

AvMed Medicare 2021 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, 00021173 Version Number 16
H1016_PH237-092020_C

This formulary was updated on 10/01/2021. 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



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 10/01/2021. 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, 2021, 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 also 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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 10/01/2021. 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 7. 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 7. 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 62. 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 7. 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 [if this drug is not on the specialty tier]. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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.

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 62. 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 effective
10/01/2021**

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	GC
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg, 500mg	2	GC
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg, 500mg	2	GC
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 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/ Tier	Drug Requirements/ Limits
acetaminophen w/ codeine tab 300-15 mg	3	QL QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	3	QL QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL PA QL (120 lozenges / 30 days)
fentanyl citrate LPOP 400mcg	4	QL PA QL (120 lozenges / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL QL (600 mL / 30 days)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml	3	QL QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/5ml	3	QL QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	3	QL QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
oxycodone hcl CAPS 5mg	4	QL QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL QL (180 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) 8

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	5	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
<i>CAYSTON</i> SOLR 75mg	5	LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	GC
<i>clindamycin palmitate</i> hydrochloride SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml	4	
<i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml	4	
<i>clindamycin phosphate</i> in d5w iv soln 900 mg/50ml	4	
<i>CLINDMYC/NAC INJ</i> 300/50ML	4	
<i>CLINDMYC/NAC INJ</i> 600/50ML	4	
<i>CLINDMYC/NAC INJ</i> 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
<i>DAPTOMYCIN</i> SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>EMVERM</i> CHEW 100mg QL (12 tabs / 365 days)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	4	QL
<i>linezolid in sodium chloride iv</i> soln 600 mg/300ml-0.9%	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> TABS 250mg, 500mg	2	GC
<i>metronidazole in nacl</i> 0.79% iv soln 500 mg/100ml	3	
<i>neomycin sulfate</i> TABS 500mg	2	GC
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	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	Tier	Drug Requirements/ Limits
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	5	
SULFADIAZINE TABS 500mg	4	
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	4	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	3	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i>	1	GC
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i>	1	GC
SYNERCID INJ 500MG	5	
<i>tobramycin NEBU</i> 300mg/5ml	5	PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	2	GC
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	4	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	4	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	5	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	2	GC
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine CAPS 250mg, 500mg</i>	5	
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	PA
<i>ketoconazole TABS 200mg</i>	3	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	5	
<i>NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)</i>	5	QL
<i>nystatin TABS 500000unit</i>	3	
<i>posaconazole TBEC 100mg QL (93 tabs / 30 days)</i>	5	QL
<i>terbinafine hcl TABS 250mg QL (90 tabs / year)</i>	1	GC QL
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg QL (480 tabs / 30 days)</i>	4	QL PA
<i>voriconazole TABS 200mg QL (120 tabs / 30 days)</i>	4	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	3	
<i>COARTEM TAB 20-120MG</i>	4	
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	3	
<i>quinine sulfate CAPS 324mg</i>	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)

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

Drug Name	Drug Requirements/ Tier	Limits
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	4	
abacavir sulfate TABS 300mg	3	
APTIVUS CAPS 250mg; SOLN 100mg/ml	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
CRIXIVAN CAPS 200mg, 400mg	4	
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	3	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INTELENCE TABS 100mg, 200mg	5	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg	4	
nevirapine TABS 200mg	3	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
stavudine CAPS 15mg, 20mg, 30mg, 40mg	4	
tenofovir disoproxil fumarate 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	4	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	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/ Tier	Limits
<i>efavirenz-lamivudine-tenofovir</i> 5 <i>df tab 400-300-300 mg</i>		
<i>efavirenz-lamivudine-tenofovir</i> 5 <i>df tab 600-300-300 mg</i>		
<i>emtricitabine-tenofovir</i> 5 <i>disoproxil fumarate tab 100-150 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir</i> 5 <i>disoproxil fumarate tab 133-200 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir</i> 5 <i>disoproxil fumarate tab 167-250 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir</i> 5 <i>disoproxil fumarate tab 200-300 mg</i> QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	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 TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 3400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<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	
ANTIVIRALS		
<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	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSIA TAB 200-50MG	5	PA
EPCLUSIA 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 TAB 100-40MG	5	PA
<i>oseltamivir phosphate CAPS 30mg</i> QL (168 caps / year)	3	QL
<i>oseltamivir phosphate CAPS 45mg, 75mg</i> QL (84 caps / year)	3	QL
<i>oseltamivir phosphate SUSR 6mg/ml</i> QL (1080 mL / year)	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/ Tier	Limits
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg	3	
ribavirin (hepatitis c) TABS 200mg	4	
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefaclor SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	GC
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
cefaezolin sodium SOLR 1gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg	2	GC
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefpime hcl SOLR 1gm, 2gm	4	
cefixime SUSR 100mg/5ml, 200mg/5ml	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ceprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	3	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	GC
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	GC
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	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/ Tier	Limits
erythromycin ethylsuccinate TABS 400mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	GC
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	GC
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
amoxicillin CHEW 125mg, 250mg	2	GC
amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
amoxicillin & k clavulanate chew tab 400-57 mg	4	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	

Drug Name	Drug Requirements/ Tier	Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	4	
amoxicillin & k clavulanate tab 500-125 mg	2	GC
amoxicillin & k clavulanate tab 875-125 mg	2	GC
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
ampicillin CAPS 500mg	2	GC
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 4 2gm, 10gm, 125mg, 250mg, 500mg	2	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm	4	
oxacillin sodium SOLR 10gm	5	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
PENICILLIN G PROCAINE SUSP 60000unit/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)

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

Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
<i>doxy</i> 100 SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
<i>monodoxine nl</i> CAPS 100mg	2	GC
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	
<i>TIGECYCLINE</i> SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA</i> SOLN 100mg/4ml	5	B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
<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 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>ALIMTA</i> SOLR 100mg, 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, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
<i>ONUREG</i> TABS 200mg, 300mg	5	LA PA
<i>PURIXAN</i> SUSP 2000mg/100ml	5	
<i>TABLOID</i> TABS 40mg	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/ Tier	Limits
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	5	PA
anastrozole TABS 1mg	1	GC
bicalutamide TABS 50mg	2	GC
EMCYT CAPS 140mg	4	
ERLEADA TABS 60mg	5	LA PA
exemestane TABS 25mg	4	
flutamide CAPS 125mg	3	
fulvestrant SOLN 250mg/5ml	5	B/D
letrozole TABS 2.5mg	2	GC
leuprolide acetate KIT 1mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	PA
LYSODREN TABS 500mg	5	
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	LA PA
ORGOVYX TABS 120mg	5	LA PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	GC
toremifene citrate TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	LA PA
ZYTIGA TABS 500mg	5	LA PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	5	QL LA PA
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	5	QL LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg QL (28 caps / 28 days)	5	QL LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL PA
MISCELLANEOUS		
bexarotene CAPS 75mg	5	PA
hydroxyurea CAPS 500mg	2	GC
INQOVI TAB 35-100MG	5	LA PA
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	PA
KISQALI 400 PAK FEMARA	5	PA
KISQALI 600 PAK FEMARA	5	PA
LONSURF TAB 15-6.14	5	PA
LONSURF TAB 20-8.19	5	PA
MATULANE CAPS 50mg	5	LA
SYNRIBO SOLR 3.5mg	5	PA
tretinoin (chemotherapy) CAPS 10mg	5	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
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
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
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg QL (30 tabs / 30 days)	5	QL PA
AFINITOR DISPERZ TBSO 2mg QL (150 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)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	5	QL PA
ALECENSA CAPS 150mg 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 QL (30 tabs / 30 days)	5	QL LA PA
BALVERSA TABS 3mg, 4mg, 5mg	5	LA PA
BORTEZOMIB SOLR 3.5mg	5	PA
BOSULIF TABS 100mg, 400mg, 500mg	5	PA
BRAFTOVI CAPS 75mg	5	LA PA
BRUKINSA CAPS 80mg	5	LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL LA PA
CALQUENCE CAPS 100mg	5	LA PA
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 <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	LA PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA
everolimus TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FARYDAK CAPS 10mg, 15mg, 20mg	5	LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL LA PA
GAVRETO CAPS 100mg GILOTrif TABS 20mg, 30mg, 40mg	5	LA PA
HERCEP HYLEC SOL 60- 10000	5	PA
HERCEPTIN SOLR 150mg	5	PA
HERZUMA SOLR 150mg, 420mg	5	PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL LA PA
ICLUSIG TABS 10mg, 15mg QL (60 tabs / 30 days)	5	QL LA PA
ICLUSIG TABS 30mg, 45mg QL (30 tabs / 30 days)	5	QL LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL PA
IMBRUVICA CAPS 70mg QL (56 caps / 28 days)	5	QL LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL LA PA
IMBRUVICA TABS 140mg QL (112 tabs / 28 days)	5	QL LA PA
IMBRUVICA TABS 280mg QL (56 tabs / 28 days)	5	QL LA PA
IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)	5	QL LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	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)

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INREBIC CAPS 100mg	5	LA PA
IRESSA TABS 250mg	5	LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D
KANJINTI SOLR 150mg, 420mg	5	PA
KEYTRUDA SOLN 100mg/4ml	5	PA
KISQALI TBPK 200mg <i>lapatinib ditosylate</i> TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	LA PA
LENVIMA CAP 14 MG	5	LA PA
LENVIMA CAP 18 MG	5	LA PA
LENVIMA CAP 24 MG	5	LA PA
LORBRENA TABS 25mg, 100mg	5	LA PA
LUMAKRAS TABS 120mg	5	LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL LA PA
MEKINIST TABS .5mg, 2mg	5	LA PA
MEKTOVI TABS 15mg	5	LA PA
MONJUVI SOLR 200mg	5	LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	LA PA
NERLYNX TABS 40mg	5	LA PA
NEXAVAR TABS 200mg	5	LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	PA
ODOMZO CAPS 200mg	5	LA PA
OGIVRI SOLR 150mg	5	PA
OGIVRI INJ 420MG	5	PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ONTRUZANT SOLR 150mg, 420mg	5	PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	LA PA
PHESGO SOL	5	LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	PA
PIQRAY 250MG TAB DOSE	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	PA
QINLOCK TABS 50mg	5	LA PA
RETEVMO CAPS 40mg, 80mg	5	LA PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	LA PA
RITUXAN INJ HYCELA	5	LA PA
ROZLYTREK CAPS 100mg, 200mg	5	LA PA
RUBRACA TABS 200mg, 250mg, 300mg	5	LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	PA
RYDAPT CAPS 25mg	5	PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	PA
STIVARGA TABS 40mg <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL PA
TABRECTA TABS 150mg, 200mg	5	PA
TAFINLAR CAPS 50mg, 75mg	5	LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL LA PA
TALZENNA CAPS .25mg, 1mg	5	LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	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/ Tier	Drug Requirements/ Limits
TAZVERIK TABS 200mg	5	LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	LA PA
TEPMETKO TABS 225mg	5	LA PA
TIBSOVO TABS 250mg	5	LA PA
TRAZIMERA SOLR 150mg, 420mg	5	PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	LA PA
TRUSELTIQ 125 MG DAILY DOSE	5	LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	PA
TUKYSA TABS 50mg, 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 QL (112 tabs / 28 days)	4	QL LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	LA PA
VOTRIENT TABS 200mg	5	LA PA
XALKORI CAPS 200mg, 250mg	5	LA PA
XOSPATA TABS 40mg	5	LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	5	LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	5	LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	5	LA PA

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

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	GC
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-25 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 10-12.5 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 20-12.5 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 20-25 mg	1	GC
ACE INHIBITORS		
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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
spironolactone TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	GC
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg	1	GC
terazosin hcl CAPS 10mg	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	GC QL
QL (30 tabs / 30 days)		
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	GC QL
QL (30 tabs / 30 days)		
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	GC QL
QL (30 tabs / 30 days)		
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	GC QL
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)

20

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amlodipine besylate-valsartan tab 5-160 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	GC QL QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	GC QL QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	GC QL QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	GC QL QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
EDARBYCLOR TAB 40-25MG	4	QL QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	GC QL QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	GC QL QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	GC
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	GC QL QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	GC QL QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	GC QL QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	GC QL QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	GC QL QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	GC QL 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/ Tier	Drug Requirements/ Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 40- 5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 40- 10 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80- 5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80- 10 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan- hydrochlorothiazide tab 40- 12.5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan- hydrochlorothiazide tab 80- 12.5 mg QL (60 tabs / 30 days)	1	GC QL
telmisartan- hydrochlorothiazide tab 80-25 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	GC QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	GC QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	GC QL
losartan potassium TABS 25mg, 50mg, 100mg QL (60 tabs / 30 days)	1	GC
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	1	GC QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	GC QL
valsartan TABS 320mg QL (30 tabs / 30 days)	1	GC QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml CAPS 100mg, 150mg	2	GC
amiodarone hcl TABS 100mg, 400mg dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
amiodarone hcl TABS 200mg disopyramide phosphate 100mg, 150mg flecainide acetate TABS 50mg, 100mg, 150mg	1	GC
MULTAQ TABS 400mg NORPACE CR CP12 100mg, 150mg pacerone TABS 100mg, 400mg	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/ Tier	Drug Requirements/ Limits
pacerone TABS 200mg	1	GC
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	2	GC
sorine TABS 80mg, 120mg, 160mg, 240mg	2	GC
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	GC
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	GC
ANTILIPEMICS, FIBRATES		
ANTARA CAPS 30mg, 90mg	4	
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg QL (60 tabs / 30 days)	5	QL ST
ALTOPREV TB24 40mg, 60mg QL (30 tabs / 30 days)	5	QL ST
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	GC QL
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	1	GC QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	GC QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10- 10 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 20 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 40 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 80 mg QL (30 tabs / 30 days)	1	GC QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	LA PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	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/ Tier	Limits
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	GC
atenolol & chlorthalidone tab 100-25 mg	2	GC
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	2	GC
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	GC
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	2	GC
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100- 25 mg	3	
metoprolol & hydrochlorothiazide tab 100- 50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	GC
atenolol TABS 25mg, 50mg, 100mg	1	GC
bisoprolol fumarate TABS 5mg, 10mg	2	GC
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	4	QL
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
metoprolol tartrate SOLN 5mg/5ml	3	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	GC
nadolol TABS 20mg, 40mg, 80mg	3	
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	GC
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	GC
dilt-xr CP24 120mg, 180mg, 240mg	3	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	2	GC
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	GC
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl coated beads TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
felodipine TB24 2.5mg, 5mg, 10mg	2	GC
isradipine CAPS 2.5mg, 5mg	3	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	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/ Tier	Limits
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	GC
verapamil hcl TBCR 120mg, 180mg, 240mg	2	GC
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	4	
amiloride & hydrochlorothiazide tab 5-50 mg	2	GC
amiloride hcl TABS 5mg	2	GC
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	GC
furosemide SOLN 8mg/ml, 10mg/ml	2	GC
furosemide TABS 20mg, 40mg, 80mg	1	GC
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
indapamide TABS 1.25mg, 2.5mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	GC
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 75-50 mg	1	GC
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 10-10 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/ Tier	Drug Requirements/ Limits
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg</i>	1	GC
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg</i>	1	GC
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg</i>	1	GC
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg		
<i>digitek TABS .125mg, .25mg QL (30 tabs / 30 days)</i>	2	GC QL
<i>digox TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	2	GC QL
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	2	GC QL
<i>droxidopa CAPS 100mg QL (90 caps / 30 days)</i>	5	QL PA
<i>droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)</i>	5	QL PA
<i>guanfacine hcl TABS 1mg, 2mg PA if 70 years and older</i>	3	PA
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	GC
<i>methyldopa TABS 250mg, 500mg PA if 70 years and older</i>	2	GC PA
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	GC
NORTHERA CAPS 100mg QL (90 caps / 30 days)	5	QL LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL LA PA
<i>ranolazine TB12 500mg, 1000mg</i>	4	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide dinitrate TABS 40mg</i>	5	
<i>isosorbide mononitrate TABS 10mg, 20mg</i>	2	GC
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	GC
<i>minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	3	
<i>NITRO-BID OINT 2%</i>	3	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	4	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)</i>	5	QL LA PA
<i>ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)</i>	5	QL LA PA
<i>bosentan TABS 62.5mg QL (120 tabs / 30 days)</i>	5	QL LA PA
<i>bosentan TABS 125mg QL (60 tabs / 30 days)</i>	5	QL LA PA
<i>OPSUMIT TABS 10mg QL (30 tabs / 30 days)</i>	5	QL LA PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg QL (90 tabs / 30 days)</i>	3	QL PA
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	5	LA PA
<i>VENTAVIS SOLN 10mcg/ml, 20mcg/ml</i>	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/ Tier	Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg,.5mg, 1mg, 2mg	2	GC QL QL (150 tabs / 30 days)
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	3	QL QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	2	GC
lorazepam TABS .5mg, 1mg, 2mg	2	GC QL QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	QL QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	5	PA
BRIVIACT SOLN 10mg/ml	5	QL PA QL (600 mL / 30 days)
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL PA QL (60 tabs / 30 days)
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml	4	QL PA QL (480 mL / 30 days)
clobazam TABS 10mg, 20mg	4	QL PA QL (60 tabs / 30 days)
clonazepam TABS 2mg	2	GC QL QL (300 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
clonazepam TABS .5mg, 1mg	2	GC QL QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL PA PA if 65 years and older
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	5	LA PA
diazepam CONC 5mg/ml	3	QL PA QL (240 mL / 30 days) PA if 65 years and older
diazepam SOLN 5mg/5ml	3	QL PA QL (1200 mL / 30 days) PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	2	GC QL PA QL (120 tabs / 30 days) PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL LA PA QL (600 mL / 30 days)
epitol TABS 200mg	3	
ethosuximide CAPS 250mg	4	
ethosuximide SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	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/ Tier	Limits
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	5	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg QL (1080 caps / 30 days)	2	GC QL
<i>gabapentin</i> CAPS 300mg QL (360 caps / 30 days)	2	GC QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	2	GC QL
<i>gabapentin</i> SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml	4	
<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
PEGANONE TABS 250mg	4	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA
PA if 70 years and older		
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA
PA if 70 years and older		
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA
PA if 70 years and older		
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA
<i>primidone</i> TABS 50mg, 250mg	2	GC
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml; TABS 200mg, 400mg	5	PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	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/ Tier Limits	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	5	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	GC
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL LA PA
<i>vigadron</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI TABS 50mg QL (90 tabs / 30 days)	5	QL
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 50-200MG QL (56 tabs / 28 days)	5	QL

