentin</i> TABS 600mg<br>QL (180 tabs / 30 days)  | 3                          | QL     |
| <i>gabapentin</i> TABS 800mg<br>QL (120 tabs / 30 days)  | 3                          | QL     |
| <i>lacosamide</i> SOLN<br>200mg/20ml   | 5                          |        |
| <i>lacosamide</i> TABS 50mg<br>QL (120 tabs / 30 days)   | 4                          | QL     |
| <i>lacosamide</i> TABS 100mg,<br>150mg, 200mg<br>QL (60 tabs / 30 days)  | 4                          | QL     |
| <i>lamotrigine</i> CHEW 5mg,<br>25mg   | 3                          |        |
| <i>lamotrigine</i> TABS 25mg,<br>100mg, 150mg, 200mg   | 1                          | GC     |
| <i>lamotrigine</i> TB24 25mg,<br>50mg, 100mg, 200mg,<br>250mg, 300mg; TBDP 25mg,<br>50mg, 100mg, 200mg                 | 4                          |        |
| <i>levetiracetam</i> SOLN<br>100mg/ml; TABS 250mg,<br>500mg, 750mg, 1000mg;<br>TB24 500mg, 750mg                       | 3                          |        |
| <i>levetiracetam</i> SOLN<br>500mg/5ml   | 4                          |        |
| <i>levetiracetam</i> in sodium<br>chloride iv soln 500 mg/100ml  | 4                          |        |
| <i>levetiracetam</i> in sodium<br>chloride iv soln 1000<br>mg/100ml  | 4                          |        |
| <i>levetiracetam</i> in sodium<br>chloride iv soln 1500<br>mg/100ml  | 4                          |        |
| NAYZILAM SOLN 5mg/0.1ml  | 4                          |        |
| <i>oxcarbazepine</i> SUSP<br>300mg/5ml   | 4                          |        |
| <i>oxcarbazepine</i> TABS 150mg, 3<br>300mg, 600mg   | 3                          |        |
| <i>phenobarbital</i> ELIX 20mg/5ml<br>PA if 70 years and older   | 4                          | PA     |
| <i>phenobarbital</i> TABS 15mg,<br>16.2mg, 30mg, 32.4mg,<br>60mg, 64.8mg, 97.2mg,<br>100mg<br>PA if 70 years and older | 3                          | PA     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>phenobarbital</i> sodium SOLN<br>65mg/ml, 130mg/ml<br>PA if 70 years and older   | 4                          | PA     |
| PHENYTEK CAPS 200mg,<br>300mg   | 4                          |        |
| <i>phenytoin</i> CHEW 50mg;<br>SUSP 125mg/5ml                                       | 3                          |        |
| <i>phenytoin</i> sodium SOLN<br>50mg/ml   | 3                          |        |
| <i>phenytoin</i> sodium extended<br>CAPS 100mg, 200mg, 300mg                        | 3                          |        |
| <i>pregabalin</i> CAPS 25mg,<br>50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days) | 3                          | QL PA  |
| <i>pregabalin</i> CAPS 200mg<br>QL (90 caps / 30 days)                              | 3                          | QL PA  |
| <i>pregabalin</i> CAPS 225mg,<br>300mg<br>QL (60 caps / 30 days)                    | 3                          | QL PA  |
| <i>pregabalin</i> SOLN 20mg/ml<br>QL (900 mL / 30 days)                             | 4                          | QL PA  |
| <i>primidone</i> TABS 50mg,<br>250mg  | 2                          | GC     |
| <i>roweepra</i> TABS 500mg  | 3                          |        |
| <i>rufinamide</i> SUSP 40mg/ml<br>QL (2300 mL / 28 days)                            | 5                          | QL PA  |
| <i>rufinamide</i> TABS 200mg<br>QL (480 tabs / 30 days)                             | 5                          | QL PA  |
| <i>rufinamide</i> TABS 400mg<br>QL (240 tabs / 30 days)                             | 5                          | QL PA  |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                                       | 4                          | QL     |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                                       | 4                          | QL     |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                                       | 4                          | QL     |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                                       | 4                          | QL     |
| <i>subvenite</i> TABS 25mg,<br>100mg, 150mg, 200mg                                  | 1                          | GC     |
| SYMPAZAN FILM 5mg<br>QL (60 films / 30 days)  | 4                          | QL PA  |
| SYMPAZAN FILM 10mg,<br>20mg<br>QL (60 films / 30 days)                              | 5                          | QL PA  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

30

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <i>tiagabine hcl</i> TABS 2mg,<br>4mg, 12mg, 16mg  | 4                          |                              |
| <i>topiramate</i> CPSP 15mg,<br>25mg   | 3                          |                              |
| <i>topiramate</i> TABS 25mg,<br>50mg, 100mg, 200mg   | 2                          | GC                           |
| <i>valproate sodium</i> SOLN<br>100mg/ml   | 4                          |                              |
| <i>valproate sodium</i> SOLN<br>250mg/5ml  | 3                          |                              |
| <i>valproic acid</i> CAPS 250mg  | 3                          |                              |
| VALTOCO LIQD 5mg/0.1ml,<br>10mg/0.1ml; LQPK<br>7.5mg/0.1ml, 10mg/0.1ml                             | 4                          |                              |
| <i>vigabatrin</i> PACK 500mg<br>QL (180 packets / 30<br>days)                                      | 5                          | QL LA PA                     |
| <i>vigabatrin</i> TABS 500mg<br>QL (180 tabs / 30 days)  | 5                          | QL LA PA                     |
| <i>vigadron</i> PACK 500mg<br>QL (180 packets / 30<br>days)  | 5                          | QL LA PA                     |
| VIMPAT SOLN 10mg/ml<br>QL (1200 mL / 30 days)  | 5                          | QL                           |
| VIMPAT SOLN 200mg/20ml   | 5                          |                              |
| VIMPAT TABS 50mg<br>QL (120 tabs / 30 days)  | 4                          | QL                           |
| VIMPAT TABS 100mg,<br>150mg, 200mg<br>QL (60 tabs / 30 days)                                       | 5                          | QL                           |
| XCOPRI TABS 50mg<br>QL (90 tabs / 30 days)   | 5                          | QL                           |
| XCOPRI TABS 100mg,<br>150mg, 200mg<br>QL (60 tabs / 30 days)                                       | 5                          | QL                           |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)   | 4                          | QL                           |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)  | 5                          | QL                           |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)   | 5                          | QL                           |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE)<br>QL (56 tabs / 28 days)                                    | 5                          | QL                           |
| <b>ANTIDEMENTIA</b>  |                            |                              |
| <i>donepezil hydrochloride</i><br>TABS 5mg; TBDP 5mg<br>QL (30 tabs / 30 days)                     | 2                          | GC QL                        |
| <i>donepezil hydrochloride</i><br>TABS 10mg; TBDP 10mg<br>QL (30 caps / 30 days)                   | 2                          | GC                           |
| <i>galantamine hydrobromide</i><br>CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                  | 3                          | QL                           |
| <i>galantamine hydrobromide</i><br>SOLN 4mg/ml   | 4                          |                              |
| <i>galantamine hydrobromide</i><br>TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                   | 3                          | QL                           |
| <i>memantine hcl</i> CP24 7mg,<br>14mg, 21mg, 28mg; SOLN<br>2mg/ml<br>PA if < 30 yrs               | 4                          | PA                           |
| <i>memantine hcl</i> TABS 5mg,<br>10mg<br>PA if < 30 yrs   | 3                          | PA                           |
| NAMZARIC CAP 7-10MG  | 4                          |                              |
| NAMZARIC CAP 14-10MG   | 4                          |                              |
| NAMZARIC CAP 21-10MG   | 4                          |                              |
| NAMZARIC CAP 28-10MG   | 4                          |                              |
| NAMZARIC CAP PACK  | 4                          |                              |
| <i>rivastigmine</i> PT24<br>4.6mg/24hr, 9.5mg/24hr,<br>13.3mg/24hr<br>QL (30 patches / 30<br>days) | 4                          | QL                           |
| <i>rivastigmine tartrate</i> CAPS<br>1.5mg, 3mg<br>QL (90 caps / 30 days)                          | 3                          | QL                           |
| <i>rivastigmine tartrate</i> CAPS<br>4.5mg, 6mg<br>QL (60 caps / 30 days)                          | 3                          | QL                           |
| <b>ANTIDEPRESSANTS</b>   |                            |                              |
| <i>amitriptyline hcl</i> TABS 10mg,<br>25mg, 50mg, 75mg, 100mg,<br>150mg                           | 3                          |                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>amoxapine</i> TABS 25mg,<br>50mg, 100mg, 150mg  | 3                          |        |
| <i>bupropion hcl</i> TABS 75mg,<br>100mg; TB12 100mg, 150mg,<br>200mg; TB24 150mg, 300mg | 3                          |        |
| <i>citalopram hydrobromide</i><br>SOLN 10mg/5ml  | 3                          |        |
| <i>citalopram hydrobromide</i><br>TABS 10mg, 20mg, 40mg                                  | 1                          | GC     |
| <i>clomipramine hcl</i> CAPS<br>25mg, 50mg, 75mg   | 4                          | PA     |
| <i>desipramine hcl</i> TABS 10mg,<br>25mg, 50mg, 75mg, 100mg,<br>150mg                   | 4                          |        |
| <i>desvenlafaxine succinate</i><br>TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)      | 4                          | QL PA  |
| <i>doxepin hcl</i> CAPS 10mg,<br>25mg, 50mg, 75mg, 100mg;<br>CONC 10mg/ml                | 3                          |        |
| <i>doxepin hcl</i> CAPS 150mg  | 4                          |        |
| DRIZALMA SPRINKLE<br>CSDR 20mg, 30mg, 40mg,<br>60mg<br>QL (60 caps / 30 days)            | 4                          | QL PA  |
| <i>duloxetine hcl</i> CPEP 20mg,<br>30mg, 60mg<br>QL (60 caps / 30 days)                 | 3                          | QL     |
| <i>duloxetine hcl</i> CPEP 40mg<br>QL (60 caps / 30 days)                                | 4                          | QL     |
| EMSAM PT24 6mg/24hr,<br>9mg/24hr, 12mg/24hr<br>QL (30 patches / 30<br>days)              | 5                          | QL PA  |
| <i>escitalopram oxalate</i> SOLN<br>5mg/5ml  | 4                          |        |
| <i>escitalopram oxalate</i> TABS<br>5mg, 10mg, 20mg                                      | 1                          | GC     |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)  | 4                          | QL PA  |
| FETZIMA CP24 80mg,<br>120mg<br>QL (30 caps / 30 days)                                    | 4                          | QL PA  |
| FETZIMA CAP TITRATIO   | 4                          | PA     |
| <i>fluoxetine hcl</i> CAPS 10mg,<br>20mg   | 1                          | GC     |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>fluoxetine hcl</i> CAPS 40mg  | 2                          | GC     |
| <i>fluoxetine hcl</i> SOLN<br>20mg/5ml                                       | 3                          |        |
| <i>imipramine hcl</i> TABS 10mg,<br>25mg, 50mg                               | 2                          | GC     |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days)                                 | 4                          | QL     |
| <i>mirtazapine</i> TABS 7.5mg;<br>TBDP 15mg, 30mg, 45mg                      | 3                          |        |
| <i>mirtazapine</i> TABS 15mg,<br>30mg, 45mg                                  | 2                          | GC     |
| <i>nefazodone hcl</i> TABS 50mg,<br>100mg, 150mg, 200mg,<br>250mg            | 4                          |        |
| <i>nortriptyline hcl</i> CAPS 10mg,<br>25mg, 50mg, 75mg                      | 2                          | GC     |
| <i>nortriptyline hcl</i> SOLN<br>10mg/5ml                                    | 4                          |        |
| <i>paroxetine hcl</i> SUSP<br>10mg/5ml<br>QL (900 mL / 30 days)              | 4                          | QL PA  |
| <i>paroxetine hcl</i> TABS 10mg,<br>20mg, 30mg, 40mg                         | 2                          | GC     |
| <i>paroxetine hcl</i> TB24 12.5mg,<br>25mg, 37.5mg<br>QL (60 tabs / 30 days) | 4                          | QL     |
| PAXIL SUSP 10mg/5ml<br>QL (900 mL / 30 days)                                 | 4                          | QL PA  |
| <i>phenelzine sulfate</i> TABS<br>15mg                                       | 3                          |        |
| <i>protriptyline hcl</i> TABS 5mg,<br>10mg                                   | 4                          |        |
| <i>sertraline hcl</i> CONC 20mg/ml   | 3                          |        |
| <i>sertraline hcl</i> TABS 25mg,<br>50mg, 100mg                              | 1                          | GC     |
| <i>tranylcypromine sulfate</i> TABS<br>10mg                                  | 4                          |        |
| <i>trazodone hcl</i> TABS 50mg,<br>100mg, 150mg                              | 1                          | GC     |
| <i>trimipramine maleate</i> CAPS<br>25mg<br>QL (240 caps / 30 days)          | 4                          | QL     |
| <i>trimipramine maleate</i> CAPS<br>50mg<br>QL (120 caps / 30 days)          | 4                          | QL     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  |  | Drug Requirements/<br>Tier | Limits |
|--|--|----------------------------|--------|
| <i>trimipramine maleate</i> CAPS<br>100mg<br>QL (60 caps / 30 days)            |  | 4                          | QL     |
| TRINTELLIX TABS 5mg<br>QL (120 tabs / 30 days)                                 |  | 4                          | QL     |
| TRINTELLIX TABS 10mg<br>QL (60 tabs / 30 days)                                 |  | 4                          | QL     |
| TRINTELLIX TABS 20mg<br>QL (30 tabs / 30 days)                                 |  | 4                          | QL     |
| <i>venlafaxine hcl</i> CP24<br>37.5mg, 75mg, 150mg                             |  | 2                          | GC     |
| <i>venlafaxine hcl</i> TABS 25mg,<br>37.5mg, 50mg, 75mg, 100mg                 |  | 3                          |        |
| VIIBRYD TABS 10mg, 20mg,<br>40mg<br>QL (30 tabs / 30 days)                     |  | 4                          | QL     |
| VIIBRYD KIT STARTER  |  | 4                          |        |
| <b>ANTIPARKINSONIAN AGENTS</b>   |  |                            |        |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                    |  | 3                          | QL     |
| <i>amantadine hcl</i> SOLN<br>50mg/5ml   |  | 3                          |        |
| <i>amantadine hcl</i> TABS 100mg   |  | 4                          |        |
| <i>benztropine mesylate</i> SOLN<br>1mg/ml                                     |  | 4                          |        |
| <i>benztropine mesylate</i> TABS<br>.5mg, 1mg, 2mg<br>PA if 70 years and older |  | 3                          | PA     |
| <i>bromocriptine mesylate</i><br>CAPS 5mg; TABS 2.5mg                          |  | 4                          |        |
| <i>carb/levo orally disintegrating</i><br>tab 10-100mg                         |  | 4                          |        |
| <i>carb/levo orally disintegrating</i><br>tab 25-100mg                         |  | 4                          |        |
| <i>carb/levo orally disintegrating</i><br>tab 25-250mg                         |  | 4                          |        |
| <i>carbidopa</i> TABS 25mg   |  | 4                          |        |
| <i>carbidopa &amp; levodopa</i> tab 10-<br>100 mg                              |  | 2                          | GC     |
| <i>carbidopa &amp; levodopa</i> tab 25-<br>100 mg                              |  | 2                          | GC     |
| <i>carbidopa &amp; levodopa</i> tab 25-<br>250 mg                              |  | 2                          | GC     |
| <i>carbidopa &amp; levodopa</i> tab er<br>25-100 mg                            |  | 3                          |        |

| Drug Name  |  | Drug Requirements/<br>Tier | Limits |
|--|--|----------------------------|--------|
| <i>carbidopa &amp; levodopa</i> tab er<br>50-200 mg  |  | 3                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 12.5-50-200<br>mg                         |  | 4                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 18.75-75-<br>200 mg                       |  | 4                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 25-100-200<br>mg                          |  | 4                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 31.25-125-<br>200 mg                      |  | 4                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 37.5-150-<br>200 mg                       |  | 4                          |        |
| <i>carbidopa-levodopa-</i><br><i>entacapone</i> tabs 50-200-200<br>mg                          |  | 4                          |        |
| <i>entacapone</i> TABS 200mg   |  | 4                          |        |
| KYNMOBI FILM 10mg,<br>15mg, 20mg, 25mg, 30mg<br>QL (150 films / 30 days)                       |  | 5                          | QL PA  |
| NEUPRO PT24 1mg/24hr,<br>2mg/24hr, 3mg/24hr,<br>4mg/24hr, 6mg/24hr,<br>8mg/24hr                |  | 4                          |        |
| <i>pramipexole dihydrochloride</i><br>TABS .125mg, .25mg, .5mg,<br>.75mg, 1mg, 1.5mg           |  | 1                          | GC     |
| <i>pramipexole dihydrochloride</i><br>TB24 .375mg, .75mg, 1.5mg,<br>2.25mg, 3mg, 3.75mg, 4.5mg |  | 4                          |        |
| <i>rasagiline mesylate</i> TABS<br>1mg<br>QL (30 tabs / 30 days)                               |  | 4                          | QL     |
| <i>rasagiline mesylate</i> TABS<br>.5mg<br>QL (60 tabs / 30 days)                              |  | 4                          | QL     |
| <i>ropinirole hydrochloride</i><br>TABS .25mg, .5mg, 1mg,<br>2mg, 3mg, 4mg, 5mg                |  | 2                          | GC     |
| <i>ropinirole hydrochloride</i> TB24<br>2mg, 4mg, 6mg, 8mg, 12mg                               |  | 4                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <i>selegiline hcl</i> CAPS 5mg;<br>TABS 5mg  | 3                          |        |
| <i>trihexyphenidyl hcl</i> SOLN<br>.4mg/ml; TABS 2mg, 5mg<br>PA if 70 years and older          | 3                          | PA     |
| <b>ANTIPSYCHOTICS</b>  |                            |        |
| ABILIFY MAINTENA PRSY<br>300mg, 400mg<br>QL (1 syringe / 28 days)                              | 5                          | QL     |
| ABILIFY MAINTENA SRER<br>300mg, 400mg<br>QL (1 injection / 28<br>days)                         | 5                          | QL     |
| <i>ariPIPRAZOLE</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                       | 4                          | QL     |
| <i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 4<br>10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)       | 4                          | QL     |
| <i>ariPIPRAZOLE</i> TBDP 10mg,<br>15mg<br>QL (60 tabs / 30 days)                               | 4                          | QL     |
| ARISTADA PRSY<br>441mg/1.6ml, 662mg/2.4ml,<br>882mg/3.2ml<br>QL (1 syringe / 28 days)          | 5                          | QL     |
| ARISTADA PRSY<br>1064mg/3.9ml<br>QL (1 syringe / 56 days)                                      | 5                          | QL     |
| ARISTADA INITIO PRSY<br>675mg/2.4ml  | 5                          |        |
| <i>asenapine maleate</i> SUBL<br>2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                    | 4                          | QL     |
| CAPLYTA CAPS 42mg<br>QL (30 caps / 30 days)  | 4                          | QL PA  |
| <i>chlorpromazine hcl</i> SOLN<br>25mg/ml, 50mg/2ml; TABS<br>10mg, 25mg, 50mg, 100mg,<br>200mg | 4                          |        |
| CHLORPROMAZINE<br>HYDROCHLOR CONC<br>30mg/ml, 100mg/ml   | 4                          |        |
| <i>clozapine</i> TABS 25mg, 50mg   | 3                          |        |
| <i>clozapine</i> TABS 100mg<br>QL (270 tabs / 30 days)   | 4                          | QL     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>clozapine</i> TABS 200mg<br>QL (135 tabs / 30 days)  | 4                          | QL     |
| <i>clozapine</i> TBDP 12.5mg,<br>25mg   | 4                          | PA     |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)  | 4                          | QL PA  |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)  | 4                          | QL PA  |
| <i>clozapine</i> TBDP 200mg<br>QL (135 tabs / 30 days)  | 5                          | QL PA  |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                                | 5                          | QL PA  |
| FANAPT PAK  | 4                          | PA     |
| <i>fluphenazine decanoate</i><br>SOLN 25mg/ml   | 4                          |        |
| <i>fluphenazine hcl</i> CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg     | 4                          |        |
| <i>haloperidol</i> TABS .5mg, 1mg, 3<br>2mg, 5mg, 10mg, 20mg  |                            |        |
| <i>haloperidol decanoate</i> SOLN<br>50mg/ml, 100mg/ml  | 3                          |        |
| <i>haloperidol lactate</i> CONC<br>2mg/ml; SOLN 5mg/ml  | 3                          |        |
| INVEGA SUSTENNA SUSY<br>39mg/0.25ml<br>QL (1 syringe / 28 days)   | 4                          | QL     |
| INVEGA SUSTENNA SUSY<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 5                          | QL     |
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 5                          | QL     |
| LATUDA TABS 20mg, 40mg,<br>60mg, 120mg<br>QL (30 tabs / 30 days)  | 4                          | QL     |
| LATUDA TABS 80mg<br>QL (60 tabs / 30 days)  | 4                          | QL     |
| <i>lozapine succinate</i> CAPS<br>5mg, 10mg, 25mg, 50mg   | 3                          |        |
| <i>molindone hcl</i> TABS 5mg,<br>10mg, 25mg  | 4                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                              | 5                          | QL LA PA                     |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                              | 5                          | QL LA PA                     |
| <i>olanzapine</i> SOLR 10mg<br>QL (3 vials / 1 day)                       | 4                          | QL                           |
| <i>olanzapine</i> TABS 2.5mg,<br>5mg, 10mg<br>QL (60 tabs / 30 days)      | 2                          | GC QL                        |
| <i>olanzapine</i> TABS 7.5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)     | 2                          | GC QL                        |
| <i>olanzapine</i> TBDP 5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)       | 4                          | QL                           |
| <i>olanzapine</i> TBDP 10mg<br>QL (60 tabs / 30 days)                     | 4                          | QL                           |
| <i>paliperidone</i> TB24 1.5mg,<br>3mg, 9mg<br>QL (30 tabs / 30 days)     | 4                          | QL                           |
| <i>paliperidone</i> TB24 6mg<br>QL (60 tabs / 30 days)                    | 4                          | QL                           |
| perphenazine TABS 2mg,<br>4mg, 8mg, 16mg                                  | 3                          |                              |
| PERSERIS PRSY 90mg,<br>120mg<br>QL (1 syringe / 30 days)                  | 5                          | QL                           |
| pimozide TABS 1mg, 2mg  | 4                          |                              |
| quetiapine fumarate TABS<br>25mg, 50mg, 100mg, 200mg,<br>300mg, 400mg     | 3                          |                              |
| quetiapine fumarate TB24<br>50mg, 300mg, 400mg<br>QL (60 tabs / 30 days)  | 4                          | QL PA                        |
| quetiapine fumarate TB24<br>150mg, 200mg<br>QL (30 tabs / 30 days)        | 4                          | QL PA                        |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                           | 4                          | QL                           |
| REXULTI TABS .25mg, .5mg, 4<br>1mg, 2mg<br>QL (60 tabs / 30 days)         | 4                          | QL                           |
| RISPERDAL CONSTA SRER 4<br>12.5mg, 25mg<br>QL (2 injections / 28<br>days) | 4                          | QL                           |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| RISPERDAL CONSTA SRER 5<br>37.5mg, 50mg<br>QL (2 injections / 28<br>days)            | 5                          | QL                           |
| <i>risperidone</i> SOLN 1mg/ml<br>QL (240 mL / 30 days)                              | 3                          | QL                           |
| <i>risperidone</i> TABS .25mg,<br>.5mg, 1mg, 2mg, 3mg, 4mg                           | 2                          | GC                           |
| <i>risperidone</i> TBDP 1mg, 2mg,<br>3mg, 4mg<br>QL (60 tabs / 30 days)              | 4                          | QL                           |
| <i>risperidone</i> TBDP .25mg,<br>.5mg<br>QL (90 tabs / 30 days)                     | 4                          | QL                           |
| SECUADO PT24 3.8mg/24hr, 4<br>5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30<br>days) | 4                          | QL                           |
| <i>thioridazine hcl</i> TABS 10mg,<br>25mg, 50mg, 100mg                              | 3                          |                              |
| <i>thiothixene</i> CAPS 1mg, 2mg,<br>5mg, 10mg                                       | 4                          |                              |
| <i>trifluoperazine hcl</i> TABS 1mg,<br>2mg, 5mg, 10mg                               | 3                          |                              |
| VERSACLOZ SUSP 50mg/ml 5<br>QL (600 mL / 30 days)                                    | 5                          | QL PA                        |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)   | 5                          | QL                           |
| VRAYLAR CAPS 3mg,<br>4.5mg, 6mg<br>QL (30 caps / 30 days)                            | 5                          | QL                           |
| VRAYLAR CAP 1.5-3MG 4  |                            |                              |
| <i>ziprasidone hcl</i> CAPS 20mg,<br>40mg, 60mg, 80mg<br>QL (60 caps / 30 days)      | 4                          | QL                           |
| <i>ziprasidone mesylate</i> SOLR 4<br>20mg<br>QL (6 injections / 3<br>days)          | 4                          | QL                           |
| ZYPREXA RELPREVV 4<br>SUSR 210mg<br>QL (2 vials / 28 days)                           | 4                          | QL PA                        |
| ZYPREXA RELPREVV 5<br>SUSR 300mg<br>QL (2 vials / 28 days)                           | 5                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| ZYPREXA RELPREVV   | 5                          | QL PA                        |
| SUSR 405mg<br>QL (1 vial / 28 days)  |                            |                              |
| <b>ATTENTION DEFICIT HYPERACTIVITY<br/>DISORDER</b>                              |                            |                              |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 5 mg<br>QL (30 caps / 30 days)  | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 10 mg<br>QL (30 caps / 30 days) | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 15 mg<br>QL (30 caps / 30 days) | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 20 mg<br>QL (30 caps / 30 days) | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 25 mg<br>QL (30 caps / 30 days) | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine cap er<br>24hr 30 mg<br>QL (30 caps / 30 days) | 4                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 5 mg<br>QL (60 tabs / 30 days)             | 3                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 7.5 mg<br>QL (60 tabs / 30 days)           | 3                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 10 mg<br>QL (60 tabs / 30 days)            | 3                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 12.5 mg<br>QL (60 tabs / 30 days)          | 3                          | QL PA                        |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| amphetamine-<br>dextroamphetamine tab 15 mg<br>QL (60 tabs / 30 days)                               | 3                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 20 mg<br>QL (90 tabs / 30 days)                               | 3                          | QL PA                        |
| amphetamine-<br>dextroamphetamine tab 30 mg<br>QL (60 tabs / 30 days)                               | 3                          | QL PA                        |
| atomoxetine hcl CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days)                                    | 4                          | QL                           |
| atomoxetine hcl CAPS 40mg<br>QL (60 caps / 30 days)   | 4                          | QL                           |
| atomoxetine hcl CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                    | 4                          | QL                           |
| dexmethylphenidate hcl TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                                   | 3                          | QL PA                        |
| dexmethylphenidate hcl TABS 10mg<br>QL (60 tabs / 30 days)  | 3                          | QL PA                        |
| guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg<br>QL (30 tabs / 30 days)<br>PA if 70 years and older | 3                          | QL PA                        |
| metadate er TBCR 20mg<br>QL (90 tabs / 30 days)   | 4                          | QL PA                        |
| methylphenidate hcl CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days)                                | 4                          | QL PA                        |
| methylphenidate hcl SOLN 5mg/5ml<br>QL (1800 mL / 30 days)  | 4                          | QL PA                        |
| methylphenidate hcl SOLN 10mg/5ml<br>QL (900 mL / 30 days)  | 4                          | QL PA                        |
| methylphenidate hcl TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                       | 3                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| <i>methylphenidate hcl</i> TABS<br>20mg<br>QL (90 tabs / 30 days)   | 3                          | QL PA                        |
| <i>methylphenidate hcl</i> TBCR<br>10mg, 20mg<br>QL (90 tabs / 30 days)   | 4                          | QL PA                        |
| VYVANSE CAPS 10mg,<br>20mg, 30mg<br>QL (60 caps / 30 days)  | 4                          | QL PA                        |
| VYVANSE CAPS 40mg,<br>50mg, 60mg, 70mg<br>QL (30 caps / 30 days)  | 4                          | QL PA                        |
| VYVANSE CHEW 10mg,<br>20mg, 30mg<br>QL (60 tabs / 30 days)  | 4                          | QL PA                        |
| VYVANSE CHEW 40mg,<br>50mg, 60mg<br>QL (30 tabs / 30 days)  | 4                          | QL PA                        |
| <b>HYPNOTICS</b>  |                            |                              |
| BELSOMRA TABS 5mg,<br>10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)  | 4                          | QL                           |
| <i>doxepin hcl (sleep)</i> TABS<br>3mg, 6mg<br>QL (30 tabs / 30 days)   | 3                          | QL                           |
| HETLIOZ CAPS 20mg<br>QL (30 caps / 30 days)   | 5                          | QL LA PA                     |
| <i>temazepam</i> CAPS 7.5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                | 4                          | QL PA                        |
| <i>temazepam</i> CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                 | 4                          | QL PA                        |
| <i>temazepam</i> CAPS 30mg<br>QL (30 caps / 30 days)<br>PA if 65 years and older  | 4                          | QL PA                        |
| <i>zolpidem tartrate</i> TABS 5mg,<br>10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | GC QL PA                     |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <b>MIGRAINE</b>  |                            |                              |
| AIMOVIG SOAJ 70mg/ml,<br>140mg/ml<br>QL (1 pen / 30 days)  | 3                          | QL PA                        |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml<br>SOLN 4mg/ml<br>QL (8 mL / 30 days)                                  | 5                          | QL PA                        |
| <i>ergotamine w/ caffeine tab 1-</i><br>100 mg<br>QL (40 tabs / 28 days)   | 3                          | QL PA                        |
| <i>naratriptan hcl</i> TABS 1mg,<br>2.5mg<br>QL (12 tabs / 30 days)  | 3                          | QL                           |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)   | 5                          | QL PA                        |
| <i>rizatriptan benzoate</i> TABS<br>5mg, 10mg; TBDP 5mg, 10mg<br>QL (18 tabs / 30 days)                              | 3                          | QL                           |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)   | 4                          | QL                           |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)  | 4                          | QL                           |
| <i>sumatriptan succinate</i> SOAJ<br>4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30<br>days)                    | 4                          | QL                           |
| <i>sumatriptan succinate</i> SOAJ<br>6mg/0.5ml; SOCT 6mg/0.5ml;<br>SOLN 6mg/0.5ml<br>QL (12 injections / 30<br>days) | 4                          | QL                           |
| <i>sumatriptan succinate</i> TABS<br>25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                                     | 2                          | GC QL                        |
| UBRELVY TABS 50mg,<br>100mg<br>QL (16 tabs / 30 days)  | 5                          | QL PA                        |
| <i>zolmitriptan</i> TABS 2.5mg,<br>5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days)                                    | 4                          | QL                           |
| <b>MISCELLANEOUS</b>   |                            |                              |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)   | 5                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                     | 5                          | QL PA                        |
| GRALISE TABS 300mg<br>QL (180 tabs / 30 days)   | 4                          | QL PA                        |
| GRALISE TABS 600mg<br>QL (90 tabs / 30 days)  | 4                          | QL PA                        |
| INGREZZA CAPS 40mg,<br>60mg, 80mg<br>QL (30 caps / 30 days)                           | 5                          | QL LA PA                     |
| INGREZZA CAP 40-80MG<br>QL (28 caps / 28 days)  | 5                          | QL LA PA                     |
| LITHIUM SOLN 8meq/5ml   | 4                          |                              |
| <i>lithium carbonate</i> CAPS<br>150mg, 300mg, 600mg                                  | 1                          | GC                           |
| <i>lithium carbonate</i> TABS<br>300mg; TBCR 300mg, 450mg                             | 2                          | GC                           |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)  | 4                          | QL PA                        |
| <i>pregabalin</i> (once-daily) TB24<br>82.5mg, 165mg, 330mg<br>QL (60 tabs / 30 days) | 4                          | QL PA                        |
| <i>pyridostigmine bromide</i> TABS 3<br>60mg  |                            |                              |
| <i>riluzole</i> TABS 50mg   | 4                          |                              |
| SAVELLA TABS 12.5mg,<br>25mg, 50mg, 100mg<br>QL (60 tabs / 30 days)                   | 4                          | QL PA                        |
| SAVELLA MIS TITR PAK  | 4                          | PA                           |
| tetrabenazine TABS 12.5mg<br>QL (90 tabs / 30 days)                                   | 5                          | QL PA                        |
| tetrabenazine TABS 25mg<br>QL (120 tabs / 30 days)                                    | 5                          | QL PA                        |
| <b>MULTIPLE SCLEROSIS AGENTS</b>  |                            |                              |
| BETASERON KIT .3mg<br>QL (14 syringes / 28<br>days)                                   | 5                          | QL PA                        |
| <i>dalfampridine</i> TB12 10mg  | 3                          | PA                           |
| GILENYA CAPS .5mg<br>QL (28 caps / 28 days)   | 5                          | QL PA                        |
| <i>glatiramer acetate</i> SOSY<br>20mg/ml<br>QL (30 syringes / 30<br>days)            | 5                          | QL PA                        |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| <i>glatiramer acetate</i> SOSY<br>40mg/ml<br>QL (12 syringes / 28<br>days)                                  | 5                          | QL PA                        |
| <i>glatopa</i> SOSY 20mg/ml<br>QL (30 syringes / 30<br>days)  | 5                          | QL PA                        |
| <i>glatopa</i> SOSY 40mg/ml<br>QL (12 syringes / 28<br>days)  | 5                          | QL PA                        |
| KESIMPTA SOAJ<br>20mg/0.4ml<br>QL (16 pens / year)  | 5                          | QL LA PA                     |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>   |                            |                              |
| <i>baclofen</i> TABS 10mg, 20mg   | 3                          |                              |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 10mg<br>PA if 70 years and older                                    | 3                          | PA                           |
| <i>dantrolene sodium</i> CAPS<br>25mg, 50mg, 100mg  | 4                          |                              |
| <i>tizanidine hcl</i> TABS 2mg,<br>4mg  | 2                          | GC                           |
| <b>NARCOLEPSY/CATAPLEXY</b>   |                            |                              |
| <i>armodafinil</i> TABS 50mg<br>QL (90 tabs / 30 days)  | 3                          | QL PA                        |
| <i>armodafinil</i> TABS 150mg,<br>200mg, 250mg<br>QL (30 tabs / 30 days)                                    | 3                          | QL PA                        |
| <i>modafinil</i> TABS 100mg<br>QL (30 tabs / 30 days)   | 4                          | QL PA                        |
| <i>modafinil</i> TABS 200mg<br>QL (60 tabs / 30 days)   | 4                          | QL PA                        |
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days)  | 5                          | QL LA PA                     |
| <b>PSYCHOTHERAPEUTIC-MISC</b>   |                            |                              |
| <i>acamprosate calcium</i> TBEC<br>333mg  | 4                          |                              |
| <i>buprenorphine hcl</i> SUBL<br>2mg, 8mg<br>QL (90 tabs / 30 days)   | 3                          | QL PA                        |
| <i>buprenorphine hcl-naloxone</i><br><i>hcl sl film</i> 2-0.5 mg (base<br>equiv)<br>QL (90 films / 30 days) | 4                          | QL                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| buprenorphine hcl-naloxone<br>hcl sl film 4-1 mg (base equiv)<br>QL (90 films / 30 days)             | 4                          | QL                           |
| buprenorphine hcl-naloxone<br>hcl sl film 8-2 mg (base equiv)<br>QL (90 films / 30 days)             | 4                          | QL                           |
| buprenorphine hcl-naloxone<br>hcl sl film 12-3 mg (base<br>equiv)<br>QL (60 films / 30 days)         | 4                          | QL                           |
| buprenorphine hcl-naloxone<br>hcl sl tab 2-0.5 mg (base<br>equiv)<br>QL (90 tabs / 30 days)          | 2                          | GC QL                        |
| buprenorphine hcl-naloxone<br>hcl sl tab 8-2 mg (base equiv)<br>QL (90 tabs / 30 days)               | 2                          | GC QL                        |
| bupropion hcl (smoking<br>deterrent) TB12 150mg<br>CHANTIX PAK 0.5& 1MG                              | 3                          |                              |
| disulfiram TABS 250mg,<br>500mg  | 4                          | PA                           |
| naloxone hcl LIQD 4mg/0.1ml<br>naloxone hcl SOCT .4mg/ml;<br>SOLN .4mg/ml, 4mg/10ml;<br>SOSY 2mg/2ml | 2                          | GC                           |
| naltrexone hcl TABS 50mg   | 3                          |                              |
| NICOTROL INHALER INHA<br>10mg  | 4                          |                              |
| NICOTROL NS SOLN<br>10mg/ml  | 4                          |                              |
| varenicline tartrate TABS<br>.5mg, 1mg<br>QL (56 tabs / 28 days)                                     | 4                          | QL PA                        |
| VIVITROL SUSR 380mg  | 5                          |                              |
| <b>ENDOCRINE AND METABOLIC<br/>ANDROGENS</b>   |                            |                              |
| ANDRODERM PT24<br>2mg/24hr, 4mg/24hr<br>QL (30 patches / 30<br>days)                                 | 4                          | QL PA                        |
| oxandrolone TABS 2.5mg<br>QL (120 tabs / 30 days)  | 3                          | QL PA                        |
| oxandrolone TABS 10mg<br>QL (60 tabs / 30 days)  | 4                          | QL PA                        |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| testosterone GEL 1%,<br>25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days) | 4                          | QL PA                        |
| testosterone cypionate SOLN<br>100mg/ml, 200mg/ml                     | 3                          | PA                           |
| testosterone enanthate SOLN<br>200mg/ml                               | 3                          | PA                           |
| <b>ANTIDIABETICS</b>  |                            |                              |
| acarbose TABS 25mg, 50mg, 3<br>100mg                                  | 3                          |                              |
| BYDUREON BCISE AUIJ<br>2mg/0.85ml<br>QL (4 pens / 28 days)            | 3                          | QL                           |
| BYETTA SOPN<br>5mcg/0.02ml, 10mcg/0.04ml<br>QL (1 pen / 30 days)      | 4                          | QL                           |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                      | 3                          | QL                           |
| glimepiride TABS 1mg, 2mg<br>QL (90 tabs / 30 days)                   | 1                          | GC QL                        |
| glimepiride TABS 4mg<br>QL (60 tabs / 30 days)                        | 1                          | GC QL                        |
| glipizide TABS 5mg<br>QL (240 tabs / 30 days)                         | 1                          | GC QL                        |
| glipizide TABS 10mg<br>QL (120 tabs / 30 days)                        | 1                          | GC QL                        |
| glipizide TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)                   | 1                          | GC QL                        |
| glipizide TB24 10mg<br>QL (60 tabs / 30 days)                         | 1                          | GC QL                        |
| glipizide xl TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)                | 1                          | GC QL                        |
| glipizide xl TB24 10mg<br>QL (60 tabs / 30 days)                      | 1                          | GC QL                        |
| glipizide-metformin hcl tab<br>2.5-250 mg<br>QL (240 tabs / 30 days)  | 1                          | GC QL                        |
| glipizide-metformin hcl tab<br>2.5-500 mg<br>QL (120 tabs / 30 days)  | 1                          | GC QL                        |
| glipizide-metformin hcl tab 5-<br>500 mg<br>QL (120 tabs / 30 days)   | 1                          | GC QL                        |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                        | 3                          | QL                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                                       | 3                          | QL                           |
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                                       | 3                          | QL                           |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)  | 3                          | QL                           |
| JANUMET XR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                                | 3                          | QL                           |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                                     | 3                          | QL                           |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                                    | 3                          | QL                           |
| JANUVIA TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                             | 3                          | QL                           |
| JARDIANCE TABS 10mg<br>QL (60 tabs / 30 days)  | 3                          | QL                           |
| JARDIANCE TABS 25mg<br>QL (30 tabs / 30 days)  | 3                          | QL                           |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                     | 3                          | QL                           |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                     | 3                          | QL                           |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                    | 3                          | QL                           |
| JENTADUETO TAB XR 2.5-<br>1000MG<br>QL (60 tabs / 30 days)                           | 3                          | QL                           |
| JENTADUETO TAB XR 5-<br>1000MG<br>QL (30 tabs / 30 days)                             | 3                          | QL                           |
| metformin hcl TABS 500mg<br>QL (150 tabs / 30 days)                                  | 1                          | GC QL                        |
| metformin hcl TABS 850mg<br>QL (90 tabs / 30 days)                                   | 1                          | GC QL                        |
| metformin hcl TABS 1000mg<br>QL (75 tabs / 30 days)                                  | 1                          | GC QL                        |
| metformin hcl TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR) | 1                          | GC QL                        |
| metformin hcl TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)  | 1                          | GC QL                        |

