

AvMed Medicare 2022 Formulary List of Covered Drugs

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

HPMS Approved Formulary File Submission
ID, 00022049 Version Number 7
H1016_PH262-092021_C

This formulary was updated on 01/01/2022. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit www.avmed.org



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 01/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the AvMed Medicare Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** AvMed Medicare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare before you fill your prescriptions. If you don't get approval, AvMed Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare limits the amount of the drug that AvMed Medicare will cover. For example, AvMed Medicare provides 30 per prescription for OPSUMIT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AvMed Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AvMed Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

exception to the AvMed Medicare formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

Transition Supply for Current Members with changes in treatment setting:

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

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

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

If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization for continued coverage of your drug. See the "How do I request an exception to the AvMed Medicare Formulary?" section on page 5.

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 63. 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 AvMed Medicare eff

01/01/2022

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> 0.5-500 mg	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<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 QL (120 tabs / 30 days)	2	GC QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<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 QL (120 tabs / 30 days)	2	GC QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 500mg, 500mg	5	
EMVERM CHEW 100mg	5	QL QL (12 tabs / year)
ertapenem sodium 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate TABS 1gm	4	
metronidazole TABS 250mg, 500mg	1	GC
metronidazole in nacl 0.79% iv soln 500 mg/100ml	3	
neomycin sulfate TABS 500mg	2	GC
nitazoxanide TABS 500mg	5	QL QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	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>nitrofurantoin monohyd macro</i> 3 CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 4 250mg	4	
<i>pentamidine isethionate inh</i> 4 SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> 4 SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg 4 SIVEXTRO SOLR 200mg; TABS 200mg 5	4	
<i>streptomycin sulfate</i> SOLR 4 1gm	4	
SULFADIAZINE TABS 4 500mg	4	
<i>sulfamethoxazole-</i> 4 <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	4	
<i>sulfamethoxazole-</i> 3 <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	3	
<i>sulfamethoxazole-</i> 1 GC <i>trimethoprim tab 400-80 mg</i>	1	GC
<i>sulfamethoxazole-</i> 1 GC <i>trimethoprim tab 800-160 mg</i>	1	GC
SYNERCID INJ 500MG 5	5	
tobramycin NEBU 300mg/5ml 5 PA	5	PA
<i>tobramycin sulfate</i> SOLN 3 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg 2 GC	2	GC
<i>vancomycin hcl</i> CAPS 125mg 4 QL QL (80 caps / 180 days)	4	QL
<i>vancomycin hcl</i> CAPS 250mg 4 QL QL (160 caps / 180 days)	4	QL
<i>vancomycin hcl</i> SOLR 1gm, 4 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM 4	4	
VANCOMYCIN INJ 500MG 4	4	
VANCOMYCIN INJ 750MG 4	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml 4 B/D	4	B/D
AMBISOME SUSR 50mg 5 B/D	5	B/D
<i>amphotericin b</i> SOLR 50mg 4 B/D	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>caspofungin acetate</i> SOLR 4 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 3 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg 2 GC	2	GC
<i>fluconazole in nacl 0.9% inj</i> 3 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 3 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 5 PA 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 4 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> 4 TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg 4 PA	4	PA
<i>ketoconazole</i> TABS 200mg 3 PA	3	PA
<i>micafungin sodium</i> SOLR 5 50mg, 100mg	5	
<i>NOXAFIL</i> SUSP 40mg/ml 5 QL PA QL (630 mL / 30 days)	5	QL PA
<i>nystatin</i> TABS 500000unit 3	3	
<i>posaconazole</i> TBEC 100mg 5 QL PA QL (93 tabs / 30 days)	5	QL PA
<i>terbinafine hcl</i> TABS 250mg 1 GC QL QL (90 tabs / year)	1	GC QL
<i>voriconazole</i> SOLR 200mg; 5 PA SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg 4 QL PA QL (480 tabs / 30 days)	4	QL PA
<i>voriconazole</i> TABS 200mg 4 QL PA QL (120 tabs / 30 days)	4	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 4 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 4 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 4 250mg, 500mg	4	
COARTEM TAB 20-120MG 4	4	
<i>mefloquine hcl</i> TABS 250mg 3	3	
<i>primaquine phosphate</i> TABS 3 26.3mg	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
PRIMAQUINE PHOSPHATE	3	
TABS 26.3mg		
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN	4	
20mg/ml		
abacavir sulfate TABS 300mg	3	
APTVUS CAPS 250mg	5	
atazanavir sulfate CAPS	4	
150mg, 200mg, 300mg		
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS	5	
700mg		
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS	5	
600mg		
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg	4	
nevirapine TABS 200mg	2	GC
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL QL (60 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
PREZISTA TABS 800mg	5	QL QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN	5	
20mg/ml; TABS 75mg, 150mg, 300mg		
SELZENTRY TABS 25mg	3	
tenofovir disoproxil fumarate	3	
TABS 300mg		
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN	5	LA 200mg/1.33ml
TYBOST TABS 150mg	3	
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	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 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	Drug Requirements/ Limits
<i>emtricitabine-tenofovir</i>	5	QL
<i>disoproxil fumarate tab 100-150 mg</i>		
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir</i>	5	QL
<i>disoproxil fumarate tab 133-200 mg</i>		
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir</i>	5	QL
<i>disoproxil fumarate tab 167-250 mg</i>		
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir</i>	5	QL
<i>disoproxil fumarate tab 200-300 mg</i>		
QL (30 tabs / 30 days)		
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ TAB	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	LA PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	GC
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSI TAB 200-50MG	5	PA
EPCLUSI TAB 400-100	5	PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	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)</i> TABS 100mg	4	
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL
QL (168 caps / year)		
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL
QL (84 caps / year)		
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL
QL (1080 mL / year)		
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	PA
PREVYMIS TABS 240mg, 480mg	5	QL PA
QL (28 tabs / 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
RELENZA DISKHALER	3	QL
AEPB 5mg/blister		
QL (6 inhalers / year)		
ribavirin (hepatitis c) CAPS	3	
200mg		
ribavirin (hepatitis c) TABS	4	
200mg		
rimantadine hydrochloride	4	
TABS 100mg		
valacyclovir hcl TABS 1gm,	3	
500mg		
valganciclovir hcl SOLR	5	
50mg/ml		
valganciclovir hcl TABS	3	
450mg		
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	PA
CEPHALOSPORINS		
cefaclor CAPS 250mg,	3	
500mg		
cefaclor SUSR 125mg/5ml,	4	
250mg/5ml, 375mg/5ml		
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	GC
cefadroxil SUSR 250mg/5ml,	3	
500mg/5ml		
CEFAZOLIN INJ 1GM/50ML	4	
cefa zolin sodium SOLR 1gm,	3	
10gm, 500mg		
CEFAZOLIN SOLN	4	
2GM/100ML-4%		
cefdinir CAPS 300mg	2	GC
cefdinir SUSR 125mg/5ml,	3	
250mg/5ml		
cefpime hcl SOLR 1gm,	4	
2gm		
cefixime SUSR 100mg/5ml,	4	
200mg/5ml		
cefoxitin sodium SOLR 1gm,	4	
2gm, 10gm		
cefpodoxime proxetil SUSR	4	
50mg/5ml, 100mg/5ml		
cefpodoxime proxetil TABS	3	
100mg, 200mg		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
cefprozil SUSR 125mg/5ml,	3	
250mg/5ml; TABS 250mg,		
500mg		
ceftazidime SOLR 1gm, 2gm,	4	
6gm		
CEFTAZIDIME/ SOL D5W	4	
1GM		
CEFTAZIDIME/ SOL D5W	4	
2GM		
ceftriaxone sodium SOLR	4	
1gm, 2gm, 10gm, 250mg,		
500mg		
cefuroxime axetil TABS	3	
250mg, 500mg		
cefuroxime sodium SOLR	3	
1.5gm, 7.5gm, 750mg		
cephalexin CAPS 250mg,	1	GC
500mg		
cephalexin SUSR	3	
125mg/5ml, 250mg/5ml		
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg,	5	
600mg		
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm;	3	
SOLR 500mg; SUSR		
100mg/5ml, 200mg/5ml		
azithromycin TABS 250mg,	1	GC
500mg, 600mg		
clarithromycin SUSR	4	
125mg/5ml, 250mg/5ml		
clarithromycin TABS 250mg,	3	
500mg; TB24 500mg		
DIFICID SUSR 40mg/ml;	5	
TABS 200mg		
ery-tab TBEC 250mg,	4	
333mg, 500mg		
ERYTHROCIN	5	
LACTOBIONATE SOLR		
500mg		
erythrocin stearate TABS	4	
250mg		
erythromycin base CPEP	4	
250mg; TABS 250mg, 500mg;		
TBEC 250mg, 333mg, 500mg		

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	
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	
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	3	

Drug Name	Drug Requirements/ Tier	Limits
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	4	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 4 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 4 2gm, 10gm	4	
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 600000unit/ml	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	GC
penicillin v potassium TABS 250mg, 500mg	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
pifizerpen SOLR 5000000unit, 4 20000000unit		
piperacillin sod-tazobactam na 4 for inj 3.375 gm (3-0.375 gm)		
piperacillin sod-tazobactam 4 sod for inj 2.25 gm (2-0.25 gm)		
piperacillin sod-tazobactam 4 sod for inj 4.5 gm (4-0.5 gm)		
piperacillin sod-tazobactam 4 sod for inj 13.5 gm (12-1.5 gm)		
piperacillin sod-tazobactam 4 sod for inj 40.5 gm (36-4.5 gm)		
TETRACYCLINES		
doxy 100 SOLR 100mg 4		
doxycycline (monohydrate) 2 GC CAPS 50mg, 100mg		
doxycycline (monohydrate) 3 TABS 50mg, 75mg, 100mg		
doxycycline hyclate CAPS 3 50mg, 100mg; TABS 20mg, 100mg		
doxycycline hyclate SOLR 4 100mg		
minocycline hcl CAPS 50mg, 3 75mg, 100mg		
monodoxine nl CAPS 100mg 2 GC		
tetracycline hcl CAPS 250mg, 4 PA 500mg		
tigecycline SOLR 50mg 4		
TIGECYCLINE SOLR 50mg 5		
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml 5 B/D		
carboplatin SOLN 50mg/5ml, 3 B/D 150mg/15ml, 450mg/45ml, 600mg/60ml		
cisplatin SOLN 50mg/50ml, 3 B/D 100mg/100ml, 200mg/200ml		
cyclophosphamide CAPS 3 B/D 25mg, 50mg		
CYCLOPHOSPHAMIDE 5 B/D SOLN 1gm/5ml, 500mg/2.5ml		

Drug Name	Drug Requirements/ Tier	Limits
cyclophosphamide SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
LEUKERAN TABS 2mg	4	
oxaliplatin SOLN 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 100mg, 100mg	5	B/D
paraplatin SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
adriamycin SOLN 2mg/ml 4		B/D
doxorubicin hcl SOLN 2mg/ml 4		B/D
doxorubicin hcl liposomal INJ 2mg/ml	5	B/D
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
ALIMTA SOLR 500mg, 500mg	5	B/D
azacitidine SUSR 100mg 5		B/D
cytarabine SOLN 20mg/ml 3		B/D
fluorouracil SOLN 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG 5 LA PA		
LONSURF TAB 15-6.14 5 PA		
LONSURF TAB 20-8.19 5 PA		
mercaptopurine TABS 50mg 3		
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 300mg, 200mg 5 LA PA		
PURIXAN SUSP 2000mg/100ml 5		
TABLOID TABS 40mg 4		
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	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
<i>anastrozole</i> TABS 1mg	2	GC
<i>bicalutamide</i> TABS 50mg	2	GC
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	LA PA
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOLN 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	GC
<i>leuprolide acetate</i> KIT 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	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	LA PA
ORGOVYX TABS 120mg	5	LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	LA PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	5	QL LA PA QL (21 caps / 21 days)
POMALYST CAPS 3mg, 4mg	5	QL LA PA QL (21 caps / 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL LA PA QL (28 caps / 28 days)
REVLIMID CAPS 20mg, 25mg	5	QL LA PA QL (21 caps / 28 days)
THALOMID CAPS 50mg, 100mg	5	QL PA QL (28 caps / 28 days)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
THALOMID CAPS 150mg, 200mg	5	QL PA QL (56 caps / 28 days)
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	5	PA
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL PA QL (49 tabs / 28 days)
KISQALI 400 PAK FEMARA	5	QL PA QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	5	QL PA QL (91 tabs / 28 days)
MATULANE CAPS 50mg	5	LA
SYNRIBO SOLR 3.5mg	5	PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> 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
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	5	QL PA QL (30 tabs / 30 days)
AFINITOR DISPERZ TBSO 2mg	5	QL PA QL (150 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
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 5	LA PA	
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA PA
ALUNBRIG PAK 5	LA PA	
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	LA PA
AYVAKIT TABS 25mg, 50mg, 5 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL LA PA
BALVERSA TABS 3mg, 4mg, 5 5mg		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 QL (60 caps / 30 days)	5	QL 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 5	LA PA	
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
everolimus TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	5	QL PA
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 5	LA PA	
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 QL (60 tabs / 30 days)	5	QL LA PA
ICLUSIG TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL LA PA
imatinib mesylate TABS 100mg QL (90 tabs / 30 days)	5	QL PA
imatinib mesylate TABS 400mg QL (60 tabs / 30 days)	5	QL PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL LA PA
IMBRUVICA TABS 140mg, 280mg, 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 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL PA
lapatinib ditosylate TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL LA PA
LORBRENA TABS 25mg, 100mg	5	LA PA
LUMAKRAS TABS 120mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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 QL (120 tabs / 30 days)	5	QL LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL PA
ODOMZO CAPS 200mg	5	LA PA
OGIVRI SOLR 150mg	5	PA
OGIVRI INJ 420MG	5	PA
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 QL (120 tabs / 30 days)	5	QL 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