Drug Name	Drug Requirements/ Tier Limits	
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	GC
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
<i>memantine hcl</i> TABS 5mg, 10mg 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 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 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/ Tier	Drug Requirements/ Limits
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	4	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 3 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB24 150mg, 300mg	3	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	2	GC
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg QL (240 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)

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)		4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)		4	QL
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)		4	QL
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)		4	QL
TRINTELLIX TABS 20mg QL (30 tabs / 30 days)		4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg		2	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg		3	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)		4	QL
VIIBRYD KIT STARTER		4	
ANTIPARKINSONIAN AGENTS			
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)		3	QL
<i>amantadine hcl</i> SYRP 50mg/5ml		2	GC
<i>amantadine hcl</i> TABS 100mg		3	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)		5	QL LA PA
<i>benztropine mesylate</i> SOLN 1mg/ml		4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older		3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg		4	
CARB/LEVO ORALLY DISINTEGRATING TAB 10- 100MG		4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25- 100MG		4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25- 250MG		4	
<i>carbidopa</i> TABS 25mg		4	

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>carbidopa & levodopa</i> tab 10- 100 mg		2	GC
<i>carbidopa & levodopa</i> tab 25- 100 mg		2	GC
<i>carbidopa & levodopa</i> tab 25- 250 mg		2	GC
<i>carbidopa & levodopa</i> tab er 25-100 mg		3	
<i>carbidopa & levodopa</i> tab er 50-200 mg		3	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 12.5-50-200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 18.75-75- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 25-100-200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 31.25-125- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 37.5-150- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 50-200-200 mg		4	
<i>entacapone</i> TABS 200mg		4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)		5	QL PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr		4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg		1	GC
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg		4	
<i>rasagiline mesylate</i> TABS 1mg QL (30 tabs / 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/ Tier	Limits
<i>rasagiline mesylate</i> TABS .5mg	4	QL QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	GC
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg	4	
<i>selegiline hcl</i> TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	5	QL QL (1 injection / 28 days)
<i>ariPIPRAZOLE</i> SOLN 1mg/ml QL (900 mL / 30 days)	5	QL
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL QL (30 tabs / 30 days)
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg	5	QL QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL QL (30 caps / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL PA QL (270 tabs / 30 days)
<i>clozapine</i> TBDP 150mg	5	QL PA QL (180 tabs / 30 days)
<i>clozapine</i> TBDP 200mg	5	QL PA QL (135 tabs / 30 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL PA QL (60 tabs / 30 days)
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL QL (1 injection / 28 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/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 injection / 90 days)	5	QL	<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL	<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL	<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3		REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4		REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL LA PA	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA	RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	4	QL	<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	GC QL	<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	GC
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	GC QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	4	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	4	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 injection / 30 days)	5	QL	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
<i>pimozide</i> TABS 1mg, 2mg	4		VRAYLAR CAPS 1.5mg QL (60 caps / 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/ Tier	Drug Requirements/ Limits
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL PA
VRAYLAR CAP 1.5-3MG ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	PA
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	3	QL PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
metadate er TBCR 20mg QL (90 tabs / 30 days)	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) 34

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

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)		4	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)		4	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)		4	QL PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)		3	QL PA
<i>methylphenidate hcl</i> TABS 20mg QL (90 tabs / 30 days)		3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)		4	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)		4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)		4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)		4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)		4	QL PA
HYPNOTICS			
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)		4	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)		3	QL
HETLIOZ CAPS 20mg		5	LA PA
<i>temazepam</i> CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year		4	QL PA

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year		4	QL PA
<i>temazepam</i> CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older		4	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year		2	GC QL PA
MIGRAINE			
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)		3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml		5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)		5	QL PA
<i>ergotamine w/ caffeine tab</i> 1- 100 mg		1	3
<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)		4	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)		3	QL
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)		3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 inhalers / 30 days)		4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 inhalers / 30 days)		4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 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)

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL	
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	5	QL PA	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL	
MISCELLANEOUS			
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL PA	
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL PA	
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA	
GRALISE TABS 600mg QL (90 tabs / 30 days)	4	QL PA	
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL PA	
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL PA	
LITHIUM SOLN 8meq/5ml	4		
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	GC	
LYRICA CR TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	3	QL PA	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA	
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	3	QL PA	
<i>pyridostigmine bromide</i> TABS 60mg	3		
<i>riluzole</i> TABS 50mg	4		

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>SAVELLA</i> TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA	
<i>SAVELLA MIS TITR PAK</i>	4	PA	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL PA	
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL PA	
MULTIPLE SCLEROSIS AGENTS			
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL PA	
<i>dalfampridine</i> TB12 10mg	3	PA	
GILENYA CAPS .5mg QL (28 caps / 28 days)	5	QL PA	
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA	
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA	
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA	
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA	
MUSCULOSKELETAL THERAPY AGENTS			
<i>baclofen</i> TABS 10mg, 20mg	3		
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4		
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC	
NARCOLEPSY/CATAPLEXY			
<i>armodafinil</i> TABS 50mg QL (90 tabs / 30 days)	3	QL PA	
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA	
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	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/ Tier	Limits
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	4	QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
CHANTIX TABS .5mg, 1mg	4	PA
CHANTIX CONTINUING MONTH TABS 1mg	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
<i>naltrexone hcl</i> TABS 50mg	3	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	

Drug Name	Drug Requirements/ Tier	Limits
NICOTROL NS SOLN 10mg/ml	4	
VIVITROL SUSR 380mg	5	
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	4	QL PA
<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA
<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	4	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 3 100mg		
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL
BYDUREON PEN PEN 2mg QL (4 pens / 28 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	GC QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	GC QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	GC QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	GC QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
<i>glipizide</i> TB24 10mg QL (60 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)

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	GC QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 3 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	GC QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	GC QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	GC QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	GC QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
RYBELSUS TABS 3mg, 7mg, 3 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 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/ Tier	Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN	3	
SOPN 100unit/ml		
SI		
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
SI		
FIASP INJ 100/ML	3	
SI		
FIASP PENFIL INJ U-100	3	
SI		
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
SI		
HUMULIN R U-500 KWIKPEN	5	
SOPN 500unit/ml		
SI		
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	
SI		
LEVEMIR FLEXTOUCH	3	
SOPN 100unit/ml		
SI		
NOVOLIN INJ 70/30	3	
SI (brand RELION not covered)		
NOVOLIN INJ 70/30 FP	3	
SI (brand RELION not covered)		
NOVOLIN N SUSP 100unit/ml	3	
SI (brand RELION not covered)		
NOVOLIN N FLEXPEN	3	
SUPN 100unit/ml		
SI (brand RELION not covered)		
NOVOLIN R SOLN 100unit/ml	3	
SI (brand RELION not covered)		

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/ Tier	Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	3	
OMNIPOD KIT STARTER QL (1 kit / year)	4	QL PA
OMNIPOD MIS 5 PACK QL (10 boxes / 30 days)	4	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	3	
SOLIQUA INJ 100/33 QL (10 pens / 30 days) SI	3	QL
TRESIBA SOLN 100unit/ml SI	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml SI	3	
V-GO 20 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 620mcg/2.48ml	5	PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml QL (1 injection / 180 days)	4	QL
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	4	
TYMLOS SOPN 3120mcg/1.56ml	5	PA
XGEVA SOLN 120mg/1.7ml	5	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	
<i>sodium polystyrene sulfonate</i> powder	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/ Tier	Limits
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	PA
CONTRACEPTIVES		
afirmelle	2	GC
altavera	2	GC
alyacen 1/35	2	GC
alyacen 7/7/7	2	GC
apri	2	GC
aranelle	3	
aubra eq	2	GC
aurovela 1/20	3	
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	2	GC
azurette	3	
balziva	3	
bekyree	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila TABS .35mg	2	GC
caziant	3	
chateal	2	GC
cryselle-28	2	GC
cyclafem 1/35	2	GC
cyclafem 7/7/7	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 estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol 2 tab 0.15 mg-30 mcg		GC
drospirenone-ethinyl estradiol 3 tab 3-0.02 mg		
drospirenone-ethinyl estradiol 3 tab 3-0.03 mg		
elinest	2	GC
ELLA TABS 30mg	3	
eluryng	4	

Drug Name	Drug Requirements/ Tier	Limits
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC
errin TABS .35mg	2	GC
estarrylla	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	GC
femynor	2	GC
gianvi	3	
hailey 1.5/30	3	
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	3	
junel 1/20	3	
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
kariva	3	
kelnor 1/35	3	
kelnor 1/50	3	
kurvelo	2	GC
larin 1.5/30	3	
larin 1/20	3	
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 & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	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/ Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	GC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	GC
levora 0.15/30-28	2	GC
lillow	2	GC
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	2	GC
lutera	2	GC
lyeq TABS .35mg	2	GC
lyza TABS .35mg	2	GC
marlissa	2	GC
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
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	3	
nikki	3	
nora-be TABS .35mg	2	GC
norethindrone (contraceptive) TABS .35mg	2	GC
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	GC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	GC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	3	
nortrel 1/35 (21)	2	GC
nortrel 1/35 (28)	2	GC
nortrel 7/7/7	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
reclipsen	2	GC
setlakin	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	3	
tri-estarrylla	2	GC
tri-legest fe	3	
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-previfem	2	GC
tri-sprintec	2	GC
tri-vylibra	2	GC
tri-vylibra lo	3	
trivora-28	2	GC
tulana TABS .35mg	2	GC
velivet	3	
vestura	3	
vienna	2	GC
viorele	3	
vyfemla	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/ Tier	Drug Requirements/ Limits
vylibra	2	GC
wera	3	
xulane	4	
zafemy	4	
zarah	3	
zovia 1/35e	3	
zumandimine	3	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 4 200mg		
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
amabelz	3	
DELESTROGEN OIL 10mg/ml	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	GC
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lopreeza	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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	
GLUCOCORTICOIDS		
cortisone acetate TABS 25mg	4	
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE	4	
INTENSOL CONC 1mg/ml		
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
fludrocortisone acetate TABS .1mg	2	GC
hydrocortisone TABS 5mg, 10mg, 20mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	GC
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	GC B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	3	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	GC B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
prednisone TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/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/ Tier	Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	LA PA
cabergoline TABS .5mg	3	
CARBAGLU TABS 200mg	5	LA PA
CERDELGA CAPS 84mg	5	PA
CEREZYME SOLR 400unit	5	LA PA
cinacalcet hcl TABS 30mg QL (120 tabs / 30 days)	4	B/D QL
cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)	5	B/D QL
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	5	B/D QL
CYSTADANE POW	5	LA
CYSTAGON CAPS 50mg, 150mg	4	LA PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	LA PA
GENOTROPIN SOLR 5mg, 12mg	5	PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA
INCRELEX SOLN 40mg/4ml	5	LA PA
KORLYM TABS 300mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	5	PA
miglustat CAPS 100mg QL (90 caps / 30 days)	5	QL PA
NAGLAZYME SOLN 1mg/ml	5	LA PA
nitisinone CAPS 2mg, 5mg, 10mg	5	PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml	5	PA
OSPHENA TABS 60mg	3	PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	LA PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	PA
SOMATULINE DEPOT SOLN 5 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LA PA
STIMATE SOLN 1.5mg/ml	5	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg QL (360 tabs / 30 days)	5	QL PA
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	3	QL
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 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)

Drug Name		Drug Requirements/ Tier	Limits
<i>sevelamer carbonate</i>	PACK 2.4gm	5	QL QL (180 packets / 30 days)
<i>sevelamer carbonate</i>	PACK .8gm	5	QL QL (540 packets / 30 days)
<i>sevelamer carbonate</i>	TABS 800mg	4	QL QL (540 tabs / 30 days)
PROGESTINS			
<i>medroxyprogesterone acetate</i>	1 TABS 2.5mg, 5mg, 10mg		GC
<i>megestrol acetate</i>	SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i>	4 SUSP 625mg/5ml		PA
<i>norethindrone acetate</i>	TABS 5mg	3	
THYROID AGENTS			
<i>euthyrox</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>levo-t</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>levothyroxine sodium</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>levoxyl</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>liothyronine sodium</i>	TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i>	TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i>	TABS 50mg	3	

