

AvMed Medicare 2023 Formulary List of Covered Drugs

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

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This Condensed, Comprehensive formulary was updated on 01/01/2023. 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

o **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

o **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 01/01/2023. 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, 2023, 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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 01/01/2023. 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 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

Transition Supply for Current Members with changes in treatment setting:

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

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

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

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

For more information

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

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

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

AvMed's Medicare Formulary

The formulary below provides coverage information about the drugs covered by AvMed Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 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 Medicare eff 01/01/2023

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
<i>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, 100mg, 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	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 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** - Excluded Drug **GC** - Gap Coverage . **SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO) 8

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

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

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

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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 SOLN 1gm/4ml, 500mg/2ml	4	
atovaquone SUSP 750mg/5ml	4	
aztreonam SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	LA PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	GC
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	

Drug Name	Drug Requirements/ Tier	Limits
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL QL (12 tabs / year)
ertapenem sodium SOLR 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	QL PA QL (12 tabs / 90 days)
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 SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	GC
neomycin sulfate TABS 500mg	2	GC
nitazoxanide TABS 500mg	5	QL QL (6 tabs / 30 days)

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

10

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

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

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

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Drug Name	Drug Requirements/ Tier	Limits
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	GC
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL

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

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12

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	5	QL
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	
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg QL (30 tabs / 30 days)	5	QL
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg QL (30 tabs / 30 days)	5	QL
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg QL (30 tabs / 30 days)	5	QL
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	

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

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13

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

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

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Drug Name	Drug Requirements/ Tier	Limits
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN	4	
LACTOBIONATE SOLR 500mg		
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate	4	
TABS 400mg		
erythromycin lactobionate	4	
SOLR 500mg		
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

Drug Name	Drug Requirements/ Tier	Limits
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	
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		
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	LA PA

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16

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Drug Name	Drug Requirements/ Tier	Limits
LONSURF TAB 15-6.14	5	LA PA
LONSURF TAB 20-8.19	5	LA PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	LA PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	PA
<i>anastrozole</i> TABS 1mg	2	GC
<i>bicalutamide</i> TABS 50mg	2	GC
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	LA PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 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	

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

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Drug Name	Drug Requirements/ Tier	Limits
<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 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	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		
ALECENSA CAPS 150mg	5	LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA PA
ALUNBRIG PAK	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	5	LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	PA
<i>bortezomib</i> 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
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL LA PA
CAPRELSA TABS 100mg, 300mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	QL PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	5	QL PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	5	QL PA
EXKIVITY CAPS 40mg	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	LA PA
HERCEPTIN SOLR 150mg	5	LA PA
HERZUMA SOLR 150mg, 420mg	5	LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL PA
IMBRUVICA CAPS 70mg QL (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
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 LA
KANJINTI SOLR 150mg, 420mg	5	LA PA
KEYTRUDA SOLN 100mg/4ml	5	LA 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
<i>lapatinib ditosylate</i> TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
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	LA PA
OGIVRI INJ 420MG	5	LA PA
ONTRUZANT SOLR 150mg, 420mg	5	LA 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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	PA
QINLOCK TABS 50mg	5	LA PA
RETEVMO CAPS 40mg, 80mg	5	LA PA
ROZLYTREK CAPS 100mg, 200mg	5	LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL LA PA
RYDAPT CAPS 25mg	5	PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	PA
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 .5mg, .75mg, 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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg 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
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL 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 40mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5	QL LA PA

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20

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5	QL LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5	QL 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	LA 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, 15mg	3	
leucovorin calcium TABS 25mg	4	
MESNEX TABS 400mg	5	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	GC QL
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	GC
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-25 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 10-12.5 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 20-12.5 mg	1	GC
quinapril-hydrochlorothiazide 1 tab 20-25 mg	1	GC
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	GC
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	GC

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
fosinopril sodium TABS 10mg, 20mg, 40mg	1	GC
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
moexipril hcl TABS 7.5mg, 15mg	1	GC
perindopril erbumine TABS 2mg, 4mg, 8mg	1	GC
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
trandolapril TABS 1mg, 2mg, 4mg	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	GC
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	GC QL QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	GC QL 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)
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 (60 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

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

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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>olmesartan medoxomil</i> TABS 5mg QL (60 tabs / 30 days)	1	GC QL
<i>olmesartan medoxomil</i> TABS 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan</i> TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>valsartan</i> TABS 40mg, 80mg, 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	
<i>MULTAQ</i> TABS 400mg	4	
<i>NORPACE CR</i> CP12 100mg, 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	3	
<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	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<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
<i>LIVALO</i> TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 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
<i>ZYPITAMAG</i> TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	

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Drug Name	Drug Requirements/ Tier	Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10- 10 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 20 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 40 mg QL (30 tabs / 30 days)	1	GC QL
ezetimibe-simvastatin tab 10- 80 mg QL (30 tabs / 30 days)	1	GC QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
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	

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

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Drug Name	Drug Requirements/ Tier	Limits
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	2	GC
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	GC
diltiazem hcl coated beads CP24 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
felodipine TB24 2.5mg, 5mg, 10mg	2	GC
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
verapamil hcl CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	GC

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

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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	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	GC QL
		QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
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	3	PA
		PA if 70 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	GC
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	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TABS 10mg, 20mg	2	GC
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL LA PA
		QL (90 tabs / 30 days)
ambrisentan TABS 5mg, 10mg	5	QL LA PA
		QL (30 tabs / 30 days)
bosentan TABS 62.5mg, 125mg	5	QL LA PA
		QL (60 tabs / 30 days)
OPSUMIT TABS 10mg	5	QL LA PA
		QL (30 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	LA 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 QL (30 tabs / 30 days)	5	QL
<i>APTIOM</i> TABS 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
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbamazepine</i> CP12 100mg, 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
<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	