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
STIVARGA TABS 40mg	5	LA PA
sunitinib malate 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 1mg QL (30 caps / 30 days)	5	QL LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	PA
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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VENCLEXTA TAB START PK	5	QL LA PA QL (42 tabs / 28 days)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL 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
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 QL (90 caps / 30 days)	5	QL 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		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS 400mg	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	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
CARDIOVASCULAR								
ACE INHIBITOR COMBINATIONS								
amlodipine besylate-	1	GC QL	lisinopril & hydrochlorothiazide	1	GC			
benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)			tab 20-12.5 mg					
amlodipine besylate-	1	GC QL	lisinopril & hydrochlorothiazide	1	GC			
benazepril hcl cap 5-10 mg QL (30 caps / 30 days)			tab 20-25 mg					
amlodipine besylate-	1	GC QL	quinapril-hydrochlorothiazide	1	GC			
benazepril hcl cap 5-20 mg QL (30 caps / 30 days)			tab 10-12.5 mg					
amlodipine besylate-	1	GC QL	quinapril-hydrochlorothiazide	1	GC			
benazepril hcl cap 5-40 mg QL (30 caps / 30 days)			tab 20-12.5 mg					
amlodipine besylate-	1	GC QL	quinapril-hydrochlorothiazide	1	GC			
benazepril hcl cap 10-20 mg QL (30 caps / 30 days)			tab 20-25 mg					
amlodipine besylate-	1	GC QL	ACE INHIBITORS					
benazepril hcl cap 10-40 mg QL (30 caps / 30 days)			benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC			
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	GC	captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	GC			
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	GC	enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	GC			
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	GC	fosinopril sodium TABS 10mg, 20mg, 40mg	1	GC			
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC	lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC			
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC	moexipril hcl TABS 7.5mg, 15mg	1	GC			
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC	perindopril erbumine TABS 2mg, 4mg, 8mg	1	GC			
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	GC	quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC			
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	GC	ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC			
lisinopril & hydrochlorothiazide	1	GC	trandolapril TABS 1mg, 2mg, 4mg	1	GC			
tab 10-12.5 mg			ALDOSTERONE RECEPTOR ANTAGONISTS					
eplerenone TABS 25mg, 50mg								
spironolactone TABS 25mg, 50mg, 100mg								
ALPHA BLOCKERS								
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg								
prazosin hcl CAPS 1mg, 2mg, 5mg								
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg								

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 21

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
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-	1	GC QL
olmesartan medoxomil tab 5- 20 mg		
QL (30 tabs / 30 days)		
amlodipine besylate-	1	GC QL
olmesartan medoxomil tab 5- 40 mg		
QL (30 tabs / 30 days)		
amlodipine besylate-	1	GC QL
olmesartan medoxomil tab 10- 20 mg		
QL (30 tabs / 30 days)		
amlodipine besylate-	1	GC QL
olmesartan medoxomil tab 10- 40 mg		
QL (30 tabs / 30 days)		
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)		
Drug Name		
Drug Requirements/ Tier		
Drug Requirements/ Limits		
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)		
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)		

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 medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	1	GC QL
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- 1 5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 40- 1 10 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80- 1 5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80- 1 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
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

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANTILIPIDICS, HMG-CoA REDUCTASE INHIBITORS		
<i>ALTOPREV</i> TB24 20mg QL (60 tabs / 30 days)	5	QL ST
<i>ALTOPREV</i> TB24 40mg, 60mg QL (30 tabs / 30 days)	5	QL ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>EZALLOR SPRINKLE</i> CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	GC QL
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	1	GC QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 1 40mg QL (60 tabs / 30 days)	1	GC QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin</i> 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
ANTILIPIDICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	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
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10- 10 mg	1	GC QL QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10- 20 mg	1	GC QL QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10- 40 mg	1	GC QL QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10- 80 mg	1	GC QL QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA
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	

Drug Name	Drug Requirements/ Tier	Limits
metoprolol & hydrochlorothiazide tab 100- 50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 3 400mg		
atenolol TABS 25mg, 50mg, 100mg	1	GC
bisoprolol fumarate TABS 5mg, 10mg	2	GC
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL QL (60 tabs / 30 days)
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
metoprolol tartrate SOLN 5mg/5ml	4	
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	4	
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	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	GC
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	GC
<i>amiloride hcl</i> TABS 5mg	2	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	2	GC
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	2	GC
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	GC
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/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
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
amlodipine besylate- atorvastatin calcium tab 10-20 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-40 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-80 mg	1	GC
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	4	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg		
digitek TABS .125mg, .25mg QL (30 tabs / 30 days)	2	GC QL
digox TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier	Limits
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	GC QL
droxidopa CAPS 100mg QL (90 caps / 30 days)	5	QL PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL PA
guanfacine hcl TABS 1mg, 2mg PA if 70 years and older	3	PA
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	GC
METHYLDOPA TABS 250mg, 500mg PA if 70 years and older	2	GC PA
metyrosine CAPS 250mg	5	PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	GC
ranolazine TB12 500mg, 1000mg	4	
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TABS 10mg, 20mg	2	GC
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	GC
minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 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 Limits	
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 62.5mg QL (120 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 125mg QL (60 tabs / 30 days)	5	QL LA PA
<i>OPSUMIT</i> TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>treprostinil</i> SOLN 20mg/20ml, 5 50mg/20ml, 100mg/20ml, 200mg/20ml		LA PA
<i>VENTAVIS</i> SOLN 10mcg/ml, 5 20mcg/ml		PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
<i>APTIOM</i> TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	5	QL
<i>BRIVIACT</i> SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA

Drug Name	Drug Requirements/ Tier Limits	
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 4 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>CELONTIN</i> CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
<i>DIACOMIT</i> CAPS 250mg QL (360 caps / 30 days)	5	QL LA PA
<i>DIACOMIT</i> CAPS 500mg QL (180 caps / 30 days)	5	QL LA PA
<i>DIACOMIT</i> PACK 250mg QL (360 packets / 30 days)	5	QL LA PA
<i>DIACOMIT</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA

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

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	GC QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL LA PA
<i>epitol</i> TABS 200mg	3	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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 in sodium</i> chloride iv soln 500 mg/100ml	4	
<i>levetiracetam in sodium</i> chloride iv soln 1000 mg/100ml	4	
<i>levetiracetam in sodium</i> chloride iv soln 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	4	PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	3	PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA
PHENYTEK CAPS 200mg, 300mg	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>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 QL (2300 mL / 28 days)	5	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	5	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
<i>SPRITAM</i> TB3D 250mg QL (360 tabs / 30 days)	4	QL
<i>SPRITAM</i> TB3D 500mg QL (180 tabs / 30 days)	4	QL
<i>SPRITAM</i> TB3D 750mg QL (120 tabs / 30 days)	4	QL
<i>SPRITAM</i> TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>SYMPAZAN</i> FILM 5mg QL (60 films / 30 days)	4	QL PA
<i>SYMPAZAN</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
<i>VALTOCO</i> 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
<i>VIMPAT</i> SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
<i>VIMPAT</i> SOLN 200mg/20ml	5	
<i>VIMPAT</i> TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>VIMPAT</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
<i>XCOPRI</i> TABS 50mg QL (90 tabs / 30 days)	5	QL
<i>XCOPRI</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
<i>XCOPRI</i> PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
<i>XCOPRI</i> PAK 50-100MG QL (28 tabs / 28 days)	5	QL
<i>XCOPRI</i> PAK 100-150 QL (56 tabs / 28 days)	5	QL
<i>XCOPRI</i> PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
<i>XCOPRI</i> PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	2	GC QL
TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)		
<i>donepezil hydrochloride</i>	2	GC
TABS 10mg; TBDP 10mg		
<i>galantamine hydrobromide</i>	3	QL
CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)		
<i>galantamine hydrobromide</i>	4	
SOLN 4mg/ml		
<i>galantamine hydrobromide</i>	3	QL
TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)		
<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)	3	QL
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>citalopram hydrobromide</i>	3	
SOLN 10mg/5ml		
<i>citalopram hydrobromide</i>	1	GC
TABS 10mg, 20mg, 40mg		
<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
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	4	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
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

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

Drug Name	Drug Requirements/ Tier	Limits
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	GC
venlafaxine hcl 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		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	3	QL
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
bromocriptine mesylate 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	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10- 100 mg	2	GC
carbidopa & levodopa tab 25- 100 mg	2	GC
carbidopa & levodopa tab 25- 250 mg	2	GC
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa- entacapone tabs 12.5-50-200 mg	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>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	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
<i>rasagiline mesylate</i> TABS .5mg QL (60 tabs / 30 days)	4	QL
<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; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
ariPIPRAZOLE SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
ariPIPRAZOLE TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	4	QL PA
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
clozapine TABS 25mg, 50mg QL (270 tabs / 30 days)	3	
clozapine TABS 100mg QL (270 tabs / 30 days)	4	QL
clozapine TABS 200mg QL (135 tabs / 30 days)	4	QL
clozapine TBDP 12.5mg, 25mg QL (270 tabs / 30 days)	4	PA
clozapine TBDP 100mg QL (270 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)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
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, 3 2mg, 5mg, 10mg, 20mg		
<i>haloperidol decanoate</i> SOLN 3 50mg/ml, 100mg/ml		
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 4 60mg, 120mg QL (30 tabs / 30 days)		
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	GC QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 4 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL CONSTA SRER 4 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 5 37.5mg, 50mg QL (2 injections / 28 days)	5	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
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	GC
risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 4 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml 5 QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL PA
VRAYLAR CAP 1.5-3MG	4	PA
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
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

Drug Name	Drug Requirements/ Tier	Limits
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
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

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>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	4	QL PA
<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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>VYVANSE</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
<i>VYVANSE</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
<i>VYVANSE</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
<i>VYVANSE</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
HYPNOTICS		
<i>BELSOMRA</i> TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>HETLIOZ</i> CAPS 20mg QL (30 caps / 30 days)	5	QL 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
<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		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml 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	Drug Requirements/ Limits
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
ergotamine w/ caffeine tab 1- 100 mg QL (40 tabs / 28 days)	3	QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	4	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	4	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	5	QL PA
zolmitriptan 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 LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL LA PA
LITHIUM SOLN 8meq/5ml 150mg, 300mg, 600mg	4	
lithium carbonate CAPS 300mg; TBCR 300mg, 450mg	1	GC
lithium carbonate TABS 300mg; TBCR 300mg, 450mg	2	GC
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	4	QL PA
pyridostigmine bromide TABS 3 60mg	3	
riluzole TABS 50mg 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	4	PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL PA
dalfampridine TB12 10mg GILENYA CAPS .5mg QL (28 caps / 28 days)	3	PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg 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
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	3	PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	GC
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (90 tabs / 30 days)	3	QL PA
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
modafinil TABS 100mg QL (30 tabs / 30 days)	4	QL PA
modafinil 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		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier	Limits
bupropion hcl (smoking deterrent) TB12 150mg	3	
CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	4	QL PA
CHANTIX PAK 0.5& 1MG QL (106 tabs / year)	4	QL PA
disulfiram TABS 250mg, 500mg	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
naltrexone hcl TABS 50mg	3	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	
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
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	4	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 3 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 3 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 3 100mg		
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 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
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
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	GC QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	GC QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	GC QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	GC QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	GC QL
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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
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

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>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	GC QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
<i>RYBELSUS</i> TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL
<i>SYNJARDY</i> TAB 5-500MG QL (120 tabs / 30 days)	3	QL
<i>SYNJARDY</i> TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>SYNJARDY</i> XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
<i>TRADJENTA</i> TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>TRIJARDY</i> XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>TRIJARDY</i> XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
<i>TRIJARDY</i> XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>TRIJARDY</i> XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>TRULICITY</i> SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
<i>VICTOZA</i> SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
<i>XIGDUO</i> XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
<i>XIGDUO</i> XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
<i>XIGDUO</i> XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
<i>XIGDUO</i> XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
<i>XIGDUO</i> XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
<i>BASAGLAR</i> KWIKPEN SOPN 100unit/ml SI	3	
<i>BD ALCOHOL</i> SWABS	3	
<i>FIASP</i> FLEX INJ TOUCH SI	3	
<i>FIASP</i> INJ 100/ML SI	3	
<i>FIASP</i> PENFIL INJ U-100 SI	3	
<i>GAUZE</i> PADS 2" X 2"	3	
<i>HUMULIN R</i> U-500 (CONCENTR SOLN 500unit/ml SI	5	B/D
<i>HUMULIN R</i> U-500 KWIKPEN 5 SOPN 500unit/ml SI	5	
<i>INSULIN</i> SAFETY NEEDLES	3	
<i>INSULIN</i> SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	3	
<i>LEVEMIR</i> SOLN 100unit/ml SI	3	
<i>LEVEMIR</i> FLEXTOUCH SOPN 100unit/ml SI	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
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SUPN 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 pods / 30 days)	4	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	3	

Drug Name	Drug Requirements/ Tier	Limits
SOLIQUA INJ 100/33 SI QL (10 pens / 30 days)	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 SI QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	
alendronate sodium TABS 10mg, 35mg, 70mg	1	GC
calcitonin (salmon) spray 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
ibandronate sodium SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
ibandronate sodium TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL
risedronate sodium TABS 5mg, 35mg, 150mg	3	

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

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

Drug Name	Drug Requirements/ Tier	Limits
risedronate sodium TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	PA
deferasirox TBSO 125mg	3	PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	
sodium polystyrene sulfonate powder	3	
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	2	GC
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	2	GC
azurette	3	
balziva	3	
bekyree	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila TABS .35mg	2	GC
caziant	2	GC
chateal	2	GC
cryselle-28	2	GC
cyclafem 1/35	2	GC

Drug Name	Drug Requirements/ Tier	Limits
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 tab 0.15 mg-30 mcg	2	GC
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
elonest	2	GC
ELLA TABS 30mg	3	
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC
errin TABS .35mg	2	GC
estarrylla	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	GC
femynor	2	GC
hailey 1.5/30	2	GC
heather TABS .35mg	2	GC
iclevia	3	
incassia TABS .35mg	2	GC
introvale	3	
isibloom	2	GC
jasmiel	3	
jolessa	3	
juleber	2	GC
junel 1.5/30	2	GC
junel 1/20	2	GC
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
kariva	3	
kelnor 1/35	2	GC