Drug Name		Drug Requirements/ Tier	Limits
<i>SYNTHROID</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i>	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
VITAMIN D ANALOGS			
<i>calcitriol</i>	CAPS .25mcg, .5mcg	2	GC B/D
<i>calcitriol</i>	SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i>	CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i>	CAPS 1mcg, 2mcg, 4mcg	4	B/D
<i>RAYALDEE</i>	CPCR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS			
<i>aprepitant</i>	CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy</i>	pack 80 & 125 mg	4	B/D
<i>compro</i>	SUPP 25mg	4	
<i>dronabinol</i>	CAPS 2.5mg, 5mg, 10mg	4	B/D QL QL (60 caps / 30 days)
<i>EMEND</i>	SUSR 125mg/5ml	4	B/D
<i>gransetron hcl</i>	SOLN 1mg/ml, 4mg/4ml	3	
<i>gransetron hcl</i>	TABS 1mg	4	B/D
<i>meclizine hcl</i>	TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i>	SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i>	TABS 5mg, 10mg	1	GC
<i>ondansetron</i>	TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i>	SOLN 4mg/2ml, 40mg/20ml	3	
<i>ondansetron hcl</i>	SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i>	TABS 4mg, 8mg, 24mg	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) 45

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

Drug Name	Drug Requirements/ Tier	Limits
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i>	4	
SOLN 10mg/2ml		
<i>prochlorperazine maleate</i>	2	GC
TABS 5mg, 10mg		
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA PA if 70 years and older
SANCUSO PTCH 3.1mg/24hr	5	QL QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	4	QL PA QL (10 patches / 30 days) PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC QL QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC QL QL (60 tabs / 30 days)
<i>famotidine</i> in nacl 0.9% iv soln 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	3	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	
<i>budesonide</i> TB24 9mg	5	
<i>hydrocortisone (intrarectal)</i>	4	
ENEM 100mg/60ml		

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	4	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	4	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine</i> w/ cleanser KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	GC
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>generlac</i> SOLN 10gm/15ml	3	
<i>GOLYTELY</i> SOL	3	
KRISTALOSE PACK 10gm, 20gm	4	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-</i> <i>na sulfate for soln 236 gm</i>	2	GC
<i>peg 3350-kcl-sod bicarb-nacl</i> <i>for soln 420 gm</i>	2	GC
PLENUV SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	5	QL PA
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	4	QL PA
<i>amoxicillin cap-clarithro tab-</i> <i>lansopraz cap dr therapy pack</i>	4	
<i>cromolyn sodium</i> (mastocytosis) CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	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/ Tier	Limits
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
loperamide hcl CAPS 2mg	3	
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK TABS 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 5 12mg/0.6ml	5	PA
sucralfate TABS 1gm	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	4	QL
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
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	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Limits
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	GC
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	GC
PRILOSEC PACK 2.5mg, 10mg	4	
rabeprazole sodium TBEC 20mg QL (30 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	2	GC QL
dutasteride CAPS .5mg QL (30 caps / 30 days)	3	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	4	QL
finasteride TABS 5mg	1	GC
silodosin CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
tamsulosin hcl CAPS .4mg	2	GC
MISCELLANEOUS		
acetic acid SOLN .25%	2	GC
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	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/ Tier	Drug Requirements/ Limits
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
OXYTROL PTTW 3.9mg/24hr	4	
<i>solifenacain succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> <i>vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<i>vandazole</i> GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	3	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	3	QL
<i>ELIQUIS</i> STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN SOLN 2500unit/0.2ml	4	
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	3	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol</i> 20000 unit/500ml-5%	3	
<i>heparin sodium (porcine)-</i> <i>dextrose iv sol</i> 25000 unit/500ml-5%	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg 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/ Tier	Drug Requirements/ Limits
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCIT SOLN 2000unit/ml, 3 3000unit/ml, 4000unit/ml, 10000unit/ml		PA
PROCIT SOLN 20000unit/ml, 40000unit/ml	5	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg		4
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL LA PA
cilostazol TABS 50mg, 100mg	2	GC
DOPTELET TABS 20mg	5	LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL LA PA
icatibant acetate SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
pentoxifylline TBCR 400mg	2	GC
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL LA PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg		4
BRILINTA TABS 60mg, 90mg 75mg	4	
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL PA
ENBREL MINI SOCT 50mg/ml QL (8 injections / 28 days)	5	QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 injections / 28 days)	5	QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	5	QL PA
HUMIRA PSKT 40mg/0.4ml QL (6 injections / 28 days)	5	QL PA
HUMIRA PSKT 40mg/0.8ml QL (6 syringes / 28 days)	5	QL PA
HUMIRA PEDIA INJ CROHNS	5	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	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/ Tier Limits	
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL PA
HUMIRA PEN KIT PS/UV	5	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	PA
REMICADE SOLR 100mg	5	PA
RENFLEXIS SOLR 100mg	5	LA PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	5	QL PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / year)	5	QL PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	5	QL PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / year)	5	QL PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL LA PA
XELJANZ SOLN 1mg/ml QL (240 mL / 24 days)	5	QL PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate TABS 200mg	3	

Drug Name	Drug Requirements/ Tier Limits	
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
methotrexate sodium TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 4 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	5	PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	PA
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
OCTAGAM SOLN 1gm/20ml, 5 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	PA
PANZYGA SOLN 1gm/10ml, 5 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 5 10gm/100ml, 20gm/200ml, 40gm/400ml	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/ Tier	Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA
ARCALYST SOLR 220mg	5	PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	5	B/D
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg	5	B/D
everolimus (immunosuppressant) TABS .25mg	4	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
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml; TABS 2mg	5	B/D
sirolimus TABS .5mg, 1mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	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	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOP INJ INACTIVE	3	
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	
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
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	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/ Tier	Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
ZOSTAVAX SUSR 19400unt/0.65ml	3	QL QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D5W/NACL INJ 0.3%	3	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	

Drug Name	Drug Requirements/ Tier	Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
<i>magnesium sulfate</i> in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
<i>potassium chloride</i> SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	GC
klor-con 10 TBCR 10meq	2	GC
klor-con m10 TBCR 10meq	2	GC
klor-con m15 TBCR 15meq	2	GC
klor-con m20 TBCR 20meq	2	GC
M-NATAL PLUS TAB	3	
PNV FOLIC AC TAB + IRON	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/ Tier	Limits
potassium chloride CPCR 8meq, 10meq	3	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride TBCR 8meq, 10meq, 20meq	2	GC
potassium chloride <i>microencapsulated crystals er</i> TBCR 10meq, 20meq	2	GC
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW	3	
IRON		
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC
TRICARE TAB PRENATAL	3	
IV NUTRITION		
AMINOSYN-PF INJ 7%	4	B/D
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
<i>clenisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	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

Drug Name	Drug Requirements/ Tier	Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint 1%</i>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth oint</i> 0.1%	2	GC
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth susp</i> 0.1%	2	GC
<i>neomycin-polymyxin-hc ophth</i> <i>susp</i>	4	
<i>sulfacetamide sodium-</i> <i>prednisolone ophth soln 10-</i> 0.23(0.25)%	2	GC
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone</i> <i>ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	3	
<i>bacitracin-polymyxin b ophth</i> <i>oint</i>	2	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	2	GC
<i>erythromycin (ophth)</i> OINT 5mg/gm	2	GC
<i>gatifloxacin (ophth)</i> SOLN .5%	3	
<i>gentak</i> OINT .3%	3	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	2	GC
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	3	
NATACYN SUSP 5%	4	
<i>neomycin-bacitracin-zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	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/ Tier	Limits
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unit-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-.1%</i>	2	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	2	GC
<i>trifluridine SOLN 1%</i>	4	
<i>ZIRGAN GEL .15%</i>	4	
ANTI-INFLAMMATORIES		
<i>ALREX SUSP .2%</i>	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	4	
<i>BROMSITE SOLN .075%</i>	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	GC
<i>DUREZOL EMUL .05%</i>	3	
<i>FLAREX SUSP .1%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ILEVRO SUSP .3%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	GC
<i>LOTEMAX OINT .5%</i>	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	3	
<i>PROLENSA SOLN .07%</i>	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	3	
<i>bepotastine besilate SOLN 1.5%</i>	3	
<i>BEPREVE SOLN 1.5%</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	GC
<i>LASTACAFT SOLN .25%</i>	4	
<i>olopatadine hcl SOLN .1%, .2%</i>	3	
<i>PAZEO SOLN .7%</i>	3	
<i>ZERVIATE SOLN .24%</i>	4	
ANTIGLAUCOMA		
<i>ALPHAGAN P SOLN .1%</i>	3	
<i>AZOPT SUSP 1%</i>	3	
<i>betaxolol hcl (ophth) SOLN .5%</i>	3	
<i>BETOPTIC-S SUSP .25%</i>	3	
<i>brimonidine tartrate SOLN .2%</i>	1	GC
<i>brimonidine tartrate SOLN .15%</i>	4	
<i>brinzolamide SUSP 1%</i>	3	
<i>carteolol hcl (ophth) SOLN 1%</i>	2	GC
<i>COMBIGAN SOL 0.2/0.5%</i>	3	
<i>dorzolamide hcl SOLN 2%</i>	2	GC
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	GC
<i>latanoprost SOLN .005%</i>	2	GC
<i>levobunolol hcl SOLN .5%</i>	2	GC
<i>LUMIGAN SOLN .01%</i>	3	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLN .02%</i>	3	
<i>SIMBRINZA SUS 1-0.2%</i>	3	
<i>timolol maleate (ophth) SOLG 4 .25%, .5%</i>		
<i>timolol maleate (ophth) SOLN 1 .25%, .5%</i>		GC
<i>timolol maleate (ophth) once-daily SOLN .5%</i>	4	
<i>VYZULTA SOLN .024%</i>	4	
MISCELLANEOUS		
<i>ATROPINE SULFATE SOLN 1%</i>	3	
<i>CYSTADROPS SOLN .37%</i>	5	LA PA
<i>CYSTARAN SOLN .44%</i>	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)

Drug Name	Drug Requirements/ Tier	Limits
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
Prescription Vitamin/Mineral Products		
Prescription Vitamin/Mineral Products		
cyanocobalamin SOLN 1000mcg/ml	2	ED GC
<i>ergocalciferol</i> CAPS 50000unit	2	ED GC QL QL (4 caps / 28 days)
<i>folic acid</i> TABS 1mg	1	ED GC QL QL (30 tabs / 30 days)
<i>phytonadione</i> TABS 5mg	4	ED QL QL (60 tabs / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL QL (60 blisters / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS	4	QL 17mcg/act QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB	3	QL 62.5mcg/inh QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	GC
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA 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 PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	GC PA PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	GC PA PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	GC
<i>olopatadine hcl (nasal)</i> SOLN 6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proair 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/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083% 2	GC	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	GC
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	5	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levabuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levabuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL
PERFOROMIST NEBU 20mcg/2ml	5	B/D
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	GC
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	5	QL PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	5	QL PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	5	QL PA
FASENRA SOSY 30mg/ml	5	LA PA
FASENRA PEN SOAJ 30mg/ml	5	LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	LA PA
PULMOZYME SOLN 1mg/ml	5	PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	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)

Drug Name	Drug Requirements/ Tier Limits	
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL LA PA
SYMJEPI SOSY .15mg/.3ml, .3mg/.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL LA PA
TRIKAFTA TAB 100-50-75MG 5 & 150MG QL (84 tabs / 28 days)	5	QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	LA PA
ZEMAIRA SOLR 1000mg	5	LA PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL
QL (3 bottles / 30 days)		
fluticasone propionate (nasal) SUSP 50mcg/act	2	GC QL
QL (1 bottle / 30 days)		
OMNARIS SUSP 50mcg/act	4	QL
QL (1 inhaler / 30 days)		
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL
QL (30 inhalations / 30 days)		
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL
QL (180 inhalations / 30 days)		
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL
QL (240 inhalations / 30 days)		

Drug Name	Drug Requirements/ Tier Limits	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL
QL (2 inhalers / 30 days)		
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL
QL (3 inhalers / 30 days)		
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL
QL (2 inhalers / 30 days)		
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL
Sexual Dysfunction Agents		
Sexual Dysfunction Agents		
sildenafil citrate TABS 25mg, 50mg, 100mg	3	ED QL
QL (4 tabs / 30 days)		
tadalafil TABS 10mg, 20mg	3	ED QL
QL (4 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)

Drug Name	Drug Requirements/ Tier	Limits
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025%	4	QL PA QL (45 gm / 30 days)
benzoyl peroxide- erythromycin gel 5-3%	4	
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	3	QL QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL QL (60 mL / 30 days)
ery PADS 2%	3	
erythromycin (acne aid) SOLN 2%	3	QL QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10%	4	
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL PA QL (45 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%	4	QL QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	3	
mupirocin OINT 2%	2	GC QL QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	GC
ssd CREA 1%	2	GC
SULFAMYLYON CREA 85mg/gm	4	

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	3	QL QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	3	QL QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	3	QL QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene CREA .005%; OINT .005%	4	QL PA QL (120 gm / 30 days)
calcipotriene SOLN .005% QL (120 mL / 30 days)	4	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	4	QL PA
tazarotene CREA .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	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/ Tier	Limits
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical)	SHAM	2 GC QL 2% QL (120 mL / 30 days)
selenium sulfide	LOTN	2.5% 2 GC
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	CREA	1% 1 GC
ala-cort	CREA	2.5% 2 GC
alclometasone dipropionate		3
CREA .05%; OINT .05%		
betamethasone dipropionate (topical)	CREA .05%; LOTN .05%	3
betamethasone dipropionate (topical)	OINT .05%	4
betamethasone dipropionate		3
augmented	CREA .05%	
betamethasone dipropionate		4
augmented	GEL .05%; LOTN .05%; OINT .05%	
betamethasone valerate		3
CREA .1%; LOTN .1%; OINT .1%		
calcipotriene-betamethasone dipropionate susp	0.005-0.064%	5 QL PA QL (400 gm / 28 days)
clobetasol propionate	CREA .05%; OINT .05%	3 QL QL (60 gm / 30 days)
clobetasol propionate	GEL .05%	4 QL QL (60 gm / 30 days)
clobetasol propionate SOLN .05%		3 QL QL (50 mL / 30 days)
clobetasol propionate e CREA .05%		3 QL QL (60 gm / 30 days)
ENSTILAR AER		4 QL PA QL (120 gm / 30 days)
fluocinolone acetonide	CREA .01%, .025%; OINT .025%	3
fluocinolone acetonide	OIL .01%	4