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Drug Name	Drug Requirements/ Tier	Limits
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL LA PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
<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, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	2	GC QL
<i>gabapentin</i> SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	4	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	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3		<i>VALTOCO</i> LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA	<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	3	QL PA	<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL LA PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA	<i>vigadron</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA	<i>VIMPAT</i> SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
<i>primidone</i> TABS 50mg, 250mg	2	GC	<i>XCOPRI</i> TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL
<i>roweepra</i> TABS 500mg	3		<i>XCOPRI</i> TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA	<i>XCOPRI</i> PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	4	QL PA	<i>XCOPRI</i> PAK 50-100MG QL (28 tabs / 28 days)	5	QL
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA	<i>XCOPRI</i> PAK 100-150 QL (56 tabs / 28 days)	5	QL
<i>SPRITAM</i> TB3D 250mg QL (360 tabs / 30 days)	4	QL	<i>XCOPRI</i> PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
<i>SPRITAM</i> TB3D 500mg QL (180 tabs / 30 days)	4	QL	<i>XCOPRI</i> PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
<i>SPRITAM</i> TB3D 750mg QL (120 tabs / 30 days)	4	QL	<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
<i>SPRITAM</i> TB3D 1000mg QL (90 tabs / 30 days)	4	QL	<i>ZTALMY</i> SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL LA PA
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC			
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA			
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4				
<i>topiramate</i> CPSP 15mg, 25mg	3				
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	GC			
<i>valproate sodium</i> SOLN 100mg/ml	4				
<i>valproate sodium</i> SOLN 250mg/5ml	3				
<i>valproic acid</i> CAPS 250mg	3				

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30

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Drug Name	Drug Requirements/ Tier	Limits
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
memantine hcl 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	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	GC
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
doxepin hcl CAPS 150mg DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
duloxetine hcl 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
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	1	GC
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
fluoxetine hcl CAPS 10mg, 20mg	1	GC
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	GC
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

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Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating</i> <i>tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating</i> <i>tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating</i> <i>tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10- 100 mg	2	GC
<i>carbidopa & levodopa tab</i> 25- 100 mg	2	GC
<i>carbidopa & levodopa tab</i> 25- 250 mg	2	GC
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 18.75-75- 200 mg	4	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 31.25-125- 200 mg	4	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 37.5-150- 200 mg	4	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
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	2	GC
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 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
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
<i>ariPIPRAZOLE</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	5	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

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	QL PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg QL (270 tabs / 30 days)	3	
<i>clozapine</i> TABS 100mg QL (120 tabs / 30 days)	4	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	4	QL
<i>clozapine</i> TBDP 12.5mg, 25mg QL (270 tabs / 30 days)	4	PA
<i>clozapine</i> TBDP 100mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	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, 2mg, 5mg, 10mg haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	

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Drug Name		Drug Requirements/ Tier	Limits
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
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)		4	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)		4	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg		3	
molindone hcl TABS 5mg, 10mg, 25mg		4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)		4	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)		4	QL LA PA
olanzapine SOLR 10mg QL (3 vials / 1 day)		4	QL
olanzapine TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)		3	QL
olanzapine TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)		3	QL
olanzapine TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)		4	QL
olanzapine TBDP 10mg QL (60 tabs / 30 days)		4	QL
paliperidone TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)		4	QL
paliperidone TB24 6mg QL (60 tabs / 30 days)		4	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg		3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)		5	QL
pimozide TABS 1mg, 2mg		4	

Drug Name		Drug Requirements/ Tier	Limits
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg		3	
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)		4	QL PA
quetiapine fumarate 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
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 QL (60 tabs / 30 days)		4	QL
risperidone TBDP 4mg QL (120 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 QL (600 mL / 30 days)		4	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)		4	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)		4	QL
VRAYLAR CAP 1.5-3MG		4	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
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

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

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35

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

Drug Name	Drug Requirements/ Tier Limits	
<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
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	5	QL LA PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA

Drug Name	Drug Requirements/ Tier Limits	
<i>temazepam</i> CAPS 15mg QL (60 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		
AMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>ergotamine w/ caffeine tab</i> 1- 100 mg QL (40 tabs / 28 days)	3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL LA 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
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	GC
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 3 60mg		
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK	4	PA
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	5	QL PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL PA
<i>dalfampridine</i> TB12 10mg	3	PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg		3
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg		4
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	3	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	4	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	4	QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	GC QL QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	GC QL QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	3	
disulfiram TABS 250mg, 500mg	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC GC
naltrexone hcl TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL PA QL (56 tabs / 28 days)
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	4	PA
VIVITROL SUSR 380mg	5	
ENDOCRINE AND METABOLIC ANDROGENS		
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone GEL 1.62% QL (150 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL QL (1 pen / 30 days)
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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 3 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	3	QL
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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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 4mg/3ml QL (1 pen / 28 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	3	QL
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	GC QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
RYBELSUS TABS 3mg, 7mg, 3 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 KWIKPEN	5	
SOPN 500unit/ml SI		
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml SI	3	
LANTUS SOLOSTAR SOPN 100unit/ml SI	3	
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	
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 SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	

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40

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Drug Name	Drug Requirements/ Tier	Limits
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 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days) SI	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml SI	3	
TOUJEO SOLOSTAR SOPN 300unit/ml SI	3	
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

Drug Name	Drug Requirements/ Tier	Limits
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	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 600mcg/2.4ml	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	LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	PA
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 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	PA
deferasirox TABS 90mg	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
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	3	
CONTRACEPTIVES		
afirmelle	2	GC
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
apri	2	GC
aranelle	3	
aubra eq	2	GC
aurovela 1/20	3	
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	3	
azurette	3	
balziva	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila TABS .35mg	2	GC
chateau	3	
cryselle-28	3	
cyred eq	2	GC
dasetta 1/35	3	
dasetta 7/7/7	3	
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	
elinest	3	
ELLA TABS 30mg	3	

Drug Name	Drug Requirements/ Tier	Limits
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC
errin TABS .35mg	2	GC
estarylla	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	GC
femynor	2	GC
hailey 1.5/30	3	
heather TABS .35mg	2	GC
iclevia	3	
incassia TABS .35mg	2	GC
introvale	3	
isibloom	2	GC
jasmiel	3	
jolessa	3	
juleber	2	GC
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
kariva	3	
kelnor 1/35	2	GC
kelnor 1/50	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
larissia	2	GC
leena	3	
lessina	2	GC
levonest	2	GC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	GC