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
kelnor 1/50	3	
kurvelo	2	GC
larin 1.5/30	2	GC
larin 1/20	2	GC
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
larissia	2	GC
leena	3	
lessina	2	GC
levonest	2	GC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	GC
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	2	GC
loestrin 1/20-21	2	GC
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	2	GC
lutera	2	GC
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	2	GC
microgestin 1/20	2	GC
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mili	2	GC
mono-linyah	2	GC
necon 0.5/35-28	2	GC
nikki	3	
nora-be TABS .35mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
norethindrone (contraceptive) TABS .35mg	2	GC
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	GC
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	GC
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
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	2	GC
nortrel 1/35 (21)	2	GC
nortrel 1/35 (28)	2	GC
nortrel 7/7/7	2	GC
nylia 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	4	
tri-estarrylla	2	GC
tri-legest fe	4	
tri-linyah	2	GC
tri-lo-estarrylla	3	
tri-lo-marzia	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
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
velivet	2	GC
vestura	3	
vienna	2	GC
viorele	3	
vyfemla	3	
vylibra	2	GC
wera	2	GC
xulane	4	
zafemy	4	
zarah	3	
zovia 1/35	2	GC
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		
estradiol TABS .5mg, 1mg, 2mg	2	GC
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl	3	
estradiol tab 0.5 mg-2.5 mcg		
norethindrone acetate-ethinyl	3	
estradiol tab 1 mg-5 mcg		
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
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 2 .1mg		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

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>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	GC B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYOPEN 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
<i>cabergoline</i> TABS .5mg	3	
CARBAGLU TABS 200mg	5	LA PA
CERDELGA CAPS 84mg	5	PA
CEREZYME SOLR 400unit	5	LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (120 tabs / 30 days)	4	B/D QL
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	5	B/D QL
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	5	B/D QL
CYSTADANE POW	5	LA
CYSTAGON CAPS 50mg, 150mg	4	LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray</i> refrigerated SOLN .01%	4	

Drug Name	Drug Requirements/ Tier	Limits
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
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS 330mg	3	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
<i> miglustat</i> CAPS 100mg QL (90 caps / 30 days)	5	QL PA
NAGLAZYME SOLN 1mg/ml	5	LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	PA
<i> octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	PA
<i> octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	PA
<i> raloxifene hcl</i> TABS 60mg	3	
<i> sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	LA PA
<i> sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	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
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	3	QL QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	3	QL QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	4	QL QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	4	QL QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	GC
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	GC
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	GC B/D
calcitriol SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D QL QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml	3	
granisetron hcl SOLN 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	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
<i>metoclopramide hcl</i> SOLN	3		
5mg/5ml, 5mg/ml			
<i>metoclopramide hcl</i> TABS	1	GC	
5mg, 10mg			
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D	
<i>ondansetron hcl</i> SOLN	3		
4mg/2ml, 40mg/20ml			
<i>ondansetron hcl</i> SOLN	4	B/D	
4mg/5ml			
<i>ondansetron hcl</i> TABS 4mg, 8mg, 24mg	3	B/D	
<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	3	PA	
25mg/ml, 50mg/ml; SYRP			
6.25mg/5ml; TABS 12.5mg,			
25mg, 50mg			
PA if 70 years and older			
<i>scopolamine</i> PT72	4	QL PA	
1mg/3days			
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	4		
10mg/5ml			
<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 in nacl 0.9% iv soln</i> 320 mg/50ml	3		
<i>nizatidine</i> CAPS 150mg, 300mg	4		

Drug Name		Drug Requirements/ Tier	Limits
INFLAMMATORY BOWEL DISEASE			
<i>balsalazide disodium</i> CAPS	3		
750mg			
<i>budesonide</i> CPEP 3mg	4	PA	
<i>budesonide</i> TB24 9mg	5	PA	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4		
<i>mesalamine</i> CP24 .375gm	4	QL	
QL (120 caps / 30 days)			
<i>mesalamine</i> CPDR 400mg	4	QL	
QL (180 caps / 30 days)			
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4		
<i>mesalamine</i> TBEC 1.2gm	4	QL	
QL (120 tabs / 30 days)			
<i>mesalamine w/ cleanser</i> KIT	4		
4gm			
<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		
GOLYTELY SOL	3		
<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-na sulfate for soln</i> 236 gm	2	GC	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2	GC	
PLENUVU SOL	4		
SUPREP BOWEL SOL PREP KIT	4		
MISCELLANEOUS			
<i>alosetron hcl</i> TABS 1mg	5	QL PA	
QL (60 tabs / 30 days)			
<i>alosetron hcl</i> TABS .5mg	4	QL PA	
QL (60 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 Limits	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
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	
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL LA PA
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

Drug Name	Drug Requirements/ Tier Limits	
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
omeprazole CPDR 10mg, 20mg, 40mg	1	GC
pantoprazole sodium SOLR 40mg	3	
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 ST

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
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	3	
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
vandazole GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
heparin sodium (porcine) 100 unit/ml in d5w	3	
heparin sodium (porcine)- dextrose iv sol 20000 unit/500ml-5%	3	
heparin sodium (porcine)- dextrose iv sol 25000 unit/500ml-5%	3	
HEPARIN/NACL INJ 25000UNT	3	
jantoven 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
warfarin sodium 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
XARELTO STAR TAB 15/20MG QL (51 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
HEMATOPOIETIC GROWTH FACTORS		
PROCIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	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	5	QL PA
QL (9 syringes / 30 days)		
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
sajazir SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	4	
clopidogrel bisulfate TABS 75mg	1	GC
dipyridamole TABS 25mg, 50mg, 75mg	3	PA
PA if 70 years and older		
prasugrel hcl TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL PA
QL (16 vials / 28 days)		
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	5	QL PA
QL (8 cartridges / 28 days)		
ENBREL SURECLICK SOAJ 50mg/ml	5	QL PA
QL (8 pens / 28 days)		
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL PA
QL (2 syringes / 28 days)		
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL PA
QL (6 syringes / 28 days)		
HUMIRA PEDIA INJ CROHNS	5	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL PA
QL (6 pens / 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) 50

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

Drug Name	Drug Requirements/ Tier Limits	
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 / 365 days)	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 (2 vials / 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	
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier Limits	
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, 2 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, 2.5 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 10 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
ARCALYST SOLR 220mg	5	PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	5	B/D
INTRON A SOLR 10mu	3	B/D
INTRON A SOLR 18mu	4	B/D
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml;	5	QL PA
SOSY 200mg/ml QL (8 syringes / 28 days)		
BENLYSTA SOLR 120mg, 400mg	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 .25mg, .5mg, .75mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
IPOL 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 QL (2 vials per lifetime)	3	QL
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	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	

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

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

Drug Name	Drug Requirements/ Tier	Limits
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
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 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	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 20 MEQ/L (0.15%) IN	4	
NACL 0.45% INJ		
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	

Drug Name	Drug Requirements/ Tier	Limits
KCL 40 MEQ/L (0.3%) IN	4	
NACL 0.9% INJ		
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE	3	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
<i>magnesium sulfate</i> SOLN	3	
2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%		
<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	
<i>potassium chloride</i> SOLN	3	
2meq/ml		
POTASSIUM CHLORIDE	4	
SOLN 10meq/50ml, 20meq/50ml		
<i>potassium chloride</i> SOLN	4	
10meq/100ml, 20meq/100ml, 40meq/100ml		
<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		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	GC
<i>klor-con</i> 10 TBCR 10meq	2	GC
<i>klor-con</i> m10 TBCR 10meq	2	GC
<i>klor-con</i> m15 TBCR 15meq	3	
<i>klor-con</i> m20 TBCR 20meq	2	GC
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	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
potassium chloride TBCR 8meq, 10meq, 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC
TRICARE TAB PRENATAL	3	
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
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint	3	

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

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
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	GC
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .09%	4	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	GC
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	GC
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
bepotastine besilate SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	GC
LASTACAFT SOLN .25%	4	
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	

Drug Name	Drug Requirements/ Tier	Limits
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	GC
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	GC
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	GC
latanoprost SOLN .005%	2	GC
levobunolol hcl SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG 4 .25%, .5%	4	
timolol maleate (ophth) SOLN 1 .25%, .5%	4	GC
timolol maleate (ophth) once-daily SOLN .5%	4	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTADROPS SOLN .37%	5	LA PA
CYSTARAN SOLN .44%	5	LA PA
ISOPTO ATROPINE SOLN 1%	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	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
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
CIPRO HC SUS OTIC	4	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%	3	
ofloxacin (otic) SOLN .3%	4	
Phosphodiesterase Type 5 Inhibitors		
Phosphodiesterase Type 5 Inhibitors		
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)
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)
ipratropium-albuterol nebu soln 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)

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	2	GC B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	3	
cetirizine hcl SOLN 1mg/ml	2	GC
ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA PA if 70 years and older
desloratadine TABS 5mg	3	
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA PA if 70 years and older
hydroxyzine hcl SYRP 10mg/5ml	3	PA PA if 70 years and older
hydroxyzine hcl TABS 10mg, 25mg, 50mg	2	GC PA PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	GC PA PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	
levocetirizine dihydrochloride TABS 5mg	3	
olopatadine hcl (nasal) SOLN .6%	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
BETA AGONISTS		
albuterol sulfate AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)
albuterol sulfate AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)
albuterol sulfate AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)
albuterol sulfate NEBU	3	B/D .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml
albuterol sulfate NEBU .083%	2	GC B/D
albuterol sulfate SYRP	2	GC 2mg/5ml
albuterol sulfate TABS	4	2mg, 4mg
arformoterol tartrate NEBU	4	B/D 15mcg/2ml
BROVANA NEBU 15mcg/2ml	5	B/D
formoterol fumarate NEBU	5	B/D 20mcg/2ml
levalbuterol hcl NEBU	4	B/D .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml
levalbuterol tartrate AERO	3	QL 45mcg/act QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB	3	QL 50mcg/dose QL (60 inhalations / 30 days)
terbutaline sulfate TABS	4	2.5mg, 5mg
VENTOLIN HFA AERS	3	QL 108mcg/act QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK)	3	QL AERS 108mcg/act QL (6 inhalers / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW	3 4mg, 5mg	
montelukast sodium PACK	4 4mg	
montelukast sodium TABS	1 10mg	GC
zafirlukast TABS	10mg, 20mg	3
MISCELLANEOUS		
acetylcysteine SOLN	10%, 20%	B/D
ARALAST NP SOLR	500mg, 1000mg	LA PA
cromolyn sodium NEBU	3 20mg/2ml	B/D
DALIRESP TABS	250mcg, 500mcg	4
epinephrine (anaphylaxis)	SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3
epinephrine (anaphylaxis)	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

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
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 2.5mg/2.5ml	5	PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg	4	
theophylline 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 & 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% QL (3 bottles / 30 days)	3	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	GC QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
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

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
BREO ELLIPTA INH 200-25	3	QL QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL QL (1 inhaler / 30 days)
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	QL QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	4	QL QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL QL (60 mL / 30 days)
ery PADS 2%	3	QL QL (60 pledges / 30 days)
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	QL QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL PA QL (45 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	4	QL CREA .1% QL (30 gm / 30 days)
gentamicin sulfate (topical)	3	QL OINT .1% QL (30 gm / 30 days)
mupirocin OINT 2%	2	GC QL QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	GC
ssd CREA 1%	2	GC
SULFAMYLYON CREA 85mg/gm	4	QL QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	3	QL QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL 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)

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
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene OINT .005% QL (120 gm / 30 days)	4	QL PA
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
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	2	GC QL
selenium sulfide LOTN 2.5%	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	GC
ala-cort CREA 2.5%	2	GC
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	3	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	3	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	2	GC QL
betamethasone dipropionate augmented GEL .05%; OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	4	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	3	QL
clobetasol propionate CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
clobetasol propionate GEL .05% QL (60 gm / 30 days)	4	QL
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	3	QL
clobetasol propionate e CREA .05% QL (60 gm / 30 days)	3	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	4	QL
fluocinolone acetonide CREA .025% QL (120 gm / 30 days)	4	QL
fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	3	QL
fluocinolone acetonide OINT .025% QL (120 gm / 30 days)	3	QL
fluocinolone acetonide SOLN .01% QL (90 mL / 30 days)	4	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	3	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	3	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	3	QL
fluticasone propionate CREA .05%; OINT .005%	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
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	GC
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	2	GC QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	4	QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	GC
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	GC
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75% QL (45 gm / 30 days)	4	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	3	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	4	QL
<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>podofilox</i> SOLN .5% QL (7 mL / 28 days)	3	QL
<i>procto-med h.c.</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctozone-h.c.</i> CREA 2.5%	3	
<i>RECTIV</i> OINT .4% QL (30 gm / 30 days)	4	QL
<i>rosadan</i> CREA .75% QL (45 gm / 30 days)	4	QL
<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

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, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	4	QL QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	3	QL QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	5	QL PA QL (30 gm / 30 days)
<i>SANTYL OINT 250unit/gm</i>	4	QL QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i>	3	
<i>SOLN .9%</i>		
<i>water for irrigation, sterile</i>	2	GC <i>irrigation soln</i>
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC SOLN .12%
<i>clotrimazole TROC 10mg</i>	4	QL QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i>	2	GC SOLN 2%
<i>nystatin (mouth-throat) SUSP</i>	3	100000unit/ml
<i>periogard SOLN .12%</i>	1	GC
<i>pilocarpine hcl (oral) TABS</i>	3	5mg, 7.5mg
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	3	
Vitamins		
Vitamin B Complex		
<i>cyanocobalamin SOLN 1000mcg/ml</i>	2	ED GC
<i>folic acid TABS 1mg</i>	1	ED GC QL QL (30 tabs / 30 days)
Vitamin D		
<i>ergocalciferol CAPS 50000unit</i>	2	ED GC QL QL (4 caps / 28 days)
Vitamin K Activity		
<i>phytonadione TABS 5mg</i>	4	ED QL QL (60 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.