Drug Name	Drug Requirements/ Tier	Limits
fluocinolone acetonide	SOLN	4 QL .01% QL (90 mL / 30 days)
fluocinonide	CREA	.05% 3 QL QL (120 gm / 30 days)
fluocinonide	GEL	.05%; OINT 4 QL .05% QL (60 gm / 30 days)
fluocinonide	SOLN	.05% 3 QL QL (60 mL / 30 days)
fluocinonide emulsified base		3 QL CREA .05% QL (120 gm / 30 days)
fluticasone propionate	CREA	.05%; OINT .005% 3
halobetasol propionate	CREA	.05%; OINT .05% QL QL (50 gm / 30 days)
hydrocortisone (topical)		1 GC CREA 1%
hydrocortisone (topical)		2 GC CREA 2.5%; LOTN 2.5%; OINT 2.5%
mometasone furoate	CREA	.1%; OINT .1%; SOLN .1% 3
triamcinolone acetonide (topical)	AERS	.147mg/gm 4
triamcinolone acetonide (topical)		2 GC QL CREA .1% QL (454 gm / 30 days)
triamcinolone acetonide (topical)		2 GC (topical) CREA .025%, .5%; OINT .025%, .1%, .5%
triamcinolone acetonide (topical)		3 (topical) LOTN .025%, .1%
triderm	CREA .5%	2 GC
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	PRSY 2%	3 QL PA QL (60 mL / 30 days)
lidocaine	OINT 5%	4 QL PA QL (50 gm / 30 days)
lidocaine	PTCH 5%	4 QL PA QL (3 patches / 1 day)
lidocaine hcl	GEL 2%	3 QL PA QL (30 mL / 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)

Drug Name	Drug Requirements/ Tier Limits	
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	4	QL
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL PA
<i>FINACEA</i> FOAM 15% QL (50 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone (rectal)</i> CREA 2.5% 2.5%	3	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>lactic acid (ammonium lactate)</i> 2% CREA 12%	2	GC
<i>lactic acid (ammonium lactate)</i> 3% LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%; LOTN .75%	4	
<i>metronidazole (topical)</i> GEL .75%	3	
<i>NORITATE</i> CREA 1% QL (60 gm / 30 days)	5	QL
<i>PANRETIN</i> GEL .1% QL (60 gm / 30 days)	5	QL PA
<i>PICATO</i> GEL .05% QL (2 tubes / 30 days)	4	QL
<i>PICATO</i> GEL .015% QL (3 tubes / 30 days)	4	QL
<i>podofilox</i> SOLN .5%	3	
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>RECTIV</i> OINT .4% QL (30 gm / 30 days)	4	QL
<i>rosadan</i> CREA .75%	4	
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	4	QL
<i>TARGRETIN</i> GEL 1% QL (60 gm / 30 days)	5	QL PA
<i>VALCHLOR</i> GEL .016% QL (60 gm / 30 days)	5	QL LA PA
<i>ZYCLARA PUMP</i> CREA 2.5% QL (15 gm / 30 days)	5	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	
<i>permethrin</i> CREA 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX</i> GEL .01% QL (30 gm / 30 days)	5	QL PA
<i>SANTYL</i> OINT 250unit/gm	4	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	4	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	GC
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>paroex</i> SOLN .12%	1	GC
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	4	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	
OTIC		
<i>acetic acid (otic)</i> SOLN 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)

60

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

Drug Name	Drug Requirements/ Tier	Limits
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>flac OIL .01%</i>	4	
<i>fluocinolone acetonide (otic) OIL .01%</i>	4	
<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) SOLN .3%</i>	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)

61

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

Index

A	
abacavir sulfate	11
abacavir sulfate-lamivudine	
tab 600-300 mg	11
abacavir sulfate-	
lamivudine-zidovudine	
tab 300-150-300 mg	11
ABELCET	10
ABILITY MAINTENA	32
abiraterone acetate	16
ABRAXANE INJ 100MG	16
acamprosate calcium	37
acarbose	37
accutane	58
acebutolol hcl	24
acetaminophen w/ codeine	
soln 120-12 mg/5ml	7
acetaminophen w/ codeine	
tab 300-15 mg	8
acetaminophen w/ codeine	
tab 300-30 mg	8
acetaminophen w/ codeine	
tab 300-60 mg	8
acetazolamide	25
acetic acid	47
acetic acid (otic)	60
acetylcysteine	56
acitretin	58
ACTHIB INJ	51
ACTIMMUNE	51
acyclovir	12
acyclovir sodium	12
ADACEL INJ	51
adefovir dipivoxil	12
ADEMPAS	26
ADRENALIN	25
adriamycin	15
ADVAIR DISKU AER	
100/50	57
ADVAIR DISKU AER	
250/50	57
ADVAIR DISKU AER	
500/50	57
ADVAIR HFA AER 115/21	
	57
ADVAIR HFA AER 230/21	
	57
ADVAIR HFA AER 45/2157	
AFINITOR	16
AFINITOR DISPERZ	16, 17
afirmelle	41
AIMOVIG	35
ala-cort	59
albendazole	9
albuterol sulfate	55, 56
alclometasone dipropionate	
	59
ALDURAZYME	44
ALECENSA	17
alendronate sodium	40
alfuzosin hcl	47
ALIMTA	15
aliskiren fumarate	25
allopurinol	7
alosetron hcl	46
ALPHAGAN P	54
alprazolam	27
ALREX	54
altavera	41
ALTOPREV	23
ALUNBRIG	17
ALUNBRIG PAK	17
alyacen 1/35	41
alyacen 7/7/7	41
amabelz	43
amantadine hcl	31
AMBISOME	10
ambrisentan	26
amikacin sulfate	9
amiloride &	
hydrochlorothiazide tab	
5-50 mg	25
amiloride hcl	25
AMINOSYN-PF INJ 7%	.53
amiodarone hcl	22
amitriptyline hcl	30
amlodipine besylate	24
amlodipine besylate-	
atorvastatin calcium tab	
10-10 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
10-20 mg	26
amlodipine besylate-	
atorvastatin calcium tab	
10-40 mg	26
amlodipine besylate-	
atorvastatin calcium tab	
10-80 mg	26
amlodipine besylate-	
atorvastatin calcium tab	
2.5-10 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
2.5-20 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
2.5-40 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
5-10 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
5-20 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
5-40 mg	25
amlodipine besylate-	
atorvastatin calcium tab	
5-80 mg	25
amlodipine besylate-	
benazepril hcl cap 10-20	
mg	19
amlodipine besylate-	
benazepril hcl cap 10-40	
mg	19
amlodipine besylate-	
benazepril hcl cap 2.5-10	
mg	19
amlodipine besylate-	
benazepril hcl cap 5-10	
mg	19
amlodipine besylate-	
benazepril hcl cap 5-20	
mg	19
amlodipine besylate-	
benazepril hcl cap 5-40	
mg	19
amlodipine besylate-	
olmesartan medoxomil	
tab 10-20 mg	20
amlodipine besylate-	
olmesartan medoxomil	
tab 10-40 mg	20

<i>amlodipine besylate-</i>	
<i>olmesartan medoxomil</i>	
<i>tab 5-20 mg</i>	20
<i>amlodipine besylate-</i>	
<i>olmesartan medoxomil</i>	
<i>tab 5-40 mg</i>	20
<i>amlodipine besylate-</i>	
<i>valsartan tab 10-160 mg</i>	
.....	21
<i>amlodipine besylate-</i>	
<i>valsartan tab 10-320 mg</i>	
.....	21
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-160 mg</i>	21
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-320 mg</i>	21
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-160-12.5 mg</i>	21
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-160-25 mg</i>	21
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-320-25 mg</i>	21
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-160-12.5 mg</i>	21
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-160-25 mg</i>	21
<i>amnesteem</i>	58
<i>amoxapine</i>	30
<i>amoxicillin</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>chew tab 200-28.5 mg</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>chew tab 400-57 mg</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>for susp 200-28.5 mg/5ml</i>	
.....	14
<i>amoxicillin & k clavulanate</i>	
<i>for susp 250-62.5 mg/5ml</i>	
.....	14
<i>amoxicillin & k clavulanate</i>	
<i>for susp 400-57 mg/5ml</i>	
.....	14
<i>amoxicillin & k clavulanate</i>	
<i>for susp 600-42.9 mg/5ml</i>	
.....	14
<i>amoxicillin & k clavulanate</i>	
<i>tab 250-125 mg</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>tab 500-125 mg</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>tab 875-125 mg</i>	14
<i>amoxicillin & k clavulanate</i>	
<i>tab er 12hr 1000-62.5 mg</i>	
.....	14
<i>amoxicillin cap-clarithro</i>	
<i>tab-lansopraz cap dr</i>	
<i>therapy pack</i>	46
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>10 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>12.5 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>15 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>20 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>30 mg</i>	34
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>7.5 mg</i>	34
<i>amphotericin b</i>	10
<i>ampicillin</i>	14
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 1.5 (1-0.5)</i>	
<i>gm</i>	14
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 3 (2-1) gm</i>	
.....	14
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 1.5 (1-</i>	
<i>0.5) gm</i>	14
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 15 (10-</i>	
<i>5) gm</i>	14
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 3 (2-1)</i>	
<i>gm</i>	14
<i>ampicillin sodium</i>	14
<i>anagrelide hcl</i>	49
<i>anastrozole</i>	16
<i>ANDRODERM</i>	37
<i>ANORO ELLIPT AER</i> 62.5-	
25	55
<i>ANTARA</i>	23
<i>APOKYN</i>	31
<i>aprepitant</i>	45
<i>aprepitant capsule therapy</i>	
<i>pack 80 & 125 mg</i>	45
<i>api</i>	41
<i>APTIOM</i>	27
<i>APTIVUS</i>	11
<i>ARALAST NP</i>	56
<i>aranelle</i>	41
<i>ARCALYST</i>	51
<i>arformoterol tartrate</i>	56
<i>ariprazole</i>	32
<i>ARISTADA</i>	32
<i>ARISTADA INITIO</i>	32
<i>armodafinil</i>	36
<i>ARNUITY ELLIPTA</i>	57
<i>asenapine maleate</i>	32
<i>aspirin-dipyridamole cap er</i>	
<i>12hr 25-200 mg</i>	49

atazanavir sulfate	11
atenolol	24
atenolol & chlorthalidone	
tab 100-25 mg	24
atenolol & chlorthalidone	
tab 50-25 mg	24
atomoxetine hcl	34
atorvastatin calcium	23
atovaquone	9
atovaquone-proguanil hcl	
tab 250-100 mg	10
atovaquone-proguanil hcl	
tab 62.5-25 mg	10
ATROPINE SULFATE	54
ATROVENT HFA	55
aubra eq	41
aurovela 1/20	41
aurovela fe 1/20	41
aurovela fe 1.5/30	41
AURYXIA	44
AUSTEDO	36
AVASTIN	17
aviane	41
avita	58
ayuna	41
AYVAKIT	17
azacitidine	15
azathioprine	51
azelaic acid	60
azelastine hcl	55
azelastine hcl (ophth)	54
azithromycin	13
AZOPT	54
aztreonam	9
azurette	41
B	
bacitracin (ophthalmic)	53
bacitracin-polymyxin b	
ophth oint	53
bacitracin-polymyxin-	
neomycin-hc ophth oint	
1%	53
baclofen	36
balsalazide disodium	46
BALVERSA	17
balziva	41
BANZEL	27
BARACLUDE	12
BASAGLAR KWIKPEN	39
BCG VACCINE INJ	51
BD ALCOHOL SWABS	39
bekyree	41
BELSOMRA	35
benazepril &	
hydrochlorothiazide tab	
10-12.5 mg	20
benazepril &	
hydrochlorothiazide tab	
20-12.5 mg	20
benazepril &	
hydrochlorothiazide tab	
20-25 mg	20
BENAZEPRIL &	
HYDROCHLOROTHIAZI	
DE TAB 5-6.25MG	20
benazepril hcl	20
BENDEKA	15
BENLYSTA	51
benzoyl peroxide-	
erythromycin gel 5-3%	58
benztropine mesylate	31
bepotastine besilate	54
BEPREVE	54
BERINERT	49
BESIVANCE	53
betamethasone	
dipropionate (topical)	59
betamethasone	
dipropionate augmented	
	59
betamethasone valerate	59
BETASERON	36
betaxolol hcl (ophth)	54
bethanechol chloride	47
BETOPTIC-S	54
BEVESPI AER 9-4.8MCG	
	55
bexarotene	16
BEXSERO INJ	51
bicalutamide	16
BICILLIN L-A	14
BIKTARVY TAB	11
bisoprolol &	
hydrochlorothiazide tab	
10-6.25 mg	24
bisoprolol &	
hydrochlorothiazide tab	
2.5-6.25 mg	24
bisoprolol &	
hydrochlorothiazide tab	
5-6.25 mg	24
bisoprolol fumarate	24
BIVIGAM	50
BLEPHAMIDE OIN S.O.P.	
	53
blisovi fe 1.5/30	41
BOOSTRIX INJ	51
BORTEZOMIB	17
bosentan	26
BOSULIF	17
BRAFTOVI	17
BREO ELLIPTA INH 100-	
25	57
BREO ELLIPTA INH 200-	
25	57
BREZTRI AERO AER	
SPHERE	55
BREZTRI AERO AER	
SPHERE	
(INSTITUTIONAL PACK)	
	55
briellyn	41
BRILINTA	49
brimonidine tartrate	54
brinzolamide	54
BRIVIACT	27
bromfenac sodium (ophth)	
	54
bromocriptine mesylate	31
BROMSITE	54
BROVANA	56
BRUKINSA	17
budesonide	46
budesonide (inhalation)	57
bumetanide	25
buprenorphine hcl	37
buprenorphine hcl-	
naloxone hcl sl film 12-3	
mg (base equiv)	37
buprenorphine hcl-	
naloxone hcl sl film 2-0.5	
mg (base equiv)	37
buprenorphine hcl-	
naloxone hcl sl film 4-1	
mg (base equiv)	37