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42

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Drug Name	Drug Requirements/ Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	GC
levora 0.15/30-28	3	
lillow	3	
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	3	
lutera	2	GC
lyeq TABS .35mg	2	GC
lyza TABS .35mg	2	GC
marlissa	3	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mili	2	GC
mono-linyah	2	GC
necon 0.5/35-28	3	
nikki	3	
nora-be TABS .35mg	2	GC
norethindrone (contraceptive) TABS .35mg	2	GC
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	GC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	GC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	

Drug Name	Drug Requirements/ Tier	Limits
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	3	
nortrel 1/35 (21)	3	
nortrel 1/35 (28)	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	2	GC
ocella	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
portia-28	3	
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	3	
tri-legest fe	4	
tri-linyah	3	
tri-lo-estarrylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	
tri-mili	3	
tri-nymyo	3	
tri-sprintec	3	
tri-vylibra	3	
tri-vylibra lo	3	
trivora-28	2	GC
velivet	3	
vestura	3	
vienna	2	GC
viorele	3	
vyfemla	3	
vylibra	2	GC
wera	3	

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Drug Name	Drug Requirements/ Tier	Limits
xulane	4	
zafemy	4	
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	
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		

Drug Name	Drug Requirements/ Tier	Limits
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 .1mg	2	GC
hydrocortisone TABS 5mg, 10mg, 20mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	GC
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	GC B/D
prednisolone sodium phosphate SOLN 5mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	GC B/D
prednisolone sodium phosphate SOLN 25mg/5ml	3	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
prednisone TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	LA PA
<i>betaine powder for oral solution</i>	5	LA
<i>cabergoline TABS .5mg</i>	3	
<i>carglumic acid TBSO 200mg</i>	5	LA PA
CERDELGA CAPS 84mg	5	LA PA
CEREZYME SOLR 400unit	5	LA PA
<i>cinacalcet hcl TABS 30mg QL (60 tabs / 30 days)</i>	4	B/D QL
<i>cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)</i>	5	B/D QL
<i>cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)</i>	5	B/D QL
CYSTAGON CAPS 50mg, 150mg	4	LA PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	4	
FABRAZYME SOLR 5mg, 35mg	5	LA PA
GENOTROPIN CART 5mg, 12mg	5	PA
GENOTROPIN MINIQUICK PRSY .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) SOLN 1gm/10ml; TABS 330mg</i>	4	B/D
LUMIZYME SOLR 50mg	5	LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	5	PA
<i> miglustat CAPS 100mg QL (90 caps / 30 days)</i>	5	QL PA
NAGLAZYME SOLN 1mg/ml <i>nitisinone CAPS 2mg, 5mg, 10mg</i>	5	LA PA
<i> octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	4	PA
<i> octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	5	PA
<i> raloxifene hcl TABS 60mg</i>	3	
<i> sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</i>	5	PA
<i> SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml</i>	5	LA PA
<i> sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</i>	5	PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LA PA
PHOSPHATE BINDER AGENTS		
<i> calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)</i>	3	QL
<i> calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)</i>	3	QL
<i> sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)</i>	5	QL
<i> sevelamer carbonate PACK .8gm QL (540 packets / 30 days)</i>	5	QL
<i> sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)</i>	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	3	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	GC B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
<i>RAYALDEE</i> CPCR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D QL QL (60 caps / 30 days)
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>gransetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC

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

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	GC
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>generlac</i> SOLN 10gm/15ml	3	
<i>GOLYTELY</i> SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-</i> <i>na sulfate for soln 236 gm</i>	2	GC
<i>peg 3350-kcl-sod bicarb-nacl</i> <i>for soln 420 gm</i>	2	GC
<i>PLENUVU</i> SOL	4	
<i>sod sulfate-pot sulf-mg sulf</i> <i>oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i>	4	
<i>SUPREP BOWEL</i> SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	5	QL PA
QL (60 tabs / 30 days)		
<i>cromolyn sodium</i> (mastocytosis) CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
<i>GATTEX</i> KIT 5mg	5	LA PA
<i>LINZESS</i> CAPS 72mcg, 145mcg, 290mcg	4	QL
QL (30 caps / 30 days)		
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	

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Drug Name	Drug Requirements/ Tier	Limits
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 5 12mg/0.6ml		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 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
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	4	
pantoprazole sodium TBEC 20mg, 40mg	1	GC
rabeprazole sodium TBEC 20mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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 4 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
fesoterodine fumarate TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
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)	4	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	4	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i>	3	
<i>vaginal CREA</i> 2%		
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	3	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	3	QL
<i>ELIQUIS</i> STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>HEP SOD/D5W</i> INJ 20000UNT	3	
<i>HEP SOD/D5W</i> INJ 25000UNT	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>HEP SOD/NACL</i> INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>HEPARIN/NACL</i> INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
<i>PRADAXA</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
<i>PRADAXA</i> CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
<i>XARELTO</i> SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
<i>XARELTO</i> TABS 2.5mg QL (60 tabs / 30 days)	3	QL
<i>XARELTO</i> TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>XARELTO</i> STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
<i>PROCRIT</i> SOLN 2000unit/ml, 3 3000unit/ml, 4000unit/ml, 10000unit/ml		PA
<i>PROCRIT</i> SOLN 20000unit/ml, 40000unit/ml	5	PA
<i>ZARXIO</i> SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA
<i>ZIEXTENZO</i> SOSY 6mg/0.6ml	5	PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
<i>BERINERT</i> KIT 500unit QL (24 boxes / 30 days)	5	QL LA PA
<i>cilostazol</i> TABS 50mg, 100mg	2	GC

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
<i>icatibant acetate</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
<i>pentoxifylline</i> 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 LA PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	GC
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL PA
HUMIRA PEDIA INJ CROHNS	5	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL PA
HUMIRA PEN KIT PS/UV	5	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	PA

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HUMIRA PEN-PEDIATRIC	5	PA
UC S PNKT 80mg/0.8ml		
HUMIRA PEN-PS/UV	5	PA
STARTER PNKT 40mg/0.8ml		
INFILXIMAB SOLR 100mg	5	LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL PA
REMICADE SOLR 100mg	5	LA PA
RENFLEXIS SOLR 100mg	5	LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL PA
RINVOQ TB24 45mg QL (112 tabs / year)	5	QL PA
SKYRIZI SOCT 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 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 (480 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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate	3	
TABS 200mg		
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
methotrexate sodium TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	LA 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 LA
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	LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	PA