Index

A	AFINITOR	17
abacavir sulfate.....	12	AFINITOR DISPERZ.17, 18
abacavir sulfate-lamivudine		afirmelle
tab 600-300 mg	12	42
abacavir sulfate-		AIMOVIG.....
lamivudine-zidovudine		36
tab 300-150-300 mg	12	ala-cort
ABELCET.....	11	60
ABILITY MAINTENA.....	33	albendazole.....
abiraterone acetate	16	10
ABRAXANE INJ 100MG.	17	albuterol sulfate.....
acamprosate calcium	38	57
acarbose	38	alclometasone dipropionate
accutane	59	.....
acebutolol hcl	25	60
acetaminophen w/ codeine		ALDURAZYME
soln 120-12 mg/5ml....	9	45
acetaminophen w/ codeine		ALECENSA.....
tab 300-15 mg	9	18
acetaminophen w/ codeine		alendronate sodium
tab 300-30 mg	9	41
acetaminophen w/ codeine		alfuzosin hcl
tab 300-60 mg	9	48
acetazolamide.....	26	ALIMTA.....
acetic acid	48	16
acetic acid (otic)	56	aliskiren fumarate.....
acetylcysteine	57	27
acitretin	60	allopurinol.....
ACTHIB INJ	52	8
ACTIMMUNE	51	alosetron hcl.....
acyclovir	13	47
acyclovir sodium	13	ALPHAGAN P
ADACEL INJ	52	55
adefovir dipivoxil	13	alprazolam
ADEMPAS	27	28
ADRENALIN	26	ALREX.....
adriamycin.....	16	55
ADVAIR DISKU AER		altavera
100/50	58	42
ADVAIR DISKU AER		ALTOPREV
250/50	58	24
ADVAIR DISKU AER		ALUNBRIG
500/50	58	18
ADVAIR HFA AER 115/21		ALUNBRIG PAK
.....	58	18
ADVAIR HFA AER 230/21		alyacen 1/35.....
.....	58	42
ADVAIR HFA AER 45/2158		alyacen 7/7/7.....
		42
		amabelz
		44
		amantadine hcl.....
		32
		AMBISOME.....
		11
		ambrisentan
		28
		amikacin sulfate
		10
		amiloride &
		hydrochlorothiazide tab
		5-50 mg
		26
		amiloride hcl.....
		26
		AMINOSYN-PF INJ 7% ..
		54
		amiodarone hcl
		24
		amitriptyline hcl
		31
		amlodipine besylate
		25
		amlodipine besylate-
		atorvastatin calcium tab
		10-10 mg
		27
		amlodipine besylate-
		atorvastatin calcium tab
		10-20 mg
		27
		amlodipine besylate-
		atorvastatin calcium tab
		10-40 mg
		27

<i>amlodipine besylate-</i>	
<i>olmesartan medoxomil</i>	
<i>tab 5-20 mg</i>	22
<i>amlodipine besylate-</i>	
<i>olmesartan medoxomil</i>	
<i>tab 5-40 mg</i>	22
<i>amlodipine besylate-</i>	
<i>valsartan tab 10-160 mg</i>	
.....	22
<i>amlodipine besylate-</i>	
<i>valsartan tab 10-320 mg</i>	
.....	22
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-160 mg</i> 22	
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-320 mg</i> 22	
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-160-12.5 mg</i>	22
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-160-25 mg</i>	22
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-320-25 mg</i>	22
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-160-12.5 mg</i>	22
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-160-25 mg</i>	22
<i>amnesteem</i>	59
<i>amoxapine</i>	31
<i>amoxicillin</i>	15
<i>amoxicillin & k clavulanate</i>	
<i>chew tab 200-28.5 mg</i> .15	
<i>amoxicillin & k clavulanate</i>	
<i>chew tab 400-57 mg</i>....15	
<i>amoxicillin & k clavulanate</i>	
<i>for susp 200-28.5 mg/5ml</i>	
.....	15
<i>amoxicillin & k clavulanate</i>	
<i>for susp 250-62.5 mg/5ml</i>	
.....	15
<i>amoxicillin & k clavulanate</i>	
<i>for susp 400-57 mg/5ml</i>	
.....	15
<i>amoxicillin & k clavulanate</i>	
<i>for susp 600-42.9 mg/5ml</i>	
.....	15
<i>amoxicillin & k clavulanate</i>	
<i>tab 250-125 mg</i>	15
<i>amoxicillin & k clavulanate</i>	
<i>tab 500-125 mg</i>	15
<i>amoxicillin & k clavulanate</i>	
<i>tab 875-125 mg</i>	15
<i>amoxicillin & k clavulanate</i>	
<i>tab er 12hr 1000-62.5 mg</i>	
.....	15
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>10 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>12.5 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>15 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>20 mg</i>	36
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>30 mg</i>	36
<i>amphetamine-</i>	
<i>dextroamphetamine tab 5</i>	
<i>mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab</i>	
<i>7.5 mg</i>	35
<i>amphotericin b</i>	11
<i>ampicillin</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 1.5 (1-0.5)</i>	
<i>gm</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 3 (2-1) gm</i>	
.....	15
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 1.5 (1-</i>	
<i>0.5) gm</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 15 (10-</i>	
<i>5) gm</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 3 (2-1)</i>	
<i>gm</i>	15
<i>ampicillin sodium</i>	15
<i>anagrelide hcl</i>	50
<i>anastrozole</i>	17
<i>ANDRODERM</i>	38
<i>ANORO ELLIPT AER</i> 62.5-	
<i>25</i>	56
<i>aprepitant</i>	46
<i>aprepitant capsule therapy</i>	
<i>pack 80 & 125 mg</i>	46
<i>apri</i>	42
<i>APTIOM</i>	28
<i>APTIVUS</i>	12
<i>ARALAST NP</i>	57
<i>aranelle</i>	42
<i>ARCALYST</i>	52
<i>arformoterol tartrate</i>	57
<i>ariprazole</i>	33
<i>ARISTADA</i>	33
<i>ARISTADA INITIO</i>	33
<i>armodafinil</i>	38
<i>ARNUITY ELLIPTA</i>	58
<i>asenapine maleate</i>	33
<i>aspirin-dipyridamole cap</i>	
<i>er 12hr 25-200 mg</i>	50
<i>atazanavir sulfate</i>	12
<i>atenolol</i>	25
<i>atenolol & chlorthalidone</i>	
<i>tab 100-25 mg</i>	25

<i>atenolol & chlorthalidone</i>	
tab 50-25 mg	25
<i>atomoxetine hcl</i>	36
<i>atorvastatin calcium</i>	24
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl</i>	
tab 250-100 mg	11
<i>atovaquone-proguanil hcl</i>	
tab 62.5-25 mg	11
<i>ATROPINE SULFATE</i>	55
<i>ATROVENT HFA</i>	56
<i>aubra eq</i>	42
<i>aurovela 1/20</i>	42
<i>aurovela fe 1/20</i>	42
<i>aurovela fe 1.5/30</i>	42
<i>AUSTEDO</i>	37
<i>AVASTIN</i>	18
<i>aviane</i>	42
<i>avita</i>	59
<i>ayuna</i>	42
<i>AYVAKIT</i>	18
<i>azacitidine</i>	16
<i>azathioprine</i>	52
<i>azelaic acid</i>	61
<i>azelastine hcl</i>	56
<i>azelastine hcl (ophth)</i>	55
<i>azithromycin</i>	14
<i>aztreonam</i>	10
<i>azurette</i>	42
B	
<i>bacitracin (ophthalmic)</i>	54
<i>bacitracin-polymyxin b</i>	
<i>ophth oint</i>	54
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	54
<i>baclofen</i>	37
<i>balsalazide disodium</i>	47
<i>BALVERSA</i>	18
<i>balziva</i>	42
<i>BARACLUDE</i>	13
<i>BASAGLAR KWIKPEN</i>	40
<i>BCG VACCINE INJ</i>	52
<i>BD ALCOHOL SWABS</i>	40
<i>bekyree</i>	42
<i>BELSOMRA</i>	36
<i>benazepril &</i>	
<i>hydrochlorothiazide tab 10-12.5 mg</i>	21
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	21
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	21
BENAZEPRIL &	
HYDROCHLOROTHIAZIDE TAB 5-6.25MG	21
<i>benazepril hcl</i>	21
<i>BENDEKA</i>	16
<i>BENLYSTA</i>	52
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59
<i>benztropine mesylate</i>	32
<i>bepotastine besilate</i>	55
<i>BEPREVE</i>	55
<i>BERINERT</i>	50
<i>BESIVANCE</i>	54
<i>betamethasone dipropionate (topical)</i>	60
<i>betamethasone dipropionate augmented</i>	
.....	60
<i>betamethasone valerate</i>	60
<i>BETASERON</i>	37
<i>betaxolol hcl (ophth)</i>	55
<i>bethanechol chloride</i>	48
<i>BETOPTIC-S</i>	55
<i>BEVESPI AER 9-4.8MCG</i>	
.....	56
<i>bexarotene</i>	17
<i>BEXZERO INJ</i>	52
<i>bicalutamide</i>	17
<i>BICILLIN L-A</i>	15
<i>BIKTARVY TAB</i>	12
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	25
<i>bisoprolol fumarate</i>	25
<i>BIVIGAM</i>	51
<i>BLEPHAMIDE OIN S.O.P.</i>	
.....	54
<i>blisovi fe 1.5/30</i>	42
<i>BOOSTRIX INJ</i>	52
<i>BORTEZOMIB</i>	18
<i>bosentan</i>	28
<i>BOSULIF</i>	18
<i>BRAFTOVI</i>	18
<i>BREO ELLIPTA INH 100-25</i>	58
<i>BREO ELLIPTA INH 200-25</i>	59
<i>BREZTRI AERO AER SPHERE</i>	56
<i>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</i>	56
<i>briellyn</i>	42
<i>BRILINTA</i>	50
<i>brimonidine tartrate</i>	55
<i>brinzolamide</i>	55
<i>BRIVIACT</i>	28
<i>bromfenac sodium (ophth)</i>	55
<i>bromocriptine mesylate</i>	32
<i>BROMSITE</i>	55
<i>BROVANA</i>	57
<i>BRUKINSA</i>	18
<i>budesonide</i>	47
<i>budesonide (inhalation)</i>	58
<i>bumetanide</i>	26
<i>buprenorphine hcl</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	38
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	38
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	38

bupropion hcl	31
bupropion hcl (smoking deterrent).....	38
buspirone hcl.....	28
butorphanol tartrate.....	9
BYDUREON BCISE.....	38
BYETTA.....	39
BYSTOLIC	25
C	
cabergoline	45
CABOMETYX	18
calcipotriene	60
calcitonin (salmon) spray	41
calcitrene.....	60
calcitriol	46
calcium acetate (phosphate binder)	46
CALQUENCE.....	18
camila.....	42
candesartan cilexetil	23
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	22
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	22
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg	22
CAPLYTA.....	33
CAPRELSA.....	18
captopril	21
CARB/LEVO ORALLY	
DISINTEGRATING TAB 10-100MG	32
CARB/LEVO ORALLY	
DISINTEGRATING TAB 25-100MG	32
CARB/LEVO ORALLY	
DISINTEGRATING TAB 25-250MG	32
CARBAGLU	45
carbamazepine	28
carbidopa	32
carbidopa & levodopa tab 10-100 mg	32
carbidopa & levodopa tab 25-100 mg	32
carbidopa & levodopa tab 25-250 mg	32
carbidopa & levodopa tab er 25-100 mg	32
carbidopa & levodopa tab er 50-200 mg	32
carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg	32
carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg	33
carbidopa-levodopa- entacapone tabs 25-100- 200 mg	33
carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg	33
carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg	33
carbidopa-levodopa- entacapone tabs 50-200- 200 mg	33
carboplatin	16
carteolol hcl (ophth)	55
cartia xt	25
carvedilol.....	25
caspofungin acetate	11
CAYSTON.....	10
caziant.....	42
cefaclor	14
CEFACLOR ER	14
cefadroxil.....	14
CEFAZOLIN INJ 1GM/50ML.....	14
cefaezolin sodium	14
CEFAZOLIN SOLN 2GM/100ML-4%	14
cefdinir	14
cefpeme hcl	14
cefixime	14
cefoxitin sodium	14
cefpodoxime proxetil	14
cefprozil.....	14
ceftazidime	14
CEFTAZIDIME/ SOL D5W 1GM.....	14
CEFTAZIDIME/ SOL D5W 2GM.....	14
ceftriaxone sodium.....	14
cefuroxime axetil	14
cefuroxime sodium.....	14
celecoxib	8
CELONTIN	28
cephalexin	14
CERDELGA	45
CEREZYME	45
cetirizine hcl	56
cevimeline hcl	62
CHANTIX	38
CHANTIX CONTINUING MONTH	38
CHANTIX PAK 0.5& 1MG	38
chateal	42
CHEMET	42
chlorhexidine gluconate (mouth-throat).....	62
chloroquine phosphate...11	
chlorpromazine hcl.....	33
CHLORPROMAZINE	
HYDROCHLOR	33
chlorthalidone.....	26
cholestyramine	24
cholestyramine light	24
choline fenofibrate.....	24
ciclopirox olamine	59
cilstostazol	50
CILOXAN	54
CIMDUO TAB 300-300 ..12	
cinacalcet hcl	45
CIPRO.....	15
ciprofloxacin 200 mg/100ml in d5w	15
ciprofloxacin 400 mg/200ml in d5w	15
ciprofloxacin-	
dexamethasone otic susp 0.3-0.1%	56
ciprofloxacin hcl	15
ciprofloxacin hcl (ophth) ..54	
CIPRO HC SUS OTIC ....56	
cisplatin	16
citalopram hydrobromide 31	
claravis.....	59
clarithromycin.....	14
clindamycin hcl.....	10
clindamycin palmitate hydrochloride	10