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

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| <b>Drug Name</b>   | <b>Drug Requirements/<br/>Tier      Limits</b> |     |
|--|--|-----|
| TRIJARDY XR TAB ER 24HR<br>5-2.5-1000MG<br>QL (60 tabs / 30 days)                              | 3  | QL  |
| TRIJARDY XR TAB ER 24HR<br>10-5-1000MG<br>QL (30 tabs / 30 days)                               | 3  | QL  |
| TRIJARDY XR TAB ER 24HR<br>12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                           | 3  | QL  |
| TRIJARDY XR TAB ER 24HR<br>25-5-1000MG<br>QL (30 tabs / 30 days)                               | 3  | QL  |
| TRULICITY SOPN<br>.75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 3  | QL  |
| VICTOZA SOPN 18mg/3ml<br>QL (3 pens / 30 days)   | 3  | QL  |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)   | 3  | QL  |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)  | 3  | QL  |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)   | 3  | QL  |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)   | 3  | QL  |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)  | 3  | QL  |
| <b>ANTIDIABETICS, INSULINS</b>   |  |     |
| BASAGLAR KWIKPEN<br>SOPN 100unit/ml<br>SI  | 3  |     |
| BD ALCOHOL SWABS   | 3  |     |
| FIASP FLEX INJ TOUCH<br>SI   | 3  |     |
| FIASP INJ 100/ML<br>SI   | 3  |     |
| FIASP PENFIL INJ U-100<br>SI   | 3  |     |
| GAUZE PADS 2" X 2"   | 3  |     |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml<br>SI  | 5  | B/D |

| <b>Drug Name</b>   | <b>Drug Requirements/<br/>Tier      Limits</b> |  |
|--|--|--|
| HUMULIN R U-500 KWIKPEN  | 5  |  |
| SOPN 500unit/ml<br>SI  |  |  |
| INSULIN SAFETY NEEDLES   | 3  |  |
| INSULIN SYRINGES:<br>BD/ULTIMED/ALLISON/TRIVI<br>DIA/MHC                 | 3  |  |
| LEVEMIR SOLN 100unit/ml<br>SI  | 3  |  |
| LEVEMIR FLEXTOUCH<br>SOPN 100unit/ml<br>SI                               | 3  |  |
| NOVOLIN INJ 70/30<br>SI (brand RELION not<br>covered)                    | 3  |  |
| NOVOLIN INJ 70/30 FP<br>SI (brand RELION not<br>covered)                 | 3  |  |
| NOVOLIN N SUSP<br>100unit/ml<br>SI (brand RELION not<br>covered)         | 3  |  |
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml<br>SI (brand RELION not<br>covered) | 3  |  |
| NOVOLIN R SOLN<br>100unit/ml<br>SI (brand RELION not<br>covered)         | 3  |  |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml<br>SI (brand RELION not<br>covered) | 3  |  |
| NOVOLOG SOLN 100unit/ml<br>SI (brand RELION not<br>covered)              | 3  |  |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml<br>SI (brand RELION not<br>covered)   | 3  |  |
| NOVOLOG MIX INJ 70/30<br>SI (brand RELION not<br>covered)                | 3  |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| NOVOLOG MIX INJ<br>FLEXPEN<br>SI (brand RELION not covered)         | 3                          |        |
| NOVOLOG PENFILL SOCT<br>100unit/ml<br>SI (brand RELION not covered) | 3                          |        |
| OMNIPOD DASH MIS PODS<br>QL (15 pods / 30 days)                     | 4                          | QL PA  |
| OMNIPOD MIS CLASSIC<br>QL (15 pods / 30 days)                       | 4                          | QL PA  |
| OMNIPOD PDM KIT<br>CLASSIC<br>QL (1 kit / year)                     | 4                          | QL PA  |
| PEN NEEDLES:<br>NOVO/BD/ULTIMED/OWEN/ TRIVIDIA                      | 3                          |        |
| SOLIQUA INJ 100/33<br>QL (10 pens / 30 days)<br>SI                  | 3                          | QL     |
| TRESIBA SOLN 100unit/ml<br>SI                                       | 3                          |        |
| TRESIBA FLEXTOUCH<br>SOPN 100unit/ml, 200unit/ml<br>SI              | 3                          |        |
| V-GO 20 KIT<br>QL (1 kit / 30 days)                                 | 4                          | QL PA  |
| V-GO 30 KIT<br>QL (1 kit / 30 days)                                 | 4                          | QL PA  |
| V-GO 40 KIT<br>QL (1 kit / 30 days)                                 | 4                          | QL PA  |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)<br>SI                 | 3                          | QL     |
| <b>CALCIUM REGULATORS</b>   |                            |        |
| alendronate sodium SOLN<br>70mg/75ml                                | 4                          |        |
| alendronate sodium TABS<br>10mg, 35mg, 70mg                         | 1                          | GC     |
| calcitonin (salmon) spray<br>SOLN 200unit/act                       | 3                          | B/D    |
| FORTEO SOPN<br>600mcg/2.4ml   | 5                          | PA     |
| FOSAMAX + D TAB 70-2800   | 4                          | ST     |
| FOSAMAX + D TAB 70-5600   | 4                          | ST     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>ibandronate sodium</i> SOLN<br>3mg/3ml   | 4                          | B/D QL |
| QL (1 injection / 90 days)  |                            |        |
| <i>ibandronate sodium</i> TABS<br>150mg   | 3                          | B/D    |
| NATPARA CART 25mcg,<br>50mcg, 75mcg, 100mcg   | 5                          | PA     |
| PAMIDRONATE DISODIUM<br>SOLN 6mg/ml   | 3                          | B/D    |
| <i>pamidronate disodium</i> SOLN<br>30mg/10ml, 90mg/10ml;<br>SOLR 30mg, 90mg                    | 3                          | B/D    |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180 days)  | 4                          | QL     |
| <i>risedronate sodium</i> TABS<br>5mg, 35mg, 150mg  | 3                          |        |
| <i>risedronate sodium</i> TABS<br>30mg; TBEC 35mg   | 4                          |        |
| XGEVA SOLN 120mg/1.7ml  | 5                          | PA     |
| zoledronic acid CONC<br>4mg/5ml; SOLN 4mg/100ml,<br>5mg/100ml                                   | 4                          | B/D    |
| <b>CHELATING AGENTS</b>   |                            |        |
| CHEMET CAPS 100mg   | 4                          |        |
| <i>deferasirox</i> PACK 90mg,<br>180mg, 360mg; TABS 90mg,<br>180mg, 360mg; TBSO<br>250mg, 500mg | 5                          | PA     |
| <i>deferasirox</i> TBSO 125mg   | 3                          | PA     |
| LOKELMA PACK 5gm, 10gm  | 3                          |        |
| <i>penicillamine</i> TABS 250mg   | 5                          |        |
| <i>sodium polystyrene sulfonate</i> powder  | 3                          |        |
| <i>sps</i> SUSP 15gm/60ml   | 3                          |        |
| <i>trentine hcl</i> CAPS 250mg  | 5                          | PA     |
| VELTASSA PACK 8.4gm,<br>16.8gm, 25.2gm  | 3                          |        |
| <b>CONTRACEPTIVES</b>   |                            |        |
| <i>afirmelle</i>  | 2                          | GC     |
| <i>altavera</i>   | 2                          | GC     |
| <i>alyacen 1/35</i>   | 2                          | GC     |
| <i>alyacen 7/7/7</i>  | 2                          | GC     |
| <i>apri</i>   | 2                          | GC     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| aranelle   | 3                          |        |
| aubra eq   | 2                          | GC     |
| aurovela 1/20  | 2                          | GC     |
| aurovela fe 1.5/30   | 2                          | GC     |
| aurovela fe 1/20   | 2                          | GC     |
| aviane   | 2                          | GC     |
| ayuna  | 2                          | GC     |
| azurette   | 3                          |        |
| balziva  | 3                          |        |
| blisovi fe 1.5/30  | 2                          | GC     |
| briellyn   | 3                          |        |
| camila TABS .35mg  | 2                          | GC     |
| caziant  | 2                          | GC     |
| chateal  | 2                          | GC     |
| cryselle-28  | 2                          | GC     |
| cyred eq   | 2                          | GC     |
| dasetta 1/35   | 2                          | GC     |
| dasetta 7/7/7  | 2                          | GC     |
| deblitane TABS .35mg   | 2                          | GC     |
| desogest-eth estrad & eth<br>estrad tab 0.15-0.02/0.01<br>mg(21/5) | 3                          |        |
| desogestrel & ethynodiol estradiol<br>tab 0.15 mg-30 mcg           | 2                          | GC     |
| drospirenone-ethynodiol estradiol<br>tab 3-0.02 mg                 | 3                          |        |
| drospirenone-ethynodiol estradiol<br>tab 3-0.03 mg                 | 3                          |        |
| elinest  | 2                          | GC     |
| ELLA TABS 30mg   | 3                          |        |
| eluryng  | 4                          |        |
| emoquette  | 2                          | GC     |
| enpresse-28  | 2                          | GC     |
| enskyce  | 2                          | GC     |
| errin TABS .35mg   | 2                          | GC     |
| estarrylla   | 2                          | GC     |
| ethynodiol diacetate & ethynodiol<br>estradiol tab 1 mg-35 mcg     | 2                          | GC     |
| ethynodiol diacetate & ethynodiol<br>estradiol tab 1 mg-50 mcg     | 3                          |        |
| etonogestrel-ethynodiol estradiol<br>va ring 0.120-0.015 mg/24hr   | 4                          |        |
| falmina  | 2                          | GC     |
| femynor  | 2                          | GC     |
| hailey 1.5/30  | 2                          | GC     |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| heather TABS .35mg   | 2                          | GC     |
| iclevia  | 3                          |        |
| incassia TABS .35mg  | 2                          | GC     |
| introvale  | 3                          |        |
| isibloom   | 2                          | GC     |
| jasmiel  | 3                          |        |
| jolessa  | 3                          |        |
| juleber  | 2                          | GC     |
| junel 1.5/30   | 2                          | GC     |
| junel 1/20   | 2                          | GC     |
| junel fe 1.5/30  | 2                          | GC     |
| junel fe 1/20  | 2                          | GC     |
| kariva   | 3                          |        |
| kelnor 1/35  | 2                          | GC     |
| kelnor 1/50  | 3                          |        |
| kurvelo  | 2                          | GC     |
| larin 1.5/30   | 2                          | GC     |
| larin 1/20   | 2                          | GC     |
| larin fe 1.5/30  | 2                          | GC     |
| larin fe 1/20  | 2                          | GC     |
| larissia   | 2                          | GC     |
| leena  | 3                          |        |
| lessina  | 2                          | GC     |
| levonest   | 2                          | GC     |
| levonorgestrel & ethynodiol<br>estradiol (91-day) tab 0.15-<br>0.03 mg | 3                          |        |
| levonorgestrel & ethynodiol<br>estradiol tab 0.1 mg-20 mcg             | 2                          | GC     |
| levonorgestrel & ethynodiol<br>estradiol tab 0.15 mg-30 mcg            | 2                          | GC     |
| levonorgestrel-eth estrad tab<br>0.05-30/0.075-40/0.125-<br>30mg-mcg   | 2                          | GC     |
| levora 0.15/30-28  | 2                          | GC     |
| lillow   | 2                          | GC     |
| loestrin 1.5/30-21   | 2                          | GC     |
| loestrin 1/20-21   | 2                          | GC     |
| loestrin fe 1.5/30   | 2                          | GC     |
| loestrin fe 1/20   | 2                          | GC     |
| loryna   | 3                          |        |
| low-ogestrel   | 2                          | GC     |
| lutera   | 2                          | GC     |
| lyleq TABS .35mg   | 2                          | GC     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| lyza TABS .35mg  | 2                          | GC                           |
| marlissa   | 2                          | GC                           |
| medroxyprogesterone acetate<br>(contraceptive) SUSP<br>150mg/ml; SUSY 150mg/ml | 3                          |                              |
| microgestin 1.5/30   | 2                          | GC                           |
| microgestin 1/20   | 2                          | GC                           |
| microgestin fe 1.5/30  | 2                          | GC                           |
| microgestin fe 1/20  | 2                          | GC                           |
| mili   | 2                          | GC                           |
| mono-linyah  | 2                          | GC                           |
| necon 0.5/35-28  | 2                          | GC                           |
| nikki  | 3                          |                              |
| nora-be TABS .35mg   | 2                          | GC                           |
| norethindrone (contraceptive)<br>TABS .35mg                                    | 2                          | GC                           |
| norethindrone ace & ethynodiol tab 1 mg-20 mcg                                 | 2                          | GC                           |
| norethindrone ace & ethynodiol tab 1.5 mg-30 mcg                               | 2                          | GC                           |
| norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg                              | 2                          | GC                           |
| norgestimate & ethynodiol<br>estradiol tab 0.25 mg-35 mcg                      | 2                          | GC                           |
| norgestimate-eth estrad tab<br>0.18-25/0.215-25/0.25-25 mg-<br>mcg             | 3                          |                              |
| norgestimate-eth estrad tab<br>0.18-35/0.215-35/0.25-35 mg-<br>mcg             | 2                          | GC                           |
| norlyroc TABS .35mg  | 2                          | GC                           |
| nortrel 0.5/35 (28)  | 2                          | GC                           |
| nortrel 1/35 (21)  | 2                          | GC                           |
| nortrel 1/35 (28)  | 2                          | GC                           |
| nortrel 7/7/7  | 2                          | GC                           |
| nylia 1/35   | 2                          | GC                           |
| nylia 7/7/7  | 2                          | GC                           |
| nymyo  | 2                          | GC                           |
| ocella   | 3                          |                              |
| orsythia   | 2                          | GC                           |
| philith  | 3                          |                              |
| pimtrea  | 3                          |                              |
| pirmella 1/35  | 2                          | GC                           |
| portia-28  | 2                          | GC                           |
| previfem   | 2                          | GC                           |