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Drug Name	Drug Requirements/ Tier	Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA
ARCALYST SOLR 220mg	5	LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL LA PA
QL (8 syringes / 28 days)		
BENLYSTA SOLR 120mg, 400mg	5	LA 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, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	LA PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
sirolimus SOLN 1mg/ml	5	B/D

Drug Name	Drug Requirements/ Tier	Limits
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 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.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOP INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIOSUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/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
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	4	
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	

Drug Name	Drug Requirements/ Tier	Limits
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 NACL 0.45% INJ	4	
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	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9% lactated ringer's solution	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate 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	
potassium chloride SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	GC
klor-con 10 TBCR 10meq	2	GC
klor-con m10 TBCR 10meq	2	GC
klor-con m15 TBCR 15meq	3	
klor-con m20 TBCR 20meq	2	GC
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq	3	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
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		
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

Drug Name	Drug Requirements/ Tier	Limits
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMEINE III INJ 10%	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%	5	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 1%	3	
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

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Drug Name	Drug Requirements/ Tier	Limits
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 3 5(3.5)mg-400unt-1000unt op oin		
neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	GC
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	GC
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	GC
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	
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
difluprednate EMUL .05%	4	
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	

Drug Name	Drug Requirements/ Tier	Limits
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
cromolyn sodium (ophth) SOLN 4%	2	GC
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
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%	1	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%		
timolol maleate (ophth) SOLN 1 .25%, .5%		GC
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i>	3	
SOLN 1%		
CYSTADROPS SOLN .37%	5	LA PA
CYSTARAN SOLN .44%	5	LA PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i>	3	
OIL .01%		
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
Phosphodiesterase Type 5 Inhibitors		
Phosphodiesterase Type 5 Inhibitors		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	3	ED QL
QL (4 tabs / 30 days)		
<i>tadalafil</i> 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)		

Drug Name	Drug Requirements/ Tier	Limits
BREZTRI AERO AER SPHERE	3	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	4	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
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)		
<i>ipratropium bromide</i> SOLN .02%	2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	GC
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA
PA if 70 years and older		
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA
PA if 70 years and older		

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Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083% 2	GC	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	5	QL LA 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 LA PA

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Drug Name	Drug Requirements/ Tier Limits	
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL LA PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL PA
<i>pirfenidone</i> TABS 801mg QL (90 tabs / 30 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/.03ml, .3mg/.03ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL LA PA
TRIKAFTA TAB 100-50-75MG & 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		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL
QL (3 bottles / 30 days)		

Drug Name	Drug Requirements/ Tier Limits	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC QL
QL (1 bottle / 30 days)		
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL ST
QL (2 inhalers / 30 days)		
OMNARIS SUSP 50mcg/act	4	QL ST
QL (1 inhaler / 30 days)		
XHANCE EXHU 93mcg/act	4	QL PA
QL (32 mL / 30 days)		
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL
QL (30 inhalations / 30 days)		
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL
QL (180 inhalations / 30 days)		
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL
QL (240 inhalations / 30 days)		
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL
QL (2 inhalers / 30 days)		
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL
QL (3 inhalers / 30 days)		
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL
QL (2 inhalers / 30 days)		
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 4 30mg, 40mg		PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025% QL (45 gm / 30 days)	4	QL PA
benzoyl peroxide- erythromycin gel 5-3% QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	4	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledges / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 4 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
zenatane CAPS 10mg, 20mg, 4 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%	4	QL
QL (30 gm / 30 days)		
gentamicin sulfate (topical) OINT .1%	3	QL
QL (30 gm / 30 days)		
mupirocin OINT 2% QL (220 gm / 30 days)	2	GC QL
silver sulfadiazine CREA 1% ssd CREA 1%	2	GC
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	3	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	3	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIPISORIATICS		
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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	3	QL
clobetasol propionate CREA .05% QL (60 gm / 30 days)	3	QL
clobetasol propionate GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	4	QL
clobetasol propionate e CREA .05% QL (60 gm / 30 days)	4	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

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60

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
hydrocortisone (topical) CREA 1%	1	GC
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	GC
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .1% QL (454 gm / 30 days)	2	GC QL
triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	2	GC
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	4	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	4	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	4	QL PA
lidocaine hcl GEL 2% QL (30 mL / 30 days)	4	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	3	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15% QL (50 gm / 30 days)	4	QL
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	5	QL PA
diclofenac sodium (topical) GEL 1% QL (1000 gm / 30 days)	3	QL
FINACEA FOAM 15% QL (50 gm / 30 days)	4	QL
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	4	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
hydrocortisone (rectal) CREA 2.5% QL (24 packets / 30 days)	2	GC
imiquimod CREA 5% QL (24 packets / 30 days)	3	QL
lactic acid (ammonium lactate) 2% CREA 12%		GC
lactic acid (ammonium lactate) 3% LOTN 12%		
metronidazole (topical) CREA .75% QL (45 gm / 30 days)	4	QL
metronidazole (topical) GEL .75% QL (45 gm / 30 days)	3	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	4	QL
NORITATE CREA 1% QL (60 gm / 30 days)	5	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	3	QL
procto-med hc CREA 2.5% QL (30 gm / 30 days)	3	
procto-pak CREA 1% QL (30 gm / 30 days)	3	
procosol hc CREA 2.5% QL (30 gm / 30 days)	3	
protozone-hc CREA 2.5% QL (30 gm / 30 days)	3	

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

Drug Name	Drug Requirements/ Tier Limits	
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
rosadan CREA .75% QL (45 gm / 30 days)	4	QL
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL LA PA
ZYCLARA PUMP CREA 2.5% QL (7.5 gm / 28 days)	5	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin CREA 5% QL (60 gm / 30 days)	3	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	GC
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	GC
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	4	QL
lidocaine hcl (mouth-throat) SOLN 2%	2	GC
nystatin (mouth-throat) SUSP 3 100000unit/ml	3	
periogard SOLN .12%	1	GC
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Drug Name	Drug Requirements/ Tier Limits
Vitamins	
Vitamin B Complex	
cyanocobalamin SOLN 1000mcg/ml	2 ED GC
folic acid TABS 1mg QL (30 tabs / 30 days)	1 ED GC QL
Vitamin D	
ergocalciferol CAPS 50000unit QL (4 caps / 28 days)	2 ED GC QL
Vitamin K Activity	
phytonadione TABS 5mg QL (60 tabs / 30 days)	4 ED QL