<i>clindamycin phosphate</i>	10
<i>clindamycin phosphate</i>	
(<i>topical</i>).....	59
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 300 mg/50ml</i>	
.....	10
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 600 mg/50ml</i>	
.....	10
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 900 mg/50ml</i>	
.....	10
<i>clindamycin phosphate</i>	
<i>vaginal</i>	49
CLINDMYC/NAC INJ	
300/50ML	10
CLINDMYC/NAC INJ	
600/50ML	10
CLINDMYC/NAC INJ	
900/50ML	10
CLINIMIX INJ 4.25/D10 ..	54
CLINIMIX INJ 4.25/D5W .	54
CLINIMIX INJ 5%/D15W .	54
CLINIMIX INJ 5%/D20W .	54
CLINIMIX INJ 6/5	54
CLINIMIX INJ 8/10	54
CLINIMIX INJ 8/14	54
<i>clenisol sf 15%</i>	54
CLINOLIPID EMU 20%..	54
<i>clobazam</i>	28
<i>clobetasol propionate</i>	60
<i>clobetasol propionate e</i> ...	60
<i>clomipramine hcl</i>	31
<i>clonazepam</i>	28
<i>clonidine</i>	27
<i>clonidine hcl</i>	27
<i>clopidogrel bisulfate</i>	50
<i>clorazepate dipotassium</i> .	28
<i>clotrimazole</i>	62
<i>clotrimazole (topical)</i>	59
<i>clotrimazole w/</i>	
<i>betamethasone cream 1-</i>	
<i>0.05%</i>	59
<i>clozapine</i>	33, 34
COARTEM TAB 20-120MG	
.....	11
<i>colchicine</i>	8
<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i>	8
<i>colesevelam hcl</i>	24
<i>colestipol hcl</i>	24, 25
<i>colistimethate sodium</i>	10
COMBIGAN SOL 0.2/0.5%	
.....	55
COMBIVENT AER 20-100	
.....	56
COMETRIQ (60MG DOSE)	
.....	18
COMETRIQ KIT 100MG .	18
COMETRIQ KIT 140MG .	18
COMPLERA TAB	12
<i>compro</i>	46
<i>constulose</i>	47
COPIKTRA.....	18
CORLANOR.....	27
COTELLIC	18
CREON CAP 12000UNT	48
CREON CAP 24000UNT	48
CREON CAP 3000UNIT	48
CREON CAP 36000UNT	48
CREON CAP 6000UNIT	48
<i>cromolyn sodium</i>	57
<i>cromolyn sodium</i>	
(<i>mastocytosis</i>)	48
<i>cromolyn sodium (ophth)</i>	55
<i>cryselle-28</i>	42
<i>cyanocobalamin</i>	62
<i>cyclafem 1/35</i>	42
<i>cyclafem 7/7/7</i>	42
<i>cyclobenzaprine hcl</i>	38
<i>cyclophosphamide</i>	16
CYCLOPHOSPHAMIDE	16
<i>cycloserine</i>	13
<i>cyclosporine</i>	52
<i>cyclosporine modified (for</i>	
<i>microemulsion</i>)	52
<i>cyproheptadine hcl</i>	56
<i>cyred eq</i>	42
CYSTADANE POW	45
CYSTADROPS	55
CYSTAGON	45
CYSTARAN	55
<i>cytarabine</i>	16
D	
D10W/NACL INJ 0.2%....	53
D2.5W/NACL INJ 0.45%.	53
D5W/LYTES INJ #48	53
<i>dalfampridine</i>	37
DALIRESP	57
<i>danazol</i>	44
<i>dantrolene sodium</i>	38
<i>dapsone</i>	10
DAPTACEL INJ.....	52
<i>daptomycin</i>	10
DAPTO MYCIN	10
<i>darifenacin hydrobromide</i>	
.....	48
<i>dasetta 1/35</i>	42
<i>dasetta 7/7/7</i>	42
DAURISMO.....	18
<i>deblitane</i>	42
<i>deferasirox</i>	42
DELESTROGEN	44
DELSTRIGO TAB	12
DESCOVY TAB 200/25MG	
.....	12
<i>desipramine hcl</i>	31
<i>desloratadine</i>	56
<i>desmopressin acetate</i>	45
<i>desmopressin acetate</i>	
<i>spray</i>	45
<i>desmopressin acetate</i>	
<i>spray refrigerated</i>	45
<i>desogest-eth estrad & eth</i>	
<i>estradiol tab 0.15-0.02/0.01</i>	
<i>mg(21/5)</i>	42
<i>desogestrel & ethinyl</i>	
<i>estradiol tab 0.15 mg-30</i>	
<i>mcg</i>	42
<i>desvenlafaxine succinate</i>	31
<i>dexamethasone</i>	44
DEXAMETHASONE	
INTENSOL	44
<i>dexamethasone sodium</i>	
<i>phosphate (ophth)</i>	55
DEXILANT	48
<i>dexmethylphenidate hcl</i> ..	36
<i>dextrose</i>	54
<i>dextrose 10% w/ sodium</i>	
<i>chloride 0.45%</i>	53
<i>dextrose 2.5% w/ sodium</i>	
<i>chloride 0.45%</i>	53
<i>dextrose 5% in lactated</i>	
<i>ringers</i>	53
<i>dextrose 5% w/ sodium</i>	
<i>chloride 0.2%</i>	53

dextrose 5% w/ sodium chloride 0.225%.....	53
dextrose 5% w/ sodium chloride 0.3%.....	53
dextrose 5% w/ sodium chloride 0.45%.....	53
dextrose 5% w/ sodium chloride 0.9%.....	53
DIACOMIT	28
diazepam	28, 29
diazepam (anticonvulsant)	29
diazepam inj.....	29
diazoxide.....	45
diclofenac potassium	8
diclofenac sodium	8
diclofenac sodium (ophth)	55
diclofenac sodium (topical)	61
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	8
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	8
dicloxacillin sodium	15
dicyclomine hcl.....	47
DIFICID	14
diflunisal	8
digitek.....	27
digox	27
digoxin.....	27
dihydroergotamine mesylate	36, 37
DILANTIN.....	29
DILANTIN-125	29
DILANTIN INFATABS	29
diltiazem hcl	25, 26
diltiazem hcl coated beads	26
diltiazem hcl extended release beads.....	26
dilt-xr	25
DIP/TET PED INJ 25-5LFU	52
diphenhydramine hcl.....	56
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....	48
diphenoxylate w/ atropine tab 2.5-0.025 mg	48
dipyridamole.....	50
disopyramide phosphate	24
disulfiram.....	38
divalproex sodium	29
docetaxel.....	17
DOCETAXEL	17
dofetilide.....	24
donepezil hydrochloride	31
DOPTELET	50
dorzolamide hcl.....	55
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	55
dotti	44
DOVATO TAB 50-300MG	12
doxazosin mesylate	21
doxepin hcl.....	31
doxepin hcl (sleep)	36
doxercalciferol	46
doxorubicin hcl	16
doxorubicin hcl liposomal/16 doxy 100	16
doxycycline (monohydrate)	16
doxycycline hyclate	16
DRIZALMA SPRINKLE	31
dronabinol	46
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	42
drospirenone-ethinyl estradiol tab 3-0.03 mg.....	42
DROXIA	50
droxidopa	27
duloxetine hcl	31
DUREZOL	55
dutasteride	48
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	48
E	
ec-naproxen	8
EDARBI	23
EDARBYCLOR TAB 40-12.5	22
EDARBYCLOR TAB 40-25MG.....	22
EDURANT	12
efavirenz	12
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	12
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	12
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	12
elinest.....	42
ELIQUIS	49
ELIQUIS STARTER PACK	49
ELLA	42
eluryng	42
EMCYT	17
emoquette	42
EMSAM	31
emtricitabine	12
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	13
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	13
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	13
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	13
EMTRIVA	12
EMVERM	10
enalapril maleate	21
enalapril maleate & hydrochlorothiazide tab 10-25 mg	21
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	21
ENBREL	50
ENBREL MINI	50
ENBREL SURECLICK	50
ENDARI	50
endocet tab 10-325mg	9
endocet tab 2.5-325mg	9
endocet tab 5-325mg	9
endocet tab 7.5-325mg	9
ENGERIX-B	52

enoxaparin sodium	49
enpresse-28	42
enskyce	42
ENSTILAR AER	60
entacapone	33
entecavir	13
ENTRESTO TAB 24-26MG	22
ENTRESTO TAB 49-51MG	22
ENTRESTO TAB 97-103MG	22
enulose	47
EPCLUSA TAB 200-50MG	13
EPCLUSA TAB 400-100	13
EPIDIOLEX	29
epinephrine (anaphylaxis)	57
epirubicin hcl	16
epitol	29
EPIVIR HBV	13
eplerenone	21
ergocalciferol	62
ergotamine w/ caffeine tab 1-100 mg	37
ERIVEDGE	18
ERLEADA	17
erlotinib hcl	18
errin	42
ertapenem sodium	10
ery	59
ery-tab	14
ERYTHROCIN LACTOBIONATE	14
erythrocin stearate	14
erythromycin (acne aid)	59
erythromycin (ophth)	54
erythromycin base	14
erythromycin ethylsuccinate	15
ESBRIET	57
escitalopram oxalate	31
esomeprazole magnesium	48
estarrylla	42
estradiol	44
estradiol & norethindrone acetate tab 0.5-0.1 mg	44
estradiol & norethindrone acetate tab 1-0.5 mg	44
estradiol vaginal	44
estradiol valerate	44
ethambutol hcl	13
ethosuximide	29
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg	42
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg	42
etodolac	8
etonogestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr	42
etoposide	17
etravirine	12
euthyrox	46
everolimus	18
everolimus (immunosuppressant)	52
EVOTAZ TAB 300-150	13
exemestane	17
EZALLOR SPRINKLE	24
ezetimibe	25
ezetimibe-simvastatin tab 10-10 mg	25
ezetimibe-simvastatin tab 10-20 mg	25
ezetimibe-simvastatin tab 10-40 mg	25
ezetimibe-simvastatin tab 10-80 mg	25
F	
FABRAZYME	45
falmina	42
famciclovir	13
famotidine	47
famotidine in nacl 0.9% iv soln 20 mg/50ml	47
FANAPT	34
FANAPT PAK	34
FARXIGA	39
FARYDAK	18
FASENRA	57
FASENRA PEN	57
febuxostat	8
felbamate	29
felodipine	26
femynor	42
fenofibrate	24
fenofibrate micronized	24
fentanyl	8
fentanyl citrate	9
FETZIMA	31
FETZIMA CAP TITRATIO	31
FIASP FLEX INJ TOUCH40	
FIASP INJ 100/ML	40
FIASP PENFIL INJ U-100	40
FINACEA	61
finasteride	48
FINTEPLA	29
flac	56
FLAREX	55
FLEBOGAMMA DIF	51
flecainide acetate	24
FLOVENT DISKUS	58
FLOVENT HFA	58
fluconazole	11
fluconazole in nacl 0.9% inj 200 mg/100ml	11
fluconazole in nacl 0.9% inj 400 mg/200ml	11
flucytosine	11
fludrocortisone acetate	44
flunisolide (nasal)	58
fluocinolone acetonide	60
fluocinolone acetonide (otic)	56
fluocinonide	60
fluocinonide emulsified base	60
fluorometholone (ophth)	55
fluorouracil	16
fluorouracil (topical)	61
fluoxetine hcl	31
fluphenazine decanoate	34
fluphenazine hcl	34
flurbiprofen	8
flurbiprofen sodium	55
flutamide	17
fluticasone propionate	60
fluticasone propionate (nasal)	58
fluvastatin sodium	24
fluvoxamine maleate	28

<i>folic acid</i>	62	<i>generlac</i>	47	GVOKE HYPOEN 2-
<i>fondaparinux sodium</i>	49	<i>gengraf</i>	52	PACK.....45
<i>formoterol fumarate</i>	57	GENOTROPIN	45	GVOKE PFS .....45
FORTEO	41	GENOTROPIN MINIQUICK	45	H
FOSAMAX + D TAB 70-				HAEGARDA.....50
2800	41	<i>gentak</i>	54	hailey 1.5/30.....42
FOSAMAX + D TAB 70-		<i>gentamicin in saline inj 0.8</i>		halobetasol propionate...61
5600	41	<i>mg/ml</i>	10	haloperidol .....34
<i>fosamprenavir calcium</i>	12	<i>gentamicin in saline inj 1.2</i>		haloperidol decanoate....34
<i>fosinopril sodium</i>	21	<i>mg/ml</i>	10	haloperidol lactate.....34
<i>fosinopril sodium &</i>		<i>gentamicin in saline inj 1.6</i>		HARVONI PAK 33.75-
<i>hydrochlorothiazide tab</i>		<i>mg/ml</i>	10	150MG.....13
10-12.5 mg	21	<i>gentamicin in saline inj 1</i>		HARVONI PAK 45-200MG
<i>fosinopril sodium &</i>		<i>mg/ml</i>	10	.....13
<i>hydrochlorothiazide tab</i>		<i>gentamicin in saline inj 2</i>		HARVONI TAB 45-200MG
20-12.5 mg	21	<i>mg/ml</i>	10	.....13
FOTIVDA	18	<i>gentamicin sulfate</i>	10	HARVONI TAB 90-400MG
FREAMINE HBC INJ 6.9%		<i>gentamicin sulfate (ophth)</i>		.....13
	54	.....54		HAVRIX.....52
FREAMINE III INJ 10%...54		<i>gentamicin sulfate (topical)</i>		heather.....42
<i>fulvestrant</i>	17	.....59		HEPARIN/NACL INJ
<i>furosemide</i>	26	GENVOYA TAB	13	25000UNT .....49
<i>furosemide inj</i>	26	GILENYA	37	<i>heparin sodium (porcine)</i> 49
FUZEON	12	GILOTRIF	18	<i>heparin sodium (porcine)</i>
<i>fyavolv tab 0.5mg-2.5mcg</i>		<i>glatiramer acetate</i>	37	100 unit/ml in d5w .....49
	44	<i>glatopa</i>	37	<i>heparin sodium (porcine)-</i>
<i>fyavolv tab 1mg-5mcg</i>	44	<i>glimepiride</i>	39	<i>dextrose iv sol 20000</i>
FYCOMPRA	29	<i>glipizide</i>	39	<i>unit/500ml-5%</i> .....49
G		<i>glipizide-metformin hcl tab</i>		<i>heparin sodium (porcine)-</i>
<i>gabapentin</i>	29	<i>2.5-250 mg</i>	39	<i>dextrose iv sol 25000</i>
<i>galantamine hydrobromide</i>		<i>glipizide-metformin hcl tab</i>		<i>unit/500ml-5%</i> .....49
	31	<i>2.5-500 mg</i>	39	<i>hepatamine</i> .....54
GAMASTAN INJ	51	<i>glipizide-metformin hcl tab</i>		HEP SOD/NACL INJ
GAMMAGARD LIQUID...51		<i>5-500 mg</i>	39	25000UNT .....49
GAMMAGARD S/D IGA		<i>glipizide xl</i>	39	HERCEP HYLEC SOL 60-
LESS TH	51	<i>glycopyrrolate</i>	47	10000 .....18
GAMMAKED	51	<i>glydo</i>	61	HERCEPTIN .....18
GAMMAPLEX	51	GLYXAMBI TAB 10-5 MG		HERZUMA .....18
GAMUNEX-C	51		39	HETLIOZ .....36
<i>ganciclovir sodium</i>	13	GLYXAMBI TAB 25-5 MG		HIBERIX.....52
GARDASIL 9 INJ	52		39	HUMIRA .....50
<i>gatifloxacin (ophth)</i>	54	GOLYTELY SOL	47	HUMIRA PEDIA INJ
GATTEX	48	GRALISE	37	CROHNS .....50
GAUZE PADS 2	40	<i>granisetron hcl</i>	46	HUMIRA PEDIATRIC
<i>gavilyte-c</i>	47	<i>griseofulvin microsize</i>	11	CROHNS D .....50
<i>gavilyte-g</i>	47	<i>griseofulvin ultramicrosize</i>		HUMIRA PEN .....50, 51
<i>gavilyte-n/flavor pack</i>	47		11	HUMIRA PEN-CD/UC/HS
GAVRETO	18	<i>guanfacine hcl</i>	27	START .....51
<i>gemcitabine hcl</i>	16	<i>guanfacine hcl (adhd)</i>	36	HUMIRA PEN KIT PS/UV
<i>gemfibrozil</i>	24			.....51