| Drug Name                       | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---------------------------------|----------------------------|------------------------------|
| reclipsen                       | 2                          | GC                           |
| settakin                        | 3                          |                              |
| sharobel TABS .35mg             | 2                          | GC                           |
| simliya                         | 3                          |                              |
| sprintec 28                     | 2                          | GC                           |
| sronyx                          | 2                          | GC                           |
| syeda                           | 3                          |                              |
| tarina fe 1/20 eq               | 2                          | GC                           |
| tilia fe                        | 4                          |                              |
| tri-estarrylla                  | 2                          | GC                           |
| tri-legest fe                   | 4                          |                              |
| tri-linyah                      | 2                          | GC                           |
| tri-lo-estarrylla               | 3                          |                              |
| tri-lo-marzia                   | 3                          |                              |
| tri-lo-mili                     | 3                          |                              |
| tri-lo-sprintec                 | 3                          |                              |
| tri-mili                        | 2                          | GC                           |
| tri-nymyo                       | 2                          | GC                           |
| tri-sprintec                    | 2                          | GC                           |
| tri-vylibra                     | 2                          | GC                           |
| tri-vylibra lo                  | 3                          |                              |
| trivora-28                      | 2                          | GC                           |
| velivet                         | 2                          | GC                           |
| vestura                         | 3                          |                              |
| vienna                          | 2                          | GC                           |
| viorele                         | 3                          |                              |
| vyfemla                         | 3                          |                              |
| vylibra                         | 2                          | GC                           |
| wera                            | 2                          | GC                           |
| xulane                          | 4                          |                              |
| zafemy                          | 4                          |                              |
| zovia 1/35                      | 2                          | GC                           |
| zumandimine                     | 3                          |                              |
| <b>ENDOMETRIOSIS</b>            |                            |                              |
| danazol CAPS 50mg, 100mg, 200mg | 4                          |                              |
| SYNAREL SOLN 2mg/ml             | 5                          |                              |
| <b>ESTROGENS</b>                |                            |                              |
| amabelz                         | 3                          |                              |
| DELESTROGEN OIL 10mg/ml         | 4                          |                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| dotti PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr   | 3                          |        |
| estradiol PTTW .025mg/24hr, 3<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr;<br>PTWK .025mg/24hr,<br>.05mg/24hr, .06mg/24hr,<br>.075mg/24hr, .1mg/24hr,<br>37.5mcg/24hr | 3                          |        |
| estradiol TABS .5mg, 1mg,<br>2mg  | 2                          | GC     |
| estradiol & norethindrone<br>acetate tab 0.5-0.1 mg   | 3                          |        |
| estradiol & norethindrone<br>acetate tab 1-0.5 mg   | 3                          |        |
| estradiol vaginal CREA<br>.1mg/gm   | 3                          |        |
| estradiol vaginal TABS<br>10mcg   | 4                          |        |
| estradiol valerate OIL<br>20mg/ml, 40mg/ml  | 4                          |        |
| fyavolv tab 0.5mg-2.5mcg  | 3                          |        |
| fyavolv tab 1mg-5mcg  | 3                          |        |
| jinteli   | 3                          |        |
| lyllana PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr   | 3                          |        |
| mimvey  | 3                          |        |
| norethindrone acetate-ethinyl   | 3                          |        |
| estradiol tab 0.5 mg-2.5 mcg  |                            |        |
| norethindrone acetate-ethinyl   | 3                          |        |
| estradiol tab 1 mg-5 mcg  |                            |        |
| yuvafem TABS 10mcg  | 4                          |        |
| <b>GLUCOCORTICOIDS</b>  |                            |        |
| dexamethasone ELIX<br>.5mg/5ml; SOLN .5mg/5ml;<br>TABS .5mg, .75mg, 1mg,<br>1.5mg, 2mg, 4mg, 6mg  | 3                          |        |
| DEXAMETHASONE   | 4                          |        |
| INTENSOL CONC 1mg/ml  |                            |        |
| dexamethasone sodium<br>phosphate SOLN 4mg/ml,<br>10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml  | 3                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits     |
|--|----------------------------|------------|
| fludrocortisone acetate TABS                               | 2                          | GC<br>.1mg |
| hydrocortisone TABS 5mg,<br>10mg, 20mg                     | 3                          |            |
| methylprednisolone TABS<br>4mg, 8mg, 16mg, 32mg            | 3                          | B/D        |
| methylprednisolone TBPK<br>4mg                             | 2                          | GC         |
| methylprednisolone acetate<br>SUSP 40mg/ml, 80mg/ml        | 3                          | B/D        |
| methylprednisolone sod succ<br>SOLR 40mg, 125mg, 1000mg    | 3                          | B/D        |
| prednisolone SOLN<br>15mg/5ml                              | 2                          | GC B/D     |
| prednisolone sodium<br>phosphate SOLN 5mg/5ml,<br>25mg/5ml | 3                          | B/D        |
| prednisolone sodium<br>phosphate SOLN 15mg/5ml             | 2                          | GC B/D     |
| prednisone SOLN 5mg/5ml                                    | 4                          | B/D        |
| prednisone TABS 1mg,<br>2.5mg, 5mg, 10mg, 20mg,<br>50mg    | 2                          | GC B/D     |
| prednisone TBPK 5mg, 10mg                                  | 3                          |            |
| PREDNISONE INTENSOL<br>CONC 5mg/ml                         | 4                          | B/D        |
| SOLU-CORTEF SOLR<br>100mg, 250mg, 500mg,<br>1000mg         | 4                          |            |
| <b>GLUCOSE ELEVATING AGENTS</b>                            |                            |            |
| diazoxide SUSP 50mg/ml                                     | 5                          |            |
| GVOKE HYPOPEN 2-PACK<br>SOAJ .5mg/0.1ml, 1mg/0.2ml         | 3                          |            |
| GVOKE KIT SOLN<br>1mg/0.2ml                                | 3                          |            |
| GVOKE PFS SOSY<br>.5mg/0.1ml, 1mg/0.2ml                    | 3                          |            |
| <b>MISCELLANEOUS</b>                                       |                            |            |
| ALDURAZYME SOLN<br>2.9mg/5ml                               | 5                          | LA PA      |
| betaine powder for oral<br>solution                        | 5                          | LA         |
| cabergoline TABS .5mg                                      | 3                          |            |
| CARBAGLU TBSO 200mg  | 5                          | LA PA      |
| carglumic acid TBSO 200mg                                  | 5                          | LA PA      |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| CERDELGA CAPS 84mg  | 5                          | PA                           |
| CEREZYME SOLR 400unit   | 5                          | LA PA                        |
| <i>cinacalcet hcl</i> TABS 30mg<br>QL (120 tabs / 30 days)              | 4                          | B/D QL                       |
| <i>cinacalcet hcl</i> TABS 60mg<br>QL (60 tabs / 30 days)               | 5                          | B/D QL                       |
| <i>cinacalcet hcl</i> TABS 90mg<br>QL (120 tabs / 30 days)              | 5                          | B/D QL                       |
| CYSTADANE POW   | 5                          | LA                           |
| CYSTAGON CAPS 50mg,<br>150mg  | 4                          | LA PA                        |
| <i>desmopressin acetate</i> SOLN<br>4mcg/ml                             | 5                          |                              |
| <i>desmopressin acetate</i> TABS<br>.1mg, .2mg                          | 3                          |                              |
| <i>desmopressin acetate spray</i><br>SOLN .01%                          | 4                          |                              |
| <i>desmopressin acetate spray</i><br>refrigerated SOLN .01%             | 4                          |                              |
| FABRAZYME SOLR 5mg,<br>35mg   | 5                          | LA PA                        |
| GENOTROPIN CART 5mg,<br>12mg  | 5                          | PA                           |
| GENOTROPIN MINIQUICK  | 5                          | PA                           |
| PRSY .2mg, .4mg, .6mg,<br>.8mg, 1mg, 1.2mg, 1.4mg,<br>1.6mg, 1.8mg, 2mg |                            |                              |
| INCRELEX SOLN 40mg/4ml  | 5                          | LA PA                        |
| KORLYM TABS 300mg   | 5                          | LA PA                        |
| <i>levocarnitine (metabolic<br/>modifiers)</i> SOLN 1gm/10ml            | 4                          | B/D                          |
| <i>levocarnitine (metabolic<br/>modifiers)</i> TABS 330mg               | 3                          | B/D                          |
| LUMIZYME SOLR 50mg  | 5                          | LA PA                        |
| LUPRON DEPOT-PED (1-<br>MONTH KIT 7.5mg,<br>11.25mg, 15mg               | 5                          | PA                           |
| LUPRON DEPOT-PED (3-<br>MONTH KIT 11.25mg, 30mg                         | 5                          | PA                           |
| <i>miglustat</i> CAPS 100mg<br>QL (90 caps / 30 days)                   | 5                          | QL PA                        |
| NAGLAZYME SOLN 1mg/ml   | 5                          | LA PA                        |
| <i>nitisinone</i> CAPS 2mg, 5mg,<br>10mg                                | 5                          | PA                           |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <i>octreotide acetate</i> SOLN<br>50mcg/ml, 100mcg/ml,<br>200mcg/ml; SOSY 50mcg/ml,<br>100mcg/ml | 4                          | PA                           |
| <i>octreotide acetate</i> SOLN<br>500mcg/ml, 1000mcg/ml;<br>SOSY 500mcg/ml                       | 5                          | PA                           |
| <i>raloxifene hcl</i> TABS 60mg  | 3                          |                              |
| <i>sapropterin dihydrochloride</i><br>PACK 100mg, 500mg; TABS<br>100mg                           | 5                          | PA                           |
| SIGNIFOR SOLN .3mg/ml,<br>.6mg/ml, .9mg/ml   | 5                          | LA PA                        |
| <i>sodium phenylbutyrate</i><br>POWD 3gm/tsp; TABS 500mg   | 5                          | PA                           |
| SOMATULINE DEPOT SOLN<br>60mg/0.2ml, 90mg/0.3ml,<br>120mg/0.5ml                                  | 5                          | PA                           |
| SOMAVERT SOLR 10mg,<br>15mg, 20mg, 25mg, 30mg  | 5                          | LA PA                        |
| <b>PHOSPHATE BINDER AGENTS</b>   |                            |                              |
| <i>calcium acetate (phosphate<br/>binder)</i> CAPS 667mg<br>QL (360 caps / 30 days)              | 3                          | QL                           |
| <i>calcium acetate (phosphate<br/>binder)</i> TABS 667mg<br>QL (360 tabs / 30 days)              | 3                          | QL                           |
| <i>sevelamer carbonate</i> PACK<br>2.4gm<br>QL (180 packets / 30<br>days)                        | 4                          | QL                           |
| <i>sevelamer carbonate</i> PACK<br>.8gm<br>QL (540 packets / 30<br>days)                         | 5                          | QL                           |
| <i>sevelamer carbonate</i> TABS<br>800mg<br>QL (540 tabs / 30 days)                              | 4                          | QL                           |
| VELPHORO CHEW 500mg<br>QL (180 tabs / 30 days)   | 5                          | QL                           |
| <b>PROGESTINS</b>  |                            |                              |
| <i>medroxyprogesterone acetate</i> 1<br>TABS 2.5mg, 5mg, 10mg                                    | 1                          | GC                           |
| <i>megestrol acetate</i> SUSP<br>40mg/ml   | 3                          |                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| <i>megestrol acetate (appetite)</i>   | 4                          | PA                           |
| SUSP 625mg/5ml  |                            |                              |
| <b>THYROID AGENTS</b>   |                            |                              |
| <i>euthyrox</i> TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg                     | 1                          | GC                           |
| <i>levo-t</i> TABS 25mcg, 50mcg,<br>75mcg, 88mcg, 100mcg,<br>112mcg, 125mcg, 137mcg,<br>150mcg, 175mcg, 200mcg,<br>300mcg               | 1                          | GC                           |
| <i>levothyroxine sodium</i> TABS<br>25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg,<br>125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg, 300mcg | 1                          | GC                           |
| <i>levoxyl</i> TABS 25mcg, 50mcg,<br>75mcg, 88mcg, 100mcg,<br>112mcg, 125mcg, 137mcg,<br>150mcg, 175mcg, 200mcg                         | 1                          | GC                           |
| <i>liothyronine sodium</i> TABS<br>5mcg, 25mcg, 50mcg   | 3                          |                              |
| <i>methimazole</i> TABS 5mg,<br>10mg  | 1                          | GC                           |
| <i>propylthiouracil</i> TABS 50mg   | 3                          |                              |
| <i>SYNTHROID</i> TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg            | 4                          |                              |
| <i>unithroid</i> TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg            | 1                          | GC                           |
| <b>VITAMIN D ANALOGS</b>  |                            |                              |
| <i>calcitriol</i> CAPS .25mcg,<br>.5mcg   | 2                          | GC B/D                       |
| <i>calcitriol</i> SOLN 1mcg/ml  | 4                          | B/D                          |
| <i>doxercalciferol</i> CAPS .5mcg,<br>1mcg, 2.5mcg  | 4                          | B/D                          |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| <i>paricalcitol</i> CAPS 1mcg,<br>2mcg, 4mcg   | 4                          | B/D                          |
| <i>RAYALDEE</i> CPCR 30mcg   | 5                          |                              |
| <b>GASTROINTESTINAL ANTIEMETICS</b>  |                            |                              |
| <i>aprepitant</i> CAPS 40mg,<br>80mg, 125mg  | 4                          | B/D                          |
| <i>aprepitant capsule therapy</i><br><i>pack 80 &amp; 125 mg</i>   | 4                          | B/D                          |
| <i>compro</i> SUPP 25mg  | 4                          |                              |
| <i>dronabinol</i> CAPS 2.5mg,<br>5mg, 10mg<br><i>QL (60 caps / 30 days)</i>  | 4                          | B/D QL                       |
| <i>gransetron hcl</i> SOLN 1mg/ml  | 3                          |                              |
| <i>gransetron hcl</i> SOLN<br>4mg/4ml  | 4                          |                              |
| <i>gransetron hcl</i> TABS 1mg   | 4                          | B/D                          |
| <i>meclizine hcl</i> TABS 12.5mg,<br>25mg  | 2                          | GC                           |
| <i>metoclopramide hcl</i> SOLN<br>5mg/5ml, 5mg/ml  | 3                          |                              |
| <i>metoclopramide hcl</i> TABS<br>5mg, 10mg  | 1                          | GC                           |
| <i>ondansetron</i> TBDP 4mg, 8mg   | 3                          | B/D                          |
| <i>ondansetron hcl</i> SOLN<br>4mg/2ml, 40mg/20ml; SOSY<br>4mg/2ml   | 3                          |                              |
| <i>ondansetron hcl</i> SOLN<br>4mg/5ml   | 4                          | B/D                          |
| <i>ondansetron hcl</i> TABS 4mg,<br>8mg, 24mg  | 3                          | B/D                          |
| <i>prochlorperazine</i> SUPP 25mg  | 4                          |                              |
| <i>prochlorperazine edisylate</i><br>SOLN 10mg/2ml   | 4                          |                              |
| <i>prochlorperazine maleate</i><br>TABS 5mg, 10mg  | 2                          | GC                           |
| <i>promethazine hcl</i> SOLN<br>25mg/ml, 50mg/ml; SYRP<br>6.25mg/5ml; TABS 12.5mg,<br>25mg, 50mg<br>PA if 70 years and older | 3                          | PA                           |
| <i>scopolamine</i> PT72<br>1mg/3days<br><i>QL (10 patches / 30 days)</i><br>PA if 70 years and older                         | 4                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <b>ANTISPASMODICS</b>                             |                            |        |
| dicyclomine hcl CAPS 10mg; TABS 20mg              |                            | 3      |
| dicyclomine hcl SOLN 10mg/5ml                     | 4                          |        |
| glycopyrrolate TABS 1mg, 2mg                      |                            | 3      |
| <b>H2-RECEPTOR ANTAGONISTS</b>                    |                            |        |
| famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml    |                            | 3      |
| famotidine SUSR 40mg/5ml<br>QL (300 mL / 30 days) | 4                          | QL     |
| famotidine TABS 20mg<br>QL (120 tabs / 30 days)   | 1                          | GC QL  |
| famotidine TABS 40mg<br>QL (60 tabs / 30 days)    | 1                          | GC QL  |
| famotidine in nacl 0.9% iv soln 3<br>20 mg/50ml   |                            | 3      |
| nizatidine CAPS 150mg, 300mg                      |                            | 4      |
| <b>INFLAMMATORY BOWEL DISEASE</b>                 |                            |        |
| balsalazide disodium CAPS 750mg                   |                            | 3      |
| budesonide CPEP 3mg                               | 4                          | PA     |
| budesonide TB24 9mg                               | 5                          | PA     |
| hydrocortisone (intrarectal)<br>ENEM 100mg/60ml   | 4                          |        |
| mesalamine CP24 .375gm<br>QL (120 caps / 30 days) | 4                          | QL     |
| mesalamine CPDR 400mg<br>QL (180 caps / 30 days)  | 4                          | QL     |
| mesalamine ENEM 4gm;<br>SUPP 1000mg               | 4                          |        |
| mesalamine TBEC 1.2gm<br>QL (120 tabs / 30 days)  | 4                          | QL     |
| mesalamine w/ cleanser KIT<br>4gm                 | 4                          |        |
| sulfasalazine TABS 500mg                          | 2                          | GC     |
| sulfasalazine TBEC 500mg                          | 3                          |        |
| <b>LAXATIVES</b>                                  |                            |        |
| constulose SOLN 10gm/15ml                         | 3                          |        |
| enulose SOLN 10gm/15ml                            | 3                          |        |
| gavilyte-c  | 2                          | GC     |
| gavilyte-g  | 2                          | GC     |
| gavilyte-n/flavor pack                            | 2                          | GC     |

| Drug Name   | Drug Requirements/<br>Tier | Limits   |
|---|----------------------------|----------|
| generlac SOLN 10gm/15ml   | 3                          |          |
| GOLYTELY SOL  | 3                          |          |
| lactulose SOLN 10gm/15ml  | 3                          |          |
| lactulose (encephalopathy)<br>SOLN 10gm/15ml                    | 3                          |          |
| NULYTELY SOL LMN/LIME   | 3                          |          |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm          | 2                          | GC       |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm                    | 2                          | GC       |
| PLENUV SOL  | 4                          |          |
| SUPREP BOWEL SOL PREP KIT                                       | 4                          |          |
| <b>MISCELLANEOUS</b>  |                            |          |
| alostreron hcl TABS 1mg<br>QL (60 tabs / 30 days)               | 5                          | QL PA    |
| alostreron hcl TABS .5mg<br>QL (60 tabs / 30 days)              | 4                          | QL PA    |
| cromolyn sodium<br>(mastocytosis) CONC<br>100mg/5ml             | 4                          |          |
| diphenoxylate w/ atropine liq<br>2.5-0.025 mg/5ml               | 4                          |          |
| diphenoxylate w/ atropine tab<br>2.5-0.025 mg                   | 3                          |          |
| GATTEX KIT 5mg  | 5                          | LA PA    |
| LINZESS CAPS 72mcg,<br>145mcg, 290mcg<br>QL (30 caps / 30 days) | 4                          | QL       |
| loperamide hcl CAPS 2mg   | 3                          |          |
| misoprostol TABS 100mcg,<br>200mcg                              | 3                          |          |
| MOVANTIK TABS 12.5mg<br>QL (60 tabs / 30 days)                  | 3                          | QL       |
| MOVANTIK TABS 25mg<br>QL (30 tabs / 30 days)                    | 3                          | QL       |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml                             | 5                          | PA       |
| sucralfate TABS 1gm   | 3                          |          |
| ursodiol CAPS 300mg   | 3                          |          |
| ursodiol TABS 250mg,<br>500mg                                   | 4                          |          |
| XERMELO TABS 250mg<br>QL (90 tabs / 30 days)                    | 5                          | QL LA PA |
| XIFAXAN TABS 550mg  | 5                          | PA       |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name                                 | Drug Requirements/<br>Tier | Limits                          |
|---|----------------------------|---------------------------------|
| <b>PANCREATIC ENZYMES</b>                 |                            |                                 |
| CREON CAP 3000UNIT                        | 3                          |                                 |
| CREON CAP 6000UNIT                        | 3                          |                                 |
| CREON CAP 12000UNT                        | 3                          |                                 |
| CREON CAP 24000UNT                        | 3                          |                                 |
| CREON CAP 36000UNT                        | 3                          |                                 |
| ZENPEP CAP 3000UNIT                       | 4                          |                                 |
| ZENPEP CAP 5000UNIT                       | 4                          |                                 |
| ZENPEP CAP 10000UNT                       | 4                          |                                 |
| ZENPEP CAP 15000UNT                       | 4                          |                                 |
| ZENPEP CAP 20000UNT                       | 4                          |                                 |
| ZENPEP CAP 25000                          | 4                          |                                 |
| ZENPEP CAP 40000                          | 4                          |                                 |
| <b>PROTON PUMP INHIBITORS</b>             |                            |                                 |
| DEXILANT CPDR 30mg,<br>60mg               | 4                          | QL<br>QL (30 caps / 30 days)    |
| dexlansoprazole CPDR<br>30mg, 60mg        | 4                          | QL<br>QL (30 caps / 30 days)    |
| esomeprazole magnesium<br>CPDR 20mg, 40mg | 4                          | QL ST<br>QL (30 caps / 30 days) |
| lansoprazole CPDR 15mg,<br>30mg           | 3                          | QL<br>QL (60 caps / 30 days)    |
| lansoprazole TBDD 15mg,<br>30mg           | 4                          | QL ST<br>QL (60 tabs / 30 days) |
| omeprazole CPDR 10mg,<br>20mg, 40mg       | 1                          | GC                              |
| pantoprazole sodium SOLR<br>40mg          | 3                          |                                 |
| pantoprazole sodium TBEC<br>20mg, 40mg    | 1                          | GC                              |
| PRILOSEC PACK 2.5mg,<br>10mg              | 4                          |                                 |
| rabeprazole sodium TBEC<br>20mg           | 3                          | QL<br>QL (30 tabs / 30 days)    |
| <b>GENITOURINARY</b>                      |                            |                                 |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>       |                            |                                 |
| alfuzosin hcl TB24 10mg                   | 2                          | GC QL<br>QL (30 tabs / 30 days) |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| dutasteride CAPS .5mg<br>QL (30 caps / 30 days)                          | 3                          | QL     |
| dutasteride-tamsulosin hcl cap 4<br>0.5-0.4 mg<br>QL (30 caps / 30 days) |                            | QL     |
| finasteride TABS 5mg   | 1                          | GC     |
| silodosin CAPS 4mg, 8mg<br>QL (30 caps / 30 days)                        | 3                          | QL     |
| tamsulosin hcl CAPS .4mg   | 2                          | GC     |
| <b>MISCELLANEOUS</b>   |                            |        |
| acetic acid SOLN .25%  | 2                          | GC     |
| bethanechol chloride TABS<br>5mg, 10mg, 25mg, 50mg                       | 3                          |        |
| potassium citrate (alkalinizer)<br>TBCR 15meq, 540mg,<br>1080mg          | 4                          |        |
| <b>URINARY ANTISPASMODICS</b>  |                            |        |
| darifenacin hydrobromide<br>TB24 7.5mg, 15mg<br>QL (30 tabs / 30 days)   | 4                          | QL ST  |
| MYRBETRIQ SRER 8mg/ml<br>QL (300 mL / 28 days)                           | 4                          | QL     |
| MYRBETRIQ TB24 25mg,<br>50mg<br>QL (30 tabs / 30 days)                   | 4                          | QL     |
| oxybutynin chloride SYRP<br>5mg/5ml; TABS 5mg                            | 3                          |        |
| oxybutynin chloride TB24<br>5mg<br>QL (30 tabs / 30 days)                | 3                          | QL     |
| oxybutynin chloride TB24<br>10mg, 15mg<br>QL (60 tabs / 30 days)         | 3                          | QL     |
| solifenacin succinate TABS<br>5mg, 10mg<br>QL (30 tabs / 30 days)        | 3                          | QL     |
| tolterodine tartrate CP24<br>2mg, 4mg<br>QL (30 caps / 30 days)          | 4                          | QL ST  |
| tolterodine tartrate TABS<br>1mg, 2mg<br>QL (60 tabs / 30 days)          | 4                          | QL ST  |
| TOVIAZ TB24 4mg, 8mg<br>QL (30 tabs / 30 days)                           | 3                          | QL     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>trospium chloride TABS<br/>20mg</i><br>QL (60 tabs / 30 days)  | 3                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>  |                            |        |
| <i>clindamycin phosphate<br/>vaginal CREA 2%</i>  | 3                          |        |
| <i>metronidazole vaginal GEL<br/>.75%</i>   | 3                          |        |
| <i>terconazole vaginal CREA<br/>.4%, .8%; SUPP 80mg</i>   | 3                          |        |
| <i>VANDAZOLE GEL .75%</i>   | 3                          |        |
| <b>HEMATOLOGIC<br/>ANTICOAGULANTS</b>   |                            |        |
| <i>ELIQUIS TABS 2.5mg<br/>QL (60 tabs / 30 days)</i>  | 3                          | QL     |
| <i>ELIQUIS TABS 5mg<br/>QL (74 tabs / 30 days)</i>  | 3                          | QL     |
| <i>ELIQUIS STARTER PACK<br/>TBPK 5mg<br/>QL (74 tabs / 30 days)</i>   | 3                          | QL     |
| <i>enoxaparin sodium SOLN<br/>300mg/3ml; SOSY<br/>30mg/0.3ml, 40mg/0.4ml,<br/>60mg/0.6ml, 80mg/0.8ml,<br/>100mg/ml, 120mg/0.8ml,<br/>150mg/ml</i> | 4                          |        |
| <i>fondaparinux sodium SOLN<br/>2.5mg/0.5ml</i>   | 4                          |        |
| <i>fondaparinux sodium SOLN<br/>5mg/0.4ml, 7.5mg/0.6ml,<br/>10mg/0.8ml</i>  | 5                          |        |
| <i>HEP SOD/NACL INJ<br/>25000UNT</i>  | 3                          |        |
| <i>heparin sodium (porcine)<br/>SOLN 1000unit/ml,<br/>5000unit/ml, 10000unit/ml,<br/>20000unit/ml</i>   | 3                          | B/D    |
| <i>heparin sodium (porcine) 100<br/>unit/ml in d5w</i>  | 3                          |        |
| <i>heparin sodium (porcine)-<br/>dextrose iv sol 20000<br/>unit/500ml-5%</i>  | 3                          |        |
| <i>heparin sodium (porcine)-<br/>dextrose iv sol 25000<br/>unit/500ml-5%</i>  | 3                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits   |
|--|----------------------------|----------|
| <i>HEPARIN/NACL INJ<br/>25000UNT</i>   | 3                          |          |
| <i>jantoven TABS 1mg, 2mg,<br/>2.5mg, 3mg, 4mg, 5mg, 6mg,<br/>7.5mg, 10mg</i>        | 1                          | GC       |
| <i>PRADAXA CAPS 75mg,<br/>150mg</i><br>QL (60 caps / 30 days)                        | 4                          | QL       |
| <i>PRADAXA CAPS 110mg<br/>QL (120 caps / 30 days)</i>                                | 4                          | QL       |
| <i>warfarin sodium TABS 1mg,<br/>2mg, 2.5mg, 3mg, 4mg, 5mg,<br/>6mg, 7.5mg, 10mg</i> | 1                          | GC       |
| <i>XARELTO SUSR 1mg/ml<br/>QL (620 mL / 30 days)</i>                                 | 3                          | QL       |
| <i>XARELTO TABS 2.5mg<br/>QL (60 tabs / 30 days)</i>                                 | 3                          | QL       |
| <i>XARELTO TABS 10mg,<br/>15mg, 20mg<br/>QL (30 tabs / 30 days)</i>                  | 3                          | QL       |
| <i>XARELTO STAR TAB<br/>15/20MG<br/>QL (51 tabs / 30 days)</i>                       | 3                          | QL       |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |                            |          |
| <i>PROCRIT SOLN 2000unit/ml, 3<br/>3000unit/ml, 4000unit/ml,<br/>10000unit/ml</i>    | 3                          | PA       |
| <i>PROCRIT SOLN<br/>20000unit/ml, 40000unit/ml</i>                                   | 5                          | PA       |
| <i>ZARXIO SOSY<br/>300mcg/0.5ml, 480mcg/0.8ml</i>                                    | 5                          | PA       |
| <b>MISCELLANEOUS</b>   |                            |          |
| <i>anagrelide hcl CAPS .5mg,<br/>1mg</i>   | 4                          |          |
| <i>BERINERT KIT 500unit<br/>QL (24 boxes / 30 days)</i>                              | 5                          | QL LA PA |
| <i>cilostazol TABS 50mg,<br/>100mg</i>   | 2                          | GC       |
| <i>DOPTELET TABS 20mg</i>  | 5                          | LA PA    |
| <i>DROXIA CAPS 200mg,<br/>300mg, 400mg</i>   | 3                          |          |
| <i>ENDARI PACK 5gm</i>   | 5                          | LA PA    |
| <i>HAEGARDA SOLR 2000unit<br/>QL (30 vials / 30 days)</i>                            | 5                          | QL LA PA |
| <i>HAEGARDA SOLR 3000unit<br/>QL (20 vials / 30 days)</i>                            | 5                          | QL LA PA |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

50

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| <b>Drug Name</b>   | <b>Drug Requirements/<br/>Tier      Limits</b> |          |
|--|--|----------|
| <i>icatibant acetate</i> SOLN<br>30mg/3ml<br>QL (9 syringes / 30 days)                 | 5  | QL PA    |
| <i>pentoxifylline</i> TBCR 400mg<br>PROMACTA PACK 12.5mg<br>QL (360 packets / 30 days) | 2  | GC       |
| PROMACTA PACK 25mg<br>QL (180 packets / 30 days)                                       | 5  | QL LA PA |
| PROMACTA TABS 12.5mg,<br>25mg<br>QL (30 tabs / 30 days)                                | 5  | QL LA PA |
| PROMACTA TABS 50mg,<br>75mg<br>QL (60 tabs / 30 days)                                  | 5  | QL LA PA |
| <i>sajazir</i> SOLN 30mg/3ml<br>QL (9 syringes / 30 days)                              | 5  | QL PA    |
| <i>tranexamic acid</i> SOLN<br>1000mg/10ml   | 4  |          |
| <i>tranexamic acid</i> TABS 650mg  | 3  |          |
| <b>PLATELET AGGREGATION INHIBITORS</b>   |  |          |
| <i>aspirin-dipyridamole cap er</i><br>12hr 25-200 mg                                   | 4  |          |
| BRILINTA TABS 60mg, 90mg   | 4  |          |
| <i>clopidogrel bisulfate</i> TABS<br>75mg  | 1  | GC       |
| <i>dipyridamole</i> TABS 25mg,<br>50mg, 75mg<br>PA if 70 years and older               | 3  | PA       |
| <i>prasugrel hcl</i> TABS 5mg,<br>10mg   | 3  |          |
| <b>IMMUNOLOGIC AGENTS</b>  |  |          |
| <b>AUTOIMMUNE AGENTS</b>   |  |          |
| ENBREL SOLN 25mg/0.5ml;<br>SOLR 25mg<br>QL (16 vials / 28 days)                        | 5  | QL PA    |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days)                                   | 5  | QL PA    |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days)                                       | 5  | QL PA    |

| <b>Drug Name</b>   | <b>Drug Requirements/<br/>Tier      Limits</b> |       |
|--|--|-------|
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28 days)         | 5  | QL PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)          | 5  | QL PA |
| HUMIRA PSKT 10mg/0.1ml,<br>20mg/0.2ml<br>QL (2 syringes / 28 days) | 5  | QL PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28 days) | 5  | QL PA |
| HUMIRA PEDIA INJ<br>CROHNS   | 5  | PA    |
| HUMIRA PEDIATRIC<br>CROHNS D PSKT<br>80mg/0.8ml                    | 5  | PA    |
| HUMIRA PEN PNKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days) | 5  | QL PA |
| HUMIRA PEN PNKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)             | 5  | QL PA |
| HUMIRA PEN KIT PS/UV   | 5  | PA    |
| HUMIRA PEN-CD/UC/HS<br>START PNKT 40mg/0.8ml,<br>80mg/0.8ml        | 5  | PA    |
| HUMIRA PEN-PEDIATRIC<br>UC S PNKT 80mg/0.8ml                       | 5  | PA    |
| HUMIRA PEN-PS/UV<br>STARTER PNKT 40mg/0.8ml                        | 5  | PA    |
| INFLIXIMAB SOLR 100mg  | 5  | LA PA |
| REMICADE SOLR 100mg  | 5  | PA    |
| RENFLEXIS SOLR 100mg   | 5  | LA PA |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                   | 5  | QL PA |
| RINVOQ TB24 45mg<br>QL (112 tabs / year)                           | 5  | QL PA |
| SKYRIZI PSKT 75mg/0.83ml<br>QL (7 kits / 365 days)                 | 5  | QL PA |
| SKYRIZI SOSY 150mg/ml<br>QL (7 syringes / 365 days)                | 5  | QL PA |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| <b>Drug Name</b>  | <b>Drug Requirements/<br/>Tier      Limits</b> |          |
|---|--|----------|
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (7 pens / 365 days)  | 5  | QL PA    |
| STELARA SOLN 45mg/0.5ml<br>QL (2 vials / 28 days)   | 5  | QL LA PA |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)   | 5  | QL PA    |
| TALTZ SOAJ 80mg/ml;<br>SOSY 80mg/ml<br>QL (3 syringes / 28<br>days)   | 5  | QL LA PA |
| XELJANZ SOLN 1mg/ml<br>QL (240 mL / 24 days)  | 5  | QL PA    |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)  | 5  | QL PA    |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)   | 5  | QL PA    |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDs)</b>  |  |          |
| hydroxychloroquine sulfate<br>TABS 200mg  | 3  |          |
| lefunomide TABS 10mg,<br>20mg<br>QL (30 tabs / 30 days)   | 3  | QL       |
| methotrexate sodium TABS<br>2.5mg   | 3  |          |
| TREXALL TABS 5mg, 7.5mg, 4<br>10mg, 15mg  | 4  | B/D      |
| XATMEP SOLN 2.5mg/ml  | 4  | B/D      |
| <b>IMMUNOGLOBULINS</b>  |  |          |
| BIVIGAM SOLN 5gm/50ml   | 5  | PA       |
| FLEBOGAMMA DIF SOLN<br>2.5gm/50ml, 5gm/100ml,<br>5gm/50ml, 10gm/100ml,<br>10gm/200ml, 20gm/200ml,<br>20gm/400ml | 5  | PA       |
| GAMASTAN INJ  | 4  | B/D      |
| GAMMAGARD LIQUID<br>SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 30gm/300ml               | 5  | PA       |
| GAMMAGARD S/D IGA LESS<br>TH SOLR 5gm, 10gm   | 5  | PA       |

| <b>Drug Name</b>  | <b>Drug Requirements/<br/>Tier      Limits</b> |       |
|---|--|-------|
| GAMMAKED SOLN<br>1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml  | 5  | PA    |
| GAMMAPLEX SOLN<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml   | 5  | PA    |
| GAMUNEX-C SOLN<br>1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml  | 5  | PA    |
| OCTAGAM SOLN 1gm/20ml, 5<br>2gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 25gm/500ml,<br>30gm/300ml | 5  | PA    |
| PANZYGA SOLN 1gm/10ml, 5<br>2.5gm/25ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>30gm/300ml  | 5  | PA    |
| PRIVIGEN SOLN 5gm/50ml, 5<br>10gm/100ml, 20gm/200ml,<br>40gm/400ml  | 5  | PA    |
| <b>IMMUNOMODULATORS</b>   |  |       |
| ACTIMMUNE SOLN<br>2000000unit/0.5ml   | 5  | LA PA |
| ARCALYST SOLR 220mg   | 5  | PA    |
| INTRON A SOLN<br>6000000unit/ml,<br>10000000unit/ml; SOLR<br>50000000unit   | 5  | B/D   |
| INTRON A SOLR<br>10000000unit   | 3  | B/D   |
| INTRON A SOLR<br>18000000unit   | 4  | B/D   |
| <b>IMMUNOSUPPRESSANTS</b>   |  |       |
| azathioprine TABS 50mg  | 3  | B/D   |
| BENLYSTA SOAJ 200mg/ml; 5<br>SOSY 200mg/ml<br>QL (8 syringes / 28<br>days)  | 5  | QL PA |
| BENLYSTA SOLR 120mg,<br>400mg   | 5  | PA    |
| cyclosporine CAPS 25mg,<br>100mg; SOLN 50mg/ml  | 4  | B/D   |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 4                          | B/D                          |
| everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg                     | 5                          | B/D                          |
| gengraf CAPS 25mg, 100mg; SOLN 100mg/ml   | 4                          | B/D                          |
| mycophenolate mofetil CAPS 250mg; TABS 500mg                                    | 3                          | B/D                          |
| mycophenolate mofetil SUSR 200mg/ml   | 5                          | B/D                          |
| mycophenolate sodium TBEC 180mg, 360mg  | 4                          | B/D                          |
| NULOJIX SOLR 250mg  | 5                          | B/D                          |
| PROGRAF PACK .2mg, 1mg  | 4                          | B/D                          |
| REZUROCK TABS 200mg   | 5                          | LA PA                        |
| SANDIMMUNE SOLN 100mg/ml  | 3                          | B/D                          |
| sirolimus SOLN 1mg/ml   | 5                          | B/D                          |
| sirolimus TABS .5mg, 1mg, 2mg   | 4                          | B/D                          |
| tacrolimus CAPS .5mg, 1mg, 5mg  | 4                          | B/D                          |
| ZORTRESS TABS 1mg   | 5                          | B/D                          |
| <b>VACCINES</b>   |                            |                              |
| ACTHIB INJ  | 3                          |                              |
| ADACEL INJ  | 3                          |                              |
| BCG VACCINE SOLR 50mg   | 3                          |                              |
| BEXSERO INJ   | 3                          |                              |
| BOOSTRIX INJ  | 3                          |                              |
| DAPTACEL INJ  | 3                          |                              |
| DENGVAXIA SUS   | 3                          |                              |
| DIP/TET PED INJ 25-5LFU   | 3                          | B/D                          |
| ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml  | 3                          | B/D                          |
| GARDASIL 9 INJ  | 3                          |                              |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml  | 3                          |                              |
| HIBERIX SOLR 10mcg  | 3                          |                              |
| IMOVAZ RABIES (H.D.C.V.) INJ 2.5unit/ml   | 3                          | B/D                          |
| INFANRIX INJ  | 3                          |                              |
| IPOL INJ INACTIVE   | 3                          |                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