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

62

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

Index

A	
abacavir sulfate.....	12
abacavir sulfate-lamivudine tab 600-300 mg	12
ABELCET.....	11
ABILITY MAINTENA.....	33
abiraterone acetate.....	17
acamprosate calcium.....	37
acarbose.....	38
accutane.....	59
acebutolol hcl.....	25
acetaminophen w/ codeine soln 120-12 mg/5ml.....	9
acetaminophen w/ codeine tab 300-15 mg	9
acetaminophen w/ codeine tab 300-30 mg	9
acetaminophen w/ codeine tab 300-60 mg	9
acetazolamide.....	26
acetic acid.....	48
acetic acid (otic).....	56
acetylcysteine.....	57
acitretin.....	60
ACTHIB INJ.....	52
ACTIMMUNE.....	52
acyclovir.....	13
acyclovir sodium.....	13
ADACEL INJ.....	52
adefovir dipivoxil.....	13
ADEMPAS.....	27
ADRENALIN.....	26
ADVAIR DISKU AER 100/50	58
ADVAIR DISKU AER 250/50	58
ADVAIR DISKU AER 500/50	59
ADVAIR HFA AER 115/21	59
ADVAIR HFA AER 230/21	59
ADVAIR HFA AER 45/21	59
afirmelle.....	42
AIMOVIG.....	36
ala-cort.....	60
albendazole.....	10
albuterol sulfate.....	57
alclometasone dipropionate	
.....	60
ALDURAZYME.....	45
ALECENSA.....	18
alendronate sodium.....	41
alfuzosin hcl.....	48
aliskiren fumarate.....	27
allopurinol.....	8
alosetron hcl.....	47
ALPHAGAN P.....	55
alprazolam.....	28
ALREX.....	55
altavera.....	42
ALTOPREV.....	24
ALUNBRIG.....	18
ALUNBRIG PAK.....	18
alyacen 1/35.....	42
alyacen 7/7/7.....	42
amabelz.....	44
amantadine hcl.....	32
ambrisentan.....	27
amikacin sulfate.....	10
amiloride &	
hydrochlorothiazide tab 5-50 mg	26
amiloride hcl.....	26
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
amlodipine besylate- atorvastatin calcium tab 10-80 mg	27
amlodipine besylate- atorvastatin calcium tab 2.5-10 mg	27
amlodipine besylate- atorvastatin calcium tab 2.5-20 mg	27
amlodipine besylate- atorvastatin calcium tab 5-10 mg	27
amlodipine besylate- atorvastatin calcium tab 5-20 mg	27
amlodipine besylate- atorvastatin calcium tab 5-40 mg	27
amlodipine besylate- benazepril hcl cap 10-20 mg	21
amlodipine besylate- benazepril hcl cap 10-40 mg	21
amlodipine besylate- benazepril hcl cap 2.5-10 mg	21
amlodipine besylate- benazepril hcl cap 5-10 mg	21
amlodipine besylate- benazepril hcl cap 5-20 mg	21
amlodipine besylate- benazepril hcl cap 5-40 mg	21
amlodipine besylate- olmesartan medoxomil tab 10-20 mg	22
amlodipine besylate- olmesartan medoxomil tab 10-40 mg	22
amlodipine besylate- olmesartan medoxomil tab 5-20 mg	22
amlodipine besylate- olmesartan medoxomil tab 5-40 mg	22
amlodipine besylate- valsartan tab 10-160 mg	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>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 er 24hr 10 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 15 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 20 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 25 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 30 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 5 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 10 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 12.5 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 15 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 20 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 30 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 5 mg</i>	35
<i>amphetamine-</i>	
<i>dextroamphetamine tab 7.5 mg</i>	35
<i>amphotericin b</i>	11
<i>amphotericin b liposome</i>	11
<i>ampicillin</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 1.5 (1-0.5) 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 (1-0.5) gm</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 15 (10-5) gm</i>	15
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 3 (2-1) gm</i>	
.....	15
<i>ampicillin sodium</i>	15
<i>anagrelide hcl</i>	49
<i>anastrozole</i>	17
ANORO ELLIPT AER	62.5
25	56
<i>aprepitant</i>	46
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	46
<i>api</i>	42
APTIOM	28
APTIVUS	12
ARALAST NP	57
<i>aranelle</i>	42
ARCALYST	52
<i>arformoterol tartrate</i>	57
<i>ariPIPRAZOLE</i>	33
ARISTADA	33
ARISTADA INITIO	33
<i>armodafinil</i>	37
ARNUITY ELLIPTA	58
<i>asenapine maleate</i>	33
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	50
<i>atazanavir sulfate</i>	12
<i>atenolol</i>	25
<i>atenolol & chlorthalidone tab 100-25 mg</i>	25
<i>atenolol & chlorthalidone tab 50-25 mg</i>	25
<i>atomoxetine hcl</i>	35
<i>atorvastatin calcium</i>	24
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	11
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	11
ATROpine SULFATE	56
<i>atropine sulfate (ophthalmic)</i>	56
ATROVENT HFA	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
AUSTEDO	37
<i>aviane</i>	42
<i>avita</i>	59
<i>ayuna</i>	42
AYVAKIT	18
<i>azacitidine</i>	16
<i>azathioprine</i>	52
<i>azelaic acid</i>	61