HUMIRA PEN-PEDIATRIC	
UC S	51
HUMIRA PEN-PS/UV	
STARTER.....	51
HUMULIN R U-500	
(CONCENTR.....	40
HUMULIN R U-500	
KWIKPEN.....	40
hydralazine hcl	27
hydrochlorothiazide	26
hydrocodone-	
acetaminophen soln 7.5- 325 mg/15ml.....	9
hydrocodone-	
acetaminophen tab 10- 325 mg	9
hydrocodone-	
acetaminophen tab 5-325 mg	9
hydrocodone-	
acetaminophen tab 7.5- 325 mg	9
hydrocodone bitartrate	8
hydrocodone-ibuprofen tab	
7.5-200 mg	9
hydrocortisone	44
hydrocortisone (<i>intrarectal</i>)	
.....	47
hydrocortisone (<i>rectal</i>)	61
hydrocortisone (<i>topical</i>)...61	
hydromorphone hcl	9
hydroxychloroquine sulfate	
.....	51
hydroxyurea	17
hydroxyzine hcl	56
hydroxyzine pamoate.....56	
HYSINGLA ER.....8	
I	
ibandronate sodium	41
IBRANCE	18
ibu	8
ibuprofen	8
icatibant acetate.....50	
iclevia	42
ICLUSIG.....18	
IDHIFA	18
ILEVRO	55
imatinib mesylate	18
IMBRUVICA.....18	
<i>imipenem-cilastatin</i>	
<i>intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin</i>	
<i>intravenous for soln 500 mg</i>	10
<i>imipramine hcl</i>.....31	
<i>imiQuimod</i>.....61	
IMOVA X RABIES	
(H.D.C.V.).....52	
<i>incassia</i>	42
INCRELEX	45
INCRUSE ELLIPTA	56
<i>indapamide</i>	26
INFANRIX INJ	52
INGREZZA	37
INGREZZA CAP 40-80MG	
.....	37
INLYTA	18
INQOVI TAB 35-100MG	.16
INREBIC	19
INSULIN SAFETY	
NEEDLES.....40	
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC	40
INTELENCE	12
INTRALIPID	54
INTRON A.....52	
<i>introvale</i>	42
INVEGA SUSTENNA.....34	
INVEGA TRINZA	34
INVIRASE	12
IPOL INJ INACTIVE.....52	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	56
<i>ipratropium bromide</i>	56
<i>ipratropium bromide (nasal)</i>	
.....	56
<i>irbesartan</i>	23
<i>irbesartan-</i>	
<i>hydrochlorothiazide tab 150-12.5 mg</i>	22
<i>irbesartan-</i>	
<i>hydrochlorothiazide tab 300-12.5 mg</i>	22
IRESSA.....19	
<i>irinotecan hcl</i>.....17	
ISENTRESS.....12	
<i>isibloom</i>.....42	
ISOLYTE-P INJ /D5W....53	
ISOLYTE-S INJ.....53	
ISOLYTE-S INJ PH 7.4...53	
isoniazid	13
ISOPTO ATROPINE	55
isosorbide dinitrate	27
isosorbide mononitrate...27	
isotretinoin.....59	
isradipine.....26	
itraconazole.....11	
ivermectin.....10	
IXIARO INJ	52
J	
JAKAFI.....19	
jantoven	49
JANUMET TAB 50-1000	.39
JANUMET TAB 50-500MG	
.....	39
JANUMET XR TAB 100- 1000	39
JANUMET XR TAB 50- 1000	39
JANUMET XR TAB 50- 500MG.....39	
JANUVIA	39
JARDIANCE.....39	
jasmiel.....42	
JENTADUETO TAB 2.5- 1000	39
JENTADUETO TAB 2.5- 500	39
JENTADUETO TAB 2.5- 850	39
JENTADUETO TAB XR 2.5-1000MG	39
JENTADUETO TAB XR 5- 1000MG.....39	
jinteli.....44	
jolessa.....42	
juleber	42
JULUCA TAB 50-25MG..13	
junel 1/20	42
junel 1.5/30	42
junel fe 1/20	42
junel fe 1.5/30	42
K	
KADCYLA	19
KALYDECO	57

KANJINTI	19
kariva	42
KCL/D5W/NACL INJ 0.3/0.9%	53
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....	53
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj.....	53
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....	53
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj.....	53
kcl 20 meq/l (0.15%) in nacl 0.45% inj.....	53
KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ	53
kcl 20 meq/l (0.15%) in nacl 0.9% inj.....	53
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....	53
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....	53
KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	53
kelnor 1/35	42
kelnor 1/50	43
ketoconazole	11
ketoconazole (topical)59, 60	
ketorolac tromethamine (ophth)	55
KEYTRUDA	19
KINRIX INJ.....	52
KISQALI 200 DOSE.....	19
KISQALI 200 PAK FEMARA	17
KISQALI 400 DOSE.....	19
KISQALI 400 PAK FEMARA	17
KISQALI 600 DOSE.....	19
KISQALI 600 PAK FEMARA	17
klor-con	53
klor-con 10	53
klor-con 8	53
klor-con m10	53
klor-con m15	53
klor-con m20	53
KORLYM.....	45
kurvelo	43
KYNMOBI	33
L	
labetalol hcl	25
lactated ringer's solution .53	
lactic acid (ammonium lactate).....	61
lactulose	47
lactulose (encephalopathy)	47
lamivudine	12
lamivudine (hbv).....	13
lamivudine-zidovudine tab 150-300 mg	13
lamotrigine	29
lansoprazole	48
lapatinib ditosylate	19
larin 1/20	43
larin 1.5/30	43
larin fe 1/20	43
larin fe 1.5/30	43
larissia	43
LASTACAFT	55
latanoprost	55
LATUDA.....	34
leena	43
leflunomide.....	51
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	19
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
lessina	43
letrozole	17
leucovorin calcium	20
LEUKERAN.....	16
leuprolide acetate.....	17
levalbuterol hcl	57
levalbuterol tartrate	57
LEVEMIR	40
LEVEMIR FLEXTOUCH .40	
levetiracetam.....	29
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....	29
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....	29
levetiracetam in sodium chloride iv soln 500 mg/100ml.....	29
levobunolol hcl	55
levocarnitine (metabolic modifiers).....	45
levocetirizine dihydrochloride	56
levofloxacin	15
levofloxacin in d5w iv soln 250 mg/50ml.....	15
levofloxacin in d5w iv soln 500 mg/100ml.....	15
levofloxacin in d5w iv soln 750 mg/150ml.....	15
levonest	43
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	43
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	43
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	43
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	43
levora 0.15/30-28	43
levo-t	46
levothyroxine sodium	46
levoxyl	46
LEXIVA	12
lidocaine	61
lidocaine hcl	61
lidocaine hcl (local anesth.)	10

<i>lidocaine hcl (mouth-throat)</i>	62
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	61
<i>lillow</i>	43
<i>linezolid</i>	10
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	10
<i>LINZESS</i>	48
<i>liothyronine sodium</i>	46
<i>lisinopril</i>	21
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	21
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	21
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
<i>LITHIUM</i>	37
<i>lithium carbonate</i>	37
<i>LIVALO</i>	24
<i>loestrin 1/20-21</i>	43
<i>loestrin 1.5/30-21</i>	43
<i>loestrin fe 1/20</i>	43
<i>loestrin fe 1.5/30</i>	43
<i>LOKELMA</i>	42
<i>LONSURF TAB 15-6.14..16</i>	16
<i>LONSURF TAB 20-8.19..16</i>	16
<i>loperamide hcl</i>	48
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	13
<i>lopinavir-ritonavir tab 100-25 mg</i>	13
<i>lopinavir-ritonavir tab 200-50 mg</i>	13
<i>lorazepam</i>	28
<i>lorazepam intensol</i>	28
<i>LORBRENA</i>	19
<i>loryna</i>	43
<i>losartan potassium</i>	23
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	22
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	22
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	22
<i>LOTEMAX</i>	55
<i>lovastatin</i>	24
<i>low-ogestrel</i>	43
<i>loxapine succinate</i>	34
<i>LUMAKRAS</i>	19
<i>LUMIGAN</i>	55
<i>LUMIZYME</i>	45
<i>LUPRON DEPOT (1-MONTH)</i>	17
<i>LUPRON DEPOT (3-MONTH)</i>	17
<i>LUPRON DEPOT-PED (1-MONTH)</i>	45
<i>LUPRON DEPOT-PED (3-MONTH)</i>	45
<i>Iutera</i>	43
<i>lyleq</i>	43
<i>lyllana</i>	44
<i>LYNPARZA</i>	19
<i>LYSODREN</i>	17
<i>lyza</i>	43
M	
<i>magnesium sulfate</i>	53
<i>MAGNESIUM SULFATE</i>	53
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	53
<i>malathion</i>	62
<i>marlissa</i>	43
<i>MARPLAN</i>	32
<i>MATULANE</i>	17
<i>matzim la</i>	26
<i>MAVYRET TAB 100-40MG</i>	13
<i>meclizine hcl</i>	46
<i>medroxyprogesterone acetate</i>	46
<i>medroxyprogesterone acetate (contraceptive)</i>	43
<i>mefloquine hcl</i>	11
<i>megestrol acetate</i>	17, 46
<i>megestrol acetate (appetite)</i>	46
<i>MEKINIST</i>	19
<i>MEKTOVI</i>	19
<i>meloxicam</i>	8
<i>memantine hcl</i>	31
<i>MENACTRA INJ</i>	52
<i>MENQUADFI INJ</i>	52
<i>MENVEO INJ</i>	52
<i>mercaptopurine</i>	16
<i>meropenem</i>	10
<i>mesalamine</i>	47
<i>mesalamine w/ cleanser</i>	47
<i>MESNEX</i>	20
<i>metadate er</i>	36
<i>metformin hcl</i>	39
<i>methadone hcl</i>	8
<i>methadone hydrochloride i8</i>	26
<i>methazolamide</i>	26
<i>methenamine hippurate</i>	10
<i>methimazole</i>	46
<i>methotrexate sodium</i>	16, 51
<i>METHYLDOPA</i>	27
<i>methylphenidate hcl</i>	36
<i>methylprednisolone</i>	44
<i>methylprednisolone acetate</i>	44
<i>methylprednisolone sod succ</i>	44
<i>metoclopramide hcl</i>	47
<i>metolazone</i>	26
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	25
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	25
<i>metoprolol succinate</i>	25
<i>metoprolol tartrate</i>	25
<i>metronidazole</i>	10
<i>metronidazole (topical)</i>	61
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	10
<i>metronidazole vaginal</i>	49
<i>metyrosine</i>	27
<i>MG SO4/D5W INJ 10MG/ML</i>	53
<i>micafungin sodium</i>	11

<i>microgestin 1/20</i>	43	NAMZARIC CAP 28-10MG	19
<i>microgestin 1.5/30</i>	43	.....	31
<i>microgestin fe 1/20</i>	43	NAMZARIC CAP 7-10MG	26
<i>microgestin fe 1.5/30</i>	43	.....	31
<i>midodrine hcl</i>	27	NAMZARIC CAP PACK	10
<i>miglustat</i>	45	..31	45
<i>mihi</i>	43	naproxen	27
<i>mimvey</i>	44	.....	nitazoxanide
<i>minitran</i>	27	.....	10
<i>minocycline hcl</i>	16	naratriptan hcl	nitisinone
<i>minoxidil</i>	27	.....	45
<i>mirtazapine</i>	32	NARCAN	NITRO-BID
<i>misoprostol</i>	48	.....	27
<i>MITIGARE</i>	8	NATACYN	<i>nitrofurantoin macrocrystal</i>
M-M-R II INJ	52	.....	.....
M-NATAL PLUS TAB	53	.....	10
<i>modafinil</i>	38	.....	<i>nitrofurantoin monohyd</i>
<i>moexipril hcl</i>	21	.....	macro
<i>molindone hcl</i>	34	.....	11
<i>mometasone furoate</i>	61	.....	<i>nitroglycerin</i>
<i>mometasone furoate</i> (nasal)	58	.....	27
<i>monodoxyne nl</i>	16	.....	<i>nizatidine</i>
<i>MONJUVI</i>	19	.....	47
<i>mono-linyah</i>	43	.....	<i>nora-be</i>
<i>montelukast sodium</i>	57	.....	43
<i>morphine sulfate</i>	9	.....	<i>norethindrone</i>
<i>MORPHINE SULFATE</i>	9	.....	(contraceptive)
<i>MOVANTIK</i>	48	.....	43
<i>moxifloxacin hcl</i>	15	.....	<i>norethindrone ace & ethinyl</i>
<i>moxifloxacin hcl (ophth)</i>	54	estradiol-fe tab 1 mg-20	estradiol
<i>MULTAQ</i>	24	.....	43
<i>mupirocin</i>	59	mcg	.....
<i>MVASI</i>	19	.....	<i>norethindrone ace & ethinyl</i>
<i>mycophenolate mofetil</i>	52	estradiol tab 1.5 mg-30	estradiol
<i>mycophenolate sodium</i>	52	.....	43
<i>myorisan</i>	59	mcg	.....
<i>MYRBETRIQ</i>	49	.....	<i>norethindrone ace & ethinyl</i>
N		estradiol tab 1 mg-20	estradiol
<i>nabumetone</i>	8	.....	43
<i>nadolol</i>	25	mcg	.....
<i>nafcillin sodium</i>	15	.....	<i>norgestimate & ethinyl</i>
<i>NAGLAZYME</i>	45	estradiol tab 0.25 mg-35	estradiol
<i>nalbuphine hcl</i>	9	.....	43
<i>naloxone hcl</i>	38	mcg	.....
<i>naltrexone hcl</i>	38	.....	<i>norgestimate-eth estrad tab</i>
<i>NAMZARIC CAP 14-10MG</i>	31	0.18-25/0.215-25/0.25-25	0.18-25/0.215-25/0.25-25
<i>NAMZARIC CAP 21-10MG</i>	31	mg-mcg	mg-mcg
		.....	43
		.....	<i>norgestimate-eth estrad tab</i>
		0.18-35/0.215-35/0.25-35	0.18-35/0.215-35/0.25-35
		mg-mcg	mg-mcg
		.....	43
		.....	<i>NORITATE</i>
		.....	61
		.....	<i>norlyroc</i>
		.....	43
		.....	<i>NORPACE CR</i>
		.....	24
		.....	<i>nortrel 0.5/35 (28)</i>
		.....	43
		.....	<i>nortrel 1/35 (21)</i>
		.....	43
		.....	<i>nortrel 1/35 (28)</i>
		.....	43
		.....	<i>nortrel 7/7/7</i>
		.....	43
		.....	<i>nortriptyline hcl</i>
		.....	32
		.....	<i>NORVIR</i>
		.....	12
		.....	<i>NOVOLIN INJ 70/30</i>
		.....	41