<i>buprenorphine hcl-</i>	
<i>naloxone hcl sl film</i> 8-2	
<i>mg (base equiv)</i>37	
<i>buprenorphine hcl-</i>	
<i>naloxone hcl sl tab</i> 2-0.5	
<i>mg (base equiv)</i>37	
<i>buprenorphine hcl-</i>	
<i>naloxone hcl sl tab</i> 8-2	
<i>mg (base equiv)</i>37	
<i>bupropion hcl</i>	30
<i>bupropion hcl (smoking deterrent)</i>	37
<i>buspirone hcl</i>	27
<i>butorphanol tartrate</i>	8
<i>BYDUREON BCISE</i>	37
<i>BYDUREON PEN</i>	37
<i>BYETTA</i>	37
<i>BYSTOLIC</i>	24
C	
<i>cabergoline</i>	44
<i>CABOMETYX</i>	17
<i>calcipotriene</i>	58
<i>calcipotriene-</i>	
<i>betamethasone dipropionate susp 0.005-0.064%</i>	59
<i>calcitonin (salmon) spray</i> 40	
<i>calcitrene</i>	58
<i>calcitriol</i>	45
<i>calcium acetate (phosphate binder)</i>	44
<i>CALQUENCE</i>	17
<i>camila</i>	41
<i>candesartan cilexetil</i>	22
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	21
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	21
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	21
<i>CAPLYTA</i>	32
<i>CAPRELSA</i>	17
<i>captopril</i>	20
<i>CARB/LEVO ORALLY</i>	
<i>DISINTEGRATING TAB 10-100MG</i>	31
<i>CARB/LEVO ORALLY</i>	
<i>DISINTEGRATING TAB 25-100MG</i>	31
<i>CARB/LEVO ORALLY</i>	
<i>DISINTEGRATING TAB 25-250MG</i>	31
<i>CARBAGLU</i>	44
<i>carbamazepine</i>	27
<i>carbidopa</i>	31
<i>carbidopa & levodopa tab 10-100 mg</i>	31
<i>carbidopa & levodopa tab 25-100 mg</i>	31
<i>carbidopa & levodopa tab 25-250 mg</i>	31
<i>carbidopa & levodopa tab er 25-100 mg</i>	31
<i>carbidopa & levodopa tab er 50-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	31
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	31
<i>carboplatin</i>	15
<i>carteolol hcl (ophth)</i>	54
<i>cartia xt</i>	24
<i>carvedilol</i>	24
<i>caspofungin acetate</i>	10
<i>CAYSTON</i>	9
<i>caziant</i>	41
<i>cefaclor</i>	13
<i>CEFACLOR ER</i>	13
<i>cefadroxil</i>	13
<i>CEFAZOLIN INJ</i>	
<i>1GM/50ML</i>	13
<i>cefazolin sodium</i>	13
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	13
<i>cefdinir</i>	13
<i>cefepime hcl</i>	13
<i>cefixime</i>	13
<i>cefoxitin sodium</i>	13
<i>cefpodoxime proxetil</i>	13
<i>cefprozil</i>	13
<i>ceftazidime</i>	13
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	13
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	13
<i>ceftriaxone sodium</i>	13
<i>cefuroxime axetil</i>	13
<i>cefuroxime sodium</i>	13
<i>celecoxib</i>	7
<i>CELONTIN</i>	27
<i>cephalexin</i>	13
<i>CERDELGA</i>	44
<i>CEREZYME</i>	44
<i>cetirizine hcl</i>	55
<i>cevimeline hcl</i>	60
<i>CHANTIX</i>	37
<i>CHANTIX CONTINUING MONTH</i>	37
<i>CHANTIX PAK 0.5& 1MG</i>	37
<i>chateal</i>	41
<i>CHEMET</i>	40
<i>chlorhexidine gluconate (mouth-throat)</i>	60
<i>chloroquine phosphate</i>	10
<i>chlorpromazine hcl</i>	32
<i>chlorthalidone</i>	25
<i>cholestyramine</i>	23
<i>cholestyramine light</i>	23
<i>choline fenofibrate</i>	23
<i>ciclopirox olamine</i>	58
<i>cilstostazol</i>	49
<i>CILOXAN</i>	53
<i>CIMDUO TAB 300-300</i>	11
<i>cinacalcet hcl</i>	44
<i>CIPRO</i>	14
<i>ciprofloxacin 200 mg/100ml in d5w</i>	14
<i>ciprofloxacin 400 mg/200ml in d5w</i>	14

<i>ciprofloxacin-</i>	
<i>dexamethasone otic susp</i>	
<i>0.3-0.1%</i>	61
<i>ciprofloxacin hcl</i>	14
<i>ciprofloxacin hcl (ophth)</i>	53
CIPRO HC SUS OTIC	61
<i>cisplatin</i>	15
<i>citalopram hydrobromide</i> 30	
<i>claravis</i>	58
<i>clarithromycin</i>	13
<i>clindamycin hcl</i>	9
<i>clindamycin palmitate</i>	
<i>hydrochloride</i>	9
<i>clindamycin phosphate</i>	9
<i>clindamycin phosphate</i>	
<i>(topical)</i>	58
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 300 mg/50ml</i>	
.....	9
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 600 mg/50ml</i>	
.....	9
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 900 mg/50ml</i>	
.....	9
<i>clindamycin phosphate</i>	
<i>vaginal</i>	48
CLINDMYC/NAC INJ	
<i>300/50ML</i>	9
CLINDMYC/NAC INJ	
<i>600/50ML</i>	9
CLINDMYC/NAC INJ	
<i>900/50ML</i>	9
CLINIMIX INJ 4.25/D10 ..	53
CLINIMIX INJ 4.25/D5W ..	53
CLINIMIX INJ 5%/D15W ..	53
CLINIMIX INJ 5%/D20W ..	53
CLINIMIX INJ 6/5	53
CLINIMIX INJ 8/10	53
CLINIMIX INJ 8/14	53
<i>clinisol sf 15%</i>	53
CLINOLIPID EMU 20% ..	53
<i>clobazam</i>	27
<i>clobetasol propionate</i> ..	59
<i>clobetasol propionate e</i> ..	59
<i>clomipramine hcl</i>	30
<i>clonazepam</i>	27
<i>clonidine</i>	26
<i>clonidine hcl</i>	26
<i>clopidogrel bisulfate</i>	49
<i>clorazepate dipotassium</i> ..	27
<i>clotrimazole</i>	60
<i>clotrimazole (topical)</i> ..	58
<i>clotrimazole w/</i>	
<i>betamethasone cream 1-</i>	
<i>0.05%</i>	58
<i>clozapine</i>	32
COARTEM TAB 20-120MG	
.....	10
<i>colchicine</i>	7
<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i>	7
<i>colesevelam hcl</i>	23
<i>colestipol hcl</i>	23
<i>colistimethate sodium</i>	9
COMBIGAN SOL 0.2/0.5%	
.....	54
COMBIVENT AER 20-100	
.....	55
COMETRIQ (60MG DOSE)	
.....	17
COMETRIQ KIT 100MG ..	17
COMETRIQ KIT 140MG ..	17
COMPLERA TAB	11
<i>compro</i>	45
<i>constulose</i>	46
<i>COPIKTRA</i>	17
<i>CORLANOR</i>	26
<i>cortisone acetate</i>	43
<i>COTELLIC</i>	17
CREON CAP 12000UNT ..	47
CREON CAP 24000UNT ..	47
CREON CAP 3000UNIT ..	47
CREON CAP 36000UNT ..	47
CREON CAP 6000UNIT ..	47
<i>CRIXIVAN</i>	11
<i>cromolyn sodium</i>	56
<i>cromolyn sodium</i>	
<i>(mastocytosis)</i>	46
<i>cromolyn sodium (ophth)</i> ..	54
<i>cryselle-28</i>	41
<i>cyanocobalamin</i>	55
<i>cyclafem 1/35</i>	41
<i>cyclafem 7/7/7</i>	41
<i>cyclobenzaprine hcl</i>	36
<i>cyclophosphamide</i>	15
<i>CYCLOPHOSPHAMIDE</i> ..	15
<i>cycloserine</i>	12
<i>cyclosporine</i>	51
<i>cyclosporine modified (for</i>	
<i>microemulsion)</i>	51
<i>cyproheptadine hcl</i>	55
<i>cyred eq</i>	41
CYSTADANE POW	44
CYSTADROPS	54
CYSTAGON	44
CYSTARAN	54
<i>cytarabine</i>	15
D	
D10W/NACL INJ 0.2% ..	52
D2.5W/NACL INJ 0.45% ..	52
D5W/LYTES INJ #48	52
D5W/NACL INJ 0.3%	52
<i>dalfampridine</i>	36
DALIRESP	56
<i>danazol</i>	43
<i>dantrolene sodium</i>	36
<i>dapsone</i>	9
DAPTACEL INJ	51
<i>daptomycin</i>	9
DAPTO MYCIN	9
<i>darifenacin hydrobromide</i>	
.....	47
<i>dasetta 1/35</i>	41
<i>dasetta 7/7/7</i>	41
<i>DAURISMO</i>	17
<i>deblitane</i>	41
<i>deferasirox</i>	40
DELESTROGEN	43
DELSTRIGO TAB	11
DESCOVY TAB 200/25MG	
.....	11
<i>desipramine hcl</i>	30
<i>desloratadine</i>	55
<i>desmopressin acetate</i> ..	44
<i>desmopressin acetate</i>	
<i>spray</i>	44
<i>desmopressin acetate</i>	
<i>spray refrigerated</i>	44
<i>desogest-eth estrad & eth</i>	
<i>estradiol tab 0.15-0.02/0.01</i>	
<i>mg(21/5)</i>	41
<i>desogestrel & ethinyl</i>	
<i>estradiol tab 0.15 mg-30</i>	
<i>mcg</i>	41
<i>desvenlafaxine succinate</i> ..	30
<i>dexamethasone</i>	43

DEXAMETHASONE	
INTENSOL	43
dexamethasone sodium	
phosphate.....	43
dexamethasone sodium	
phosphate (ophth)	54
DEXILANT	47
dexamethylphenidate hcl ..	34
dextrose	53
dextrose 10% w/ sodium	
chloride 0.45%.....	52
dextrose 2.5% w/ sodium	
chloride 0.45%.....	52
dextrose 5% in lactated	
ringers	52
dextrose 5% w/ sodium	
chloride 0.2%.....	52
dextrose 5% w/ sodium	
chloride 0.3%.....	52
dextrose 5% w/ sodium	
chloride 0.45%.....	52
dextrose 5% w/ sodium	
chloride 0.9%.....	52
DIACOMIT	27
diazepam	27
diazepam (anticonvulsant)	
.....	27
diazepam inj.....	27
diazoxide.....	44
diclofenac potassium	7
diclofenac sodium	7
diclofenac sodium (ophth)	
.....	54
diclofenac sodium (topical)	
.....	60
diclofenac w/ misoprostol	
tab delayed release 50-	
0.2 mg	7
diclofenac w/ misoprostol	
tab delayed release 75-	
0.2 mg	7
dicloxacillin sodium	14
dicyclomine hcl.....	46
DIFICID	13
diflunisal	7
digitek.....	26
digox	26
digoxin.....	26
dihydroergotamine	
mesylate	35
DILANTIN.....	27
DILANTIN-125	27
DILANTIN INFATABS	27
diltiazem hcl	24
diltiazem hcl coated beads	
.....	24
diltiazem hcl extended	
release beads.....	24
dilt-xr	24
DIP/TET PED INJ 25-5LFU	
.....	51
diphenhydramine hcl.....	55
diphenoxylate w/ atropine	
liq 2.5-0.025 mg/5ml....	46
diphenoxylate w/ atropine	
tab 2.5-0.025 mg	47
dipyridamole.....	49
disopyramide phosphate ..	22
disulfiram.....	37
divalproex sodium	27
docetaxel.....	16
DOCETAXEL	16
dofetilide.....	22
donepezil hydrochloride ..	29
DOPTELET	49
dorzolamide hcl.....	54
dorzolamide hcl-timolol	
maleate ophth soln 22.3-	
6.8 mg/ml.....	54
dotti	43
DOVATO TAB 50-300MG	
.....	11
doxazosin mesylate	20
doxepin hcl.....	30
doxepin hcl (sleep).....	35
doxercalciferol	45
doxorubicin hcl	15
doxorubicin hcl liposomal	15
doxy 100	15
doxycycline (monohydrate)	
.....	15
doxycycline hyclate	15
DRIZALMA SPRINKLE ..	30
dronabinol	45
drospirenone-ethinyl	
estradiol tab 3-0.02 mg	41
drospirenone-ethinyl	
estradiol tab 3-0.03 mg	41
DROXIA	49
droxidopa	26
duloxetine hcl	30
DUREZOL	54
dutasteride	47
dutasteride-tamsulosin hcl	
cap 0.5-0.4 mg	47
E	
ec-naproxen	7
EDARBI.....	22
EDARBYCLOR TAB 40-	
12.5	21
EDARBYCLOR TAB 40-	
25MG.....	21
EDURANT	11
efavirenz	11
efavirenz-emtricitabine-	
tenofovir df tab 600-200-	
300 mg	11
efavirenz-lamivudine-	
tenofovir df tab 400-300-	
300 mg	12
efavirenz-lamivudine-	
tenofovir df tab 600-300-	
300 mg	12
elinet.....	41
ELIQUIS	48
ELIQUIS STARTER PACK	
.....	48
ELLA	41
eluryng	41
EMCYT	16
EMEND	45
emoquette	41
EMSAM	30
emtricitabine	11
emtricitabine-tenofovir	
disoproxil fumarate tab	
100-150 mg	12
emtricitabine-tenofovir	
disoproxil fumarate tab	
133-200 mg	12
emtricitabine-tenofovir	
disoproxil fumarate tab	
167-250 mg	12
emtricitabine-tenofovir	
disoproxil fumarate tab	
200-300 mg	12

EMTRIVA	11
EMVERM	9
enalapril maleate	20
enalapril maleate & hydrochlorothiazide tab 10-25 mg	20
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	20
ENBREL	49
ENBREL MINI	49
ENBREL SURECLICK	49
ENDARI	49
endocet tab 10-325mg	8
endocet tab 2.5-325mg	8
endocet tab 5-325mg	8
endocet tab 7.5-325mg	8
ENGERIX-B	51
enoxaparin sodium	48
enpresse-28	41
enskyce	41
ENSTILAR AER	59
entacapone	31
entecavir	12
ENTRESTO TAB 24-26MG	21
ENTRESTO TAB 49-51MG	21
ENTRESTO TAB 97-103MG	21
enulose	46
EPCLUSA TAB 200-50MG	12
EPCLUSA TAB 400-100	12
EPIDIOLEX	27
epinephrine (anaphylaxis)	56
epirubicin hcl	15
epitol	27
EPIVIR HBV	12
eplerenone	20
ergocalciferol	55
ergotamine w/ caffeine tab 1-100 mg	35
ERIVEDGE	17
ERLEADA	16
erlotinib hcl	17
errin	41
ertapenem sodium	9
ery	58
ery-tab	13
ERYTHROCIN LACTOBIONATE	13
erythrocin stearate	13
erythromycin (acne aid)	58
erythromycin (ophth)	53
erythromycin base	13
erythromycin ethylsuccinate	14
ESBRIET	56
escitalopram oxalate	30
esomeprazole magnesium	47
estarrylla	41
estradiol	43
estradiol & norethindrone acetate tab 0.5-0.1 mg	43
estradiol & norethindrone acetate tab 1-0.5 mg	43
estradiol vaginal	43
estradiol valerate	43
ethambutol hcl	12
ethosuximide	27
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg	41
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg	41
etodolac	7
etonogestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr	41
etoposide	16
etravirine	11
euthyrox	45
everolimus	17
everolimus (immunosuppressant)	51
EVOTAZ TAB 300-150	12
exemestane	16
EZALLOR SPRINKLE	23
ezetimibe	23
ezetimibe-simvastatin tab 10-10 mg	23
ezetimibe-simvastatin tab 10-20 mg	23
ezetimibe-simvastatin tab 10-40 mg	23
ezetimibe-simvastatin tab 10-80 mg	23
F	
FABRAZYME	44
falmina	41
famciclovir	12
famotidine	46
famotidine in nacl 0.9% iv soln 20 mg/50ml	46
FANAPT	32
FANAPT PAK	32
FARXIGA	37
FARYDAK	17
FASENRA	56
FASENRA PEN	56
felbamate	27, 28
felodipine	24
femynor	41
fenofibrate	23
fenofibrate micronized	23
fentanyl	7
fentanyl citrate	8
FETZIMA	30
FETZIMA CAP TITRATIO	30
FIASP FLEX INJ TOUCH39	
FIASP INJ 100/ML	39
FIASP PENFIL INJ U-100	39
FINACEA	60
finasteride	47
FINTEPLA	28
flac	61
FLAREX	54
FLEBOGAMMA DIF	50
flecainide acetate	22
FLOVENT DISKUS	57
FLOVENT HFA	57
fluconazole	10
fluconazole in nacl 0.9% inj 200 mg/100ml	10
fluconazole in nacl 0.9% inj 400 mg/200ml	10
flucytosine	10
fludrocortisone acetate	43
flunisolide (nasal)	57
fluocinolone acetonide	59