53

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| IXIARO INJ  | 3                          |                              |
| KINRIX INJ  | 3                          |                              |
| M-M-R II INJ                                      | 3                          |                              |
| MENACTRA INJ                                      | 3                          |                              |
| MENQUADFI INJ                                     | 3                          |                              |
| MENVEO INJ  | 3                          |                              |
| PEDIARIX INJ 0.5ML                                | 3                          |                              |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                      | 3                          |                              |
| PENTACEL INJ                                      | 3                          |                              |
| PREHEVBRIOSUSP 10mcg/ml                           | 3                          | B/D                          |
| PROQUAD INJ                                       | 3                          |                              |
| QUADRACEL INJ                                     | 3                          |                              |
| RABAVERT INJ                                      | 3                          | B/D                          |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml | 3                          | B/D                          |
| ROTARIX SUS                                       | 3                          |                              |
| ROTATEQ SOL                                       | 3                          |                              |
| SHINGRIX SUSR 50mcg/0.5ml                         | 3                          | QL                           |
| QL (2 vials per lifetime)                         |                            |                              |
| TDVAX INJ 2-2 LF                                  | 3                          | B/D                          |
| TENIVAC INJ 5-2LF                                 | 3                          | B/D                          |
| TICOVAC SUSY 2.4mcg/0.5ml                         | 3                          |                              |
| TRUMENBA INJ                                      | 3                          |                              |
| TWINRIX INJ                                       | 3                          |                              |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml      | 3                          |                              |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml                | 3                          |                              |
| VARIVAX INJ 1350pfu/0.5ml                         | 3                          |                              |
| YF-VAX INJ  | 3                          |                              |
| <b>NUTRITIONAL/SUPPLEMENTS</b>                    |                            |                              |
| <b>ELECTROLYTES/MINERALS, INJECTABLE</b>          |                            |                              |
| D2.5W/NACL INJ 0.45%                              | 3                          |                              |
| D5W/LYTES INJ #48                                 | 4                          |                              |
| D10W/NACL INJ 0.2%                                | 3                          |                              |
| dextrose 2.5% w/ sodium chloride 0.45%            | 3                          |                              |

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits | Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|--|----------------------------|------------------------------|
| dextrose 5% in lactated<br>ringers                                | 3                          |                              | magnesium sulfate SOLN   | 3                          |                              |
| dextrose 5% w/ sodium<br>chloride 0.2%                            | 3                          |                              | 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml, 50%        |                            |                              |
| dextrose 5% w/ sodium<br>chloride 0.3%                            | 3                          |                              | magnesium sulfate in<br>dextrose 5% iv soln 1<br>gm/100ml                | 3                          |                              |
| dextrose 5% w/ sodium<br>chloride 0.9%                            | 3                          |                              | MG SO4/D5W INJ 10MG/ML   | 3                          |                              |
| dextrose 5% w/ sodium<br>chloride 0.45%                           | 3                          |                              | PLASMA-LYTE INJ -148   | 4                          |                              |
| dextrose 5% w/ sodium<br>chloride 0.225%                          | 3                          |                              | PLASMA-LYTE INJ -A   | 4                          |                              |
| dextrose 10% w/ sodium<br>chloride 0.45%                          | 3                          |                              | potassium chloride SOLN<br>2meq/ml                                       | 3                          |                              |
| ISOLYTE-P INJ /D5W  | 4                          |                              | POTASSIUM CHLORIDE<br>SOLN 10meq/50ml,<br>20meq/50ml                     | 4                          |                              |
| ISOLYTE-S INJ   | 4                          |                              | potassium chloride SOLN<br>10meq/100ml, 20meq/100ml,<br>40meq/100ml      | 4                          |                              |
| ISOLYTE-S INJ PH 7.4  | 4                          |                              | potassium chloride 20 meq/l<br>(0.15%) in dextrose 5% inj                | 3                          |                              |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj          | 3                          |                              | sodium chloride SOLN .45%, .3<br>.9%, 2.5meq/ml, 3%, 5%                  | 3                          |                              |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.2% inj            | 3                          |                              | TPN ELECTROL INJ   | 4                          | B/D                          |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj            | 3                          |                              | <b>ELECTROLYTES/MINERALS/VITAMINS,<br/>ORAL</b>                          |                            |                              |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj           | 3                          |                              | klor-con PACK 20meq  | 4                          |                              |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj                          | 3                          |                              | klor-con 8 TBCR 8meq   | 2                          | GC                           |
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj                         | 3                          |                              | klor-con 10 TBCR 10meq   | 2                          | GC                           |
| KCL 20 MEQ/L (0.15%) IN<br>NACL 0.45% INJ                         | 4                          |                              | klor-con m10 TBCR 10meq  | 2                          | GC                           |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj          | 3                          |                              | klor-con m15 TBCR 15meq  | 3                          |                              |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.45% inj            | 3                          |                              | klor-con m20 TBCR 20meq  | 2                          | GC                           |
| KCL 40 MEQ/L (0.3%) IN<br>NACL 0.9% INJ                           | 4                          |                              | M-NATAL PLUS TAB   | 3                          |                              |
| KCL/D5W/NACL INJ 0.3/0.9%   | 4                          |                              | potassium chloride CPCR<br>8meq, 10meq                                   | 3                          |                              |
| lactated ringer's solution  | 3                          |                              | potassium chloride PACK<br>20meq; SOLN 10%, 20%                          | 4                          |                              |
| MAGNESIUM SULFATE   | 3                          |                              | potassium chloride TBCR<br>8meq, 10meq, 20meq                            | 2                          | GC                           |
| SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml |                            |                              | potassium chloride<br>microencapsulated crystals er<br>TBCR 10meq, 20meq | 2                          | GC                           |
|   |                            |                              | potassium chloride<br>microencapsulated crystals er<br>TBCR 15meq        | 3                          |                              |
|   |                            |                              | PRENATAL TAB 27-1MG  | 3                          |                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| PRENATAL TAB PLUS                                 | 3                          |        |
| PRENATAL VIT TAB LOW IRON                         | 3                          |        |
| sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln | 2                          | GC     |
| TRICARE TAB PRENATAL                              | 3                          |        |
| <b>IV NUTRITION</b>                               |                            |        |
| CLINIMIX INJ 4.25/D5W                             | 4                          | B/D    |
| CLINIMIX INJ 4.25/D10                             | 4                          | B/D    |
| CLINIMIX INJ 5%/D15W                              | 4                          | B/D    |
| CLINIMIX INJ 5%/D20W                              | 4                          | B/D    |
| CLINIMIX INJ 6/5                                  | 4                          | B/D    |
| CLINIMIX INJ 8/10                                 | 4                          | B/D    |
| CLINIMIX INJ 8/14                                 | 4                          | B/D    |
| clinisol sf 15%                                   | 4                          | B/D    |
| CLINOLIPID EMU 20%                                | 4                          | B/D    |
| dextrose SOLN 5%, 10%                             | 3                          |        |
| dextrose SOLN 50%, 70%                            | 3                          | B/D    |
| FREAMINE III INJ 10%                              | 4                          | B/D    |
| hepatamine  | 4                          | B/D    |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml            | 4                          | B/D    |
| NUTRILIPID EMUL 20gm/100ml                        | 4                          | B/D    |
| plenamine   | 4                          | B/D    |
| PREMASOL SOL 10%                                  | 4                          | B/D    |
| PROCALAMINE INJ 3%                                | 4                          | B/D    |
| PROSOL INJ 20%                                    | 4                          | B/D    |
| TRAVASOL INJ 10%                                  | 4                          | B/D    |
| TROPHAMINE INJ 10%                                | 4                          | B/D    |
| <b>OPHTHALMIC</b>                                 |                            |        |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>           |                            |        |
| bacitracin-polymyxin-neomycin-hc ophth oint 1%    | 3                          |        |
| BLEPHAMIDE OIN S.O.P.                             | 4                          |        |
| neomycin-polymyxin-dexamethasone ophth oint 0.1%  | 2                          | GC     |
| neomycin-polymyxin-dexamethasone ophth susp 0.1%  | 2                          | GC     |
| neomycin-polymyxin-hc ophth susp                  | 4                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%  | 2                          | GC     |
| TOBRADEX OIN 0.3-0.1%  | 3                          |        |
| TOBRADEX ST SUS 0.3-0.05                                     | 3                          |        |
| tobramycin-dexamethasone ophth susp 0.3-0.1%                 | 4                          |        |
| ZYLET SUS 0.5-0.3%   | 3                          |        |
| <b>ANTI-INFECTIVES</b>                                       |                            |        |
| bacitracin (ophthalmic) OINT 500unit/gm                      | 3                          |        |
| bacitracin-polymyxin b ophth oint                            | 2                          | GC     |
| BESIVANCE SUSP .6%   | 3                          |        |
| CILOXAN OINT .3%   | 3                          |        |
| ciprofloxacin hcl (ophth) SOLN .3%                           | 2                          | GC     |
| erythromycin (ophth) OINT 5mg/gm                             | 2                          | GC     |
| gatifloxacin (ophth) SOLN .5%                                | 3                          |        |
| gentak OINT .3%  | 3                          |        |
| gentamicin sulfate (ophth) SOLN .3%                          | 2                          | GC     |
| moxifloxacin hcl (ophth) SOLN .5%                            | 3                          |        |
| NATACYN SUSP 5%  | 4                          |        |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin | 3                          |        |
| neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt mg/ml | 3                          |        |
| ofloxacin (ophth) SOLN .3%                                   | 2                          | GC     |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%       | 1                          | GC     |
| sulfacetamide sodium (ophth) OINT 10%; SOLN 10%              | 3                          |        |
| tobramycin (ophth) SOLN .3%                                  | 1                          | GC     |
| trifluridine SOLN 1%   | 4                          |        |
| ZIRGAN GEL .15%  | 4                          |        |
| <b>ANTI-INFLAMMATORIES</b>                                   |                            |        |
| ALREX SUSP .2%   | 3                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| bromfenac sodium (ophth)<br>SOLN .09%              | 4                          |        |
| BROMSITE SOLN .075%                                | 4                          |        |
| dexamethasone sodium<br>phosphate (ophth) SOLN .1% | 3                          |        |
| diclofenac sodium (ophth)<br>SOLN .1%              | 2                          | GC     |
| difluprednate EMUL .05%                            | 3                          |        |
| FLAREX SUSP .1%                                    | 4                          |        |
| fluorometholone (ophth)<br>SUSP .1%                | 3                          |        |
| flurbiprofen sodium SOLN<br>.03%                   | 3                          |        |
| ILEVRO SUSP .3%                                    | 3                          |        |
| ketorolac tromethamine<br>(ophth) SOLN .4%         | 3                          |        |
| ketorolac tromethamine<br>(ophth) SOLN .5%         | 2                          | GC     |
| LOTEMAX OINT .5%                                   | 3                          |        |
| prednisolone acetate (ophth)<br>SUSP 1%            | 3                          |        |
| PREDNISOLONE SODIUM<br>PHOSP SOLN 1%               | 3                          |        |
| PROLENSA SOLN .07%                                 | 3                          |        |
| <b>ANTIALLERGICS</b>                               |                            |        |
| azelastine hcl (ophth) SOLN<br>.05%                | 3                          |        |
| bepotastine besilate SOLN<br>1.5%                  | 3                          |        |
| BEPREVE SOLN 1.5%                                  | 3                          |        |
| cromolyn sodium (ophth)<br>SOLN 4%                 | 1                          | GC     |
| LASTACAFT SOLN .25%                                | 4                          |        |
| olopatadine hcl SOLN .1%                           | 3                          |        |
| ZERVIADE SOLN .24%                                 | 4                          |        |
| <b>ANTIGLAUCOMA</b>                                |                            |        |
| ALPHAGAN P SOLN .1%                                | 3                          |        |
| betaxolol hcl (ophth) SOLN<br>.5%                  | 3                          |        |
| BETOPTIC-S SUSP .25%                               | 3                          |        |
| brimonidine tartrate SOLN<br>.2%                   | 1                          | GC     |
| brimonidine tartrate SOLN<br>.15%                  | 4                          |        |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| brinzolamide SUSP 1%  | 4                          |        |
| carteolol hcl (ophth) SOLN<br>1%                                | 2                          | GC     |
| COMBIGAN SOL 0.2/0.5%   | 3                          |        |
| dorzolamide hcl SOLN 2%   | 2                          | GC     |
| dorzolamide hcl-timolol<br>maleate ophth soln 22.3-6.8<br>mg/ml | 2                          | GC     |
| latanoprost SOLN .005%  | 2                          | GC     |
| levobunolol hcl SOLN .5%  | 2                          | GC     |
| LUMIGAN SOLN .01%   | 3                          |        |
| pilocarpine hcl SOLN 1%,<br>2%, 4%                              | 3                          |        |
| RHOPRESSA SOLN .02%   | 3                          |        |
| SIMBRINZA SUS 1-0.2%  | 3                          |        |
| timolol maleate (ophth) SOLG 4<br>.25%, .5%                     | 4                          |        |
| timolol maleate (ophth) SOLN 1<br>.25%, .5%                     | 1                          | GC     |
| timolol maleate (ophth) once-<br>daily SOLN .5%                 | 4                          |        |
| travoprost SOLN .004%   | 4                          |        |
| VYZULTA SOLN .024%  | 4                          |        |
| <b>MISCELLANEOUS</b>  |                            |        |
| ATROPINE SULFATE SOLN 1%  | 3                          |        |
| atropine sulfate (ophthalmic)<br>SOLN 1%                        | 3                          |        |
| CYSTADROPS SOLN .37%  | 5                          | LA PA  |
| CYSTARAN SOLN .44%  | 5                          | LA PA  |
| ISOPTO ATROPINE SOLN 1%   | 3                          |        |
| proparacaine hcl SOLN .5%                                       | 3                          |        |
| RESTASIS EMUL .05%  | 3                          |        |
| RESTASIS MULTIDOSE<br>EMUL .05%                                 | 3                          |        |
| XIIDRA SOLN 5%  | 3                          |        |
| <b>OTIC</b>   |                            |        |
| <b>OTIC AGENTS</b>  |                            |        |
| acetic acid (otic) SOLN 2%                                      | 3                          |        |
| CIPRO HC SUS OTIC   | 4                          |        |
| ciprofloxacin-dexamethasone<br>otic susp 0.3-0.1%               | 4                          |        |
| flac OIL .01%   | 3                          |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name   | Drug Requirements/<br>Tier | Limits                           |
|---|----------------------------|----------------------------------|
| <i>fluocinolone acetonide (otic)</i> OIL .01%                     | 3                          |                                  |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 3                          |                                  |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 3                          |                                  |
| <i>ofloxacin (otic)</i> SOLN .3%                                  | 4                          |                                  |
| <b>Phosphodiesterase Type 5 Inhibitors</b>                        |                            |                                  |
| <b>Phosphodiesterase Type 5 Inhibitors</b>                        |                            |                                  |
| <i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg                  | 3                          | ED QL<br>QL (4 tabs / 30 days)   |
| <i>tadalafil</i> TABS 10mg, 20mg                                  | 3                          | ED QL<br>QL (4 tabs / 30 days)   |
| <b>RESPIRATORY</b>  |                            |                                  |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                  |                            |                                  |
| <i>ANORO ELLIPT AER</i> 62.5-25                                   | 3                          | QL<br>QL (60 blisters / 30 days) |
| <i>BEVESPI AER</i> 9-4.8MCG                                       | 3                          | QL<br>QL (1 inhaler / 30 days)   |
| <i>BREZTRI AERO AER SPHERE</i>                                    | 3                          | QL<br>QL (1 inhaler / 30 days)   |
| <i>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</i>               | 3                          | QL<br>QL (4 inhalers / 28 days)  |
| <i>COMBIVENT AER</i> 20-100                                       | 4                          | QL<br>QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>          | 3                          | B/D                              |
| <i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i>                        | 3                          | QL<br>QL (60 blisters / 30 days) |
| <i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i>                        | 3                          | QL<br>QL (60 blisters / 30 days) |
| <b>ANTICHOLINERGICS</b>   |                            |                                  |
| <i>ATROVENT HFA</i> AERS 17mcg/act                                | 4                          | QL<br>QL (2 inhalers / 30 days)  |

| Drug Name  | Drug Requirements/<br>Tier | Limits  |
|--|----------------------------|---|
| <i>INCRUSE ELLIPTA AEPB</i>                          | 3                          | QL<br>62.5mcg/inh<br>QL (30 blisters / 30 days)               |
| <i>ipratropium bromide</i> SOLN .02%                 | 2                          | GC B/D  |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06%   | 3                          |   |
| <b>ANTIHISTAMINES</b>                                |                            |   |
| <i>azelastine hcl</i> SOLN .1%, .15%                 | 3                          |   |
| <i>cetirizine hcl</i> SOLN 1mg/ml                    | 2                          | GC  |
| <i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg     | 3                          | PA<br>PA if 70 years and older                                |
| <i>desloratadine</i> TABS 5mg                        | 3                          |   |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml              | 3                          |   |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml         | 4                          | PA<br>PA if 70 years and older                                |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml                 | 3                          | PA<br>PA if 70 years and older                                |
| <i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg         | 2                          | GC PA<br>PA if 70 years and older                             |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg           | 2                          | GC PA<br>PA if 70 years and older                             |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml | 4                          |   |
| <i>levocetirizine dihydrochloride</i> TABS 5mg       | 3                          |   |
| <i>olopatadine hcl (nasal)</i> SOLN .6%              | 4                          |   |
| <b>BETA AGONISTS</b>                                 |                            |   |
| <i>albuterol sulfate</i> AERS 108mcg/act             | 3                          | QL<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act             | 3                          | QL<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA) | 3                          | QL     |
| <i>albuterol sulfate</i> NEBU<br>.63mg/3ml, 1.25mg/3ml,<br>2.5mg/0.5ml                                | 3                          | B/D    |
| <i>albuterol sulfate</i> NEBU .083%<br>2  | GC                         | B/D    |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml  | 2                          | GC     |
| <i>albuterol sulfate</i> TABS 2mg,<br>4mg   | 4                          |        |
| <i>arformoterol tartrate</i> NEBU<br>15mcg/2ml  | 4                          | B/D    |
| BROVANA NEBU 15mcg/2ml  | 5                          | B/D    |
| <i>formoterol fumarate</i> NEBU<br>20mcg/2ml  | 5                          | B/D    |
| <i>levabuterol hcl</i> NEBU<br>.31mg/3ml, .63mg/3ml,<br>1.25mg/0.5ml, 1.25mg/3ml                      | 4                          | B/D    |
| <i>levabuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                            | 3                          | QL     |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30<br>days)                                | 3                          | QL     |
| <i>terbutaline sulfate</i> TABS<br>2.5mg, 5mg   | 4                          |        |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)  | 3                          | QL     |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                  | 3                          | QL     |
| <b>LEUKOTRIENE MODULATORS</b>   |                            |        |
| <i>montelukast sodium</i> CHEW<br>4mg, 5mg  | 3                          |        |
| <i>montelukast sodium</i> PACK<br>4mg   | 4                          |        |
| <i>montelukast sodium</i> TABS<br>10mg  | 1                          | GC     |
| <i>zafirlukast</i> TABS 10mg, 20mg  | 3                          |        |

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| <b>MISCELLANEOUS</b>   |                            |        |
| <i>acetylcysteine</i> SOLN 10%,<br>20%   | 3                          | B/D    |
| ARALAST NP SOLR 500mg,<br>1000mg   | 5                          | LA PA  |
| <i>cromolyn sodium</i> NEBU<br>20mg/2ml  | 3                          | B/D    |
| DALIRESP TABS 250mcg,<br>500mcg  | 4                          |        |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.3ml,<br>.3mg/0.3ml<br>(generic of EpiPen)       | 3                          |        |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick) | 3                          |        |
| ESBRIET CAPS 267mg<br>QL (270 caps / 30 days)  | 5                          | QL PA  |
| ESBRIET TABS 267mg<br>QL (270 tabs / 30 days)  | 5                          | QL PA  |
| ESBRIET TABS 801mg<br>QL (90 tabs / 30 days)   | 5                          | QL PA  |
| FASENRA SOSY 30mg/ml   | 5                          | LA PA  |
| FASENRA PEN SOAJ<br>30mg/ml  | 5                          | LA PA  |
| KALYDECO PACK 25mg,<br>50mg, 75mg<br>QL (56 packs / 28 days)                                     | 5                          | QL PA  |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)  | 5                          | QL PA  |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)   | 5                          | QL PA  |
| ORKAMBI GRA 100-125<br>QL (56 packs / 28 days)   | 5                          | QL PA  |
| ORKAMBI GRA 150-188<br>QL (56 packs / 28 days)   | 5                          | QL PA  |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)   | 5                          | QL PA  |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)   | 5                          | QL PA  |
| PROLASTIN-C SOLN<br>1000mg/20ml; SOLR 1000mg   | 5                          | LA PA  |
| PULMOZYME SOLN<br>2.5mg/2.5ml  | 5                          | PA     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)  | 5                          | QL LA PA                     |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)  | 5                          | QL LA PA                     |
| SYMJEPI SOSY<br>.15mg/0.3ml, .3mg/0.3ml  | 4                          |                              |
| THEO-24 CP24 100mg,<br>200mg, 300mg, 400mg   | 4                          |                              |
| theophylline SOLN<br>80mg/15ml; TB12 300mg,<br>450mg   | 4                          |                              |
| theophylline TB24 400mg,<br>600mg  | 3                          |                              |
| TRIKAFTA TAB 50-25-<br>37.5MG & 75MG<br>QL (84 tabs / 28 days)                                   | 5                          | QL LA PA                     |
| TRIKAFTA TAB 100-50-75MG<br>& 150MG<br>QL (84 tabs / 28 days)                                    | 5                          | QL LA PA                     |
| XOLAIR SOLR 150mg;<br>SOSY 75mg/0.5ml, 150mg/ml  | 5                          | LA PA                        |
| ZEMAIRA SOLR 1000mg  | 5                          | LA PA                        |
| <b>NASAL STEROIDS</b>  |                            |                              |
| flunisolide (nasal) SOLN<br>.025%<br>QL (3 bottles / 30 days)                                    | 3                          | QL                           |
| fluticasone propionate (nasal)<br>SUSP 50mcg/act<br>QL (1 bottle / 30 days)                      | 2                          | GC QL                        |
| mometasone furoate (nasal)<br>SUSP 50mcg/act<br>QL (2 inhalers / 30 days)                        | 4                          | QL                           |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days)   | 4                          | QL                           |
| <b>STEROID INHALANTS</b>   |                            |                              |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days) | 3                          | QL                           |
| budesonide (inhalation)<br>SUSP .25mg/2ml, .5mg/2ml  | 4                          | B/D                          |
| FLOVENT DISKUS AEPB<br>50mcg/blist<br>QL (180 inhalations / 30<br>days)                          | 3                          | QL                           |

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| FLOVENT DISKUS AEPB<br>100mcg/blist, 250mcg/blist<br>QL (240 inhalations / 30<br>days) | 3                          | QL                           |
| FLOVENT HFA AERO<br>44mcg/act, 110mcg/act,<br>220mcg/act<br>QL (2 inhalers / 30 days)  | 3                          | QL                           |
| PULMICORT FLEXHALER<br>AEPB 90mcg/act<br>QL (3 inhalers / 30 days)                     | 4                          | QL                           |
| PULMICORT FLEXHALER<br>AEPB 180mcg/act<br>QL (2 inhalers / 30 days)                    | 4                          | QL                           |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>   |                            |                              |
| ADVAIR DISKU AER 100/50<br>QL (60 inhalations / 30<br>days)                            | 3                          | QL                           |
| ADVAIR DISKU AER 250/50<br>QL (60 inhalations / 30<br>days)                            | 3                          | QL                           |
| ADVAIR DISKU AER 500/50<br>QL (60 inhalations / 30<br>days)                            | 3                          | QL                           |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                       | 3                          | QL                           |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                      | 3                          | QL                           |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                      | 3                          | QL                           |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30<br>days)                               | 3                          | QL                           |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30<br>days)                               | 3                          | QL                           |
| SYMBICORT AER 80-4.5<br>QL (1 inhaler / 30 days)                                       | 3                          | QL                           |
| SYMBICORT AER 160-4.5<br>QL (1 inhaler / 30 days)                                      | 3                          | QL                           |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>   |                            |                              |
| accutane CAPS 10mg, 20mg, 4<br>30mg, 40mg  | 4                          | PA                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| amnesteem CAPS 10mg,<br>20mg, 40mg                  | 4                          | PA     |
| avita CREA .025%; GEL<br>.025%                      | 4                          | QL PA  |
| QL (45 gm / 30 days)                                |                            |        |
| benzoyl peroxide-<br>erythromycin gel 5-3%          | 4                          | QL     |
| QL (46.6 gm / 30 days)                              |                            |        |
| claravis CAPS 10mg, 20mg,<br>30mg, 40mg             | 4                          | PA     |
| clindamycin phosphate<br>(topical) GEL 1%           | 4                          | QL     |
| QL (75 gm / 30 days)                                |                            |        |
| clindamycin phosphate<br>(topical) LOTN 1%; SOLN 1% | 3                          | QL     |
| QL (60 mL / 30 days)                                |                            |        |
| ery PADS 2%   | 3                          | QL     |
| QL (60 pledges / 30<br>days)                        |                            |        |
| erythromycin (acne aid)<br>SOLN 2%                  | 3                          | QL     |
| QL (60 mL / 30 days)                                |                            |        |
| isotretinoin CAPS 10mg,<br>20mg, 30mg, 40mg         | 4                          | PA     |
| myorisan CAPS 10mg, 20mg, 4<br>30mg, 40mg           | 4                          | PA     |
| sulfacetamide sodium (acne)<br>LOTN 10%             | 4                          | QL     |
| QL (118 mL / 30 days)                               |                            |        |
| tretinoin CREA .025%, .05%,<br>.1%; GEL .01%, .025% | 4                          | QL PA  |
| QL (45 gm / 30 days)                                |                            |        |
| zenatane CAPS 10mg, 20mg, 4<br>30mg, 40mg           | 4                          | PA     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                     |                            |        |
| gentamicin sulfate (topical)<br>CREA .1%            | 4                          | QL     |
| QL (30 gm / 30 days)                                |                            |        |
| gentamicin sulfate (topical)<br>OINT .1%            | 3                          | QL     |
| QL (30 gm / 30 days)                                |                            |        |
| mupirocin OINT 2%                                   | 2                          | GC QL  |
| QL (220 gm / 30 days)                               |                            |        |
| silver sulfadiazine CREA 1%                         | 2                          | GC     |
| ssd CREA 1%   | 2                          | GC     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| SULFAMYLYON CREA<br>85mg/gm                                     | 4                          | QL     |
| QL (453.6 gm / 30 days)   |                            |        |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                 |                            |        |
| ciclopirox olamine CREA<br>.77%                                 | 3                          | QL     |
| QL (90 gm / 30 days)  |                            |        |
| ciclopirox olamine SUSP<br>.77%                                 | 3                          | QL     |
| QL (60 mL / 30 days)  |                            |        |
| clotrimazole (topical) CREA<br>1%                               | 3                          | QL     |
| QL (45 gm / 30 days)  |                            |        |
| clotrimazole (topical) SOLN<br>1%                               | 3                          | QL     |
| QL (30 mL / 30 days)  |                            |        |
| clotrimazole w/<br>betamethasone cream 1-<br>0.05%              | 3                          | QL     |
| QL (45 gm / 30 days)  |                            |        |
| ketoconazole (topical) CREA<br>2%                               | 3                          | QL     |
| QL (60 gm / 30 days)  |                            |        |
| nyamyc POWD<br>100000unit/gm                                    | 3                          | QL     |
| QL (60 gm / 30 days)  |                            |        |
| nystatin (topical) CREA<br>100000unit/gm; OINT<br>100000unit/gm | 3                          | QL     |
| QL (30 gm / 30 days)  |                            |        |
| nystatin (topical) POWD<br>100000unit/gm                        | 3                          | QL     |
| QL (60 gm / 30 days)  |                            |        |
| nystop POWD 100000unit/gm                                       | 3                          | QL     |
| QL (60 gm / 30 days)  |                            |        |
| <b>DERMATOLOGY, ANTI-PSORIATICS</b>                             |                            |        |
| acitretin CAPS 10mg,<br>17.5mg, 25mg                            | 4                          | PA     |
| calcipotriene OINT .005%<br>QL (120 gm / 30 days)               | 4                          | QL PA  |
| calcipotriene SOLN .005%<br>QL (120 mL / 30 days)               | 4                          | QL PA  |
| calcitrene OINT .005%<br>QL (120 gm / 30 days)                  | 4                          | QL PA  |
| tazarotene CREA .1%<br>QL (60 gm / 30 days)                     | 3                          | QL PA  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Limits |
|--|----------------------------|--------|
| TAZORAC CREA .05%<br>QL (60 gm / 30 days)  | 4                          | QL PA  |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>  |                            |        |
| ketoconazole (topical) SHAM 2%<br>QL (120 mL / 30 days)                              | 2                          | GC QL  |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>  |                            |        |
| ala-cort CREA 1%<br>QL (60 gm / 30 days)   | 1                          | GC     |
| ala-cort CREA 2.5%<br>QL (120 gm / 30 days)  | 2                          | GC     |
| alclometasone dipropionate<br>CREA .05%; OINT .05%<br>QL (60 gm / 30 days)           | 3                          | QL     |
| betamethasone dipropionate<br>(topical) CREA .05%<br>QL (120 gm / 30 days)           | 3                          | QL     |
| betamethasone dipropionate<br>(topical) LOTN .05%<br>QL (120 mL / 30 days)           | 3                          | QL     |
| betamethasone dipropionate<br>(topical) OINT .05%<br>QL (120 gm / 30 days)           | 4                          | QL     |
| betamethasone dipropionate<br>augmented CREA .05%<br>QL (120 gm / 30 days)           | 2                          | GC QL  |
| betamethasone dipropionate<br>augmented GEL .05%; OINT .05%<br>QL (120 gm / 30 days) | 4                          | QL     |
| betamethasone valerate<br>CREA .1%; OINT .1%<br>QL (120 gm / 30 days)                | 3                          | QL     |
| betamethasone valerate<br>LOTN .1%<br>QL (120 mL / 30 days)                          | 3                          | QL     |
| clobetasol propionate CREA .05%; OINT .05%<br>QL (60 gm / 30 days)                   | 3                          | QL     |
| clobetasol propionate GEL .05%<br>QL (60 gm / 30 days)                               | 4                          | QL     |