<i>azelastine hcl</i>	56	<i>betamethasone valerate</i>	60
<i>azelastine hcl (ophth)</i>	55	BETASERON	37
<i>azithromycin</i>	14	<i>betaxolol hcl (ophth)</i>	55
<i>aztreonam</i>	10	<i>bethanechol chloride</i>	48
<i>azurette</i>	42	BETOPTIC-S	55
B		BEVESPI AER 9-4.8MCG	
<i>bacitracin (ophthalmic)</i>	54		56
<i>bacitracin-polymyxin b ophth oint</i>	54	<i>bexarotene</i>	17
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	54	<i>bexarotene (topical)</i>	61
<i>baclofen</i>	37	BEXSERO INJ	52
<i>BAFIERTAM</i>	37	<i>bicalutamide</i>	17
<i>balsalazide disodium</i>	47	BICILLIN L-A	15
<i>BALVERSA</i>	18	BIKTARVY TAB 30-120-15 MG	12
<i>balziva</i>	42	BIKTARVY TAB 50-200-25 MG	12
<i>BARACLUDE</i>	13	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	25
<i>BASAGLAR KWIKPEN</i>	40	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	25
<i>BCG VACCINE</i>	52	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	25
<i>BD ALCOHOL SWABS</i>	40	<i>bisoprolol fumarate</i>	25
<i>BELSOMRA</i>	36	BIVIGAM	51
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	21	<i>blisovi fe 1.5/30</i>	42
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	21	BOOSTRIX INJ	52
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>bortezomib</i>	18
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	21	<i>BORTEZOMIB</i>	18
<i>benazepril hcl</i>	21	<i>bosentan</i>	27
<i>BENDEKA</i>	16	<i>BOSULIF</i>	18
<i>BENLYSTA</i>	52	<i>BRAFTOVI</i>	18
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59	BREO ELLIPTA INH 100-25	59
<i>benztropine mesylate</i>	32	BREO ELLIPTA INH 200-25	59
<i>BERINERT</i>	49	BREZTRI AERO AER SPHERE	56
<i>BESIVANCE</i>	54	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	56
<i>BESREMI</i>	17	<i>brielllyn</i>	42
<i>betaine powder for oral solution</i>	45	BRILINTA	50
<i>betamethasone dipropionate (topical)</i>	60	<i>brimonidine tartrate</i>	55
<i>betamethasone dipropionate augmented</i>		<i>brinzolamide</i>	55
	60	BRIVIACT	28
		<i>bromfenac sodium (ophth)</i>	55
		<i>bromocriptine mesylate</i>	32
		<i>BROMSITE</i>	55
		<i>BRUKINSA</i>	18
		<i>budesonide</i>	47
		<i>budesonide (inhalation)</i>	58
		<i>bumetanide</i>	26
		<i>buprenorphine hcl</i>	37
		<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
		<i>buspirone hcl</i>	28
		<i>butorphanol tartrate</i>	9
		<i>BYDUREON BCISE</i>	38
		<i>BYETTA</i>	38
		C	
		<i>cabergoline</i>	45
		<i>CABOMETYX</i>	18
		<i>calcipotriene</i>	60
		<i>calcitonin (salmon) spray</i>	41
		<i>calcitrene</i>	60
		<i>calcitriol</i>	46
		<i>calcium acetate (phosphate binder)</i>	45
		<i>CALQUENCE</i>	18
		<i>camila</i>	42
		<i>candesartan cilexetil</i>	23
		<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	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
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	32
carbidopa-levodopa-	
entacapone tabs 25-100-	
200 mg	32
carbidopa-levodopa-	
entacapone tabs 31.25-	
125-200 mg	32
carbidopa-levodopa-	
entacapone tabs 37.5-	
150-200 mg	32
carbidopa-levodopa-	
entacapone tabs 50-200-	
200 mg	32
carboplatin	16
carglumic acid	45
carteolol hcl (ophth)	55
cartia xt	25
carvedilol.....	25
caspofungin acetate.....	11
CAYSTON.....	10
cefaclor	14
CEFACLOR ER	14
cefadroxil.....	14
CEFAZOLIN INJ	
1GM/50ML.....	14
cefazolin sodium	14
CEFAZOLIN SOLN	
2GM/100ML-4%	14
cefadroxil	14
cefepime hcl.....	14
cefixime.....	14
cefoxitin sodium	14
cefpodoxime proxetil	14
cefprozil.....	14
ceftazidime	14
CEFTAZIDIME/ SOL D5W	
1GM.....	14
CEFTAZIDIME/ SOL D5W	
2GM.....	14
ceftriaxone sodium.....	14
cefuroxime axetil.....	14
cefuroxime sodium.....	14
celecoxib	8
CELONTIN.....	28
cephalexin	14
CERDELGA	45
CEREZYME	45
cetirizine hcl	56
cevimeline hcl	62
chateal	42
CHEMET	41
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
cilostazol	49
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
clindamycin phosphate ..	10
clindamycin phosphate	
(topical).....	59
clindamycin phosphate in	
d5w iv soln 300 mg/50ml	
.....	10
clindamycin phosphate in	
d5w iv soln 600 mg/50ml	
.....	10
clindamycin phosphate in	
d5w iv soln 900 mg/50ml	
.....	10
clindamycin phosphate	
vaginal	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
clinisol sf 15%	54