NOVOLIN INJ 70/30 FP ..	41
NOVOLIN N	41
NOVOLIN N FLEXPEN ..	41
NOVOLIN R	41
NOVOLIN R FLEXPEN ..	41
NOVOLOG	41
NOVOLOG FLEXPEN ...	41
NOVOLOG MIX INJ 70/30 ..	41
NOVOLOG MIX INJ FLEXPEN	41
NOVOLOG PENFILL	41
NOXAFIL.....	11
NUBEQA.....	17
NUEDEXTA CAP 20-10MG	37
NULOJIX.....	52
NULYTELY SOL LMN/LIME	47
NUPLAZID	34
NUTRILIPID	54
nyamyc.....	59
nylia 7/7/7.....	43
NYMALIZE	26
nymyo	43
nystatin.....	11
nystatin (mouth-throat)	62
nystatin (topical)	59
nystop	59
O	
ocella.....	43
OCTAGAM.....	51
octreotide acetate	45
ODEFSEY TAB	13
ODOMZO	19
OFEV	57
ofloxacin (ophth)	54
ofloxacin (otic)	56
OGIVRI	19
OGIVRI INJ 420MG	19
olanzapine.....	34
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	23
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	23
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	23
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	23
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	23
olmesartan medoxomil...23	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	22
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	23
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	23
olopatadine hcl.....	55
olopatadine hcl (nasal)	56
omeprazole	48
OMNARIS	58
OMNIPOD KIT STARTER	41
OMNIPOD MIS 5 PACK..41	
ondansetron	47
ondansetron hcl	47
ONTRUZANT	19
ONUREG	16
OPSUMIT.....	28
ORGOVYX.....	17
ORKAMBI GRA 100-125 57	
ORKAMBI GRA 150-188 57	
ORKAMBI TAB 100-125 .58	
ORKAMBI TAB 200-125 .58	
orsythia	43
oseltamivir phosphate	13
oxacillin sodium.....	15
oxaliplatin	16
oxandrolone	38
oxaprozin	8
oxcarbazepine.....	29
oxybutynin chloride	49
oxycodone hcl	9
oxycodone w/ acetaminophen tab 10-325 mg	10
oxycodone w/ acetaminophen tab 2.5-325 mg	9
oxycodone w/ acetaminophen tab 5-325 mg	9
oxycodone w/ acetaminophen tab 7.5-325 mg	10
OZEMPIC (0.25 OR 0.5MG/DOSE)	39
OZEMPIC (1MG/DOSE)	39
P	
pacerone	24
paclitaxel	17
paliperidone	34
pamidronate disodium....41	
PAMIDRONATE DISODIUM	41
PANRETIN	61
pantoprazole sodium.....	48
PANZYGA.....	51
paraplatin	16
paricalcitol	46
paromomycin sulfate.....	11
paroxetine hcl.....	32
PASER.....	13
PAXIL.....	32
PEDIARIX INJ 0.5ML.....	52
PEDVAX HIB	52
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	47
peg 3350-kcl-sod bicarb-nacl for soln 420 gm ...	47
PEGASYS	13
PEMAZYRE	19
PEN GK/DEXTR INJ 40000/ML	15
PEN GK/DEXTR INJ 60000/ML	15
penicillamine	42
penicillin g potassium.....	15
PENICILLIN G PROCAINE	15
penicillin g sodium.....	15
penicillin v potassium	15
PEN NEEDLES:	
NOVO/BD/ULTIMED/OW EN/TRIVIDIA	41
PENTACEL INJ.....	52
pentamidine isethionate inh	11

<i>pentamidine isethionate inj</i>	11
<i>pentoxifylline</i>	50
<i>perindopril erbumine</i>	21
<i>periogard</i>	62
<i>permethrin</i>	62
<i>perphenazine</i>	34
<i>PERSERIS</i>	34
<i>pfiberpen</i>	16
<i>phenelzine sulfate</i>	32
<i>phenobarbital</i>	29
<i>phenobarbital sodium</i>	29
<i>PHENYTEK</i>	29
<i>phenytoin</i>	30
<i>phenytoin sodium</i>	30
<i>phenytoin sodium extended</i>	30
<i>PHESGO SOL</i>	19
<i>philith</i>	43
<i>phytonadione</i>	62
<i>PIFELTRO</i>	12
<i>pilocarpine hcl</i>	55
<i>pilocarpine hcl (oral)</i>	62
<i>pimozide</i>	34
<i>pimtrea</i>	43
<i>pindolol</i>	25
<i>pioglitazone hcl</i>	40
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	16
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	16
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	16
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	16
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	16
<i>PIQRAY 200MG DAILY DOSE</i>	19
<i>PIQRAY 250MG TAB DOSE</i>	19
<i>PIQRAY 300MG DAILY DOSE</i>	19
<i>pirmella 1/35</i>	43
<i>piroxicam</i>	8
<i>PLASMA-LYTE INJ -148.53</i>	
<i>PLASMA-LYTE INJ -A</i>	53
<i>plenamine</i>	54
<i>PLENUV SOL</i>	47
<i>podofilox</i>	61
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	54
<i>POMALYST</i>	17
<i>portia-28</i>	43
<i>posaconazole</i>	11
<i>potassium chloride</i>	53
<i>POTASSIUM CHLORIDE</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	53
<i>potassium chloride microencapsulated crystals er</i>	54
<i>potassium citrate (alkalinizer)</i>	48
<i>PRADAXA</i>	49
<i>PRALUENT</i>	25
<i>pramipexole dihydrochloride</i>	33
<i>prasugrel hcl</i>	50
<i>pravastatin sodium</i>	24
<i>praziquantel</i>	11
<i>prazosin hcl</i>	21
<i>prednisolone</i>	44
<i>prednisolone acetate (ophth)</i>	55
<i>PREDNISOLONE SODIUM PHOSP</i>	55
<i>prednisolone sodium phosphate</i>	45
<i>prednisone</i>	45
<i>PREDNISONE INTENSOL</i>	
<i>pregabalin</i>	30
<i>pregabalin (once-daily)</i>	37
<i>PREMASOL SOL 10%</i>	54
<i>PRENATAL TAB 27-1MG</i>	
<i>PRENATAL TAB PLUS</i>	54
<i>PRENATAL VIT TAB LOW IRON</i>	54
<i>prevalite</i>	25
<i>previfem</i>	43
<i>PREVYMIC</i>	13
<i>PREZCOBIX TAB 800-150</i>	
<i>PREZISTA</i>	12
<i>PRIFTIN</i>	13
<i>PRILOSEC</i>	48
<i>primaquine phosphate</i>	11
<i>PRIMAQUINE PHOSPHATE</i>	12
<i>primidone</i>	30
<i>PRIVIGEN</i>	51
<i>probenecid</i>	8
<i>PROCALAMINE INJ 3%</i>	54
<i>prochlorperazine</i>	47
<i>prochlorperazine edisylate</i>	
<i>prochlorperazine maleate</i>	47
<i>PROCRIT</i>	50
<i>procto-med hc</i>	61
<i>procto-pak</i>	61
<i>proctozone-hc</i>	61
<i>PROGRAF</i>	52
<i>PROLASTIN-C</i>	58
<i>PROLENSA</i>	55
<i>PROLIA</i>	41
<i>PROMACTA</i>	50
<i>promethazine hcl</i>	47
<i>propafenone hcl</i>	24
<i>proparacaine hcl</i>	55
<i>propranolol hcl</i>	25
<i>propylthiouracil</i>	46
<i>PROQUAD INJ</i>	52
<i>PROSOL INJ 20%</i>	54
<i>protriptyline hcl</i>	32
<i>PULMICORT FLEXHALER</i>	
<i>PULMOZYME</i>	58
<i>PURIXAN</i>	16
<i>pyrazinamide</i>	13
<i>pyridostigmine bromide</i>	37
<i>Q</i>	
<i>QINLOCK</i>	19
<i>QUADRACEL INJ</i>	52
<i>quetiapine fumarate</i>	34
<i>quinapril hcl</i>	21

<i>quinapril-</i>	.....	31
<i>hydrochlorothiazide tab</i>	.....	31
10-12.5 mg .....	.....	21
<i>quinapril-</i>	.....	33
<i>hydrochlorothiazide tab</i>	.....	33
20-12.5 mg .....	.....	21
<i>quinapril-</i>	.....	33
<i>hydrochlorothiazide tab</i>	.....	33
20-25 mg .....	.....	21
<i>quinidine sulfate</i> .....	.....	24
<i>quinine sulfate</i> .....	.....	12
R	.....	52
<i>RABAVERT INJ</i> .....	.....	52
<i>rabeprazole sodium</i> .....	.....	48
<i>raloxifene hcl</i> .....	.....	45
<i>ramipril</i> .....	.....	21
<i>ranolazine</i> .....	.....	27
<i>rasagiline mesylate</i> .....	.....	33
<i>RAYALDEE</i> .....	.....	46
<i>reclipsen</i> .....	.....	43
<i>RECOMBIVAX HB</i> .....	.....	52
<i>RECTIV</i> .....	.....	61
<i>REGRANEX</i> .....	.....	62
<i>RELENZA DISKHALER</i> .....	.....	14
<i>RELISTOR</i> .....	.....	48
<i>REMICADE</i> .....	.....	51
<i>RENFLEXIS</i> .....	.....	51
<i>repaglinide</i> .....	.....	40
<i>RESTASIS</i> .....	.....	55
<i>RESTASIS MULTIDOSE</i> .....	.....	55
<i>RETEVMO</i> .....	.....	19
<i>REVLIMID</i> .....	.....	17
<i>REXULTI</i> .....	.....	34
<i>REYATAZ</i> .....	.....	12
<i>REZUROCK</i> .....	.....	52
<i>RHOPRESSA</i> .....	.....	55
<i>RIABNI</i> .....	.....	19
<i>ribavirin (hepatitis c)</i> .....	.....	14
<i>rifabutin</i> .....	.....	13
<i>rifampin</i> .....	.....	13
<i>riluzole</i> .....	.....	37
<i>rimantadine hydrochloride</i> .....	.....	14
<i>RINVOQ</i> .....	.....	51
<i>risedronate sodium</i> .....	.....	41, 42
<i>RISPERDAL CONSTA</i> .....	.....	34
<i>risperidone</i> .....	.....	35
<i>ritonavir</i> .....	.....	12
<i>RITUXAN</i> .....	.....	19
<i>RITUXAN INJ HYCELA</i> .....	.....	19
<i>rivastigmine</i> .....	.....	31
<i>rivastigmine tartrate</i> .....	.....	31
<i>rizatriptan benzoate</i> .....	.....	37
<i>ropinirole hydrochloride</i> .....	.....	33
<i>rosadan</i> .....	.....	61
<i>rosuvastatin calcium</i> .....	.....	24
<i>ROTARIX SUS</i> .....	.....	52
<i>ROTATEQ SOL</i> .....	.....	52
<i>roweepra</i> .....	.....	30
<i>ROZLYTREK</i> .....	.....	19
<i>RUBRACA</i> .....	.....	19
<i>rufinamide</i> .....	.....	30
<i>RUKOBIA</i> .....	.....	12
<i>RUXIENCE</i> .....	.....	19
<i>RYBELSUS</i> .....	.....	40
<i>RYDAPT</i> .....	.....	19
S	.....	50
<i>sajazir</i> .....	.....	50
<i>SANDIMMUNE</i> .....	.....	52
<i>SANTYL</i> .....	.....	62
<i>sapropterin dihydrochloride</i> .....	.....	45
<i>SAVELLA</i> .....	.....	37
<i>SAVELLA MIS TITR PAK</i> .....	.....	37
<i>scopolamine</i> .....	.....	47
<i>SECUADO</i> .....	.....	35
<i>selegiline hcl</i> .....	.....	33
<i>selenium sulfide</i> .....	.....	60
<i>SELZENTRY</i> .....	.....	12
<i>SEREVENT DISKUS</i> .....	.....	57
<i>sertraline hcl</i> .....	.....	32
<i>setlakin</i> .....	.....	43
<i>sevelamer carbonate</i> .....	.....	46
<i>sharobel</i> .....	.....	43
<i>SHINGRIX</i> .....	.....	52
<i>SIGNIFOR</i> .....	.....	45
<i>sildenafil citrate</i> .....	.....	56
<i>sildenafil citrate (pulmonary hypertension)</i> .....	.....	28
<i>silodosin</i> .....	.....	48
<i>silver sulfadiazine</i> .....	.....	59
<i>SIMBRINZA SUS 1-0.2%</i> .....	.....	55
<i>simliya</i> .....	.....	43
<i>simvastatin</i> .....	.....	24
<i>sirolimus</i> .....	.....	52
<i>SIRTURO</i> .....	.....	13
<i>SIVEXTRO</i> .....	.....	11
<i>SKYRIZI</i> .....	.....	51
<i>SKYRIZI PEN</i> .....	.....	51
<i>sodium chloride</i> .....	.....	53
<i>sodium chloride (gu irrigant)</i> .....	.....	62
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	.....	54
<i>sodium phenylbutyrate</i> .....	.....	45
<i>sodium polystyrene sulfonate powder</i> .....	.....	42
<i>solifenacin succinate</i> .....	.....	49
<i>SOLIQUA INJ 100/33</i> .....	.....	41
<i>SOLTAMOX</i> .....	.....	17
<i>SOLU-CORTEF</i> .....	.....	45
<i>SOMATULINE DEPOT</i> .....	.....	45
<i>SOMAVERT</i> .....	.....	45
<i>sorine</i> .....	.....	24
<i>sotalol hcl</i> .....	.....	24
<i>sotalol hcl (afib/afl)</i> .....	.....	24
<i>spironolactone</i> .....	.....	21
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> .....	.....	26
<i>sprintec 28</i> .....	.....	43
<i>SPRITAM</i> .....	.....	30
<i>SPRYCEL</i> .....	.....	19
<i>sps</i> .....	.....	42
<i>sronyx</i> .....	.....	43
<i>ssd</i> .....	.....	59
<i>STELARA</i> .....	.....	51
<i>STIVARGA</i> .....	.....	20
<i>streptomycin sulfate</i> .....	.....	11
<i>STRIBILD TAB</i> .....	.....	13
<i>subvenite</i> .....	.....	30
<i>sucralfate</i> .....	.....	48
<i>sulfacetamide sodium (acne)</i> .....	.....	59
<i>sulfacetamide sodium (ophth)</i> .....	.....	55
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	.....	54
<i>SULFADIAZINE</i> .....	.....	11
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	.....	11
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	.....	11