| Drug Name   | Drug Requirements/<br>Tier | Limits |
|---|----------------------------|--------|
| clobetasol propionate SOLN .05%<br>QL (50 mL / 30 days)             | 3                          | QL     |
| <b>clobetasol propionate e CREA .05%</b>                            |                            |        |
| ENSTILAR AER<br>QL (120 gm / 30 days)                               | 4                          | QL PA  |
| <b>fluocinolone acetonide CREA .01%<br/>QL (60 gm / 30 days)</b>    |                            |        |
| fluocinolone acetonide CREA .025%<br>QL (120 gm / 30 days)          | 4                          | QL     |
| fluocinolone acetonide OIL .01%<br>QL (118.28 mL / 30 days)         | 3                          | QL     |
| <b>fluocinolone acetonide OINT .025%<br/>QL (120 gm / 30 days)</b>  |                            |        |
| fluocinolone acetonide SOLN .01%<br>QL (90 mL / 30 days)            | 4                          | QL     |
| fluocinonide CREA .05%<br>QL (120 gm / 30 days)                     | 3                          | QL     |
| fluocinonide GEL .05%; OINT .05%<br>QL (60 gm / 30 days)            | 4                          | QL     |
| fluocinonide SOLN .05%<br>QL (60 mL / 30 days)                      | 3                          | QL     |
| fluocinonide emulsified base CREA .05%<br>QL (120 gm / 30 days)     | 3                          | QL     |
| <b>fluticasone propionate CREA .05%; OINT .005%</b>                 |                            |        |
| halobetasol propionate CREA .05%; OINT .05%<br>QL (50 gm / 30 days) | 4                          | QL     |
| <b>hydrocortisone (topical) CREA 1%</b>                             |                            |        |
| hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%            | 2                          | GC     |
| <b>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</b>              |                            |        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| Drug Name  | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|--|----------------------------|------------------------------|
| triamcinolone acetonide<br><i>(topical)</i> CREA .1%<br>QL (454 gm / 30 days)        | 2                          | GC QL                        |
| triamcinolone acetonide<br><i>(topical)</i> CREA .025%, .5%;<br>OINT .025%, .1%, .5% | 2                          | GC                           |
| triamcinolone acetonide<br><i>(topical)</i> LOTN .025%, .1%                          | 3                          |                              |
| triderm CREA .5%   | 2                          | GC                           |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>  |                            |                              |
| glydo PRSY 2%<br>QL (60 mL / 30 days)  | 4                          | QL PA                        |
| lidocaine OINT 5%<br>QL (50 gm / 30 days)  | 4                          | QL PA                        |
| lidocaine PTCH 5%<br>QL (3 patches / 1 day)  | 4                          | QL PA                        |
| lidocaine hcl GEL 2%<br>QL (30 mL / 30 days)   | 4                          | QL PA                        |
| lidocaine hcl SOLN 4%<br>QL (50 mL / 30 days)  | 3                          | QL PA                        |
| lidocaine-prilocaine cream<br>2.5-2.5%<br>QL (30 gm / 30 days)                       | 3                          | QL PA                        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN<br/>AND MUCOUS MEMBRANE</b>                       |                            |                              |
| azelaic acid GEL 15%<br>QL (50 gm / 30 days)   | 4                          | QL                           |
| diclofenac sodium <i>(topical)</i><br>GEL 1%<br>QL (1000 gm / 30 days)               | 3                          | QL PA                        |
| FINACEA FOAM 15%<br>QL (50 gm / 30 days)   | 4                          | QL                           |
| fluorouracil <i>(topical)</i> CREA<br>5%<br>QL (40 gm / 30 days)                     | 4                          | QL                           |
| fluorouracil <i>(topical)</i> SOLN<br>2%, 5%<br>QL (10 mL / 30 days)                 | 3                          | QL                           |
| hydrocortisone <i>(rectal)</i> CREA<br>2.5%  | 2                          | GC                           |
| imiquimod CREA 5%<br>QL (24 packets / 30<br>days)                                    | 3                          | QL                           |
| lactic acid <i>(ammonium lactate)</i> 2<br>CREA 12%                                  |                            | GC                           |

| Drug Name   | Drug Requirements/<br>Tier | Drug Requirements/<br>Limits |
|---|----------------------------|------------------------------|
| lactic acid <i>(ammonium lactate)</i> 3<br>LOTN 12%                   | 3                          |                              |
| metronidazole <i>(topical)</i> CREA 4<br>.75%<br>QL (45 gm / 30 days) | 4                          | QL                           |
| metronidazole <i>(topical)</i> GEL .75%<br>QL (45 gm / 30 days)       | 3                          | QL                           |
| metronidazole <i>(topical)</i> LOTN 4<br>.75%<br>QL (59 mL / 30 days) | 4                          | QL                           |
| NORITATE CREA 1%<br>QL (60 gm / 30 days)                              | 5                          | QL                           |
| PANRETIN GEL .1%<br>QL (60 gm / 30 days)                              | 5                          | QL PA                        |
| podofilox SOLN .5%<br>QL (7 mL / 28 days)                             | 3                          | QL                           |
| procto-med hc CREA 2.5%   | 3                          |                              |
| procto-pak CREA 1%  | 3                          |                              |
| proctosol hc CREA 2.5%  | 3                          |                              |
| protozozone-hc CREA 2.5%<br>RECTIV OINT .4%<br>QL (30 gm / 30 days)   | 3                          |                              |
| rosadan CREA .75%<br>QL (45 gm / 30 days)                             | 4                          | QL                           |
| tacrolimus <i>(topical)</i> OINT .03%, .1%<br>QL (100 gm / 30 days)   | 4                          | QL                           |
| TARGRETIN GEL 1%<br>QL (60 gm / 30 days)                              | 5                          | QL PA                        |
| VALCHLOR GEL .016%<br>QL (60 gm / 30 days)                            | 5                          | QL LA PA                     |
| ZYCLARA PUMP CREA<br>2.5%<br>QL (15 gm / 30 days)                     | 5                          | QL                           |
| <b>DERMATOLOGY, SCABICIDES AND<br/>PEDICULIDES</b>                    |                            |                              |
| malathion LOTN .5%<br>QL (59 mL / 30 days)                            | 4                          | QL                           |
| permethrin CREA 5%<br>QL (60 gm / 30 days)                            | 3                          | QL                           |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                 |                            |                              |
| REGRANEX GEL .01%<br>QL (30 gm / 30 days)                             | 5                          | QL PA                        |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Enhancement Drug   **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

| <b>Drug Name</b>  | <b>Drug Requirements/<br/>Tier      Limits</b> |          |
|---|--|----------|
| SANTYL OINT 250unit/gm<br>QL (180 gm / 30 days)           | 4  | QL       |
| sodium chloride (gu irrigant)<br>SOLN .9%                 | 3  |          |
| water for irrigation, sterile<br>irrigation soln          | 2  | GC       |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                         |  |          |
| cevimeline hcl CAPS 30mg                                  | 4  |          |
| chlorhexidine gluconate<br>(mouth-throat) SOLN .12%       | 1  | GC       |
| clotrimazole TROC 10mg<br>QL (150 lozenges / 30<br>days)  | 4  | QL       |
| lidocaine hcl (mouth-throat)<br>SOLN 2%                   | 2  | GC       |
| nystatin (mouth-throat) SUSP<br>100000unit/ml             | 3  |          |
| periogard SOLN .12%                                       | 1  | GC       |
| pilocarpine hcl (oral) TABS<br>5mg, 7.5mg                 | 3  |          |
| triamcinolone acetonide<br>(mouth) PSTE .1%               | 3  |          |
| <b>Vitamins</b>   |  |          |
| <b>Vitamin B Complex</b>                                  |  |          |
| cyanocobalamin SOLN<br>1000mcg/ml                         | 2  | ED GC    |
| folic acid TABS 1mg<br>QL (30 tabs / 30 days)             | 1  | ED GC QL |
| <b>Vitamin D</b>  |  |          |
| ergocalciferol CAPS<br>50000unit<br>QL (4 caps / 28 days) | 2  | ED GC QL |
| <b>Vitamin K Activity</b>                                 |  |          |
| phytonadione TABS 5mg<br>QL (60 tabs / 30 days)           | 4  | ED QL    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage  
**SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

## Index

|                             |                |                              |    |
|-----------------------------|----------------|------------------------------|----|
| A                           | AFINITOR ..... | 18                           |    |
| abacavir sulfate.....       | 12             | AFINITOR DISPERZ.....18      |    |
| abacavir sulfate-lamivudine |                | afirmelle .....42            |    |
| tab 600-300 mg .....        | 12             | AIMOVIG.....37               |    |
| abacavir sulfate-           |                | ala-cort .....61             |    |
| lamivudine-zidovudine       |                | albendazole.....10           |    |
| tab 300-150-300 mg ....     | 12             | albuterol sulfate.....57, 58 |    |
| ABELCET.....                | 11             | alclometasone dipropionate   |    |
| ABILITY MAINTENA.....       | 34             | .....61                      |    |
| abiraterone acetate .....   | 17             | ALDURAZYME .....             | 45 |
| ABRAXANE INJ 100MG.         | 17             | ALECENSA.....18              |    |
| acamprosate calcium .....   | 38             | alendronate sodium .....     | 42 |
| acarbose .....              | 39             | alfuzosin hcl .....          | 49 |
| accutane .....              | 59             | ALIMTA.....16                |    |
| acebutolol hcl .....        | 26             | aliskiren fumarate.....27    |    |
| acetaminophen w/ codeine    |                | allopurinol.....8            |    |
| soln 120-12 mg/5ml....      | 9              | alosetron hcl.....48         |    |
| acetaminophen w/ codeine    |                | ALPHAGAN P .....             | 56 |
| tab 300-15 mg .....         | 9              | alprazolam .....             | 28 |
| acetaminophen w/ codeine    |                | ALREX .....                  | 55 |
| tab 300-30 mg .....         | 9              | altavera .....               | 42 |
| acetaminophen w/ codeine    |                | ALTOPREV .....               | 25 |
| tab 300-60 mg .....         | 9              | ALUNBRIG .....               | 18 |
| acetazolamide.....          | 27             | ALUNBRIG PAK .....           | 18 |
| acetic acid .....           | 49             | alyacen 1/35.....42          |    |
| acetic acid (otic) .....    | 56             | alyacen 7/7/7.....42         |    |
| acetylcysteine .....        | 58             | amabelz .....                | 44 |
| acitretin .....             | 60             | amantadine hcl.....33        |    |
| ACTHIB INJ .....            | 53             | AMBISOME.....11              |    |
| ACTIMMUNE .....             | 52             | ambrisentan .....            | 28 |
| acyclovir .....             | 13             | amikacin sulfate .....       | 10 |
| acyclovir sodium .....      | 13             | amiloride &                  |    |
| ADACEL INJ .....            | 53             | hydrochlorothiazide tab      |    |
| adefovir dipivoxil .....    | 13             | 5-50 mg .....                | 27 |
| ADEMPAS .....               | 28             | amiloride hcl.....27         |    |
| ADRENALIN .....             | 27             | amiodarone hcl .....         | 24 |
| adriamycin.....             | 16             | amitriptyline hcl .....      | 31 |
| ADVAIR DISKU AER            |                | amlodipine besylate .....    | 26 |
| 100/50 .....                | 59             | amlodipine besylate-         |    |
| ADVAIR DISKU AER            |                | atorvastatin calcium tab     |    |
| 250/50 .....                | 59             | 10-10 mg .....               | 27 |
| ADVAIR DISKU AER            |                | amlodipine besylate-         |    |
| 500/50 .....                | 59             | atorvastatin calcium tab     |    |
| ADVAIR HFA AER 115/21       |                | 10-20 mg .....               | 27 |
| .....                       | 59             | amlodipine besylate-         |    |
| ADVAIR HFA AER 230/21       |                | atorvastatin calcium tab     |    |
| .....                       | 59             | 10-40 mg .....               | 27 |
| ADVAIR HFA AER 45/2159      |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 10-80 mg .....               | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 2.5-10 mg .....              | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 2.5-20 mg .....              | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 2.5-40 mg .....              | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 5-10 mg .....                | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 5-20 mg .....                | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 5-40 mg .....                | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | atorvastatin calcium tab     |    |
|                             |                | 5-80 mg .....                | 27 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 10-20     |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 10-40     |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 2.5-10    |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 5-10      |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 5-20      |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | benazepril hcl cap 5-40      |    |
|                             |                | mg .....                     | 21 |
|                             |                | amlodipine besylate-         |    |
|                             |                | olmesartan medoxomil         |    |
|                             |                | tab 10-20 mg .....           | 22 |
|                             |                | amlodipine besylate-         |    |
|                             |                | olmesartan medoxomil         |    |
|                             |                | tab 10-40 mg .....           | 22 |

|  |    |
|--|----|
| <i>amlodipine besylate-</i>            |    |
| <i>olmesartan medoxomil</i>            |    |
| <i>tab 5-20 mg</i> .....               | 22 |
| <i>amlodipine besylate-</i>            |    |
| <i>olmesartan medoxomil</i>            |    |
| <i>tab 5-40 mg</i> .....               | 22 |
| <i>amlodipine besylate-</i>            |    |
| <i>valsartan tab 10-160 mg</i>         |    |
| .....                                  | 22 |
| <i>amlodipine besylate-</i>            |    |
| <i>valsartan tab 10-320 mg</i>         |    |
| .....                                  | 22 |
| <i>amlodipine besylate-</i>            |    |
| <i>valsartan tab 5-160 mg</i> 22       |    |
| <i>amlodipine besylate-</i>            |    |
| <i>valsartan tab 5-320 mg</i> 22       |    |
| <i>amlodipine-valsartan-</i>           |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>10-160-12.5 mg</i> .....            | 22 |
| <i>amlodipine-valsartan-</i>           |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>10-160-25 mg</i> .....              | 22 |
| <i>amlodipine-valsartan-</i>           |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>10-320-25 mg</i> .....              | 23 |
| <i>amlodipine-valsartan-</i>           |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>5-160-12.5 mg</i> .....             | 22 |
| <i>amlodipine-valsartan-</i>           |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>5-160-25 mg</i> .....               | 22 |
| <i>amnesteem</i> .....                 | 60 |
| <i>amoxapine</i> .....                 | 32 |
| <i>amoxicillin</i> .....               | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>chew tab 200-28.5 mg</i> .15        |    |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>chew tab 400-57 mg</i> ....15       |    |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>for susp 200-28.5 mg/5ml</i>        |    |
| .....                                  | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>for susp 250-62.5 mg/5ml</i>        |    |
| .....                                  | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>for susp 400-57 mg/5ml</i>          |    |
| .....                                  | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>for susp 600-42.9 mg/5ml</i>        |    |
| .....                                  | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>tab 250-125 mg</i> .....            | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>tab 500-125 mg</i> .....            | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>tab 875-125 mg</i> .....            | 15 |
| <i>amoxicillin &amp; k clavulanate</i> |    |
| <i>tab er 12hr 1000-62.5 mg</i>        |    |
| .....                                  | 15 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 10 mg</i> .....             | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 15 mg</i> .....             | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 20 mg</i> .....             | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 25 mg</i> .....             | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 30 mg</i> .....             | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine cap</i>           |    |
| <i>er 24hr 5 mg</i> .....              | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>10 mg</i> .....                     | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>12.5 mg</i> .....                   | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>15 mg</i> .....                     | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>20 mg</i> .....                     | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>30 mg</i> .....                     | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab 5</i>         |    |
| <i>mg</i> .....                        | 36 |
| <i>amphetamine-</i>                    |    |
| <i>dextroamphetamine tab</i>           |    |
| <i>7.5 mg</i> .....                    | 36 |
| <i>amphotericin b</i> .....            | 11 |
| <i>amphotericin b liposome</i> ..11    |    |
| <i>ampicillin</i> .....                | 15 |
| <i>ampicillin &amp; sulbactam</i>      |    |
| <i>sodium for inj 1.5 (1-0.5)</i>      |    |
| <i>gm</i> .....                        | 15 |
| <i>ampicillin &amp; sulbactam</i>      |    |
| <i>sodium for inj 3 (2-1) gm</i>       |    |
| .....                                  | 15 |
| <i>ampicillin &amp; sulbactam</i>      |    |
| <i>sodium for iv soln 1.5 (1-</i>      |    |
| <i>0.5) gm</i> .....                   | 15 |
| <i>ampicillin &amp; sulbactam</i>      |    |
| <i>sodium for iv soln 15 (10-</i>      |    |
| <i>5) gm</i> .....                     | 15 |
| <i>ampicillin &amp; sulbactam</i>      |    |
| <i>sodium for iv soln 3 (2-1)</i>      |    |
| <i>gm</i> .....                        | 15 |
| <i>ampicillin sodium</i> .....15       |    |
| <i>anagrelide hcl</i> .....50          |    |
| <i>anastrozole</i> .....               | 17 |
| <i>ANDRODERM</i> .....                 | 39 |
| <i>ANORO ELLIPT AER</i> 62.5-          |    |
| <i>25</i> .....                        | 57 |
| <i>aprepitant</i> .....                | 47 |
| <i>aprepitant capsule therapy</i>      |    |
| <i>pack 80 &amp; 125 mg</i> .....      | 47 |
| <i>apri</i> .....                      | 42 |
| <i>APTIOM</i> .....                    | 28 |
| <i>APTIVUS</i> .....                   | 12 |
| <i>ARALAST NP</i> .....                | 58 |
| <i>aranelle</i> .....                  | 43 |
| <i>ARCALYST</i> .....                  | 52 |
| <i>arformoterol tartrate</i> .....     | 58 |
| <i>ariprazole</i> .....                | 34 |
| <i>ARISTADA</i> .....                  | 34 |
| <i>ARISTADA INITIO</i> .....           | 34 |
| <i>armodafinil</i> .....               | 38 |
| <i>ARNUITY ELLIPTA</i> .....59         |    |
| <i>asenapine maleate</i> .....34       |    |
| <i>aspirin-dipyridamole cap er</i>     |    |
| <i>12hr 25-200 mg</i> .....            | 51 |
| <i>atazanavir sulfate</i> .....        | 12 |
| <i>atenolol</i> .....                  | 26 |
| <i>atenolol &amp; chlorthalidone</i>   |    |
| <i>tab 100-25 mg</i> .....             | 25 |

|                                      |        |
|--------------------------------------|--------|
| <i>atenolol &amp; chlorthalidone</i> |        |
| <i>tab 50-25 mg</i>                  | 25     |
| <i>atomoxetine hcl</i>               | 36     |
| <i>atorvastatin calcium</i>          | 25     |
| <i>atovaquone</i>                    | 10     |
| <i>atovaquone-proguanil hcl</i>      |        |
| <i>tab 250-100 mg</i>                | 11     |
| <i>atovaquone-proguanil hcl</i>      |        |
| <i>tab 62.5-25 mg</i>                | 11     |
| <i>ATROPINE SULFATE</i>              | 56     |
| <i>atropine sulfate</i>              |        |
| <i>(ophthalmic)</i>                  | 56     |
| <i>ATROVENT HFA</i>                  | 57     |
| <i>aubra eq</i>                      | 43     |
| <i>aurovela 1/20</i>                 | 43     |
| <i>aurovela fe 1/20</i>              | 43     |
| <i>aurovela fe 1.5/30</i>            | 43     |
| <i>AUSTEDO</i>                       | 37, 38 |
| <i>AVASTIN</i>                       | 18     |
| <i>aviane</i>                        | 43     |
| <i>avita</i>                         | 60     |
| <i>ayuna</i>                         | 43     |
| <i>AYVAKIT</i>                       | 18     |
| <i>azacitidine</i>                   | 16     |
| <i>azathioprine</i>                  | 52     |
| <i>azelaic acid</i>                  | 62     |
| <i>azelastine hcl</i>                | 57     |
| <i>azelastine hcl (ophth)</i>        | 56     |
| <i>azithromycin</i>                  | 14     |
| <i>aztreonam</i>                     | 10     |
| <i>azurette</i>                      | 43     |
| <b>B</b>                             |        |
| <i>bacitracin (ophthalmic)</i>       | 55     |
| <i>bacitracin-polymyxin b</i>        |        |
| <i>ophth oint</i>                    | 55     |
| <i>bacitracin-polymyxin-</i>         |        |
| <i>neomycin-hc ophth oint</i>        |        |
| <i>1%</i>                            | 55     |
| <i>baclofen</i>                      | 38     |
| <i>balsalazide disodium</i>          | 48     |
| <i>BALVERSA</i>                      | 18     |
| <i>balziva</i>                       | 43     |
| <i>BARACLUDE</i>                     | 13     |
| <i>BASAGLAR KWIKPEN</i>              | 41     |
| <i>BCG VACCINE</i>                   | 53     |
| <i>BD ALCOHOL SWABS</i>              | 41     |
| <i>BELSOMRA</i>                      | 37     |
| <i>benazepril &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>10-12.5 mg</i>                    | 21     |
| <i>benazepril &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>20-12.5 mg</i>                    | 21     |
| <i>benazepril &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>20-25 mg</i>                      | 21     |
| <i>benazepril &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>5-6.25mg</i>                      | 21     |
| <i>benazepril hcl</i>                | 22     |
| <i>BENDEKA</i>                       | 16     |
| <i>BENLYSTA</i>                      | 52     |
| <i>benzoyl peroxide-</i>             |        |
| <i>erythromycin gel 5-3%.</i>        | 60     |
| <i>benztropine mesylate</i>          | 33     |
| <i>bepotastine besilate</i>          | 56     |
| <i>BEPREVE</i>                       | 56     |
| <i>BERINERT</i>                      | 50     |
| <i>BESIVANCE</i>                     | 55     |
| <i>BESREMI</i>                       | 17     |
| <i>betaine powder for oral</i>       |        |
| <i>solution</i>                      | 45     |
| <i>betamethasone</i>                 |        |
| <i>dipropionate (topical)</i>        | 61     |
| <i>betamethasone</i>                 |        |
| <i>dipropionate augmented</i>        |        |
| <i></i>                              | 61     |
| <i>betamethasone valerate</i>        | 61     |
| <i>BETASERON</i>                     | 38     |
| <i>betaxolol hcl (ophth)</i>         | 56     |
| <i>bethanechol chloride</i>          | 49     |
| <i>BETOPTIC-S</i>                    | 56     |
| <i>BEVESPI AER 9-4.8MCG</i>          |        |
| <i></i>                              | 57     |
| <i>bexarotene</i>                    | 17     |
| <i>BEXZERO INJ</i>                   | 53     |
| <i>bicalutamide</i>                  | 17     |
| <i>BICILLIN L-A</i>                  | 15     |
| <i>BIKTARVY TAB 30-120-15</i>        |        |
| <i>MG</i>                            | 12     |
| <i>BIKTARVY TAB 50-200-25</i>        |        |
| <i>MG</i>                            | 12     |
| <i>bisoprolol &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>10-6.25 mg</i>                    | 25     |
| <i>bisoprolol &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>2.5-6.25 mg</i>                   | 25     |
| <i>bisoprolol &amp;</i>              |        |
| <i>hydrochlorothiazide tab</i>       |        |
| <i>5-6.25 mg</i>                     | 25     |
| <i>bivigam</i>                       | 52     |
| <i>BLEPHAMIDE OIN S.O.P.</i>         |        |
| <i></i>                              | 55     |
| <i>blisovi fe 1.5/30</i>             | 43     |
| <i>BOOSTRIX INJ</i>                  | 53     |
| <i>BORTEZOMIB</i>                    | 18     |
| <i>bosentan</i>                      | 28     |
| <i>BOSULIF</i>                       | 18     |
| <i>BRAFTOVI</i>                      | 18     |
| <i>BREO ELLIPTA INH 100-</i>         |        |
| <i>25</i>                            | 59     |
| <i>BREO ELLIPTA INH 200-</i>         |        |
| <i>25</i>                            | 59     |
| <i>BREZTRI AERO AER</i>              |        |
| <i>SPHERE</i>                        | 57     |
| <i>BREZTRI AERO AER</i>              |        |
| <i>SPHERE</i>                        |        |
| <i>(INSTITUTIONAL PACK)</i>          |        |
| <i></i>                              | 57     |
| <i>briellyn</i>                      | 43     |
| <i>BRILINTA</i>                      | 51     |
| <i>brimonidine tartrate</i>          | 56     |
| <i>brinzolamide</i>                  | 56     |
| <i>BRIVIACT</i>                      | 28     |
| <i>bromfenac sodium (ophth)</i>      |        |
| <i></i>                              | 56     |
| <i>bromocriptine mesylate</i>        | 33     |
| <i>BROMSITE</i>                      | 56     |
| <i>BROVANA</i>                       | 58     |
| <i>BRUKINSA</i>                      | 18     |
| <i>budesonide</i>                    | 48     |
| <i>budesonide (inhalation)</i>       | 59     |
| <i>bumetanide</i>                    | 27     |
| <i>buprenorphine hcl</i>             | 38     |
| <i>buprenorphine hcl-</i>            |        |
| <i>naloxone hcl sl film 12-3</i>     |        |
| <i>mg (base equiv)</i>               | 39     |
| <i>buprenorphine hcl-</i>            |        |
| <i>naloxone hcl sl film 2-0.5</i>    |        |
| <i>mg (base equiv)</i>               | 38     |
| <i>buprenorphine hcl-</i>            |        |
| <i>naloxone hcl sl film 4-1</i>      |        |
| <i>mg (base equiv)</i>               | 39     |