CLINOLIPID EMU 20%.....	54
clobazam.....	28
clobetasol propionate.....	60
clobetasol propionate e.....	60
clomipramine hcl.....	31
clonazepam.....	28
clonidine.....	27
clonidine hcl.....	27
clopidogrel bisulfate	50
clorazepate dipotassium	28
clotrimazole.....	62
clotrimazole (topical)	59
clotrimazole w/ betamethasone cream 1- 0.05%	59
clozapine.....	33
COARTEM TAB 20-120MG	12
colchicine	8
colchicine w/ probenecid tab 0.5-500 mg	8
colesevelam hcl	25
colestipol hcl	25
colistimethate sodium	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
compro	46
constulose.....	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
cromolyn sodium.....	57
cromolyn sodium (mastocytosis)	47
cromolyn sodium (ophth)	55
cryselle-28.....	42
cyanocobalamin	62
cyclobenzaprine hcl	37
cyclophosphamide	16
CYCLOPHOSPHAMIDE	16
CYCLOPHOSPHAMIDE MONOHYDR	16
cycloserine	13
cyclosporine	52
cyclosporine modified (for microemulsion)	52
cyproheptadine hcl.....	56
cyred eq	42
CYSTADROPS	56
CYSTAGON	45
CYSTARAN	56
cytarabine	16
D	
D10W/NACL INJ 0.2%....	53
D2.5W/NACL INJ 0.45%....	53
D5W/LYTES INJ #48	53
dabigatran etexilate mesylate	49
dalfampridine	37
DALIRESP	57
danazol	44
dantrolene sodium	37
dapsone	10
DAPTACEL INJ.....	52
daptomycin.....	10
DAPTOMYCIN	10
darifenacin hydrobromide	48
dasetta 1/35	42
dasetta 7/77	42
DAURISMO.....	18
deblitane	42
deferasirox	41
DELESTROGEN	44
DELSTRIGO TAB	12
DENGVAXIA SUS.....	52
DESCOVY TAB 120-15MG	12
DESCOVY TAB 200/25MG	13
desipramine hcl.....	31
desloratadine	56
desmopressin acetate.....	45
desmopressin acetate spray.....	45
desmopressin acetate spray refrigerated	45
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	42
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	42
desvenlafaxine succinate.....	31
dexamethasone	44
DEXAMETHASONE	
INTENSOL	44
dexamethasone sodium phosphate.....	44
dexamethasone sodium phosphate (ophth)	55
dexmethylphenidate hcl	35
dextrose	54
dextrose 10% w/ sodium chloride 0.45%.....	53
dextrose 2.5% w/ sodium chloride 0.45%.....	53
dextrose 5% in lactated ringers	53
dextrose 5% w/ sodium chloride 0.2%.....	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
diazepam (anticonvulsant)	28
diazepam inj	28
diazoxide	44
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

<i>diclofenac w/ misoprostol</i>	
<i>tab delayed release 75-</i>	
<i>0.2 mg</i>	8
<i>dicloxacillin sodium</i>	15
<i>dicyclomine hcl</i>	47
DIFICID	15
<i>diflunisal</i>	8
<i>dilfluprednate</i>	55
<i>digoxin</i>	27
<i>dihydroergotamine</i>	
<i>mesylate</i>	36
DILANTIN.....	29
DILANTIN-125	29
DILANTIN INFATABS	29
<i>diltiazem hcl</i>	26
<i>diltiazem hcl coated beads</i>	
.....	26
<i>diltiazem hcl extended</i>	
<i>release beads</i>	26
<i>dilt-xr</i>	25
DIP/TET PED INJ 25-5LFU	
.....	52
<i>diphenhydramine hcl</i>	56
<i>diphenoxylate w/ atropine</i>	
<i>liq 2.5-0.025 mg/5ml</i>	47
<i>diphenoxylate w/ atropine</i>	
<i>tab 2.5-0.025 mg</i>	47
<i>dipyridamole</i>	50
<i>disopyramide phosphate</i> ..	24
<i>disulfiram</i>	38
<i>divalproex sodium</i>	29
<i>docetaxel</i>	17, 18
DOCETAXEL	18
<i>dofetilide</i>	24
<i>donepezil hydrochloride</i> ..	30
DOPTELET	50
<i>dorzolamide hcl</i>	55
<i>dorzolamide hcl-timolol</i>	
<i>maleate ophth soln 22.3-</i>	
<i>6.8 mg/ml</i>	55
<i>dotti</i>	44
DOVATO TAB 50-300MG	
.....	13
<i>doxazosin mesylate</i>	22
<i>doxepin hcl</i>	31
<i>doxepin hcl (sleep)</i>	36
<i>doxercalciferol</i>	46
<i>doxorubicin hcl</i>	16
<i>doxorubicin hcl liposomal</i>	16
<i>doxy</i> 100	16
<i>doxycycline (monohydrate)</i>	
.....	16
<i>doxycycline hydrate</i>	16
DRIZALMA SPRINKLE	31
<i>dronabinol</i>	46
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.02 mg</i> 42	
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.03 mg</i> 42	
DROXIA	50
<i>droxidopa</i>	27
<i>duloxetine hcl</i>	31
DUPIXENT	50
<i>dutasteride</i>	48
<i>dutasteride-tamsulosin hcl</i>	
<i>cap 0.5-0.4 mg</i>	48
E	
e.e.s. 400	15
<i>ec-naproxen</i>	8
EDARBI.....	23
EDARBYCLOR TAB 40-	
12.5	22
EDARBYCLOR TAB 40-	
25MG.....	22
EDURANT.....	12
<i>efavirenz</i>	12
<i>efavirenz-emtricitabine-</i>	
<i>tenofovir df tab 600-200-</i>	
<i>300 mg</i>	13
<i>efavirenz-lamivudine-</i>	
<i>tenofovir df tab 400-300-</i>	
<i>300 mg</i>	13
<i>efavirenz-lamivudine-</i>	
<i>tenofovir df tab 600-300-</i>	
<i>300 mg</i>	13
ELIGARD	17
<i>elinest</i>	42
ELIQUIS	49
ELIQUIS STARTER PACK	
.....	49
ELLA	42
ELLENCE.....	16
<i>elurong</i>	42
EMCYT	17
<i>emoquette</i>	42
EMSAM.....	31
<i>emtricitabine</i>	12
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>100-150 mg</i>	13
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>133-200 mg</i>	13
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>167-250 mg</i>	13
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>200-300 mg</i>	13
EMTRIVA	12
EMVERM	10
<i>enalapril maleate</i>	21
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-25 mg</i>	21
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-12.5 mg</i>	21
ENBREL.....	50
ENBREL MINI	50
ENBREL SURECLICK....	50
ENDARI	50
<i>endocet tab 10-325mg</i>	9
<i>endocet tab 2.5-325mg</i>	9
<i>endocet tab 5-325mg</i>	9
<i>endocet tab 7.5-325mg</i>	9
ENGERIX-B	52
<i>enoxaparin sodium</i>	49
enpresse-28	42
enskyce	42
ENSTILAR AER	60
<i>entacapone</i>	32
<i>entecavir</i>	13
ENTRESTO TAB 24-26MG	
.....	22
ENTRESTO TAB 49-51MG	
.....	22
ENTRESTO TAB 97-	
103MG.....	22
<i>enulose</i>	47
EPCLUSIA PAK 150-37.5	13
EPCLUSIA PAK 200-50MG	
.....	13
EPCLUSIA TAB 200-50MG	
.....	13
EPCLUSIA TAB 400-100	13