<i>fluocinolone acetonide</i>	
(otic)	61
<i>fluocinonide</i>	59
<i>fluocinonide emulsified base</i>	59
<i>fluorometholone (ophth)</i> ..	54
<i>fluorouracil</i>	15
<i>fluorouracil (topical)</i>	60
<i>fluoxetine hcl</i>	30
<i>fluphenazine decanoate</i> ..	32
<i>fluphenazine hcl</i>	32
<i>flurbiprofen</i>	7
<i>flurbiprofen sodium</i>	54
<i>flutamide</i>	16
<i>fluticasone propionate</i>	59
<i>fluticasone propionate (nasal)</i>	57
<i>fluvastatin sodium</i>	23
<i>fluvoxamine maleate</i>	27
<i>folic acid</i>	55
<i>fondaparinux sodium</i>	48
<i>formoterol fumarate</i>	56
<i>FORTEO</i>	40
<i>FOSAMAX + D TAB 70-2800</i>	40
<i>FOSAMAX + D TAB 70-5600</i>	40
<i>fosamprenavir calcium</i> ...	11
<i>fosinopril sodium</i>	20
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	20
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	20
<i>FOTIVDA</i>	17
<i>FRAGMIN</i>	48
<i>FREAMINE HBC INJ 6.9%</i>	53
<i>FREAMINE III INJ 10%</i> ...53	
<i>frovatriptan succinate</i>	35
<i>fulvestrant</i>	16
<i>furosemide</i>	25
<i>furosemide inj.</i>	25
<i>FUZEON</i>	11
<i>fyavolv tab 0.5mg-2.5mcg</i>	43
<i>fyavolv tab 1mg-5mcg</i>43	
<i>FYCOMPA</i>	28
G	
<i>gabapentin</i>	28
<i>galantamine hydrobromide</i>	29
<i>GAMASTAN INJ</i>	50
<i>GAMMAGARD LIQUID</i> ..50	
<i>GAMMAGARD S/D IGA LESS TH</i>	50
<i>GAMMAKED</i>	50
<i>GAMMAPLEX</i>	50
<i>GAMUNEX-C</i>	50
<i>ganciclovir sodium</i>	12
<i>GARDASIL 9 INJ</i>	51
<i>gatifloxacin (ophth)</i>	53
<i>GATTEX</i>	47
<i>GAUZE PADS 2</i>	39
<i>gavilyte-c</i>	46
<i>gavilyte-g</i>	46
<i>gavilyte-n/flavor pack</i>	46
<i>GAVRETO</i>	17
<i>gemcitabine hcl</i>	15
<i>gemfibrozil</i>	23
<i>generlac</i>	46
<i>gengraf</i>	51
<i>GENOTROPIN</i>	44
<i>GENOTROPIN MINIQUICK</i>	44
<i>gentak</i>	53
<i>gentamicin in saline inj 0.8 mg/ml</i>	9
<i>gentamicin in saline inj 1.2 mg/ml</i>	9
<i>gentamicin in saline inj 1.6 mg/ml</i>	9
<i>gentamicin in saline inj 1 mg/ml</i>	9
<i>gentamicin in saline inj 2 mg/ml</i>	9
<i>gentamicin sulfate</i>	9
<i>gentamicin sulfate (ophth)</i>	53
<i>gentamicin sulfate (topical)</i>	58
<i>GENVOYA TAB</i>	12
<i>gianvi</i>	41
<i>GILENYA</i>	36
<i>GIOTRIF</i>	17
<i>glatiramer acetate</i>	36
<i>glatopa</i>	36
<i>glimepiride</i>	37
<i>glipizide</i>	37
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	38
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	38
<i>glipizide-metformin hcl tab 5-500 mg</i>	38
<i>glipizide xl</i>	38
<i>glycopyrrolate</i>	46
<i>glydo</i>	59
<i>GLYXAMBI TAB 10-5 MG</i>	38
<i>GLYXAMBI TAB 25-5 MG</i>	38
<i>GOLYTELY SOL</i>	46
<i>GRALISE</i>	36
<i>gransetron hcl</i>	45
<i>griseofulvin microsize</i>10	
<i>griseofulvin ultramicrosize</i>	10
<i>guanfacine hcl</i>	26
<i>guanfacine hcl (adhd)</i>34	
<i>GVOKE HYPOEN 2-PACK</i>	44
<i>GVOKE PFS</i>	44
H	
<i>HAEGARDA</i>	49
<i>hailey 1.5/30</i>	41
<i>halobetasol propionate</i> ...59	
<i>haloperidol</i>	32
<i>haloperidol decanoate</i>32	
<i>haloperidol lactate</i>	32
<i>HARVONI PAK 33.75-150MG</i>	12
<i>HARVONI PAK 45-200MG</i>	12
<i>HARVONI TAB 45-200MG</i>	12
<i>HARVONI TAB 90-400MG</i>	12
<i>HAVRIX</i>	51
<i>heather</i>	41
<i>HEPARIN/NACL INJ 25000UNT</i>	48
<i>heparin sodium (porcine)</i> 48	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	48
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	48

<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	48	<i>hydrocortisone (intrarectal)</i>	46
<i>hepatamine</i>	53	<i>hydrocortisone (rectal)</i>	60
HEP SOD/NACL INJ 25000UNT	48	<i>hydrocortisone (topical)</i>	59
HERCEP HYLEC SOL 60-10000	17	<i>hydromorphone hcl</i>	8
HERCEPTIN	17	<i>hydroxychloroquine sulfate</i>	50
HERZUMA	17	<i>hydroxyurea</i>	16
HETLIOZ	35	<i>hydroxyzine hcl</i>	55
HIBERIX	51	<i>hydroxyzine pamoate</i>	55
HUMIRA	49	<i>HYSINGLA ER</i>	7
HUMIRA PEDIA INJ CROHNS	49	I	
HUMIRA PEDIATRIC CROHNS D	49	<i>ibandronate sodium</i>	40
HUMIRA PEN	50	<i>IBRANCE</i>	17
HUMIRA PEN-CD/UC/HS START	50	<i>ibu</i>	7
HUMIRA PEN KIT PS/UV	50	<i>ibuprofen</i>	7
HUMIRA PEN-PEDIATRIC UC S	50	<i>icatibant acetate</i>	49
HUMIRA PEN-PS/UV STARTER	50	<i>iclevia</i>	41
HUMULIN R U-500 (CONCENTR)	39	<i>ICLUSIG</i>	17
HUMULIN R U-500 KLIKOPEN	39	<i>IDHIFA</i>	17
<i>hydralazine hcl</i>	26	<i>ILEVRO</i>	54
<i>hydrochlorothiazide</i>	25	<i>imatinib mesylate</i>	17
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	8	<i>IMBRUICA</i>	17
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	8	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	8	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	8	<i>imipramine hcl</i>	30
<i>hydrocodone bitartrate</i>	7	<i>imiquimod</i>	60
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	<i>IMOVA X RABIES (H.D.C.V.)</i>	51
<i>hydrocortisone</i>	43	<i>incassia</i>	41
		<i>INCRELEX</i>	44
		<i>INCRUSE ELLIPTA</i>	55
		<i>indapamide</i>	25
		<i>INFANRIX INJ</i>	51
		<i>INGREZZA</i>	36
		<i>INGREZZA CAP 40-80MG</i>	36
		<i>INLYTA</i>	17
		<i>INQOVI TAB 35-100MG</i>	16
		<i>INREBIC</i>	18
		INSULIN SAFETY NEEDLES	39
		INSULIN SYRINGES: BD/ULTIMED/ALLISON/ TRIVIDIA/MHC	39
		INTELENCE	11
		INTRALIPID	53
		INTRON A	51
		<i>introvale</i>	41
		INVEGA SUSTENNA	32
		INVEGA TRINZA	33
		INVIRASE	11
		IPOL INJ INACTIVE	51
		<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	55
		<i>ipratropium bromide</i>	55
		<i>ipratropium bromide (nasal)</i>	55
		irbesartan	22
		irbesartan-hydrochlorothiazide tab 150-12.5 mg	21
		irbesartan-hydrochlorothiazide tab 300-12.5 mg	21
		IRESSA	18
		<i>irinotecan hcl</i>	16
		ISENTRESS	11
		ISENTRESS HD	11
		<i>isibloom</i>	41
		ISOLYTE-P INJ /D5W	52
		ISOLYTE-S INJ	52
		<i>isoniazid</i>	12
		ISOPTO ATROPINE	55
		<i>isosorbide dinitrate</i>	26
		<i>isosorbide mononitrate</i>	26
		<i>isotretinoin</i>	58
		<i>isradipine</i>	24
		<i>itraconazole</i>	10
		<i>ivermectin</i>	9
		IXIARO INJ	51
		J	
		JAKAFI	18
		<i>jantoven</i>	48
		JANUMET TAB 50-1000	38
		JANUMET TAB 50-500MG	38
		JANUMET XR TAB 100-1000	38
		JANUMET XR TAB 50-1000	38
		JANUMET XR TAB 50-500MG	38
		JANUVIA	38
		JARDIANCE	38
		<i>jasmiel</i>	41

JENTADUETO TAB 2.5-	
1000	38
JENTADUETO TAB 2.5-	
500	38
JENTADUETO TAB 2.5-	
850	38
JENTADUETO TAB XR	
2.5-1000MG	38
JENTADUETO TAB XR 5-	
1000MG.....	38
jinteli.....	43
jolessa.....	41
juleber.....	41
JULUCA TAB 50-25MG ..	12
junel 1/20	41
junel 1.5/30	41
junel fe 1/20	41
junel fe 1.5/30	41
JUXTAPIID.....	23
K	
KADCYLA	18
KALETRA TAB 100-25MG	
.....	12
KALETRA TAB 200-50MG	
.....	12
KALYDECO	56
KANJINTI.....	18
kariva	41
KCL/D5W/NACL INJ	
0.15/0.2	52
KCL/D5W/NACL INJ	
0.3/0.9%	52
kcl 10 meq/l (0.075%) in	
dextrose 5% & nacl	
0.45% inj.....	52
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl 0.2%	
inj.....	52
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl	
0.45% inj.....	52
kcl 20 meq/l (0.15%) in	
dextrose 5% & nacl 0.9%	
inj.....	52
kcl 20 meq/l (0.15%) in nacl	
0.45% inj.....	52
kcl 20 meq/l (0.15%) in nacl	
0.9% inj.....	52
kcl 30 meq/l (0.224%) in	
dextrose 5% & nacl	
0.45% inj.....	52
kcl 40 meq/l (0.3%) in	
dextrose 5% & nacl	
0.45% inj.....	52
kelnor 1/35	41
kelnor 1/50	41
ketoconazole.....	10
ketoconazole (topical)58,	
59	
ketorolac tromethamine	
(ophth).....	54
KEYTRUDA	18
KINRIX INJ.....	51
KISQALI	18
KISQALI 200 PAK	
FEMARA	16
KISQALI 400 PAK	
FEMARA	16
KISQALI 600 PAK	
FEMARA	16
klor-con	52
klor-con 10	52
klor-con 8	52
klor-con m10	52
klor-con m15	52
klor-con m20	52
KORLYM.....	44
KRISTALOSE	46
kurvelo	41
KYNMOBI	31
L	
labetalol hcl	24
lactated ringer's solution .	52
lactic acid (ammonium	
lactate).....	60
lactulose	46
lactulose (encephalopathy)	
.....	46
lamivudine	11
lamivudine (hbv).....	12
lamivudine-zidovudine tab	
150-300 mg	12
lamotrigine	28
lansoprazole.....	47
lapatinib ditosylate	18
larin 1/20	41
larin 1.5/30	41
larin fe 1/20	41
larin fe 1.5/30	41
larissia.....	41
LASTACRAFT	54
latanoprost	54
LATUDA.....	33
leena	41
leflunomide.....	50
LENVIMA 10 MG DAILY	
DOSE	18
LENVIMA 12MG DAILY	
DOSE	18
LENVIMA 20 MG DAILY	
DOSE	18
LENVIMA 4 MG DAILY	
DOSE	18
LENVIMA 8 MG DAILY	
DOSE	18
LENVIMA CAP 14 MG ...	18
LENVIMA CAP 18 MG ...	18
LENVIMA CAP 24 MG ...	18
lessina	41
letrozole	16
leucovorin calcium	19
LEUKERAN.....	15
leuprolide acetate.....	16
levalbuterol hcl	56
levalbuterol tartrate	56
LEVEMIR	39
LEVEMIR FLEXTOUCH .	39
levetiracetam	28
levetiracetam in sodium	
chloride iv soln 1000	
mg/100ml.....	28
levetiracetam in sodium	
chloride iv soln 1500	
mg/100ml.....	28
levetiracetam in sodium	
chloride iv soln 500	
mg/100ml.....	28
levobunolol hcl	54
levocarnitine (metabolic	
modifiers).....	44
levocetirizine	
dihydrochloride	55
levofloxacin	14
levofloxacin in d5w iv soln	
250 mg/50ml.....	14
levofloxacin in d5w iv soln	
500 mg/100ml.....	14