|                                |    |
|--------------------------------|----|
| buprenorphine hcl-             |    |
| naloxone hcl sl film 8-2       |    |
| mg (base equiv).....39         |    |
| buprenorphine hcl-             |    |
| naloxone hcl sl tab 2-0.5      |    |
| mg (base equiv).....39         |    |
| buprenorphine hcl-             |    |
| naloxone hcl sl tab 8-2        |    |
| mg (base equiv).....39         |    |
| bupropion hcl .....            | 32 |
| bupropion hcl (smoking         |    |
| deterrent).....39              |    |
| buspirone hcl.....28           |    |
| butorphanol tartrate.....9     |    |
| BYDUREON BCISE.....39          |    |
| BYETTA .....                   | 39 |
| C                              |    |
| cabergoline .....              | 45 |
| CABOMETYX .....                | 18 |
| calcipotriene .....            | 60 |
| calcitonin (salmon) spray      | 42 |
| calcitrene.....60              |    |
| calcitriol .....               | 47 |
| calcium acetate (phosphate     |    |
| binder) .....                  | 46 |
| CALQUENCE.....18               |    |
| camila.....43                  |    |
| candesartan cilexetil .....    | 24 |
| candesartan cilexetil-         |    |
| hydrochlorothiazide tab        |    |
| 16-12.5 mg .....               | 23 |
| candesartan cilexetil-         |    |
| hydrochlorothiazide tab        |    |
| 32-12.5 mg .....               | 23 |
| candesartan cilexetil-         |    |
| hydrochlorothiazide tab        |    |
| 32-25 mg .....                 | 23 |
| CAPLYTA.....34                 |    |
| CAPRELSA.....18                |    |
| captopril .....                | 22 |
| carb/levo orally               |    |
| disintegrating tab 10-         |    |
| 100mg .....                    | 33 |
| carb/levo orally               |    |
| disintegrating tab 25-         |    |
| 100mg .....                    | 33 |
| carb/levo orally               |    |
| disintegrating tab 25-         |    |
| 250mg .....                    | 33 |
| CARBAGLU .....                 | 45 |
| carbamazepine .....            | 29 |
| carbidopa .....                | 33 |
| carbidopa & levodopa tab       |    |
| 10-100 mg .....                | 33 |
| carbidopa & levodopa tab       |    |
| 25-100 mg .....                | 33 |
| carbidopa & levodopa tab       |    |
| 25-250 mg .....                | 33 |
| carbidopa & levodopa tab       |    |
| er 25-100 mg .....             | 33 |
| carbidopa & levodopa tab       |    |
| er 50-200 mg .....             | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 12.5-          |    |
| 50-200 mg .....                | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 18.75-         |    |
| 75-200 mg .....                | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 25-100-        |    |
| 200 mg .....                   | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 31.25-         |    |
| 125-200 mg .....               | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 37.5-          |    |
| 150-200 mg .....               | 33 |
| carbidopa-levodopa-            |    |
| entacapone tabs 50-200-        |    |
| 200 mg .....                   | 33 |
| carboplatin .....              | 16 |
| carglumic acid .....           | 45 |
| carteolol hcl (ophth) .....    | 56 |
| cartia xt .....                | 26 |
| carvedilol.....26              |    |
| caspofungin acetate.....11     |    |
| CAYSTON.....10                 |    |
| caziant.....43                 |    |
| cefaclor .....                 | 14 |
| CEFACLOR ER .....              | 14 |
| cefadroxil.....14              |    |
| CEFAZOLIN INJ                  |    |
| 1GM/50ML.....14                |    |
| cefazolin sodium .....         | 14 |
| CEFAZOLIN SOLN                 |    |
| 2GM/100ML-4% .....             | 14 |
| cefdinir .....                 | 14 |
| cefepime hcl.....14            |    |
| cefixime.....14                |    |
| cefoxitin sodium .....         | 14 |
| cefpodoxime proxetil.....14    |    |
| cefprozil.....14               |    |
| ceftazidime .....              | 14 |
| CEFTAZIDIME/ SOL D5W           |    |
| 1GM.....14                     |    |
| CEFTAZIDIME/ SOL D5W           |    |
| 2GM.....14                     |    |
| ceftriaxone sodium.....14      |    |
| cefuroxime axetil.....14       |    |
| cefuroxime sodium.....14       |    |
| celecoxib .....                | 8  |
| CELONTIN .....                 | 29 |
| cephalexin .....               | 14 |
| CERDELGA .....                 | 46 |
| CEREZYME .....                 | 46 |
| cetirizine hcl .....           | 57 |
| cevimeline hcl .....           | 63 |
| CHANTIX PAK 0.5& 1MG           |    |
| .....39                        |    |
| chateal .....                  | 43 |
| CHEMET .....                   | 42 |
| chlorhexidine gluconate        |    |
| (mouth-throat).....63          |    |
| chloroquine phosphate....11    |    |
| chlorpromazine hcl.....34      |    |
| CHLORPROMAZINE                 |    |
| HYDROCHLOR.....34              |    |
| chlorthalidone.....27          |    |
| cholestyramine .....           | 25 |
| cholestyramine light .....     | 25 |
| choline fenofibrate.....24     |    |
| ciclopirox olamine .....       | 60 |
| cilstostazol .....             | 50 |
| CILOXAN .....                  | 55 |
| CIMDUO TAB 300-300 ..12        |    |
| cinacalcet hcl .....           | 46 |
| CIPRO.....15                   |    |
| ciprofloxacin 200 mg/100ml     |    |
| in d5w .....                   | 15 |
| ciprofloxacin 400 mg/200ml     |    |
| in d5w .....                   | 15 |
| ciprofloxacin-                 |    |
| dexamethasone otic susp        |    |
| 0.3-0.1% .....                 | 56 |
| ciprofloxacin hcl .....        | 15 |
| ciprofloxacin hcl (ophth) ..55 |    |
| CIPRO HC SUS OTIC ....56       |    |
| cisplatin .....                | 16 |

|                                      |     |
|--------------------------------------|-----|
| <i>citalopram hydrobromide</i>       | 32  |
| <i>claravis</i>                      | 60  |
| <i>clarithromycin</i>                | 14  |
| <i>clindamycin hcl</i>               | 10  |
| <i>clindamycin palmitate</i>         |     |
| <i>hydrochloride</i>                 | 10  |
| <i>clindamycin phosphate</i>         | 10  |
| <i>clindamycin phosphate</i>         |     |
| <i>(topical)</i>                     | 60  |
| <i>clindamycin phosphate in</i>      |     |
| <i>d5w iv soln 300 mg/50ml</i>       |     |
| .....                                | 10  |
| <i>clindamycin phosphate in</i>      |     |
| <i>d5w iv soln 600 mg/50ml</i>       |     |
| .....                                | 10  |
| <i>clindamycin phosphate in</i>      |     |
| <i>d5w iv soln 900 mg/50ml</i>       |     |
| .....                                | 10  |
| <i>clindamycin phosphate</i>         |     |
| <i>vaginal</i>                       | 50  |
| <i>CLINDMYC/NAC INJ</i>              |     |
| <i>300/50ML</i>                      | 10  |
| <i>CLINDMYC/NAC INJ</i>              |     |
| <i>600/50ML</i>                      | 10  |
| <i>CLINDMYC/NAC INJ</i>              |     |
| <i>900/50ML</i>                      | 10  |
| <i>CLINIMIX INJ 4.25/D10</i>         | .55 |
| <i>CLINIMIX INJ 4.25/D5W</i>         | .55 |
| <i>CLINIMIX INJ 5%/D15W</i>          | .55 |
| <i>CLINIMIX INJ 5%/D20W</i>          | .55 |
| <i>CLINIMIX INJ 6/5</i>              | .55 |
| <i>CLINIMIX INJ 8/10</i>             | .55 |
| <i>CLINIMIX INJ 8/14</i>             | .55 |
| <i>clenisol sf 15%</i>               | .55 |
| <i>CLINOLIPID EMU 20%</i>            | .55 |
| <i>clobazam</i>                      | 29  |
| <i>clobetasol propionate</i>         | 61  |
| <i>clobetasol propionate e</i>       | 61  |
| <i>clomipramine hcl</i>              | 32  |
| <i>clonazepam</i>                    | 29  |
| <i>clonidine</i>                     | 27  |
| <i>clonidine hcl</i>                 | 27  |
| <i>clopidogrel bisulfate</i>         | 51  |
| <i>clorazepate dipotassium</i>       | .29 |
| <i>clotrimazole</i>                  | 63  |
| <i>clotrimazole (topical)</i>        | 60  |
| <i>clotrimazole w/</i>               |     |
| <i>betamethasone cream 1-0.05%</i>   | 60  |
| <i>clozapine</i>                     | 34  |
| <i>COARTEM TAB 20-120MG</i>          |     |
| .....                                | 11  |
| <i>colchicine</i>                    | 8   |
| <i>colchicine w/ probenecid</i>      |     |
| <i>tab 0.5-500 mg</i>                | 8   |
| <i>colesevelam hcl</i>               | 25  |
| <i>colestipol hcl</i>                | 25  |
| <i>colistimethate sodium</i>         | 10  |
| <i>COMBIGAN SOL 0.2/0.5%</i>         |     |
| .....                                | 56  |
| <i>COMBIVENT AER 20-100</i>          |     |
| .....                                | 57  |
| <i>COMETRIQ (60MG DOSE)</i>          |     |
| .....                                | 18  |
| <i>COMETRIQ KIT 100MG</i>            | .18 |
| <i>COMETRIQ KIT 140MG</i>            | .18 |
| <i>COMPLERA TAB</i>                  | 12  |
| <i>compro</i>                        | 47  |
| <i>constulose</i>                    | 48  |
| <i>COPIKTRA</i>                      | 18  |
| <i>CORLANOR</i>                      | 27  |
| <i>COTELLIC</i>                      | 18  |
| <i>CREON CAP 12000UNT</i>            | 49  |
| <i>CREON CAP 24000UNT</i>            | 49  |
| <i>CREON CAP 3000UNIT</i>            | .49 |
| <i>CREON CAP 36000UNT</i>            | 49  |
| <i>CREON CAP 6000UNIT</i>            | .49 |
| <i>cromolyn sodium</i>               | 58  |
| <i>cromolyn sodium</i>               |     |
| <i>(mastocytosis)</i>                | 48  |
| <i>cromolyn sodium (ophth)</i>       | 56  |
| <i>cryselle-28</i>                   | 43  |
| <i>cyanocobalamin</i>                | 63  |
| <i>cyclobenzaprine hcl</i>           | 38  |
| <i>cyclophosphamide</i>              | 16  |
| <i>CYCLOPHOSPHAMIDE</i>              | 16  |
| <i>CYCLOPHOSPHAMIDE</i>              |     |
| <i>MONOHYDR</i>                      | 16  |
| <i>cycloserine</i>                   | 13  |
| <i>cyclosporine</i>                  | 52  |
| <i>cyclosporine modified (for</i>    |     |
| <i>microemulsion)</i>                | 53  |
| <i>cyproheptadine hcl</i>            | 57  |
| <i>cyred eq</i>                      | 43  |
| <i>CYSTADANE POW</i>                 | 46  |
| <i>CYSTADROPS</i>                    | 56  |
| <i>CYSTAGON</i>                      | 46  |
| <i>CYSTARAN</i>                      | 56  |
| <i>cytarabine</i>                    | 16  |
| <b>D</b>                             |     |
| <i>D10W/NACL INJ 0.2%</i>            | .53 |
| <i>D2.5W/NACL INJ 0.45%</i>          | .53 |
| <i>D5W/LYTES INJ #48</i>             | .53 |
| <i>dalfampridine</i>                 | 38  |
| <i>DALIRESP</i>                      | 58  |
| <i>danazol</i>                       | 44  |
| <i>dantrolene sodium</i>             | 38  |
| <i>dapsone</i>                       | 10  |
| <i>DAPTACEL INJ</i>                  | .53 |
| <i>daptomycin</i>                    | 10  |
| <i>DAPTO MYCIN</i>                   | 10  |
| <i>darifenacin hydrobromide</i>      |     |
| .....                                | 49  |
| <i>dasetta 1/35</i>                  | 43  |
| <i>dasetta 7/7/7</i>                 | 43  |
| <i>DAURISMO</i>                      | 18  |
| <i>deblitane</i>                     | 43  |
| <i>deferasirox</i>                   | 42  |
| <i>DELESTROGEN</i>                   | 44  |
| <i>DELSTRIGO TAB</i>                 | 13  |
| <i>DENGVAXIA SUS</i>                 | .53 |
| <i>DESCO VY TAB 120-15MG</i>         |     |
| .....                                | 13  |
| <i>DESCO VY TAB 200/25MG</i>         |     |
| .....                                | 13  |
| <i>desipramine hcl</i>               | .32 |
| <i>desloratadine</i>                 | .57 |
| <i>desmopressin acetate</i>          | .46 |
| <i>desmopressin acetate</i>          |     |
| <i>spray</i>                         | .46 |
| <i>desmopressin acetate</i>          |     |
| <i>spray refrigerated</i>            | .46 |
| <i>desogest-eth estrad &amp; eth</i> |     |
| <i>estradiol tab 0.15-0.02/0.01</i>  |     |
| <i>mg(21/5)</i>                      | .43 |
| <i>desogestrel &amp; ethinyl</i>     |     |
| <i>estradiol tab 0.15 mg-30</i>      |     |
| <i>mcg</i>                           | .43 |
| <i>desvenlafaxine succinate</i>      | .32 |
| <i>dexamethasone</i>                 | .45 |
| <b>DEXAMETHASONE</b>                 |     |
| <i>INTENSOL</i>                      | .45 |
| <i>dexamethasone sodium</i>          |     |
| <i>phosphate</i>                     | .45 |
| <i>dexamethasone sodium</i>          |     |
| <i>phosphate (ophth)</i>             | .56 |
| <i>DEXILANT</i>                      | .49 |
| <i>dexlansoprazole</i>               | .49 |

|   |     |
|---|-----|
| <i>dexmethylphenidate hcl</i>                                     | .36 |
| <i>dextrose</i>   | .55 |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>                      | .54 |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                     | .53 |
| <i>dextrose 5% in lactated ringers</i>                            | .54 |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>                        | .54 |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                      | .54 |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                        | .54 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                       | .54 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                        | .54 |
| <i>DIACOMIT</i>   | .29 |
| <i>diazepam</i>   | .29 |
| <i>diazepam (anticonvulsant)</i>                                  | .29 |
| <i>diazepam inj</i>   | .29 |
| <i>diazoxide</i>  | .45 |
| <i>diclofenac potassium</i>                                       | .8  |
| <i>diclofenac sodium</i>  | .8  |
| <i>diclofenac sodium (ophth)</i>                                  | .56 |
| <i>diclofenac sodium (topical)</i>                                | .62 |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>    | .8  |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>    | .8  |
| <i>dicloxacillin sodium</i>                                       | .15 |
| <i>dicyclomine hcl</i>  | .48 |
| <i>DIFICID</i>  | .15 |
| <i>diflunisal</i>   | .8  |
| <i>diluprednate</i>   | .56 |
| <i>digitek</i>  | .27 |
| <i>digox</i>  | .27 |
| <i>digoxin</i>  | .28 |
| <i>dihydroergotamine mesylate</i>                                 | .37 |
| <i>DILANTIN</i>   | .29 |
| <i>DILANTIN-125</i>   | .29 |
| <i>DILANTIN INFATABS</i>  | .29 |
| <i>diltiazem hcl</i>  | .26 |
| <i>diltiazem hcl coated beads</i>                                 | .26 |
| <i>diltiazem hcl extended release beads</i>                       | .26 |
| <i>dilt-xr</i>  | .26 |
| <i>DIP/TET PED INJ 25-5LFU</i>                                    | .53 |
| <i>diphenhydramine hcl</i>  | .57 |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>             | .48 |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                 | .48 |
| <i>dipyridamole</i>   | .51 |
| <i>disopyramide phosphate</i>                                     | .24 |
| <i>disulfiram</i>   | .39 |
| <i>divalproex sodium</i>  | .29 |
| <i>docetaxel</i>  | .18 |
| <i>DOCETAXEL</i>  | .18 |
| <i>dofetilide</i>   | .24 |
| <i>donepezil hydrochloride</i>                                    | .31 |
| <i>DOPTELET</i>   | .50 |
| <i>dorzolamide hcl</i>  | .56 |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>  | .56 |
| <i>dotti</i>  | .45 |
| <i>DOVATO TAB 50-300MG</i>  | .13 |
| <i>doxazosin mesylate</i>   | .22 |
| <i>doxepin hcl</i>  | .32 |
| <i>doxepin hcl (sleep)</i>  | .37 |
| <i>doxercalciferol</i>  | .47 |
| <i>doxorubicin hcl</i>  | .16 |
| <i>doxorubicin hcl liposomal</i>                                  | .16 |
| <i>doxy 100</i>   | .16 |
| <i>doxycycline (monohydrate)</i>                                  | .16 |
| <i>doxycycline hyclate</i>  | .16 |
| <i>DRIZALMA SPRINKLE</i>  | .32 |
| <i>dronabinol</i>   | .47 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>               | .43 |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>               | .43 |
| <i>DROXIA</i>   | .50 |
| <i>droxidopa</i>  | .28 |
| <i>duloxetine hcl</i>   | .32 |
| <i>dutasteride</i>  | .49 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>                  | .49 |
| <b>E</b>  |     |
| <i>e.e.s. 400</i>   | .15 |
| <i>ec-naproxen</i>  | .8  |
| <i>EDARBI</i>   | .24 |
| <i>EDARBYCLOR TAB 40-12.5</i>                                     | .23 |
| <i>EDARBYCLOR TAB 40-25MG</i>                                     | .23 |
| <i>EDURANT</i>  | .12 |
| <i>efavirenz</i>  | .12 |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | .13 |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | .13 |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | .13 |
| <i>elinest</i>  | .43 |
| <i>ELIQUIS</i>  | .50 |
| <i>ELIQUIS STARTER PACK</i>                                       | .50 |
| <i>ELLA</i>   | .43 |
| <i>eluryng</i>  | .43 |
| <i>EMCYT</i>  | .17 |
| <i>emoquette</i>  | .43 |
| <i>EMSAM</i>  | .32 |
| <i>emtricitabine</i>  | .12 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | .13 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | .13 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | .13 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | .13 |
| <i>EMTRIVA</i>  | .12 |
| <i>EMVERM</i>   | .10 |
| <i>enalapril maleate</i>  | .22 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | .21 |

|  |    |
|--|----|
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>       | 21 |
| ENBREL   | 51 |
| ENBREL MINI  | 51 |
| ENBREL SURECLICK   | 51 |
| ENDARI   | 50 |
| <i>endocet tab 10-325mg</i>  | 9  |
| <i>endocet tab 2.5-325mg</i>   | 9  |
| <i>endocet tab 5-325mg</i>   | 9  |
| <i>endocet tab 7.5-325mg</i>   | 9  |
| ENGERIX-B  | 53 |
| <i>enoxaparin sodium</i>   | 50 |
| enpresse-28  | 43 |
| enskyce  | 43 |
| ENSTILAR AER   | 61 |
| entacapone   | 33 |
| entecavir  | 13 |
| ENTRESTO TAB 24-26MG   | 23 |
| ENTRESTO TAB 49-51MG   | 23 |
| ENTRESTO TAB 97-103MG  | 23 |
| enulose  | 48 |
| EPCLUSIA PAK 150-37.513  |    |
| EPCLUSIA PAK 200-50MG  | 13 |
| EPCLUSIA TAB 200-50MG  | 13 |
| EPCLUSIA TAB 400-100   | 13 |
| EPIDIOLEX  | 29 |
| <i>epinephrine (anaphylaxis)</i>                                       | 58 |
| epirubicin hcl   | 16 |
| epitol   | 29 |
| EPIVIR HBV   | 13 |
| eplerenone   | 22 |
| EPRONTIA   | 29 |
| ergocalciferol   | 63 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                             | 37 |
| ERIVEDGE   | 18 |
| ERLEADA  | 17 |
| erlotinib hcl  | 18 |
| errin  | 43 |
| ertapenem sodium   | 10 |
| ery  | 60 |
| ery-tab  | 15 |
| ERYTHROGIN   |    |
| LACTOBIONATE   | 15 |
| <i>erythrocin stearate</i>   | 15 |
| <i>erythromycin (acne aid)</i>   | 60 |
| <i>erythromycin (ophth)</i>  | 55 |
| <i>erythromycin base</i>   | 15 |
| <i>erythromycin ethylsuccinate</i>                                     | 15 |
| <i>erythromycin lactobionate</i>                                       | 15 |
| ESBRIET  | 58 |
| <i>escitalopram oxalate</i>  | 32 |
| <i>esomeprazole magnesium</i>  | 49 |
| estarrylla   | 43 |
| estradiol  | 45 |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | 45 |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | 45 |
| <i>estradiol vaginal</i>   | 45 |
| <i>estradiol valerate</i>  | 45 |
| ethambutol hcl   | 13 |
| ethosuximide   | 29 |
| <i>ethynodiol diacetate &amp; ethynodiol estradiol tab 1 mg-35 mcg</i> | 43 |
| <i>ethynodiol diacetate &amp; ethynodiol estradiol tab 1 mg-50 mcg</i> | 43 |
| etodolac   | 8  |
| <i>etonogestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr</i>   | 43 |
| etoposide  | 18 |
| etravirine   | 12 |
| euthyrox   | 47 |
| everolimus   | 18 |
| <i>everolimus (immunosuppressant)</i>                                  | 53 |
| EVOTAZ TAB 300-150   | 13 |
| exemestane   | 17 |
| EXKIVITY   | 18 |
| EZALLOR SPRINKLE   | 25 |
| ezetimibe  | 25 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                              | 25 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                              | 25 |
| ezetimibe-simvastatin tab 10-40 mg                                     | 25 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                              | 25 |
| F  |    |
| FABRAZYME  | 46 |
| falmina  | 43 |
| famciclovir  | 13 |
| famotidine   | 48 |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>                      | 48 |
| FANAPT   | 34 |
| FANAPT PAK   | 34 |
| FARXIGA  | 39 |
| FASENRA  | 58 |
| FASENRA PEN  | 58 |
| febuxostat   | 8  |
| felbamate  | 29 |
| felodipine   | 26 |
| femynor  | 43 |
| fenofibrate  | 24 |
| <i>fenofibrate micronized</i>  | 24 |
| fentanyl   | 8  |
| <i>fentanyl citrate</i>  | 9  |
| FETZIMA  | 32 |
| FETZIMA CAP TITRATIO   | 32 |
| FIASP FLEX INJ TOUCH   | 41 |
| FIASP INJ 100/ML   | 41 |
| FIASP PENFIL INJ U-100   | 41 |
| FINACEA  | 62 |
| finasteride  | 49 |
| FINTEPLA   | 29 |
| flac   | 56 |
| FLAREX   | 56 |
| FLEBOGAMMA DIF   | 52 |
| <i>flecainide acetate</i>  | 24 |
| FLOVENT DISKUS   | 59 |
| FLOVENT HFA  | 59 |
| fluconazole  | 11 |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>                       | 11 |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>                       | 11 |
| flucytosine  | 11 |
| fludrocortisone acetate  | 45 |
| flunisolide (nasal)  | 59 |
| fluocinolone acetonide   | 61 |

|   |        |
|---|--------|
| <i>fluocinolone acetonide</i>   |        |
| (otic) .....  | 57     |
| <i>fluocinonide</i> .....   | 61     |
| <i>fluocinonide emulsified base</i> .....                                 | 61     |
| <i>fluorometholone (ophth)</i> .....                                      | 56     |
| <i>fluorouracil</i> .....   | 16     |
| <i>fluorouracil (topical)</i> .....                                       | 62     |
| <i>fluoxetine hcl</i> .....   | 32     |
| <i>fluphenazine decanoate</i> .....                                       | 34     |
| <i>fluphenazine hcl</i> .....   | 34     |
| <i>flurbiprofen</i> .....   | 8      |
| <i>flurbiprofen sodium</i> .....  | 56     |
| <i>flutamide</i> .....  | 17     |
| <i>fluticasone propionate</i> .....                                       | 61     |
| <i>fluticasone propionate (nasal)</i> .....                               | 59     |
| <i>fluvastatin sodium</i> .....   | 25     |
| <i>fluvoxamine maleate</i> .....  | 28     |
| <i>folic acid</i> .....   | 63     |
| <i>fondaparinux sodium</i> .....  | 50     |
| <i>formoterol fumarate</i> .....  | 58     |
| <i>FORTEO</i> .....   | 42     |
| <i>FOSAMAX + D TAB 70-2800</i> .....                                      | 42     |
| <i>FOSAMAX + D TAB 70-5600</i> .....                                      | 42     |
| <i>fosamprenavir calcium</i> .....  | 12     |
| <i>fosinopril sodium</i> .....  | 22     |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....   | 21     |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....   | 21     |
| <i>FOTIVDA</i> .....  | 18     |
| <i>FREAMINE III INJ 10%</i> .....   | 55     |
| <i>fulvestrant</i> .....  | 17     |
| <i>furosemide</i> .....   | 27     |
| <i>furosemide inj</i> .....   | 27     |
| <i>FUZEON</i> .....   | 12     |
| <i>fyavolv tab 0.5mg-2.5mcg</i> .....                                     | 45     |
| <i>fyavolv tab 1mg-5mcg</i> .....   | 45     |
| <i>FYCOMPA</i> .....  | 29     |
| <b>G</b>  |        |
| <i>gabapentin</i> .....   | 29, 30 |
| <i>galantamine hydrobromide</i> .....                                     | 31     |
| <i>GAMASTAN INJ</i> .....   | 52     |
| <i>GAMMAGARD LIQUID</i> .....   | 52     |
| <i>GAMMAGARD S/D IGA LESS TH</i> .....                                    | 52     |
| <i>GAMMAKED</i> .....   | 52     |
| <i>GAMMAPLEX</i> .....  | 52     |
| <i>GAMUNEX-C</i> .....  | 52     |
| <i>ganciclovir sodium</i> .....   | 13     |
| <i>GARDASIL 9 INJ</i> .....   | 53     |
| <i>gatifloxacin (ophth)</i> .....   | 55     |
| <i>GATTEX</i> .....   | 48     |
| <i>GAUZE PADS 2</i> .....   | 41     |
| <i>gavilyte-c</i> .....   | 48     |
| <i>gavilyte-g</i> .....   | 48     |
| <i>gavilyte-n/flavor pack</i> .....                                       | 48     |
| <i>GAVRETO</i> .....  | 18     |
| <i>gemcitabine hcl</i> .....  | 17     |
| <i>gemfibrozil</i> .....  | 24     |
| <i>generlac</i> .....   | 48     |
| <i>genraf</i> .....   | 53     |
| <i>GENOTROPIN</i> .....   | 46     |
| <i>GENOTROPIN MINIQUICK</i> .....   | 46     |
| <i>gentak</i> .....   | 55     |
| <i>gentamicin in saline inj 0.8 mg/ml</i> .....                           | 10     |
| <i>gentamicin in saline inj 1.2 mg/ml</i> .....                           | 10     |
| <i>gentamicin in saline inj 1.6 mg/ml</i> .....                           | 10     |
| <i>gentamicin in saline inj 1 mg/ml</i> .....                             | 10     |
| <i>gentamicin in saline inj 2 mg/ml</i> .....                             | 10     |
| <i>gentamicin sulfate</i> .....   | 10     |
| <i>gentamicin sulfate (ophth)</i> .....                                   | 55     |
| <i>gentamicin sulfate (topical)</i> .....                                 | 60     |
| <i>GENVOYA TAB</i> .....  | 13     |
| <i>GILENYA</i> .....  | 38     |
| <i>GILOTRIF</i> .....   | 18     |
| <i>glatiramer acetate</i> .....   | 38     |
| <i>glatopa</i> .....  | 38     |
| <i>glimepiride</i> .....  | 39     |
| <i>glipizide</i> .....  | 39     |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> .....                       | 39     |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> .....                       | 39     |
| <i>glipizide-metformin hcl tab 5-500 mg</i> .....                         | 39     |
| <i>glycopyrrolate</i> .....   | 48     |
| <i>glydo</i> .....  | 62     |
| <i>GLYXambi TAB 10-5 MG</i> .....   | 39     |
| <i>GLYXambi TAB 25-5 MG</i> .....   | 40     |
| <i>GOLYTELY SOL</i> .....   | 48     |
| <i>GRALISE</i> .....  | 38     |
| <i>granisetron hcl</i> .....  | 47     |
| <i>griseofulvin microsize</i> .....                                       | 11     |
| <i>griseofulvin ultramicrosize</i> .....                                  | 11     |
| <i>guanfacine hcl</i> .....   | 28     |
| <i>guanfacine hcl (adhd)</i> .....  | 36     |
| <i>GVOKE HYOPEN 2-PACK</i> .....  | 45     |
| <i>GVOKE KIT</i> .....  | 45     |
| <i>GVOKE PFS</i> .....  | 45     |
| <b>H</b>  |        |
| <i>HAEGARDA</i> .....   | 50     |
| <i>hailey 1.5/30</i> .....  | 43     |
| <i>halobetasol propionate</i> .....                                       | 61     |
| <i>haloperidol</i> .....  | 34     |
| <i>haloperidol decanoate</i> .....  | 34     |
| <i>haloperidol lactate</i> .....  | 34     |
| <i>HARVONI PAK 33.75-150MG</i> .....                                      | 13     |
| <i>HARVONI PAK 45-200MG</i> .....   | 13     |
| <i>HARVONI TAB 45-200MG</i> .....   | 13     |
| <i>HARVONI TAB 90-400MG</i> .....   | 13     |
| <i>HAVRIX</i> .....   | 53     |
| <i>heather</i> .....  | 43     |
| <i>HEPARIN/NACL INJ 25000UNT</i> .....                                    | 50     |
| <i>heparin sodium (porcine)</i> .....                                     | 50     |
| <i>heparin sodium (porcine) 100 unit/ml in d5w</i> .....                  | 50     |
| <i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> ..... | 50     |
| <i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> ..... | 50     |
| <i>hepatamine</i> .....   | 55     |