<i>sulfamethoxazole-</i>	
<i>trimethoprim tab</i> 400-80	56
<i>mg</i>	11
<i>sulfamethoxazole-</i>	
<i>trimethoprim tab</i> 800-160	51
<i>mg</i>	11
SULFAMYRON.....	59
<i>sulfasalazine</i>	47
<i>sulindac</i>	8
<i>sumatriptan</i>	37
<i>sumatriptan succinate</i>	37
<i>sunitinib malate</i>	20
SUPREP BOWEL SOL	
PREP KIT	47
<i>syeda</i>	43
SYMBICORT AER 160-4.5	
.....	59
SYMBICORT AER 80-4.5	
.....	59
SYMDEKO TAB 100-15058	
SYMDEKO TAB 50-75MG	
.....	58
SYMJEPI.....	58
SYMPAZAN	30
SYMTUZA TAB.....	13
SYNAREL	44
SYNERCID INJ 500MG ..	11
SYNJARDY TAB 12.5-	
1000MG.....	40
SYNJARDY TAB 12.5-500	
.....	40
SYNJARDY TAB 5-	
1000MG.....	40
SYNJARDY TAB 5-500MG	
.....	40
SYNJARDY XR TAB 10-	
1000	40
SYNJARDY XR TAB 12.5-	
1000MG.....	40
SYNJARDY XR TAB 25-	
1000	40
SYNJARDY XR TAB 5-	
1000MG.....	40
SYNRIBO.....	17
SYNTHROID.....	46
T	
TABLOID.....	16
TABRECTA.....	20
<i>tacrolimus</i>	52
<i>tacrolimus (topical)</i>	61
<i>tadalafil</i>	56
TAFINLAR.....	20
TAGRISSO	20
TALTZ	51
TALZENNA	20
<i>tamoxifen citrate</i>	17
<i>tamsulosin hcl</i>	48
TARGRETIN	61
<i>tarina fe 1/20 eq</i>	43
TASIGNA	20
<i>tazarotene</i>	60
<i>tazicef</i>	14
TAZORAC	60
<i>taztia xt</i>	26
TAZVERIK	20
TDVAX INJ 2-2 LF	52
TECENTRIQ	20
TEFLARO	14
<i>telmisartan</i>	24
<i>telmisartanamlodipine tab</i>	
40-10 mg	23
<i>telmisartanamlodipine tab</i>	
40-5 mg	23
<i>telmisartanamlodipine tab</i>	
80-10 mg	23
<i>telmisartanamlodipine tab</i>	
80-5 mg	23
<i>telmisartan</i> -	
<i>hydrochlorothiazide tab</i>	
40-12.5 mg	23
<i>telmisartan</i> -	
<i>hydrochlorothiazide tab</i>	
80-12.5 mg	23
<i>telmisartan</i> -	
<i>hydrochlorothiazide tab</i>	
80-25 mg	23
<i>temazepam</i>	36
TEMIXYS TAB 300-300 ..	13
TENIVAC INJ 5-2LF.....	52
<i>tenofovir disoproxil</i>	
<i>fumarate</i>	12
TEPMETKO	20
<i>terazosin hcl</i>	21
<i>terbinafine hcl</i>	11
<i>terbutaline sulfate</i>	57
<i>terconazole vaginal</i>	49
<i>testosterone</i>	38
<i>testosterone cypionate</i>	38
<i>testosterone enanthate</i>	38
<i>tetrabenazine</i>	37
<i>tetracycline hcl</i>	16
THALOMID	17
THEO-24	58
<i>theophylline</i>	58
<i>thioridazine hcl</i>	35
<i>thiothixene</i>	35
<i>tiadylt er</i>	26
<i>tiagabine hcl</i>	30
TIBSOVO	20
<i>tigecycline</i>	16
TIGECYCLINE	16
<i>tilia fe</i>	43
<i>timolol maleate</i>	25
<i>timolol maleate (ophth)</i> ..	55
<i>timolol maleate (ophth)</i>	
<i>once-daily</i>	55
TIVICAY	12
TIVICAY PD	12
<i>tizanidine hcl</i>	38
TOBRADEX OIN 0.3-0.1%	
.....	54
TOBRADEX ST SUS 0.3-	
0.05	54
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	55
<i>tobramycin-dexamethasone</i>	
<i>ophth susp 0.3-0.1%</i> ..	54
<i>tobramycin sulfate</i>	11
<i>tolterodine tartrate</i>	49
<i>topiramate</i>	30
<i>toposar</i>	17
<i>toremifene citrate</i>	17
<i>torsemide</i>	26
TOVIAZ	49
TPN ELECTROL INJ	53
TRADJENTA	40
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i>	10
<i>tramadol hcl</i>	10
<i>trandolapril</i>	21
<i>tranexamic acid</i>	50
<i>tranylcypromine sulfate</i> ..	32
TRAVASOL INJ 10%	54
<i>travoprost</i>	55
TRAZIMERA	20
<i>trazodone hcl</i>	32
TRECATOR	13

TRELEGY AER ELLIPTA	
100-62.5-25 MCG.....	56
TRELEGY AER ELLIPTA	
200-62.5-25 MCG.....	56
TRELSTAR MIXJECT	17
<i>treprostинil</i>	28
TRESIBA.....	41
TRESIBA FLEXTOUCH..	41
<i>tretinoin</i>	59
<i>tretinoin (chemotherapy)</i> ..	17
TREXALL	51
<i>triamcinolone acetonide</i>	
(<i>mouth</i>)	62
<i>triamcinolone acetonide</i>	
(<i>topical</i>).....	61
<i>triamterene &</i>	
<i>hydrochlorothiazide cap</i>	
37.5-25 mg	26
<i>triamterene &</i>	
<i>hydrochlorothiazide tab</i>	
37.5-25 mg	26
<i>triamterene &</i>	
<i>hydrochlorothiazide tab</i>	
75-50 mg	26
TRICARE TAB PRENATAL	
.....	54
<i>triderm</i>	61
<i>trientine hcl</i>	42
<i>tri-estarrylla</i>	43
<i>trifluoperazine hcl</i>	35
<i>trifluridine</i>	55
<i>trihexyphenidyl hcl</i>	33
TRIJARDY XR TAB ER	
24HR 10-5-1000MG....	40
TRIJARDY XR TAB ER	
24HR 12.5-2.5-1000MG	
.....	40
TRIJARDY XR TAB ER	
24HR 25-5-1000MG....	40
TRIJARDY XR TAB ER	
24HR 5-2.5-1000MG... <td>40</td>	40
TRIKAFTA TAB 100-50-	
75MG & 150MG	58
TRIKAFTA TAB 50-25-	
37.5MG & 75MG	58
<i>tri-legest fe</i>	43
<i>tri-linyah</i>	43
<i>tri-lo-estarrylla</i>	43
<i>tri-lo-marzia</i>	43
<i>tri-lo-mili</i>	44
<i>tri-lo-sprintec</i>	44
<i>trimethoprim</i>	11
<i>tri-mili</i>	44
<i>trimipramine maleate</i> ..	32
TRINTELLIX.....	32
<i>tri-nymyo</i>	44
<i>tri-previfem</i>	44
<i>tri-sprintec</i>	44
TRIUMEQ TAB	13
<i>trivora-28</i>	44
<i>tri-vylibra</i>	44
<i>tri-vylibra lo</i>	44
TROGARZO.....	12
TROPHAMINE INJ 10% .	54
<i>trospium chloride</i>	49
TRULICITY	40
TRUMENBA INJ	52
TRUSELTIQ 100 MG	
DAILY DOSE.....	20
TRUSELTIQ 125 MG	
DAILY DOSE.....	20
TRUSELTIQ 50 MG DAILY	
DOSE	20
TRUSELTIQ 75 MG DAILY	
DOSE	20
TRUXIMA.....	20
TUKYSA.....	20
TURALIO	20
TWINRIX INJ	52
TYBOST.....	12
TYPHIM VI.....	52
U	
UBRELVY	37
UKONIQ.....	20
<i>unithroid</i>	46
<i>ursodiol</i>	48
V	
<i>valacyclovir hcl</i>	14
VALCHLOR.....	61
<i>valganciclovir hcl</i>	14
<i>valproate sodium</i>	30
<i>valproic acid</i>	30
<i>valsartan</i>	24
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
160-12.5 mg	23
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
160-25 mg	23
valsartan-	
<i>hydrochlorothiazide tab</i>	
320-12.5 mg	23
valsartan-	
<i>hydrochlorothiazide tab</i>	
320-25 mg	23
valsartan-	
<i>hydrochlorothiazide tab</i>	
80-12.5 mg	23
VALTOCO.....	30
<i>vancomycin hcl</i>	11
VANCOMYCIN INJ 1 GM11	
VANCOMYCIN INJ 500MG	
.....	11
VANCOMYCIN INJ 750MG	
.....	11
<i>vandazole</i>	49
VAQTA.....	52
VARIVAX	53
VASCEPA.....	25
VELCADE	20
<i>velvet</i>	44
VELTASSA	42
VEMLIDY	14
VENCLEXTA.....	20
VENCLEXTA TAB START	
PK.....	20
<i>venlafaxine hcl</i>	32
VENTAVIS	28
VENTOLIN HFA.....	57
VENTOLIN HFA	
(INSTITUTIONAL PACK)	
.....	57
<i>verapamil hcl</i>	26
VERSACLOZ	35
VERZENIO.....	20
<i>vestura</i>	44
V-GO 20 KIT	41
V-GO 30 KIT	41
V-GO 40 KIT	41
VICTOZA	40
vienna.....	44
<i>vigabatrin</i>	30
<i>vigadrone</i>	30
VIIBRYD.....	32
VIIBRYD KIT STARTER	32
VIMPAT.....	30
<i>vincristine sulfate</i>	17
<i>vinorelbine tartrate</i>	17

<i>viorele</i>	44	XGEVA	42	<i>zafirlukast</i>	57
VIRACEPT	12	XIFAXAN	48	<i>zarah</i>	44
VIREAD	12	XIGDUO XR TAB 10-1000	40	ZARXIO	50
VITRAKVI	20	.....	40	ZEJULA	20
VIVITROL	38	XIGDUO XR TAB 10-	40	ZELBORAF	20
VIZIMPRO	20	500MG	40	ZEMAIRA	58
<i>voriconazole</i>	11	XIGDUO XR TAB 2.5-1000	40	<i>zenatane</i>	59
VOSEVI TAB	14	.....	40	ZENPEP CAP 10000UNT	
VOTRIENT	20	XIGDUO XR TAB 5-	40	.....	48
VRAYLAR	35	1000MG	40	ZENPEP CAP 15000UNT	
VRAYLAR CAP 1.5-3MG	35	XIGDUO XR TAB 5-500MG	40	.....	48
<i>vyfemla</i>	44	.....	40	ZENPEP CAP 20000UNT	
<i>vylibra</i>	44	XOLAIR	58	.....	48
VYVANSE	36	XOSPATA	20	ZENPEP CAP 25000	48
VYZULTA	55	XPOVIO 100 MG ONCE		ZENPEP CAP 3000UNIT	48
W		WEEKLY	20	ZENPEP CAP 40000	48
<i>warfarin sodium</i>	49	XPOVIO 40 MG ONCE		ZENPEP CAP 5000UNIT	48
<i>water for irrigation, sterile</i>		WEEKLY	20	ZERVIATE	55
<i>irrigation soln</i>	62	XPOVIO 40 MG TWICE		<i>zidovudine</i>	12
<i>wera</i>	44	WEEKLY	20	<i>ziprasidone hcl</i>	35
X		XPOVIO 60 MG ONCE		<i>ziprasidone mesylate</i>	35
XALKORI	20	WEEKLY	20	ZIRABEV	20
XARELTO	49	XPOVIO 60 MG TWICE		ZIRGAN	55
XARELTO STAR TAB		WEEKLY	20	<i>zoledronic acid</i>	42
15/20MG	49	XPOVIO 80 MG ONCE		ZOLINZA	20
XATMEP	51	WEEKLY	20	<i>zolmitriptan</i>	37
XCOPRI	30	XPOVIO 80 MG TWICE		<i>zolpidem tartrate</i>	36
XCOPRI PAK 100-150	30	WEEKLY	20	<i>zonisamide</i>	30
XCOPRI PAK 12.5-25	30	XTANDI	17	ZORTRESS	52
XCOPRI PAK 150-200MG		xulane	44	<i>zovia 1/35</i>	44
(MAINTENANCE)	30	XULTOPHY INJ 100/3.6	41	<i>zumandimine</i>	44
XCOPRI PAK 150-200MG		XYREM	38	ZYCLARA PUMP	61
(TITRATION)	30	Y		ZYDELIG	20
XCOPRI PAK 50-100MG	30	YF-VAX INJ	53	ZYKADIA	20
XELJANZ	51	<i>yuvafem</i>	44	ZYLET SUS 0.5-0.3%	54
XELJANZ XR	51	Z		ZYPITAMAG	24
XERMELO	48	<i>zafemy</i>	44	ZYPREXA RELPREVV	35

This formulary was updated on 01/01/2022. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit www.avmed.org