<i>levofloxacin in d5w iv soln</i>	
<i>750 mg/150ml</i>	14
<i>levonest</i>	41
<i>levonorgestrel & ethinyl estradiol (91-day) tab</i>	
<i>0.15-0.03 mg</i>	41
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	42
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	41
<i>levonorgestrel-eth estra tab</i>	
<i>0.05-30/0.075-40/0.125-30mg-mcg</i>	42
<i>levora 0.15/30-28</i>	42
<i>levo-t</i>	45
<i>levothyroxine sodium</i>	45
<i>levoxyl</i>	45
<i>LEXIVA</i>	11
<i>lidocaine</i>	59
<i>lidocaine hcl</i>	59, 60
<i>lidocaine hcl (local anesth.)</i>	9
<i>lidocaine hcl (mouth-throat)</i>	60
<i>lidocaine-prilocaine cream</i>	
<i>2.5-2.5%</i>	60
<i>lillow</i>	42
<i>linezolid</i>	9
<i>linezolid in sodium chloride</i>	
<i>iv soln 600 mg/300ml-0.9%</i>	9
<i>LINZESS</i>	47
<i>liothyronine sodium</i>	45
<i>lisinopril</i>	20
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab 10-12.5 mg</i>	20
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab 20-12.5 mg</i>	20
<i>lisinopril &</i>	
<i>hydrochlorothiazide tab 20-25 mg</i>	20
<i>LITHIUM</i>	36
<i>lithium carbonate</i>	36
<i>LIVALO</i>	23
<i>loestrin 1/20-21</i>	42
<i>loestrin 1.5/30-21</i>	42
<i>loestrin fe 1/20</i>	42
<i>loestrin fe 1.5/30</i>	42
<i>LOKELMA</i>	40
<i>LONSURF TAB 15-6.14..16</i>	
<i>LONSURF TAB 20-8.19..16</i>	
<i>loperamide hcl</i>	47
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	12
<i>lopinavir-ritonavir tab 100-25 mg</i>	12
<i>lopinavir-ritonavir tab 200-50 mg</i>	12
<i>lopreeza</i>	43
<i>lorazepam</i>	27
<i>lorazepam intensol</i>	27
<i>LORBRENA</i>	18
<i>loryna</i>	42
<i>losartan potassium</i>	22
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	21
<i>LOTEMAX</i>	54
<i>lovastatin</i>	23
<i>low-ogestrel</i>	42
<i>loxapine succinate</i>	33
<i>LUMAKRAS</i>	18
<i>LUMIGAN</i>	54
<i>LUMIZYME</i>	44
<i>LUPRON DEPOT (1-MONTH)</i>	16
<i>LUPRON DEPOT (3-MONTH)</i>	16
<i>LUPRON DEPOT-PED (1-MONTH)</i>	44
<i>LUPRON DEPOT-PED (3-MONTH)</i>	44
<i>lutera</i>	42
<i>lyeq</i>	42
<i>lyllana</i>	43
<i>LYNPARZA</i>	18
<i>LYRICA CR</i>	36
LYSODREN	16
<i>lyza</i>	42
M	
<i>magnesium sulfate</i>	52
MAGNESIUM SULFATE	52
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	52
<i>malathion</i>	60
<i>marlissa</i>	42
<i>MARPLAN</i>	30
<i>MATULANE</i>	16
<i>matzim la</i>	24
<i>MAVYRET TAB 100-40MG</i>	12
<i>meclizine hcl</i>	45
<i>medroxyprogesterone acetate</i>	45
<i>medroxyprogesterone acetate (contraceptive)</i>	42
<i>mefloquine hcl</i>	10
<i>megestrol acetate</i>	16, 45
<i>megestrol acetate (appetite)</i>	45
<i>MEKINIST</i>	18
<i>MEKTOVI</i>	18
<i>meloxicam</i>	7
<i>memantine hcl</i>	29
<i>MENACTRA INJ</i>	51
<i>MENQUADFI INJ</i>	51
<i>MENVEO INJ</i>	51
<i>mercaptopurine</i>	15
<i>meropenem</i>	9
<i>mesalamine</i>	46
<i>mesalamine w/ cleanser</i>	46
<i>MESNEX</i>	19
<i>metadate er</i>	34
<i>metformin hcl</i>	38
<i>methadone hcl</i>	7
<i>methadone hydrochloride</i>	7
<i>methazolamide</i>	25
<i>methenamine hippurate</i>	9
<i>methimazole</i>	45
<i>methotrexate sodium</i>	15, 50
<i>methyldopa</i>	26
<i>methylphenidate hcl</i>	35
<i>methylprednisolone</i>	43
<i>methylprednisolone acetate</i>	43

<i>methylprednisolone sod</i>	
<i>succ</i>	43
<i>metoclopramide hcl</i>	45
<i>metolazone</i>	25
<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>	
<i>100-25 mg</i>	24
<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>	
<i>100-50 mg</i>	24
<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>	
<i>50-25 mg</i>	24
<i>metoprolol succinate</i>	24
<i>metoprolol tartrate</i>	24
<i>metronidazole</i>	9
<i>metronidazole (topical)</i>	60
<i>metronidazole in nacl</i>	
<i>0.79% iv soln 500</i>	
<i>mg/100ml</i>	9
<i>metronidazole vaginal</i>	48
<i>metyrosine</i>	26
<i>MG SO4/D5W INJ</i>	
<i>10MG/ML</i>	52
<i>micafungin sodium</i>	10
<i>microgestin 1/20</i>	42
<i>microgestin 1.5/30</i>	42
<i>microgestin fe 1/20</i>	42
<i>microgestin fe 1.5/30</i>	42
<i>midodrine hcl</i>	26
<i>miglustat</i>	44
<i>mili</i>	42
<i>mimvey</i>	43
<i>minitran</i>	26
<i>minocycline hcl</i>	15
<i>minoxidil</i>	26
<i>mirtazapine</i>	30
<i>misoprostol</i>	47
<i>MITIGARE</i>	7
<i>M-M-R II INJ</i>	51
<i>M-NATAL PLUS TAB</i>	52
<i>modafinil</i>	36, 37
<i>moexipril hcl</i>	20
<i>molindone hcl</i>	33
<i>mometasone furoate</i>	59
<i>monodoxine nl</i>	15
<i>MONJUVI</i>	18
<i>mono-linyah</i>	42
<i>montelukast sodium</i>	56
<i>morphine sulfate</i>	7, 8
<i>MORPHINE SULFATE</i>	8
<i>MOVANTIK</i>	47
<i>moxifloxacin hcl</i>	14
<i>moxifloxacin hcl (ophth)</i> ..	53
<i>moxifloxacin hcl 400</i>	
<i>mg/250ml in sodium</i>	
<i>chloride 0.8% inj</i>	14
<i>MOXIFLOXACIN</i>	
<i>HYDROCHLORID</i>	14
<i>MULTAQ</i>	22
<i>mupirocin</i>	58
<i>MVASI</i>	18
<i>mycophenolate mofetil</i>	51
<i>mycophenolate sodium</i> ..	51
<i>myorisan</i>	58
<i>MYRBETRIQ</i>	47
N	
<i>nabumetone</i>	7
<i>nadolol</i>	24
<i>nafcillin sodium</i>	14
<i>NAGLAZYME</i>	44
<i>nalbuphine hcl</i>	8
<i>naloxone hcl</i>	37
<i>naltrexone hcl</i>	37
<i>NAMZARIC CAP 14-10MG</i>	
.....	29
<i>NAMZARIC CAP 21-10MG</i>	
.....	29
<i>NAMZARIC CAP 28-10MG</i>	
.....	29
<i>NAMZARIC CAP 7-10MG</i>	
.....	29
<i>NAMZARIC CAP PACK</i> ..	29
<i>naproxen</i>	7
<i>naproxen sodium</i>	7
<i>naratriptan hcl</i>	35
<i>NARCAN</i>	37
<i>NATACYN</i>	53
<i>nateglinide</i>	38
<i>NATPARA</i>	40
<i>NAYZILAM</i>	28
<i>necon 0.5/35-28</i>	42
<i>nefazodone hcl</i>	30
<i>neomycin-bacitrac zn</i>	
<i>polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
.....	53
<i>neomycin-polomy-gramicid</i>	
<i>op sol 1.75-10000-0.025mg-unt-mg/ml</i>	54
<i>neomycin-polymyxin-dexamethasone ophth</i>	
<i>oint 0.1%</i>	53
<i>neomycin-polymyxin-dexamethasone ophth</i>	
<i>susp 0.1%</i>	53
<i>neomycin-polymyxin-hc ophth susp</i>	53
<i>neomycin-polymyxin-hc otic soln 1%</i>	61
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	61
<i>neomycin sulfate</i>	9
<i>NERLYNX</i>	18
<i>NEUPRO</i>	31
<i>nevirapine</i>	11
<i>NEXAVAR</i>	18
<i>niacin (antihyperlipidemic)</i>	
.....	23
<i>nicardipine hcl</i>	25
<i>NICOTROL INHALER</i>	37
<i>NICOTROL NS</i>	37
<i>nifedipine</i>	25
<i>nikki</i>	42
<i>nilutamide</i>	16
<i>nimodipine</i>	25
<i>NINLARO</i>	18
<i>nisoldipine</i>	25
<i>nitazoxanide</i>	9
<i>nitisinone</i>	44
<i>NITRO-BID</i>	26
<i>NITRO-DUR</i>	26
<i>nitrofurantoin macrocrystal</i> ...	9
<i>nitrofurantoin monohyd</i>	
<i>macro</i>	9
<i>nitroglycerin</i>	26
<i>nizatidine</i>	46
<i>nora-be</i>	42
<i>norethindrone</i>	
<i>(contraceptive)</i>	42
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	42

<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	42	NULOJIX	51
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	42	NULYTELY SOL LMN/LIME	46
<i>norethindrone acetate</i>	45	NUPLAZID	33
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	43	NUTRILIPID	53
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	43	<i>nyamyc</i>	58
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	42	<i>nylia 7/7/7</i>	42
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	42	NYMALIZE	25
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	42	<i>nymyo</i>	42
<i>NORITATE</i>	60	<i>nystatin</i>	10
<i>norlyroc</i>	42	<i>nystatin (mouth-throat)</i>	60
<i>NORPACE CR</i>	22	<i>nystatin (topical)</i>	58
<i>NORTHERA</i>	26	<i>nystop</i>	58
<i>nortrel 0.5/35 (28)</i>	42	O	
<i>nortrel 1/35 (21)</i>	42	<i>ocella</i>	42
<i>nortrel 1/35 (28)</i>	42	OCTAGAM	50
<i>nortrel 7/7/7</i>	42	<i>octreotide acetate</i>	44
<i>nortriptyline hcl</i>	30	ODESEY TAB	12
<i>NORVIR</i>	11	ODOMZO	18
<i>NOVOLIN INJ 70/30</i>	39	OFEV	56
<i>NOVOLIN INJ 70/30 FP</i>	39	<i>ofloxacin (ophth)</i>	54
<i>NOVOLIN N</i>	39	<i>ofloxacin (otic)</i>	61
<i>NOVOLIN N FLEXPEN</i>	39	OGIVRI	18
<i>NOVOLIN R</i>	39	OGIVRI INJ 420MG	18
<i>NOVOLIN R FLEXPEN</i>	40	<i>olanzapine</i>	33
<i>NOVOLOG</i>	40	<i>olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i>	21
<i>NOVOLOG FLEXPEN</i>	40	<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i>	22
<i>NOVOLOG MIX INJ 70/30</i>	40	<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	22
<i>NOVOLOG MIX INJ FLEXPEN</i>	40	<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i>	21
<i>NOVOLOG PENFILL</i>	40	<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i>	21
<i>NOXAFIL</i>	10	<i>olmesartan medoxomil</i>	22
<i>NUBEQA</i>	16	<i>olmesartan medoxomilhydrochlorothiazide tab 20-12.5 mg</i>	21
<i>NUEDEXTA CAP 20-10MG</i>	36	<i>olmesartan medoxomilhydrochlorothiazide tab 40-12.5 mg</i>	21
		<i>olmesartan medoxomilhydrochlorothiazide tab 40-25 mg</i>	21
		<i>olopatadine hcl</i>	54
		<i>olopatadine hcl (nasal)</i>	55
		<i>omeprazole</i>	47
		<i>OMNARIS</i>	57
		<i>OMNIPOD KIT STARTER</i>	40
		<i>OMNIPOD MIS 5 PACK</i>	40
		<i>ondansetron</i>	45
		<i>ondansetron hcl</i>	45
		<i>ONTRUZANT</i>	18
		<i>ONUREG</i>	15
		<i>OPSUMIT</i>	26
		<i>ORGOVYX</i>	16
		<i>ORKAMBI GRA 100-125</i>	56
		<i>ORKAMBI GRA 150-188</i>	56
		<i>ORKAMBI TAB 100-125</i>	56
		<i>ORKAMBI TAB 200-125</i>	56
		<i>orsythia</i>	42
		<i>oseltamivir phosphate</i>	12
		<i>OSPHENA</i>	44
		<i>oxacillin sodium</i>	14
		<i>oxaliplatin</i>	15
		<i>oxandrolone</i>	37
		<i>oxaprozin</i>	7
		<i>oxcarbazepine</i>	28
		<i>oxybutynin chloride</i>	47, 48
		<i>oxycodone hcl</i>	8
		<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	8
		<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	8
		<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	8
		<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	8
		<i>OXYTROL</i>	48
		<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	38
		<i>OZEMPIC (1MG/DOSE)</i>	38
		P	
		<i>pacerone</i>	22, 23
		<i>paclitaxel</i>	16
		<i>paliperidone</i>	33
		<i>pamidronate disodium</i>	40
		<i>PAMIDRONATE DISODIUM</i>	40

PANRETIN	60
pantoprazole sodium	47
PANZYGA	50
paraplatin	15
paricalcitol	45
paroex	60
paromomycin sulfate	9
paroxetine hcl	30
PASER	12
PAXIL	30
PAZEO	54
PEDIARIX INJ 0.5ML	51
PEDVAX HIB	51
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	46
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	46
PEGANONE	28
PEGASYS	13
PEMAZYRE	18
PEN GK/DEXTR INJ 40000/ML	14
PEN GK/DEXTR INJ 60000/ML	14
penicillamine	40
penicillin g potassium	14
PENICILLIN G PROCAINE	14
penicillin g sodium	15
penicillin v potassium	15
PEN NEEDLES:	
NOVO/BD/ULTIMED/OW EN/TRIVIDIA	40
PENTACEL INJ	51
pentamidine isethionate inh	10
pentamidine isethionate inj	10
pentoxifylline	49
PERFOROMIST	56
perindopril erbumine	20
periogard	60
permethrin	60
perphenazine	33
PERSERIS	33
pfizerpen	15
phenelzine sulfate	30
phenobarbital	28
phenobarbital sodium	28
PHENYTEK	28
phenytoin	28
phenytoin sodium	28
phenytoin sodium extended	28
PHESGO SOL	18
philith	42
phytonadione	55
PICATO	60
PIFELTRO	11
pilocarpine hcl	54
pilocarpine hcl (oral)	60
pimozide	33
pimtrea	42
pindolol	24
pioglitazone hcl	38
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	15
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	15
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	15
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	15
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	15
PIQRAY 200MG DAILY DOSE	18
PIQRAY 250MG TAB DOSE	18
PIQRAY 300MG DAILY DOSE	18
pirmella 1/35	42
piroxicam	7
PLASMA-LYTE INJ -148	52
PLASMA-LYTE INJ -A	52
plenamine	53
PLENU SOL	46
PNV FOLIC AC TAB + IRON	52
podofilox	60
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	54
POMALYST	16
portia-28	42
posaconazole	10
potassium chloride	52, 53
POTASSIUM CHLORIDE	52
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	52
potassium chloride microencapsulated crystals er	53
potassium citrate (alkalinizer)	47
POT CHL/NACL INJ 20MEQ/L	52
POT CHL/NACL INJ 40MEQ/L	52
PRADAXA	48
PRALUENT	23
pramipexole dihydrochloride	31
prasugrel hcl	49
pravastatin sodium	23
praziquantel	10
prazosin hcl	20
prednisolone	43
prednisolone acetate (ophth)	54
PREDNISOLONE SODIUM PHOSP	54
prednisolone sodium phosphate	43
prednisone	43
PREDNISONE INTENSOL	43
pregabalin	28
pregabalin (once-daily)	36
PREMASOL SOL 10%	53
PRENATAL TAB 27-1MG	53
PRENATAL TAB PLUS	53
PRENATAL VIT TAB LOW IRON	53
prevalite	24
previfem	42