|  |    |
|--|----|
| HEP SOD/NACL INJ                       |    |
| 25000UNT .....                         | 50 |
| HERCEP HYLEC SOL 60-                   |    |
| 10000 .....                            | 18 |
| HERCEPTIN .....                        | 18 |
| HERZUMA .....                          | 19 |
| HETLIOZ .....                          | 37 |
| HIBERIX .....                          | 53 |
| HUMIRA .....                           | 51 |
| HUMIRA PEDIA INJ                       |    |
| CROHNS .....                           | 51 |
| HUMIRA PEDIATRIC                       |    |
| CROHNS D .....                         | 51 |
| HUMIRA PEN .....                       | 51 |
| HUMIRA PEN-CD/UC/HS                    |    |
| START .....                            | 51 |
| HUMIRA PEN KIT PS/UV                   |    |
| .....                                  | 51 |
| HUMIRA PEN-PEDIATRIC                   |    |
| UC S .....                             | 51 |
| HUMIRA PEN-PS/UV                       |    |
| STARTER.....                           | 51 |
| HUMULIN R U-500                        |    |
| (CONCENTR.....                         | 41 |
| HUMULIN R U-500                        |    |
| KWIKPEN.....                           | 41 |
| hydralazine hcl .....                  | 28 |
| hydrochlorothiazide .....              | 27 |
| hydrocodone-                           |    |
| acetaminophen soln 7.5-                |    |
| 325 mg/15ml.....                       | 9  |
| hydrocodone-                           |    |
| acetaminophen tab 10-                  |    |
| 325 mg .....                           | 9  |
| hydrocodone-                           |    |
| acetaminophen tab 5-325                |    |
| mg .....                               | 9  |
| hydrocodone-                           |    |
| acetaminophen tab 7.5-                 |    |
| 325 mg .....                           | 9  |
| hydrocodone bitartrate .....           | 8  |
| hydrocodone-ibuprofen tab              |    |
| 7.5-200 mg .....                       | 9  |
| hydrocortisone .....                   | 45 |
| hydrocortisone ( <i>intrarectal</i> )  |    |
| .....                                  | 48 |
| hydrocortisone ( <i>rectal</i> ) ....  | 62 |
| hydrocortisone ( <i>topical</i> )...61 |    |
| hydromorphone hcl .....                | 9  |
| hydroxychloroquine sulfate             |    |
| .....                                  | 52 |
| hydroxyurea .....                      | 17 |
| hydroxyzine hcl .....                  | 57 |
| hydroxyzine pamoate .....              | 57 |
| HYSINGLA ER.....                       | 8  |
| I                                      |    |
| ibandronate sodium .....               | 42 |
| IBRANCE .....                          | 19 |
| ibu .....                              | 8  |
| ibuprofen .....                        | 8  |
| icatibant acetate .....                | 51 |
| iclevia .....                          | 43 |
| ICLUSIG.....                           | 19 |
| IDHIFA .....                           | 19 |
| ILEVRO .....                           | 56 |
| imatinib mesylate .....                | 19 |
| IMBRUVICA .....                        | 19 |
| imipenem-cilastatin                    |    |
| intravenous for soln 250               |    |
| mg .....                               | 10 |
| imipenem-cilastatin                    |    |
| intravenous for soln 500               |    |
| mg .....                               | 10 |
| imipramine hcl .....                   | 32 |
| imiquimod.....                         | 62 |
| IMOVAX RABIES                          |    |
| (H.D.C.V.).....                        | 53 |
| incassia .....                         | 43 |
| INCRELEX .....                         | 46 |
| INCRUSE ELLIPTA .....                  | 57 |
| indapamide .....                       | 27 |
| INFANRIX INJ.....                      | 53 |
| INFILXIMAB .....                       | 51 |
| INGREZZA.....                          | 38 |
| INGREZZA CAP 40-80MG                   |    |
| .....                                  | 38 |
| INLYTA .....                           | 19 |
| INQOVI TAB 35-100MG                    | 17 |
| INREBIC .....                          | 19 |
| INSULIN SAFETY                         |    |
| NEEDLES .....                          | 41 |
| INSULIN SYRINGES:                      |    |
| BD/ULTIMED/ALLISON/                    |    |
| TRIVIDIA/MHC .....                     | 41 |
| INTELENCE .....                        | 12 |
| INTRALIPID .....                       | 55 |
| INTRON A.....                          | 52 |
| intovale .....                         | 43 |
| INVEGA SUSTENNA.....                   | 34 |
| INVEGA TRINZA .....                    | 34 |
| INVIRASE .....                         | 12 |
| IPOL INJ INACTIVE.....                 | 53 |
| ipratropium-albuterol nebu             |    |
| soln 0.5-2.5(3) mg/3ml                 | 57 |
| ipratropium bromide .....              | 57 |
| ipratropium bromide ( <i>nasal</i> )   |    |
| .....                                  | 57 |
| irbesartan .....                       | 24 |
| irbesartan-                            |    |
| hydrochlorothiazide tab                |    |
| 150-12.5 mg .....                      | 23 |
| irbesartan-                            |    |
| hydrochlorothiazide tab                |    |
| 300-12.5 mg .....                      | 23 |
| IRESSA.....                            | 19 |
| irinotecan hcl .....                   | 17 |
| ISENTRESS .....                        | 12 |
| ISENTRESS HD .....                     | 12 |
| isibloom.....                          | 43 |
| ISOLYTE-P INJ /D5W....                 | 54 |
| ISOLYTE-S INJ.....                     | 54 |
| ISOLYTE-S INJ PH 7.4..                 | 54 |
| isoniazid .....                        | 13 |
| ISOPTO ATROPINE .....                  | 56 |
| isosorbide dinitrate .....             | 28 |
| isosorbide mononitrate....             | 28 |
| isotretinoin.....                      | 60 |
| isradipine.....                        | 26 |
| itraconazole.....                      | 11 |
| ivermectin.....                        | 10 |
| IXIARO INJ .....                       | 53 |
| J                                      |    |
| JAKAFI .....                           | 19 |
| jantoven .....                         | 50 |
| JANUMET TAB 50-1000                    | 40 |
| JANUMET TAB 50-500MG                   |    |
| .....                                  | 40 |
| JANUMET XR TAB 100-                    |    |
| 1000 .....                             | 40 |
| JANUMET XR TAB 50-                     |    |
| 1000 .....                             | 40 |
| JANUMET XR TAB 50-                     |    |
| 500MG.....                             | 40 |
| JANUVIA .....                          | 40 |
| JARDIANCE .....                        | 40 |
| jasmiel.....                           | 43 |
| JENTADUETO TAB 2.5-                    |    |
| 1000 .....                             | 40 |

|                              |    |
|------------------------------|----|
| JENTADUETO TAB 2.5-          |    |
| 500 .....                    | 40 |
| JENTADUETO TAB 2.5-          |    |
| 850 .....                    | 40 |
| JENTADUETO TAB XR            |    |
| 2.5-1000MG .....             | 40 |
| JENTADUETO TAB XR 5-         |    |
| 1000MG.....                  | 40 |
| jinteli.....                 | 45 |
| jolessa.....                 | 43 |
| juleber.....                 | 43 |
| JULUCA TAB 50-25MG ..        | 13 |
| junel 1/20 .....             | 43 |
| junel 1.5/30 .....           | 43 |
| junel fe 1/20 .....          | 43 |
| junel fe 1.5/30 .....        | 43 |
| K                            |    |
| KADCYLA .....                | 19 |
| KALYDECO .....               | 58 |
| KANJINTI .....               | 19 |
| kariva .....                 | 43 |
| KCL/D5W/NACL INJ             |    |
| 0.3/0.9% .....               | 54 |
| kcl 10 meq/l (0.075%) in     |    |
| dextrose 5% & nacl           |    |
| 0.45% inj.....               | 54 |
| kcl 20 meq/l (0.15%) in      |    |
| dextrose 5% & nacl 0.2%      |    |
| inj.....                     | 54 |
| kcl 20 meq/l (0.15%) in      |    |
| dextrose 5% & nacl           |    |
| 0.45% inj.....               | 54 |
| kcl 20 meq/l (0.15%) in      |    |
| dextrose 5% & nacl 0.9%      |    |
| inj.....                     | 54 |
| kcl 20 meq/l (0.15%) in nacl |    |
| 0.45% inj.....               | 54 |
| KCL 20 MEQ/L (0.15%) IN      |    |
| NAACL 0.45% INJ .....        | 54 |
| kcl 20 meq/l (0.15%) in nacl |    |
| 0.9% inj.....                | 54 |
| kcl 30 meq/l (0.224%) in     |    |
| dextrose 5% & nacl           |    |
| 0.45% inj.....               | 54 |
| kcl 40 meq/l (0.3%) in       |    |
| dextrose 5% & nacl           |    |
| 0.45% inj.....               | 54 |
| KCL 40 MEQ/L (0.3%) IN       |    |
| NAACL 0.9% INJ .....         | 54 |
| kelnor 1/35 .....            | 43 |
| kelnor 1/50 .....            | 43 |
| KERENDIA.....                | 22 |
| KESIMPTA.....                | 38 |
| ketococonazole .....         | 11 |
| ketococonazole (topical)60,  |    |
| 61                           |    |
| ketorolac tromethamine       |    |
| (ophth) .....                | 56 |
| KEYTRUDA .....               | 19 |
| KINRIX INJ.....              | 53 |
| KISQALI 200 DOSE .....       | 19 |
| KISQALI 200 PAK              |    |
| FEMARA .....                 | 17 |
| KISQALI 400 DOSE .....       | 19 |
| KISQALI 400 PAK              |    |
| FEMARA .....                 | 17 |
| KISQALI 600 DOSE .....       | 19 |
| KISQALI 600 PAK              |    |
| FEMARA .....                 | 17 |
| klor-con .....               | 54 |
| klor-con 10 .....            | 54 |
| klor-con 8 .....             | 54 |
| klor-con m10 .....           | 54 |
| klor-con m15 .....           | 54 |
| klor-con m20 .....           | 54 |
| KORLYM.....                  | 46 |
| kurvelo .....                | 43 |
| KYNMOBI .....                | 33 |
| L                            |    |
| labetalol hcl .....          | 26 |
| lacosamide .....             | 30 |
| lactated ringer's solution   | 54 |
| lactic acid (ammonium        |    |
| lactate).....                | 62 |
| lactulose .....              | 48 |
| lactulose (encephalopathy)   |    |
| .....                        | 48 |
| lamivudine .....             | 12 |
| lamivudine (hbv).....        | 13 |
| lamivudine-zidovudine tab    |    |
| 150-300 mg .....             | 13 |
| lamotrigine .....            | 30 |
| lansoprazole.....            | 49 |
| lapatinib ditosylate .....   | 19 |
| larin 1/20 .....             | 43 |
| larin 1.5/30 .....           | 43 |
| larin fe 1/20 .....          | 43 |
| larin fe 1.5/30 .....        | 43 |
| larissa.....                 | 43 |
| LASTACRAFT .....             | 56 |
| latanoprost .....            | 56 |
| LATUDA.....                  | 34 |
| leena .....                  | 43 |
| leflunomide .....            | 52 |
| lenalidomide .....           | 17 |
| LENVIMA 10 MG DAILY          |    |
| DOSE .....                   | 19 |
| LENVIMA 12MG DAILY           |    |
| DOSE .....                   | 19 |
| LENVIMA 20 MG DAILY          |    |
| DOSE .....                   | 19 |
| LENVIMA 4 MG DAILY           |    |
| DOSE .....                   | 19 |
| LENVIMA 8 MG DAILY           |    |
| DOSE .....                   | 19 |
| LENVIMA CAP 14 MG ...        | 19 |
| LENVIMA CAP 18 MG ...        | 19 |
| LENVIMA CAP 24 MG ...        | 19 |
| lessina .....                | 43 |
| letrozole .....              | 17 |
| leucovorin calcium .....     | 21 |
| LEUKERAN.....                | 16 |
| leuprolide acetate .....     | 17 |
| levalbuterol hcl .....       | 58 |
| levalbuterol tartrate .....  | 58 |
| LEVEMIR .....                | 41 |
| LEVEMIR FLEXTOUCH .41        |    |
| levetiracetam .....          | 30 |
| levetiracetam in sodium      |    |
| chloride iv soln 1000        |    |
| mg/100ml.....                | 30 |
| levetiracetam in sodium      |    |
| chloride iv soln 1500        |    |
| mg/100ml.....                | 30 |
| levetiracetam in sodium      |    |
| chloride iv soln 500         |    |
| mg/100ml.....                | 30 |
| levobunolol hcl .....        | 56 |
| levocarnitine (metabolic     |    |
| modifiers).....              | 46 |
| levocetirizine               |    |
| dihydrochloride .....        | 57 |
| levofloxacin .....           | 15 |
| levofloxacin in d5w iv soln  |    |
| 250 mg/50ml.....             | 15 |
| levofloxacin in d5w iv soln  |    |
| 500 mg/100ml.....            | 15 |
| levofloxacin in d5w iv soln  |    |
| 750 mg/150ml.....            | 15 |

|   |        |
|---|--------|
| <i>levonest</i>   | 43     |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 43     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 43     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 43     |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>     | 43     |
| <i>levora 0.15/30-28</i>  | 43     |
| <i>levo-t</i>   | 47     |
| <i>levothyroxine sodium</i>   | 47     |
| <i>levoxyl</i>  | 47     |
| <i>LEXIVA</i>   | 12     |
| <i>lidocaine</i>  | 62     |
| <i>lidocaine hcl</i>  | 62     |
| <i>lidocaine hcl (local anesth.)</i>                                    | 10     |
| <i>lidocaine hcl (mouth-throat)</i>                                     | 63     |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                              | 62     |
| <i>lillow</i>   | 43     |
| <i>linezolid</i>  | 10     |
| <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>           | 10     |
| <i>LINZESS</i>  | 48     |
| <i>liothyronine sodium</i>  | 47     |
| <i>lisinopril</i>   | 22     |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>              | 21     |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>              | 21     |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>                | 21     |
| <i>LITHIUM</i>  | 38     |
| <i>lithium carbonate</i>  | 38     |
| <i>LIVALO</i>   | 25     |
| <i>loestrin 1/20-21</i>   | 43     |
| <i>loestrin 1.5/30-21</i>   | 43     |
| <i>loestrin fe 1/20</i>   | 43     |
| <i>loestrin fe 1.5/30</i>   | 43     |
| <i>LOKELMA</i>  | 42     |
| <i>LONSURF TAB 15-6.14..17</i>  | 17     |
| <i>LONSURF TAB 20-8.19..17</i>  | 17     |
| <i>loperamide hcl</i>   | 48     |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>            | 13     |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                                | 13     |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                                | 13     |
| <i>lorazepam</i>  | 28     |
| <i>lorazepam intensol</i>   | 28     |
| <i>LORBRENA</i>   | 19     |
| <i>loryna</i>   | 43     |
| <i>losartan potassium</i>   | 24     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>     | 23     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>       | 23     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>      | 23     |
| <i>LOTEMAX</i>  | 56     |
| <i>lovastatin</i>   | 25     |
| <i>low-ogestrel</i>   | 43     |
| <i>loxapine succinate</i>   | 34     |
| <i>LUMAKRAS</i>   | 19     |
| <i>LUMIGAN</i>  | 56     |
| <i>LUMIZYME</i>   | 46     |
| <i>LUPRON DEPOT (1-MONTH)</i>   | 17     |
| <i>LUPRON DEPOT (3-MONTH)</i>   | 17     |
| <i>LUPRON DEPOT-PED (1-MONTH)</i>                                       | 46     |
| <i>LUPRON DEPOT-PED (3-MONTH)</i>                                       | 46     |
| <i>lulera</i>   | 43     |
| <i>lyleq</i>  | 43     |
| <i>lyllana</i>  | 45     |
| <i>LYNPARZA</i>   | 19     |
| <i>LYSODREN</i>   | 17     |
| <i>lyza</i>   | 44     |
| <b>M</b>  |        |
| <i>magnesium sulfate</i>  | 54     |
| <b>MAGNESIUM SULFATE</b>  | 54     |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>              | 54     |
| <i>malathion</i>  | 62     |
| <i>maraviroc</i>  | 12     |
| <i>marlissa</i>   | 44     |
| <i>MARPLAN</i>  | 32     |
| <i>MATULANE</i>   | 17     |
| <i>matzim la</i>  | 26     |
| <i>MAVYRET PAK 50-20MG</i>  | 13     |
| <i>MAVYRET TAB 100-40MG</i>   | 13     |
| <i>meclizine hcl</i>  | 47     |
| <i>medroxyprogesterone acetate</i>                                      | 46     |
| <i>medroxyprogesterone acetate (contraceptive)</i>                      | 44     |
| <i>mefloquine hcl</i>   | 12     |
| <i>megestrol acetate</i>  | 17, 46 |
| <i>megestrol acetate (appetite)</i>                                     | 47     |
| <i>MEKINIST</i>   | 19     |
| <i>MEKTOVI</i>  | 19     |
| <i>meloxicam</i>  | 8      |
| <i>memantine hcl</i>  | 31     |
| <i>MENACTRA INJ</i>   | 53     |
| <i>MENQUADFI INJ</i>  | 53     |
| <i>MENVEO INJ</i>   | 53     |
| <i>mercaptopurine</i>   | 17     |
| <i>meropenem</i>  | 10     |
| <i>mesalamine</i>   | 48     |
| <i>mesalamine w/ cleanser</i>   | 48     |
| <i>MESNEX</i>   | 21     |
| <i>metadate er</i>  | 36     |
| <i>metformin hcl</i>  | 40     |
| <i>methadone hcl</i>  | 8      |
| <i>methadone hydrochloride i8</i>                                       |        |
| <i>methazolamide</i>  | 27     |
| <i>methenamine hippurate</i>  | 10     |
| <i>methimazole</i>  | 47     |
| <i>methotrexate sodium</i>  | 17, 52 |
| <i>methyldopa</i>   | 28     |
| <i>methylphenidate hcl</i>  | 36, 37 |
| <i>methylprednisolone</i>   | 45     |
| <i>methylprednisolone acetate</i>                                       | 45     |
| <i>methylprednisolone sod succ</i>                                      | 45     |

|  |    |
|--|----|
| <i>metoclopramide hcl</i> .....        | 47 |
| <i>metolazone</i> .....                | 27 |
| <i>metoprolol &amp;</i>                |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>100-25 mg</i> .....                 | 25 |
| <i>metoprolol &amp;</i>                |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>100-50 mg</i> .....                 | 26 |
| <i>metoprolol &amp;</i>                |    |
| <i>hydrochlorothiazide tab</i>         |    |
| <i>50-25 mg</i> .....                  | 25 |
| <i>metoprolol succinate</i> .....      | 26 |
| <i>metoprolol tartrate</i> .....       | 26 |
| <i>metronidazole</i> .....             | 10 |
| <i>metronidazole (topical)</i> ....    | 62 |
| <i>metronidazole vaginal</i> ....      | 50 |
| <i>metyrosine</i> .....                | 28 |
| <i>MG SO4/D5W INJ</i>                  |    |
| <i>10MG/ML</i> .....                   | 54 |
| <i>micafungin sodium</i> .....         | 11 |
| <i>microgestin 1/20</i> .....          | 44 |
| <i>microgestin 1.5/30</i> .....        | 44 |
| <i>microgestin fe 1/20</i> .....       | 44 |
| <i>microgestin fe 1.5/30</i> .....     | 44 |
| <i>midodrine hcl</i> .....             | 28 |
| <i>miglustat</i> .....                 | 46 |
| <i>mili</i> .....                      | 44 |
| <i>mimvey</i> .....                    | 45 |
| <i>minocycline hcl</i> .....           | 16 |
| <i>minoxidil</i> .....                 | 28 |
| <i>mirtazapine</i> .....               | 32 |
| <i>misoprostol</i> .....               | 48 |
| <i>MITIGARE</i> .....                  | 8  |
| <i>M-M-R II INJ</i> .....              | 53 |
| <i>M-NATAL PLUS TAB</i> .....          | 54 |
| <i>modafinil</i> .....                 | 38 |
| <i>moexipril hcl</i> .....             | 22 |
| <i>molindone hcl</i> .....             | 34 |
| <i>mometasone furoate</i> .....        | 61 |
| <i>mometasone furoate</i>              |    |
| <i>(nasal)</i> .....                   | 59 |
| <i>MONJUVI</i> .....                   | 19 |
| <i>mono-linyah</i> .....               | 44 |
| <i>montelukast sodium</i> .....        | 58 |
| <i>morphine sulfate</i> .....          | 9  |
| <i>MORPHINE SULFATE</i> .....          | 9  |
| <i>MOVANTIK</i> .....                  | 48 |
| <i>moxifloxacin hcl</i> .....          | 15 |
| <i>moxifloxacin hcl (ophth)</i> .....  | 55 |
| <i>MULTAQ</i> .....                    | 24 |
| <i>mupirocin</i> .....                 | 60 |
| <i>MVASI</i> .....                     | 19 |
| <i>mycophenolate mofetil</i> ....      | 53 |
| <i>mycophenolate sodium</i> .....      | 53 |
| <i>myorisan</i> .....                  | 60 |
| <i>MYRBETRIQ</i> .....                 | 49 |
| <b>N</b>                               |    |
| <i>nabumetone</i> .....                | 8  |
| <i>nadolol</i> .....                   | 26 |
| <i>nafcillin sodium</i> .....          | 15 |
| <i>NAGLAZYME</i> .....                 | 46 |
| <i>nalbuphine hcl</i> .....            | 9  |
| <i>naloxone hcl</i> .....              | 39 |
| <i>naltrexone hcl</i> .....            | 39 |
| <i>NAMZARIC CAP 14-10MG</i>            |    |
| .....                                  | 31 |
| <i>NAMZARIC CAP 21-10MG</i>            |    |
| .....                                  | 31 |
| <i>NAMZARIC CAP 28-10MG</i>            |    |
| .....                                  | 31 |
| <i>NAMZARIC CAP 7-10MG</i>             |    |
| .....                                  | 31 |
| <i>NAMZARIC CAP PACK</i> ..            | 31 |
| <i>naproxen</i> .....                  | 8  |
| <i>naproxen sodium</i> .....           | 8  |
| <i>naratriptan hcl</i> .....           | 37 |
| <i>NATACYN</i> .....                   | 55 |
| <i>nateglinide</i> .....               | 40 |
| <i>NATPARA</i> .....                   | 42 |
| <i>NAYZILAM</i> .....                  | 30 |
| <i>nebivolol hcl</i> .....             | 26 |
| <i>necon 0.5/35-28</i> .....           | 44 |
| <i>nefazodone hcl</i> .....            | 32 |
| <i>neomycin-bacitrac zn-</i>           |    |
| <i>polymyx 5(3.5)mg-</i>               |    |
| <i>400unt-1000unt op oin</i>           |    |
| .....                                  | 55 |
| <i>neomycin-polomy-gramicid</i>        |    |
| <i>op sol 1.75-10000-</i>              |    |
| <i>0.025mg-unt-mg/ml</i> .....         | 55 |
| <i>neomycin-polomyxin-</i>             |    |
| <i>dexamethasone ophth</i>             |    |
| <i>oint 0.1%</i> .....                 | 55 |
| <i>neomycin-polomyxin-</i>             |    |
| <i>dexamethasone ophth</i>             |    |
| <i>susp 0.1%</i> .....                 | 55 |
| <i>neomycin-polomyxin-hc</i>           |    |
| <i>ophth susp</i> .....                | 55 |
| <i>neomycin-polomyxin-hc otic</i>      |    |
| <i>soln 1%</i> .....                   | 57 |
| <i>neomycin-polomyxin-hc otic</i>      |    |
| <i>susp 3.5 mg/ml-10000</i>            |    |
| <i>unit/ml-1%</i> .....                | 57 |
| <i>neomycin sulfate</i> .....          | 10 |
| <i>NERLYNX</i> .....                   | 19 |
| <i>NEUPRO</i> .....                    | 33 |
| <i>nevirapine</i> .....                | 12 |
| <i>NEXAVAR</i> .....                   | 19 |
| <i>niacin (antihyperlipidemic)</i>     |    |
| .....                                  | 25 |
| <i>nicardipine hcl</i> .....           | 26 |
| <i>NICOTROL INHALER</i> ....           | 39 |
| <i>NICOTROL NS</i> .....               | 39 |
| <i>nifedipine</i> .....                | 26 |
| <i>nikki</i> .....                     | 44 |
| <i>nilutamide</i> .....                | 17 |
| <i>nimodipine</i> .....                | 26 |
| <i>NINLARO</i> .....                   | 19 |
| <i>nisoldipine</i> .....               | 26 |
| <i>nitazoxanide</i> .....              | 10 |
| <i>nitisinone</i> .....                | 46 |
| <i>NITRO-BID</i> .....                 | 28 |
| <i>nitrofurantoin macrocrystal</i>     |    |
| .....                                  | 11 |
| <i>nitrofurantoin monohyd</i>          |    |
| <i>macro</i> .....                     | 11 |
| <i>nitroglycerin</i> .....             | 28 |
| <i>nizatidine</i> .....                | 48 |
| <i>nora-be</i> .....                   | 44 |
| <i>norethindrone</i>                   |    |
| <i>(contraceptive)</i> .....           | 44 |
| <i>norethindrone ace &amp; ethinyl</i> |    |
| <i>estradiol-fe tab 1 mg-20</i>        |    |
| <i>mcg</i> .....                       | 44 |
| <i>norethindrone ace &amp; ethinyl</i> |    |
| <i>estradiol tab 1.5 mg-30</i>         |    |
| <i>mcg</i> .....                       | 44 |
| <i>norethindrone ace &amp; ethinyl</i> |    |
| <i>estradiol tab 1 mg-20</i>           |    |
| <i>mcg</i> .....                       | 44 |
| <i>norethindrone acetate</i> .....     | 47 |
| <i>norethindrone acetate-</i>          |    |
| <i>ethinyl estradiol tab 0.5</i>       |    |
| <i>mg-2.5 mcg</i> .....                | 45 |
| <i>norethindrone acetate-</i>          |    |
| <i>ethinyl estradiol tab 1</i>         |    |
| <i>mg-5 mcg</i> .....                  | 45 |

|  |  |  |
|--|--|--|
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....44     | <i>nystatin (topical)</i> .....60  | <i>ondansetron hcl</i> .....47                                       |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....44 | <i>nystop</i> .....60  | <i>ONTRUZANT</i> .....20   |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....44 | <b>O</b>   | <i>ONUREG</i> .....17  |
| <i>NORITATE</i> .....62  | <i>ocella</i> .....44  | <i>OPSUMIT</i> .....28   |
| <i>norlyroc</i> .....44  | <i>OCTAGAM</i> .....52   | <i>ORGOVYX</i> .....17   |
| <i>NORPACE CR</i> .....24  | <i>octreotide acetate</i> .....46  | <i>ORKAMBI GRA 100-125</i> 58  |
| <i>nortrel 0.5/35 (28)</i> .....44   | <i>ODEFSEY TAB</i> .....13   | <i>ORKAMBI GRA 150-188</i> 58  |
| <i>nortrel 1/35 (21)</i> .....44   | <i>ODOMZO</i> .....20  | <i>ORKAMBI TAB 100-125</i> .58                                       |
| <i>nortrel 1/35 (28)</i> .....44   | <i>OFEV</i> .....58  | <i>ORKAMBI TAB 200-125</i> .58                                       |
| <i>nortrel 7/7/7</i> .....44   | <i>ofloxacin (ophth)</i> .....55   | <i>orsythia</i> .....44  |
| <i>nortriptyline hcl</i> .....32   | <i>ofloxacin (otic)</i> .....57  | <i>oseltamivir phosphate</i> ....14                                  |
| <i>NORVIR</i> .....12  | <i>OGIVRI</i> .....20  | <i>oxacillin sodium</i> .....15                                      |
| <i>NOVOLIN INJ 70/30</i> .....41   | <i>OGIVRI INJ 420MG</i> .....20  | <i>oxaliplatin</i> .....16   |
| <i>NOVOLIN INJ 70/30 FP</i> ..41   | <i>olanzapine</i> .....35  | <i>oxandrolone</i> .....39   |
| <i>NOVOLIN N</i> .....41   | <i>olmesartanamlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> .....23  | <i>oxaprozin</i> .....8  |
| <i>NOVOLIN N FLEXPEN</i> ..41  | <i>olmesartanamlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> .....23 | <i>oxcarbazepine</i> .....30   |
| <i>NOVOLIN R</i> .....41   | <i>olmesartanamlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .....23   | <i>oxybutynin chloride</i> .....49                                   |
| <i>NOVOLIN R FLEXPEN</i> ..41  | <i>olmesartanamlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> .....23  | <i>oxycodone hcl</i> .....9  |
| <i>NOVOLOG</i> .....41   | <i>olmesartanamlodipine- hydrochlorothiazide tab 40-5-25 mg</i> .....23    | <i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....10              |
| <i>NOVOLOG FLEXPEN</i> ....41  | <i>olmesartan medoxomil</i> ....24   | <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....9              |
| <i>NOVOLOG MIX INJ 70/30</i> .....   | <i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....23    | <i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....9                |
| <i>NOVOLOG MIX INJ FLEXPEN</i> .....                                       | <i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....23    | <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....10             |
| <i>NOVOLOG PENFILL</i> .....42   | <i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .....23      | <i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i> .....40                          |
| <i>NOXAFILE</i> .....11  | <i>olopatadine hcl</i> .....56   | <i>OZEMPIC (1MG/DOSE)</i> .40  |
| <i>NUBEQA</i> .....17  | <i>olopatadine hcl (nasal)</i> ....57                                      | <i>OZEMPIC INJ 8MG/3ML</i> 40  |
| <i>NUEDEXTA CAP 20-10MG</i> .....  | <i>omeprazole</i> .....49  | <b>P</b>   |
| <i>NULOJIX</i> .....53   | <i>OMNARIS</i> .....59   | <i>pacerone</i> .....24  |
| <i>NULYTELY SOL LMN/LIME</i> .....   | <i>OMNIPOD DASH MIS PODS</i> .....42                                       | <i>paclitaxel</i> .....18  |
| <i>NUPLAZID</i> .....35  | <i>OMNIPOD MIS CLASSIC</i> .....   | <i>paclitaxel protein-bound particles for iv susp 100 mg</i> .....18 |
| <i>NURTEC</i> .....37  | <i>OMNIPOD PDM KIT CLASSIC</i> .....                                       | <i>paliperidone</i> .....35  |
| <i>NUTRILIPID</i> .....55  | <i>OMNIPOD PDM KIT</i> .....   | <i>pamidronate disodium</i> ....42                                   |
| <i>NUZYRA</i> .....16  | <i>ONDANSETRON HCL</i> .....   | <b>PAMIDRONATE DISODIUM</b> .....                                    |
| <i>nyamyc</i> .....60  | <i>ONTRUZANT</i> .....   | <i>PANRETIN</i> .....62  |
| <i>nylia 1/35</i> .....44  | <i>ONUREG</i> .....  | <i>pantoprazole sodium</i> ....49                                    |
| <i>nylia 7/7/7</i> .....44   | <i>OPSUMIT</i> .....   | <i>PANZYGA</i> .....52   |
| <i>NYMALIZE</i> .....26  | <i>ORGOVYX</i> .....   | <i>paraplatin</i> .....16  |
| <i>nymyo</i> .....44   | <i>ORKAMBI GRA 100-125</i> 58  | <i>paricalcitol</i> .....47  |
| <i>nystatin</i> .....11  | <i>ORKAMBI GRA 150-188</i> 58  | <i>paromomycin sulfate</i> ....11                                    |
| <i>nystatin (mouth-throat)</i> ....63                                      | <i>ORKAMBI TAB 100-125</i> .58   |  |
|  | <i>ORKAMBI TAB 200-125</i> .58   |  |
|  | <i>orsythia</i> .....44  |  |
|  | <i>oseltamivir phosphate</i> ....14  |  |
|  | <i>oxacillin sodium</i> .....15  |  |
|  | <i>oxaliplatin</i> .....16   |  |
|  | <i>oxandrolone</i> .....39   |  |
|  | <i>oxaprozin</i> .....8  |  |
|  | <i>oxcarbazepine</i> .....30   |  |
|  | <i>oxybutynin chloride</i> .....49   |  |
|  | <i>oxycodone hcl</i> .....9  |  |
|  | <i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....10                    |  |
|  | <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....9                    |  |
|  | <i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....9                      |  |
|  | <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....10                   |  |
|  | <i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i> .....40                                |  |
|  | <i>OZEMPIC (1MG/DOSE)</i> .40  |  |
|  | <i>OZEMPIC INJ 8MG/3ML</i> 40  |  |
|  | <b>P</b>   |  |
|  | <i>pacerone</i> .....24  |  |
|  | <i>paclitaxel</i> .....18  |  |
|  | <i>paclitaxel protein-bound particles for iv susp 100 mg</i> .....18       |  |
|  | <i>paliperidone</i> .....35  |  |
|  | <i>pamidronate disodium</i> ....42   |  |
|  | <b>PAMIDRONATE DISODIUM</b> .....  |  |
|  | <i>PANRETIN</i> .....62  |  |
|  | <i>pantoprazole sodium</i> ....49  |  |
|  | <i>PANZYGA</i> .....52   |  |
|  | <i>paraplatin</i> .....16  |  |
|  | <i>paricalcitol</i> .....47  |  |
|  | <i>paromomycin sulfate</i> ....11  |  |