PREZCOBIX TAB 800-150	12
PREZISTA	11
PRIFTIN	12
PRILOSEC	47
primaquine phosphate	10
PRIMAQUINE PHOSPHATE	10
primidone	28
PRIVIGEN	50
probenecid	7
PROCALAMINE INJ 3% .	53
prochlorperazine	46
prochlorperazine edisylate	46
prochlorperazine maleate	46
PROCRT	49
procto-med hc	60
procto-pak	60
proctosol hc	60
protozozone-hc	60
PROGRAF	51
PROLASTIN-C	56
PROLENSA	54
PROLIA	40
PROMACTA.....	49
promethazine hcl	46
propafenone hcl	23
proparacaine hcl	55
propranolol hcl	24
propylthiouracil	45
PROQUAD INJ	51
PROSOL INJ 20%	53
protriptyline hcl	30
PULMICORT FLEXHALER	57
PULMOZYME	56
PURIXAN	15
pyrazinamide	12
pyridostigmine bromide ..	36
Q	
QINLOCK.....	18
QUADRACEL INJ	51
quetiapine fumarate	33
quinapril hcl	20
quinapril- hydrochlorothiazide tab 10-12.5 mg	20
R	
RABAVERT INJ	51
rabeprazole sodium	47
raloxifene hcl	44
ramipril	20
ranolazine	26
rasagiline mesylate ..	31, 32
RAYALDEE	45
reclipsen	42
RECOMBIVAX HB	51
RECTIV	60
REGRANEX	60
RELENZA DISKHALER ..	13
RELISTOR	47
REMICADE	50
RENFLEXIS	50
repaglinide	38
RESTASIS	55
RESTASIS MULTIDOSE	55
RETEVMO	18
REVLIMID	16
REXULTI	33
REYATAZ	11
RHOPRESSA	54
RIABNI	18
ribavirin (<i>hepatitis c</i>)	13
rifabutin	12
rifampin	12
riluzole	36
rimantadine hydrochloride	13
RINVOQ	50
risedronate sodium	40
RISPERDAL CONSTA ..	33
risperidone	33
ritonavir	11
RITUXAN	18
RITUXAN INJ HYCELA ..	18
rivastigmine	29
rivastigmine tartrate ..	29, 30
rizatriptan benzoate	35
ropinirole hydrochloride ..	32
s	
SANCUSO	46
SANDIMMUNE	51
SANTYL	60
sapropterin dihydrochloride	44
SAVELLA	36
SAVELLA MIS TITR PAK	36
scopolamine	46
SECUADO	33
selegiline hcl	32
selenium sulfide	59
SELZENTRY	11
SEREVENT DISKUS	56
sertraline hcl	30
setlakin	42
sevelamer carbonate	45
sharobel	42
SHINGRIX	51
SIGNIFOR	44
sildenafil citrate	57
sildenafil citrate (pulmonary hypertension)	26
silodosin	47
silver sulfadiazine	58
SIMBRINZA SUS 1-0.2% ..	54
simliya	42
simvastatin	23
sirolimus	51
SIRTURO	12
SIVEXTRO	10
SKYRIZI	50
SKYRIZI PEN	50
sodium chloride	52
sodium chloride (gu irrigant)	60

sodium fluoride chew; tab;	
1.1 (0.5 f) mg/ml soln	53
sodium phenylbutyrate	44
sodium polystyrene	
sulfonate powder	40
solifenacin succinate	48
SOLIQUA INJ 100/33	40
SOLTAMOX	16
SOLU-CORTEF	44
SOMATULINE DEPOT	44
SOMAVERT	44
sorine	23
sotalol hcl	23
sotalol hcl (afib/afl)	23
spironolactone	20
spironolactone &	
hydrochlorothiazide tab	
25-25 mg	25
sprintec 28	42
SPRITAM	28
SPRYCEL	18
sps	41
sronyx	42
ssd	58
stavudine	11
STELARA	50
STIMATE	44
STIVARGA	18
streptomycin sulfate	10
STRIBILD TAB	12
subvenite	28
sucralfate	47
sulfacetamide sodium	
(acne)	58
sulfacetamide sodium	
(ophth)	54
sulfacetamide sodium-	
prednisolone ophth soln	
10-0.23(0.25)%	53
SULFADIAZINE	10
sulfamethoxazole-	
trimethoprim iv soln 400-	
80 mg/5ml	10
sulfamethoxazole-	
trimethoprim susp 200-40	
mg/5ml	10
sulfamethoxazole-	
trimethoprim tab 400-80	
mg	10
sulfamethoxazole-	
trimethoprim tab 800-160	
mg	10
SULFAMYLYON	58
sulfasalazine	46
sulindac	7
sumatriptan	35
sumatriptan succinate	35,
36	
sunitinib malate	18
SUPREP BOWEL SOL	
PREP KIT	46
SUTENT	18
syeda	42
SYMBICORT AER 160-4.5	
.....	57
SYMBICORT AER 80-4.5	
.....	57
SYMDEKO TAB 100-150	57
SYMDEKO TAB 50-75MG	
.....	56
SYMJEPI	57
SYMPAZAN	29
SYMTUZA TAB	12
SYNAREL	43
SYNERCID INJ 500MG	10
SYNJARDY TAB 12.5-	
1000MG	39
SYNJARDY TAB 12.5-500	
.....	38
SYNJARDY TAB 5-	
1000MG	38
SYNJARDY TAB 5-500MG	
.....	38
SYNJARDY XR TAB 10-	
1000	39
SYNJARDY XR TAB 12.5-	
1000MG	39
SYNJARDY XR TAB 25-	
1000	39
SYNJARDY XR TAB 5-	
1000MG	39
SYNRIBO	16
SYNTHROID	45
T	
TABLOID	15
TABRECTA	18
tacrolimus	51
tacrolimus (topical)	60
tadalafil	57
TAFINLAR	18
TAGRISSO	18
TALTZ	50
TALZENNA	18
tamoxifen citrate	16
tamsulosin hcl	47
TARGETIN	60
tarina fe 1/20 eq	42
TASIGNA	18
tazarotene	58
tazicef	13
TAZORAC	58
taztia xt	25
TAZVERIK	19
TDVAX INJ 2-2 LF	51
TECENTRIQ	19
TEFLARO	13
telmisartan	22
telmisartan-amlodipine tab	
40-10 mg	22
telmisartan-amlodipine tab	
40-5 mg	22
telmisartan-amlodipine tab	
80-10 mg	22
telmisartan-amlodipine tab	
80-5 mg	22
telmisartan-	
hydrochlorothiazide tab	
40-12.5 mg	22
telmisartan-	
hydrochlorothiazide tab	
80-12.5 mg	22
telmisartan-	
hydrochlorothiazide tab	
80-25 mg	22
temazepam	35
TEMIXYS TAB 300-300	12
TENIVAC INJ 5-2LF	51
tenofovir disoproxil	
fumarate	11
TEPMETKO	19
terazosin hcl	20
terbinafine hcl	10
terbutaline sulfate	56
terconazole vaginal	48
testosterone	37
testosterone cypionate	37
testosterone enanthate	37
tetrabenazine	36

<i>tetracycline hcl</i>	15	TRELEGY AER ELLIPTA	<i>trimethoprim</i>	10
THALOMID	16	200-62.5-25 MCG	<i>tri-mili</i>	42
THEO-24	57	TRELSTAR MIXJECT	<i>trimipramine maleate</i>	30, 31
<i>theophylline</i>	57	<i>treprostinil</i>	TRINTELLIX	31
<i>thioridazine hcl</i>	33	TRESIBA	<i>tri-nymyo</i>	42
<i>thiothixene</i>	33	TRESIBA FLEXTOUCH	<i>tri-previfem</i>	42
<i>tiadylt er</i>	25	tretinoin	<i>tri-sprintec</i>	42
<i>tiagabine hcl</i>	29	tretinoin (chemotherapy)	TRIUMEQ TAB	12
TIBSOVO	19	TREXALL	<i>trivora-28</i>	42
<i>tigecycline</i>	15	<i>triamcinolone acetonide</i>	<i>tri-vylibra</i>	42
TIGECYCLINE	15	(mouth)	<i>tri-vylibra lo</i>	42
<i>tilia fe</i>	42	<i>triamcinolone acetonide</i>	TROGARZO	11
<i>timolol maleate</i>	24	(topical)	TROPHAMINE INJ 10%	53
<i>timolol maleate (ophth)</i>	54	<i>trospium chloride</i>	48	
<i>timolol maleate (ophth) once-daily</i>	54	TRULANCE	47	
TIVICAY	11	TRULICITY	39	
TIVICAY PD	11	TRUMENBA INJ	51	
<i>tizanidine hcl</i>	36	TRUSELTIQ 100 MG	DAILY DOSE	19
TOBRADEX OIN 0.3-0.1%	53	TRUSELTIQ 125 MG	DAILY DOSE	19
TOBRADEX ST SUS 0.3-0.05	53	TRUSELTIQ 50 MG DAILY	DOSE	19
<i>tobramycin</i>	10	TRUSELTIQ 75 MG DAILY	DOSE	19
<i>tobramycin (ophth)</i>	54	TRUXIMA	19	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	53	TUKYSA	19	
<i>tobramycin sulfate</i>	10	<i>tulana</i>	42	
<i>tolterodine tartrate</i>	48	TURALIO	19	
<i>topiramate</i>	29	TWINRIX INJ	51	
<i>toposar</i>	16	TYBOST	11	
<i>toremifene citrate</i>	16	TYMLOS	40	
<i>torsemide</i>	25	TYPHIM VI	51	
TOVIAZ	48	U		
TPN ELECTROL INJ	52	UBRELVY	36	
TRADJENTA	39	UKONIQ	19	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9	<i>unithroid</i>	45	
<i>tramadol hcl</i>	9	<i>ursodiol</i>	47	
<i>trandolapril</i>	20	V		
<i>tranexamic acid</i>	49	<i>valacyclovir hcl</i>	13	
<i>tranylcypromine sulfate</i>	30	VALCHLOR	60	
TRAVASOL INJ 10%	53	<i>valganciclovir hcl</i>	13	
TRAZIMERA	19	<i>valproate sodium</i>	29	
<i>trazodone hcl</i>	30	<i>valproic acid</i>	29	
TRECATOR	12	<i>valsartan</i>	22	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	55	<i>valsartan hydrochlorothiazide tab 160-12.5 mg</i>	22	

<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>160-25 mg</i>	22
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-12.5 mg</i>	22
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-25 mg</i>	22
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg</i>	22
<i>VALTOCO</i>	29
<i>vancomycin hcl</i>	10
<i>VANCOMYCIN INJ 1 GM</i> 10	
<i>VANCOMYCIN INJ 500MG</i>	
	10
<i>VANCOMYCIN INJ 750MG</i>	
	10
<i>vandazole</i>	48
<i>VAQTA</i>	52
<i>VARIVAX</i>	52
<i>VASCEPA</i>	24
<i>VELCADE</i>	19
<i>velvet</i>	42
<i>VELTASSA</i>	41
<i>VEMLIDY</i>	13
<i>VENCLEXTA</i>	19
<i>VENCLEXTA TAB START</i>	
<i>PK</i>	19
<i>venlafaxine hcl</i>	31
<i>VENTAVIS</i>	26
<i>VENTOLIN HFA</i>	56
<i>VENTOLIN HFA</i>	
<i>(INSTITUTIONAL PACK)</i>	
	56
<i>verapamil hcl</i>	25
<i>VERSACLOZ</i>	33
<i>VERZENIO</i>	19
<i>vestura</i>	42
<i>V-GO 20 KIT</i>	40
<i>V-GO 30 KIT</i>	40
<i>V-GO 40 KIT</i>	40
<i>VICTOZA</i>	39
<i>vienna</i>	42
<i>vigabatrin</i>	29
<i>vigadrone</i>	29
<i>VIIBRYD</i>	31
<i>VIIBRYD KIT STARTER</i>	31
<i>VIMPAT</i>	29
<i>vincristine sulfate</i>	16
<i>vinorelbine tartrate</i>	16
<i>viorele</i>	42
<i>VIRACEPT</i>	11
<i>VIREAD</i>	11
<i>VITRAKVI</i>	19
<i>VIVITROL</i>	37
<i>VIZIMPRO</i>	19
<i>voriconazole</i>	10
<i>VOSEVI TAB</i>	13
<i>VOTRIENT</i>	19
<i>VRAYLAR</i>	33, 34
<i>VRAYLAR CAP 1.5-3MG</i> 34	
<i>vyfemla</i>	42
<i>vylibra</i>	43
<i>VYVANSE</i>	35
<i>VYZULTA</i>	54
W	
<i>warfarin sodium</i>	48
<i>water for irrigation, sterile</i>	
<i>irrigation soln</i>	60
<i>wera</i>	43
X	
<i>XALKORI</i>	19
<i>XARELTO</i>	48
<i>XARELTO STAR TAB</i>	
<i>15/20MG</i>	49
<i>XATMEP</i>	50
<i>XCOPRI</i>	29
<i>XCOPRI PAK 100-150</i>	29
<i>XCOPRI PAK 12.5-25</i>	29
<i>XCOPRI PAK 150-200MG</i>	
<i>(MAINTENANCE)</i>	29
<i>XCOPRI PAK 150-200MG</i>	
<i>(TITRATION)</i>	29
<i>XCOPRI PAK 50-100MG</i>	29
<i>XCOPRI PAK 50-200MG</i>	29
<i>XELJANZ</i>	50
<i>XELJANZ XR</i>	50
<i>XGEVA</i>	40
<i>XIFAXAN</i>	47
<i>XIGDUO XR TAB 10-1000</i>	
	39
<i>XIGDUO XR TAB 10-</i>	
<i>500MG</i>	39
<i>XIGDUO XR TAB 2.5-1000</i>	
	39
<i>XIGDUO XR TAB 5-</i>	
<i>1000MG</i>	39
<i>XIGDUO XR TAB 5-500MG</i>	
	39
<i>IIDRA</i>	55
<i>XOLAIR</i>	57
<i>XOSPATA</i>	19
<i>XPOVIO 100 MG ONCE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 40 MG ONCE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 40 MG TWICE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 60 MG ONCE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 60 MG TWICE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 80 MG ONCE</i>	
<i>WEEKLY</i>	19
<i>XPOVIO 80 MG TWICE</i>	
<i>WEEKLY</i>	19
<i>XTANDI</i>	16
<i>xulane</i>	43
<i>XULTOPHY INJ 100/3.6</i>	40
<i>XYREM</i>	37
Y	
<i>YF-VAX INJ</i>	52
<i>yuvafem</i>	43
Z	
<i>zafemy</i>	43
<i>zafirlukast</i>	56
<i>zarah</i>	43
<i>ZARXIO</i>	49
<i>ZEJULA</i>	19
<i>ZELBORA F</i>	19
<i>ZEMAIRA</i>	57
<i>zenatane</i>	58
<i>ZENPEP CAP 10000UNT</i>	
	47
<i>ZENPEP CAP 15000UNT</i>	
	47
<i>ZENPEP CAP 20000UNT</i>	
	47
<i>ZENPEP CAP 25000</i>	47
<i>ZENPEP CAP 3000UNIT</i>	47
<i>ZENPEP CAP 40000</i>	47
<i>ZENPEP CAP 5000UNIT</i>	47
<i>ZERVIATE</i>	54
<i>zidovudine</i>	11
<i>ziprasidone hcl</i>	34
<i>ziprasidone mesylate</i>	34
<i>ZIRABEV</i>	19

ZIRGAN	54	ZORTRESS	51	ZYKADIA.....	19
<i>zoledronic acid</i>	40	ZOSTAVAX.....	52	ZYLET SUS 0.5-0.3%	53
ZOLINZA.....	19	<i>zovia 1/35e</i>	43	ZYPITAMAG	23
<i>zolmitriptan</i>	36	<i>zumandimine</i>	43	ZYPREXA RELPREVV ..	34
<i>zolpidem tartrate</i>	35	ZYCLARA PUMP	60	ZYTIGA.....	16
<i>zonisamide</i>	29	ZYDELIG.....	19		

This formulary was updated on 10/01/2021. 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