|   |    |
|---|----|
| <i>paroxetine hcl</i>   | 32 |
| PASER   | 13 |
| PAXIL   | 32 |
| PEDIARIX INJ 0.5ML  | 53 |
| PEDVAX HIB  | 53 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm        | 48 |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm                  | 48 |
| PEGASYS   | 14 |
| PEMAZYRE  | 20 |
| PEN GK/DEXTR INJ 40000/ML                                     | 16 |
| PEN GK/DEXTR INJ 60000/ML                                     | 16 |
| penicillamine   | 42 |
| penicillin g potassium  | 16 |
| PENICILLIN G PROCAINE   | 16 |
| penicillin g sodium   | 16 |
| penicillin v potassium  | 16 |
| PEN NEEDLES:  |    |
| NOVO/BD/ULTIMED/OW EN/TRIVIDIA                                | 42 |
| PENTACEL INJ  | 53 |
| pentamidine isethionate inh                                   | 11 |
| pentamidine isethionate inj                                   | 11 |
| pentoxifylline  | 51 |
| perindopril erbumine  | 22 |
| periogard   | 63 |
| permethrin  | 62 |
| perphenazine  | 35 |
| PERSERIS  | 35 |
| pfizerpen   | 16 |
| phenelzine sulfate  | 32 |
| phenobarbital   | 30 |
| phenobarbital sodium  | 30 |
| PHENYTEK  | 30 |
| phenytoin   | 30 |
| phenytoin sodium  | 30 |
| phenytoin sodium extended                                     | 30 |
| PHESGO SOL  | 20 |
| philith   | 44 |
| phytonadione  | 63 |
| PIFELTRO  | 12 |
| <i>pilocarpine hcl</i>  | 56 |
| <i>pilocarpine hcl (oral)</i>                                 | 63 |
| pimozide  | 35 |
| pimtrea   | 44 |
| pindolol  | 26 |
| pioglitazone hcl  | 40 |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)  | 16 |
| piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)   | 16 |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)   | 16 |
| piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)     | 16 |
| piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)   | 16 |
| PIQRAY 200MG DAILY DOSE                                       | 20 |
| PIQRAY 250MG TAB DOSE   | 20 |
| PIQRAY 300MG DAILY DOSE                                       | 20 |
| pirmella 1/35   | 44 |
| piroxicam   | 8  |
| PLASMA-LYTE INJ -148  | 54 |
| PLASMA-LYTE INJ -A  | 54 |
| plenamine   | 55 |
| PLENUV SOL  | 48 |
| podofilox   | 62 |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%        | 55 |
| POMALYST  | 17 |
| portia-28   | 44 |
| posaconazole  | 11 |
| potassium chloride  | 54 |
| POTASSIUM CHLORIDE  | 54 |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 54 |
| <i>potassium chloride microencapsulated crystals er</i>       | 54 |
| <i>potassium citrate (alkalinizer)</i>                        | 49 |
| PRADAXA   | 50 |
| PRALUENT  | 25 |
| pramipexole dihydrochloride                                   | 33 |
| prasugrel hcl   | 51 |
| pravastatin sodium  | 25 |
| praziquantel  | 11 |
| prazosin hcl  | 22 |
| prednisolone  | 45 |
| prednisolone acetate (ophth)                                  | 56 |
| PREDNISOLONE SODIUM PHOSP                                     | 56 |
| prednisolone sodium phosphate                                 | 45 |
| prednisone  | 45 |
| PREDNISONE INTENSOL   | 45 |
| pregabalin  | 30 |
| pregabalin (once-daily)                                       | 38 |
| PREHEVBRIOS   | 53 |
| PREMASOL SOL 10%  | 55 |
| PRENATAL TAB 27-1MG   | 54 |
| PRENATAL TAB PLUS   | 55 |
| PRENATAL VIT TAB LOW IRON                                     | 55 |
| prevalite   | 25 |
| previfem  | 44 |
| PREVYMIS  | 14 |
| PREZCOBIX TAB 800-150   | 13 |
| PREZISTA  | 12 |
| PRIFTIN   | 13 |
| PRILOSEC  | 49 |
| primaquine phosphate  | 12 |
| PRIMAQUINE PHOSPHATE  | 12 |
| primidone   | 30 |
| PRIVIGEN  | 52 |
| probenecid  | 8  |
| PROCALAMINE INJ 3%  | 55 |
| prochlorperazine  | 47 |
| prochlorperazine edisylate                                    | 47 |
| prochlorperazine maleate                                      | 47 |

|  |    |  |    |
|--|----|--|----|
| PROCRT .....   | 50 | RECTIV .....   | 62 |
| <i>procto-med hc</i> .....   | 62 | REGRANEX .....   | 62 |
| <i>procto-pak</i> .....  | 62 | RELENZA DISKHALER .....  | 14 |
| <i>proctosol hc</i> .....  | 62 | RELISTOR .....   | 48 |
| <i>protozone-hc</i> .....  | 62 | REMICADE .....   | 51 |
| PROGRAF .....  | 53 | RENFLEXIS .....  | 51 |
| PROLASTIN-C .....  | 58 | <i>repaglinide</i> .....                                       | 40 |
| PROLENSA .....   | 56 | RESTASIS .....   | 56 |
| PROLIA .....   | 42 | RESTASIS MULTIDOSE .....                                       | 56 |
| PROMACTA .....   | 51 | RETEVMO .....  | 20 |
| <i>promethazine hcl</i> .....  | 47 | REVLIMID .....   | 17 |
| <i>propafenone hcl</i> .....   | 24 | REXULTI .....  | 35 |
| <i>proparacaine hcl</i> .....  | 56 | REYATAZ .....  | 12 |
| <i>propranolol hcl</i> .....   | 26 | REZUROCK .....   | 53 |
| <i>propylthiouracil</i> .....  | 47 | RHOPRESSA .....  | 56 |
| PROQUAD INJ .....  | 53 | RIABNI .....   | 20 |
| PROSOL INJ 20% .....   | 55 | <i>ribavirin (hepatitis c)</i> .....                           | 14 |
| <i>protriptyline hcl</i> .....   | 32 | <i>rifabutin</i> .....   | 13 |
| PULMICORT FLEXHALER .....  | 59 | <i>rifampin</i> .....  | 13 |
| PULMOZYME .....  | 58 | <i>riluzole</i> .....  | 38 |
| PURIXAN .....  | 17 | <i>rimantadine hydrochloride</i> .....                         | 14 |
| <i>pyrazinamide</i> .....  | 13 | RINVOQ .....   | 51 |
| <i>pyridostigmine bromide</i> .....  | 38 | <i>risedronate sodium</i> .....                                | 42 |
| <b>Q</b>   |    | RISPERDAL CONSTA .....   | 35 |
| QINLOCK .....  | 20 | <i>risperidone</i> .....                                       | 35 |
| QUADRACEL INJ .....  | 53 | <i>ritonavir</i> .....   | 12 |
| quetiapine fumarate .....  | 35 | RITUXAN .....  | 20 |
| <i>quinapril hcl</i> .....   | 22 | RITUXAN INJ HYCELA .....                                       | 20 |
| <i>quinapril-</i><br><i>hydrochlorothiazide tab</i><br><i>10-12.5 mg</i> ..... | 22 | <i>rivastigmine</i> .....                                      | 31 |
| <i>quinapril-</i><br><i>hydrochlorothiazide tab</i><br><i>20-12.5 mg</i> ..... | 22 | <i>rivastigmine tartrate</i> .....                             | 31 |
| <i>quinapril-</i><br><i>hydrochlorothiazide tab</i><br><i>20-25 mg</i> .....   | 22 | <i>rizatriptan benzoate</i> .....                              | 37 |
| <i>quinidine sulfate</i> .....   | 24 | <i>ropinirole hydrochloride</i> .....                          | 33 |
| <i>quinine sulfate</i> .....   | 12 | <i>rosadan</i> .....   | 62 |
| <b>R</b>   |    | <i>rosuvastatin calcium</i> .....                              | 25 |
| RABAVERT INJ .....   | 53 | ROTARIX SUS .....  | 53 |
| <i>rabeprazole sodium</i> .....  | 49 | ROTATEQ SOL .....  | 53 |
| <i>raloxifene hcl</i> .....  | 46 | <i>roweepra</i> .....  | 30 |
| <i>ramipril</i> .....  | 22 | ROZLYTREK .....  | 20 |
| <i>ranolazine</i> .....  | 28 | RUBRACA .....  | 20 |
| <i>rasagiline mesylate</i> .....   | 33 | <i>rufinamide</i> .....  | 30 |
| RAYALDEE .....   | 47 | RUKOBIA .....  | 12 |
| <i>reclipsen</i> .....   | 44 | RUXIENCE .....   | 20 |
| RECOMBIVAX HB .....  | 53 | RYBELSUS .....   | 40 |
|  |    | RYDAPT .....   | 20 |
|  |    | <b>S</b>   |    |
|  |    | <i>sajazir</i> .....   | 51 |
|  |    | SANDIMMUNE .....   | 53 |
|  |    | SANTYL .....   | 63 |
|  |    | <i>sapropterin dihydrochloride</i> .....                       | 46 |
|  |    | SAVELLA .....  | 38 |
|  |    | SAVELLA MIS TITR PAK .....                                     | 38 |
|  |    | SCEMBLIX .....   | 20 |
|  |    | <i>scopolamine</i> .....                                       | 47 |
|  |    | SECUADO .....  | 35 |
|  |    | <i>selegiline hcl</i> .....                                    | 34 |
|  |    | <i>selenium sulfide</i> .....                                  | 61 |
|  |    | SELZENTRY .....  | 12 |
|  |    | SEREVENT DISKUS .....  | 58 |
|  |    | <i>sertraline hcl</i> .....                                    | 32 |
|  |    | <i>setlakin</i> .....  | 44 |
|  |    | <i>sevelamer carbonate</i> .....                               | 46 |
|  |    | <i>sharobel</i> .....  | 44 |
|  |    | SHINGRIX .....   | 53 |
|  |    | SIGNIFOR .....   | 46 |
|  |    | <i>sildenafil citrate</i> .....                                | 57 |
|  |    | <i>sildenafil citrate (pulmonary hypertension)</i> .....       | 28 |
|  |    | <i>silodosin</i> .....   | 49 |
|  |    | <i>silver sulfadiazine</i> .....                               | 60 |
|  |    | SIMBRINZA SUS 1-0.2% .....                                     | 56 |
|  |    | <i>simliya</i> .....   | 44 |
|  |    | <i>simvastatin</i> .....                                       | 25 |
|  |    | <i>sirolimus</i> .....   | 53 |
|  |    | SIRTURO .....  | 13 |
|  |    | SIVEXTRO .....   | 11 |
|  |    | SKYRIZI .....  | 51 |
|  |    | SKYRIZI PEN .....  | 52 |
|  |    | <i>sodium chloride</i> .....                                   | 54 |
|  |    | <i>sodium chloride (gu irrigant)</i> .....                     | 63 |
|  |    | <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> ..... | 55 |
|  |    | <i>sodium phenylbutyrate</i> .....                             | 46 |
|  |    | <i>sodium polystyrene sulfonate powder</i> .....               | 42 |
|  |    | <i>solifenacin succinate</i> .....                             | 49 |
|  |    | SOLIQUA INJ 100/33 .....                                       | 42 |
|  |    | SOLTAMOX .....   | 17 |
|  |    | SOLU-CORTEF .....  | 45 |
|  |    | SOMATULINE DEPOT .....   | 46 |
|  |    | SOMAVERT .....   | 46 |
|  |    | <i>sorine</i> .....  | 24 |
|  |    | <i>sotalol hcl</i> .....                                       | 24 |
|  |    | <i>sotalol hcl (afib/afl)</i> .....                            | 24 |
|  |    | <i>spironolactone</i> .....                                    | 22 |

|  |    |
|--|----|
| <i>spironolactone &amp; hydrochlorothiazide tab</i>                |    |
| <i>25-25 mg</i>  | 27 |
| <i>sprintec</i>  | 44 |
| <i>SPRITAM</i>   | 30 |
| <i>SPRYCEL</i>   | 20 |
| <i>sps</i>   | 42 |
| <i>sronyx</i>  | 44 |
| <i>ssd</i>   | 60 |
| <i>stavudine</i>   | 12 |
| <i>STELARA</i>   | 52 |
| <i>STIVARGA</i>  | 20 |
| <i>streptomycin sulfate</i>  | 11 |
| <i>STRIBILD TAB</i>  | 13 |
| <i>subvenite</i>   | 30 |
| <i>sucralfate</i>  | 48 |
| <i>sulfacetamide sodium (acne)</i>                                 | 60 |
| <i>sulfacetamide sodium (ophth)</i>                                | 55 |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 55 |
| <i>sulfadiazine</i>  | 11 |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>         | 11 |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>            | 11 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>                 | 11 |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                | 11 |
| <i>SULFAMYLYON</i>   | 60 |
| <i>sulfasalazine</i>   | 48 |
| <i>sulindac</i>  | 8  |
| <i>sumatriptan</i>   | 37 |
| <i>sumatriptan succinate</i>                                       | 37 |
| <i>sunitinib malate</i>  | 20 |
| <i>SUPREP BOWEL SOL PREP KIT</i>                                   | 48 |
| <i>syeda</i>   | 44 |
| <i>SYMBICORT AER 160-4.5</i>                                       | 59 |
| <i>SYMBICORT AER 80-4.5</i>  | 59 |
| <i>SYMDEKO TAB 100-15059</i>                                       |    |
| <i>SYMDEKO TAB 50-75MG</i>   | 59 |
| <i>SYMJEPI</i>   | 59 |
| <i>SYMPAZAN</i>  | 30 |
| <i>SYMTUZA TAB</i>   | 13 |
| <i>SYNAREL</i>   | 44 |
| <i>SYNERCID INJ 500MG</i>  | 11 |
| <i>SYNJARDY TAB 12.5-1000MG</i>                                    | 40 |
| <i>SYNJARDY TAB 12.5-500</i>                                       | 40 |
| <i>SYNJARDY TAB 5-1000MG</i>                                       | 40 |
| <i>SYNJARDY TAB 5-500MG</i>  | 40 |
| <i>SYNJARDY XR TAB 10-1000</i>                                     | 40 |
| <i>SYNJARDY XR TAB 12.5-1000MG</i>                                 | 40 |
| <i>SYNJARDY XR TAB 25-1000</i>                                     | 40 |
| <i>SYNJARDY XR TAB 5-1000MG</i>                                    | 40 |
| <i>SYNRIBO</i>   | 17 |
| <i>SYNTHROID</i>   | 47 |
| <i>T</i>   |    |
| <i>TABLOID</i>   | 17 |
| <i>TABRECTA</i>  | 20 |
| <i>tacrolimus</i>  | 53 |
| <i>tacrolimus (topical)</i>  | 62 |
| <i>tadalafil</i>   | 57 |
| <i>TAFINLAR</i>  | 20 |
| <i>TAGRISSO</i>  | 20 |
| <i>TALTZ</i>   | 52 |
| <i>TALZENNA</i>  | 20 |
| <i>tamoxifen citrate</i>   | 17 |
| <i>tamsulosin hcl</i>  | 49 |
| <i>TARGETIN</i>  | 62 |
| <i>tarina fe 1/20 eq</i>   | 44 |
| <i>TASIGNA</i>   | 20 |
| <i>tazarotene</i>  | 60 |
| <i>tazicef</i>   | 14 |
| <i>TAZORAC</i>   | 61 |
| <i>taztia xt</i>   | 26 |
| <i>TAZVERIK</i>  | 20 |
| <i>TDVAX INJ 2-2 LF</i>  | 53 |
| <i>TECENTRIQ</i>   | 20 |
| <i>TEFLARO</i>   | 14 |
| <i>telmisartan</i>   | 24 |
| <i>telmisartanamlodipine tab</i>                                   |    |
| <i>40-10 mg</i>  | 23 |
| <i>telmisartanamlodipine tab</i>                                   |    |
| <i>40-5 mg</i>   | 23 |
| <i>telmisartanamlodipine tab</i>                                   |    |
| <i>80-10 mg</i>  | 23 |
| <i>telmisartanamlodipine tab</i>                                   |    |
| <i>80-5 mg</i>   | 23 |
| <i>telmisartan-</i>  |    |
| <i>hydrochlorothiazide tab</i>                                     |    |
| <i>40-12.5 mg</i>  | 23 |
| <i>telmisartan-</i>  |    |
| <i>hydrochlorothiazide tab</i>                                     |    |
| <i>80-12.5 mg</i>  | 24 |
| <i>telmisartan-</i>  |    |
| <i>hydrochlorothiazide tab</i>                                     |    |
| <i>80-25 mg</i>  | 24 |
| <i>temazepam</i>   | 37 |
| <i>TEMIXYS TAB 300-300</i>   | 13 |
| <i>TENIVAC INJ 5-2LF</i>   | 53 |
| <i>tenofovir disoproxil fumarate</i>                               | 12 |
| <i>TEPMETKO</i>  | 20 |
| <i>terazosin hcl</i>   | 22 |
| <i>terbinafine hcl</i>   | 11 |
| <i>terbutaline sulfate</i>   | 58 |
| <i>terconazole vaginal</i>   | 50 |
| <i>testosterone</i>  | 39 |
| <i>testosterone cypionate</i>                                      | 39 |
| <i>testosterone enanthate</i>                                      | 39 |
| <i>tetrabenazine</i>   | 38 |
| <i>tetracycline hcl</i>  | 16 |
| <i>THALOMID</i>  | 17 |
| <i>THEO-24</i>   | 59 |
| <i>theophylline</i>  | 59 |
| <i>thioridazine hcl</i>  | 35 |
| <i>thiothixene</i>   | 35 |
| <i>tiadylt er</i>  | 26 |
| <i>tiagabine hcl</i>   | 31 |
| <i>TIBSOVO</i>   | 20 |
| <i>TICOVAC</i>   | 53 |
| <i>tigecycline</i>   | 16 |
| <i>TIGECYCLINE</i>   | 16 |
| <i>tilia fe</i>  | 44 |
| <i>timolol maleate</i>   | 26 |
| <i>timolol maleate (ophth)</i>                                     | 56 |
| <i>timolol maleate (ophth) once-daily</i>                          | 56 |
| <i>TIVICAY</i>   | 12 |

|   |     |
|---|-----|
| TIVICAY PD .....  | 12  |
| <i>tizanidine hcl</i> .....                                       | 38  |
| TOBRADEX OIN 0.3-0.1% .....                                       | 55  |
| TOBRADEX ST SUS 0.3-0.05 .....                                    | 55  |
| <i>tobramycin</i> .....   | 11  |
| <i>tobramycin (ophth)</i> .....                                   | 55  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....         | 55  |
| <i>tobramycin sulfate</i> .....                                   | 11  |
| <i>tolterodine tartrate</i> .....                                 | 49  |
| <i>topiramate</i> .....   | 31  |
| <i>toposar</i> .....  | 18  |
| <i>toremifene citrate</i> .....                                   | 17  |
| <i>torsemide</i> .....  | 27  |
| TOVIAZ .....  | 49  |
| TPN ELECTROL INJ .....  | 54  |
| TRADJENTA .....   | 40  |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> .....               | 10  |
| <i>tramadol hcl</i> .....   | 10  |
| <i>trandolapril</i> .....   | 22  |
| <i>tranexamic acid</i> .....                                      | 51  |
| <i>tranylcypromine sulfate</i> .....                              | 32  |
| TRAVASOL INJ 10% .....  | 55  |
| <i>travoprost</i> .....   | 56  |
| TRAZIMERA .....   | 20  |
| <i>trazodone hcl</i> .....  | 32  |
| TRECATOR .....  | 13  |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG.....                          | 57  |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG.....                          | 57  |
| TRELSTAR MIXJECT .....  | 17  |
| <i>treprostинil</i> .....   | 28  |
| TRESIBA.....  | 42  |
| TRESIBA FLEXTOUCH .....   | 42  |
| <i>tretinoin</i> .....  | 60  |
| <i>tretinoin (chemotherapy)</i> .....                             | 17  |
| TREXALL .....   | 52  |
| <i>triamcinolone acetonide (mouth)</i> .....                      | 63  |
| <i>triamcinolone acetonide (topical)</i> .....                    | 62  |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> ..... | 27  |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> ..... | 27  |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....   | 27  |
| TRICARE TAB PRENATAL .....  | 55  |
| <i>triderm</i> .....  | 62  |
| <i>trientine hcl</i> .....  | 42  |
| <i>tri-estarrylla</i> .....                                       | 44  |
| <i>trifluoperazine hcl</i> .....                                  | 35  |
| <i>trifluridine</i> .....   | 55  |
| <i>trihexyphenidyl hcl</i> .....                                  | 34  |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG .....                         | 41  |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG .....                     | 41  |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG .....                         | 41  |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG .....                        | 41  |
| TRIKAFTA TAB 100-50-75MG & 150MG .....                            | 59  |
| TRIKAFTA TAB 50-25-37.5MG & 75MG .....                            | 59  |
| <i>tri-legest fe</i> .....  | 44  |
| <i>tri-linyah</i> .....   | 44  |
| <i>tri-lo-estarrylla</i> .....                                    | 44  |
| <i>tri-lo-marzia</i> .....  | 44  |
| <i>tri-lo-mili</i> .....  | 44  |
| <i>tri-lo-sprintec</i> .....                                      | 44  |
| TRIMETHOPRIM .....  | 11  |
| <i>tri-mili</i> .....   | 44  |
| <i>trimipramine maleate</i> 32, 33 .....                          |     |
| TRINTELLIX .....  | 33  |
| <i>tri-nymyo</i> .....  | 44  |
| <i>tri-sprintec</i> .....   | 44  |
| TRIUMEQ PD TAB .....  | 13  |
| TRIUMEQ TAB .....   | 13  |
| <i>trivora-28</i> .....   | 44  |
| <i>tri-vylibra</i> .....  | 44  |
| <i>tri-vylibra lo</i> .....                                       | 44  |
| TROGARZO .....  | 12  |
| TROPHAMINE INJ 10% .....  | .55 |
| <i>trospium chloride</i> .....                                    | 50  |
| TRULICITY .....   | 41  |
| TRUMENBA INJ .....  | 53  |
| TRUSELTIQ 100 MG DAILY DOSE .....                                 | 20  |
| TRUSELTIQ 125 MG DAILY DOSE .....                                 | 20  |
| TRUSELTIQ 50 MG DAILY DOSE .....                                  | 20  |
| TRUSELTIQ 75 MG DAILY DOSE .....                                  | 20  |
| TRUXIMA .....   | 20  |
| TUKYSA .....  | 20  |
| TURALIO .....   | 20  |
| TWINRIX INJ .....   | 53  |
| TYBOST .....  | 12  |
| TYPHIM VI .....   | 53  |
| <b>U</b>  |     |
| UBRELVY .....   | 37  |
| UKONIQ .....  | 20  |
| <i>unithroid</i> .....  | 47  |
| <i>ursodiol</i> .....   | 48  |
| <b>V</b>  |     |
| <i>valacyclovir hcl</i> .....                                     | 14  |
| VALCHLOR .....  | 62  |
| <i>valganciclovir hcl</i> .....                                   | 14  |
| <i>valproate sodium</i> .....                                     | 31  |
| <i>valproic acid</i> .....  | 31  |
| <i>valsartan</i> .....  | 24  |
| <i>valsartan- hydrochlorothiazide tab 160-12.5 mg</i> .....       | 24  |
| <i>valsartan- hydrochlorothiazide tab 160-25 mg</i> .....         | 24  |
| <i>valsartan- hydrochlorothiazide tab 320-12.5 mg</i> .....       | 24  |
| <i>valsartan- hydrochlorothiazide tab 320-25 mg</i> .....         | 24  |
| <i>valsartan- hydrochlorothiazide tab 80-12.5 mg</i> .....        | 24  |
| VALTOCO .....   | 31  |
| <i>vancomycin hcl</i> .....                                       | 11  |
| VANCOMYCIN INJ 1 GM11 .....                                       |     |
| VANCOMYCIN INJ 500MG .....  | 11  |
| VANCOMYCIN INJ 750MG .....  | 11  |
| VANDAZOLE .....   | 50  |
| VAQTA .....   | 53  |

|                                       |        |
|---------------------------------------|--------|
| <i>varenicline tartrate</i>           | 39     |
| VARIVAX                               | 53     |
| VASCEPA                               | 25     |
| VELCADE                               | 20     |
| <i>velvet</i>                         | 44     |
| VELPHORO                              | 46     |
| VELTASSA                              | 42     |
| VEMLIDY                               | 14     |
| VENCLEXTA                             | 20     |
| VENCLEXTA TAB START                   |        |
| PK                                    | 20     |
| <i>venlafaxine hcl</i>                | 33     |
| VENTAVIS                              | 28     |
| VENTOLIN HFA                          | 58     |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)  | 58     |
| <i>verapamil hcl</i>                  | 26, 27 |
| VERSACLOZ                             | 35     |
| VERZENIO                              | 20     |
| <i>vestura</i>                        | 44     |
| V-GO 20 KIT                           | 42     |
| V-GO 30 KIT                           | 42     |
| V-GO 40 KIT                           | 42     |
| VICTOZA                               | 41     |
| <i>vienna</i>                         | 44     |
| <i>vigabatrin</i>                     | 31     |
| <i>vigadron</i>                       | 31     |
| VIIBRYD                               | 33     |
| VIIBRYD KIT STARTER                   | 33     |
| VIMPAT                                | 31     |
| <i>vincristine sulfate</i>            | 18     |
| <i>vinorelbine tartrate</i>           | 18     |
| <i>viorele</i>                        | 44     |
| VIRACEPT                              | 12     |
| VIREAD                                | 12     |
| VITRAKVI                              | 20     |
| VIVITROL                              | 39     |
| VIZIMPRO                              | 21     |
| <i>voriconazole</i>                   | 11     |
| VOSEVI TAB                            | 14     |
| VOTRIENT                              | 21     |
| VRAYLAR                               | 35     |
| VRAYLAR CAP 1.5-3MG35                 |        |
| vyfemla                               | 44     |
| vylibra                               | 44     |
| VYVANSE                               | 37     |
| VYZULTA                               | 56     |
| <b>W</b>                              |        |
| <i>warfarin sodium</i>                | 50     |
| <i>water for irrigation, sterile</i>  |        |
| <i>irrigation soln</i>                | 63     |
| WELIREG                               | 17     |
| <i>wera</i>                           | 44     |
| <b>X</b>                              |        |
| XALKORI                               | 21     |
| XARELTO                               | 50     |
| XARELTO STAR TAB                      |        |
| 15/20MG                               | 50     |
| XATMEP                                | 52     |
| XCOPRI                                | 31     |
| XCOPRI PAK 100-150                    | 31     |
| XCOPRI PAK 12.5-25                    | 31     |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE) | 31     |
| XCOPRI PAK 150-200MG<br>(TITRATION)   | 31     |
| XCOPRI PAK 50-100MG                   | 31     |
| XELJANZ                               | 52     |
| XELJANZ XR                            | 52     |
| XERMELO                               | 48     |
| XGEVA                                 | 42     |
| XIFAXAN                               | 48     |
| XIGDUO XR TAB 10-1000                 |        |
| .....                                 | 41     |
| XIGDUO XR TAB 10-<br>500MG            | 41     |
| XIGDUO XR TAB 2.5-1000                |        |
| .....                                 | 41     |
| XIGDUO XR TAB 5-<br>1000MG            | 41     |
| XIGDUO XR TAB 5-500MG                 |        |
| .....                                 | 41     |
| IIDRA                                 | 56     |
| XOLAIR                                | 59     |
| XOSPATA                               | 21     |
| XPOVIO 100 MG ONCE<br>WEEKLY          | 21     |
| XPOVIO 40 MG ONCE<br>WEEKLY           | 21     |
| XPOVIO 40 MG TWICE<br>WEEKLY          | 21     |
| XPOVIO 60 MG ONCE<br>WEEKLY           | 21     |
| XPOVIO 60 MG TWICE<br>WEEKLY          | 21     |
| XPOVIO 80 MG ONCE<br>WEEKLY           | 21     |
| <b>XPOVIO 80 MG TWICE</b>             |        |
| WEEKLY                                | 21     |
| <b>XTANDI</b>                         | 17     |
| <i>xulane</i>                         | 44     |
| XULTOPHY INJ 100/3.6                  | 42     |
| XYREM                                 | 38     |
| <b>Y</b>                              |        |
| YF-VAX INJ                            | 53     |
| <i>yuvafem</i>                        | 45     |
| <b>Z</b>                              |        |
| <i>zafemy</i>                         | 44     |
| <i>zafirlukast</i>                    | 58     |
| ZARXIO                                | 50     |
| ZEJULA                                | 21     |
| ZELBORA F                             | 21     |
| ZEMAIRA                               | 59     |
| <i>zenatane</i>                       | 60     |
| ZENPEP CAP 10000UNT                   |        |
| .....                                 | 49     |
| ZENPEP CAP 15000UNT                   |        |
| .....                                 | 49     |
| ZENPEP CAP 20000UNT                   |        |
| .....                                 | 49     |
| ZENPEP CAP 25000                      | 49     |
| ZENPEP CAP 3000UNIT                   | 49     |
| ZENPEP CAP 40000                      | 49     |
| ZENPEP CAP 5000UNIT                   | 49     |
| ZERVIATE                              | 56     |
| <i>zidovudine</i>                     | 12     |
| <i>ziprasidone hcl</i>                | 35     |
| <i>ziprasidone mesylate</i>           | 35     |
| ZIRABEV                               | 21     |
| ZIRGAN                                | 55     |
| <i>zoledronic acid</i>                | 42     |
| ZOLINZA                               | 21     |
| <i>zolmitriptan</i>                   | 37     |
| <i>zolpidem tartrate</i>              | 37     |
| <i>zonisamide</i>                     | 31     |
| ZORTRESS                              | 53     |
| <i>zovia 1/35</i>                     | 44     |
| <i>zumandimine</i>                    | 44     |
| ZYCLARA PUMP                          | 62     |
| ZYDELIG                               | 21     |
| ZYKADIA                               | 21     |
| ZYLET SUS 0.5-0.3%                    | 55     |
| ZYPITAMAG                             | 25     |
| ZYPREXA RELPREVV35,                   |        |
| 36                                    |        |

This formulary was updated on 06/01/2022. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - 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., or visit [www.avmed.org](http://www.avmed.org)