EPIDIOLEX	29
epinephrine (<i>anaphylaxis</i>)	57
epitol	29
EPIVIR HBV	13
eplerenone	22
EPRONTIA.....	29
ergocalciferol.....	62
ergotamine w/ <i>caffeine tab 1-100 mg</i>	36
ERIVEDGE	18
ERLEADA	17
erlotinib hcl.....	18
errin.....	42
ertapenem sodium	10
ery	59
ery-tab	15
ERYTHROCIN	
LACTOBIONATE.....	15
erythrocin stearate	15
erythromycin (<i>acne aid</i>)	59
erythromycin (<i>ophth</i>)	54
erythromycin base.....	15
erythromycin ethylsuccinate	15
erythromycin lactobionate	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
etogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr	42
etoposide	18
etrvirine	12
EULEXIN.....	17
euthyrox	46
everolimus.....	18
everolimus (<i>immunosuppressant</i>)	52
EVOTAZ TAB 300-150	13
exemestane	17
EXKIVITY	18
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	33
FANAPT PAK.....	33
FARXIGA	38
FASENRA	57
FASENRA PEN.....	57
febuxostat	8
felbamate	29
felodipine.....	26
femynor	42
fenofibrate	24
fenofibrate micronized	24
fentanyl	8
fentanyl citrate	9
fesoterodine fumarate	48
FETZIMA.....	31
FETZIMA CAP TITRATIO	31
FIASP FLEX INJ TOUCH40	40
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... <td>44</td>	44
flunisolide (<i>nasal</i>)	58
fluocinolone acetonide ... <td>60</td>	60
fluocinolone acetonide (<i>otic</i>)	56
fluocinonide	61
fluocinonide emulsified base.....	61
fluorometholone (<i>ophth</i>)	55
fluorouracil	16
fluorouracil (<i>topical</i>).....	61
fluoxetine hcl	31
fluphenazine decanoate .. <td>33</td>	33
fluphenazine hcl	33
flurbiprofen	8
flurbiprofen sodium	55
fluticasone propionate.... <td>61</td>	61
fluticasone propionate (<i>nasal</i>)	58
fluvastatin sodium	24
fluvoxamine maleate	28
folic acid	62
fondaparinux sodium.....	49
formoterol fumarate	57
FORTEO	41
FOSAMAX + D TAB 70- 2800	41
FOSAMAX + D TAB 70- 5600	41
fosamprenavir calcium ... <td>12</td>	12
fosinopril sodium	22

<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	21	<i>gentamicin in saline inj 1 mg/ml</i>	10	HARVONI PAK 45-200MG
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	21	<i>gentamicin in saline inj 2 mg/ml</i>	10	HARVONI TAB 45-200MG
FOTIVDA	18	<i>gentamicin sulfate</i>	10	HARVONI TAB 90-400MG
FREAMINE III INJ 10%	54	<i>gentamicin sulfate (ophth)</i>	55	HAVRIX
fulvestrant	17	<i>gentamicin sulfate (topical)</i>	59	<i>heather</i>
furosemide	26	GENVOYA TAB	13	HEPARIN/NACL INJ
furosemide inj	26	GILENYA	37	25000UNT
FUZEON	12	GILOTRIF	18	heparin sodium (porcine)
<i>fyavolv tab 0.5mg-2.5mcg</i>	44	<i>glatiramer acetate</i>	37	49
<i>fyavolv tab 1mg-5mcg</i>	44	<i>glatopa</i>	37	HEP SOD/D5W INJ
FYCOMPA	29	<i>glimepiride</i>	38	20000UNT
G		<i>glipizide</i>	38	49
<i> gabapentin</i>	29	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	38	HEP SOD/NACL INJ
<i> galantamine hydrobromide</i>	30, 31	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	38	25000UNT
GAMASTAN INJ	51	<i>glipizide-metformin hcl tab 5-500 mg</i>	38	HERCEP HYLEC SOL 60-10000
GAMMAGARD LIQUID	51	<i>glipizide xl</i>	38	18
GAMMAGARD S/D IGA LESS TH	51	<i>glycopyrrolate</i>	47	HERCEPTIN
GAMMAKED	51	<i>glydo</i>	61	18
GAMMAPLEX	51	GLYXAMBI TAB 10-5 MG	39	HERZUMA
GAMUNEX-C	51	GLYXAMBI TAB 25-5 MG	39	HETLIOZ
<i>ganciclovir sodium</i>	13	GOLYTELY SOL	47	HIBERIX
GARDASIL 9 INJ	52	GRALISE	37	HUMIRA
<i>gatifloxacin (ophth)</i>	55	<i>granisetron hcl</i>	46	HUMIRA PEDIA INJ
GATTEX	47	<i>griseofulvin microsize</i>	11	CROHNS
GAUZE PADS 2	40	<i>griseofulvin ultramicrosize</i>	11	HUMIRA PEDIATRIC
<i>gavilyte-c</i>	47	<i>guanfacine hcl</i>	27	CROHNS D
<i>gavilyte-g</i>	47	<i>guanfacine hcl (adhd)</i>	35	HUMIRA PEN
GAVRETO	18	GVOKE HYPOPEN 2-PACK	44	HUMIRA PEN-CD/UC/HS
<i>gemcitabine hcl</i>	16	GVOKE KIT	45	START
<i>gemfibrozil</i>	24	GVOKE PFS	45	HUMIRA PEN KIT PS/UV
GEMTESA	48	H		HUMIRA PEN-PEDIATRIC
<i>generlac</i>	47	HAEGARDA	50	UC S
<i>genograf</i>	52	<i>hailey 1.5/30</i>	42	HUMIRA PEN-PS/UV
GENOTROPIN	45	<i>halobetasol propionate</i>	61	STARTER
GENOTROPIN MINIQUICK	45	<i>haloperidol</i>	33	HUMULIN R U-500
<i>gentak</i>	55	<i>haloperidol decanoate</i>	33	(CONCENTR
<i>gentamicin in saline inj 0.8 mg/ml</i>	10	<i>haloperidol lactate</i>	33	40
<i>gentamicin in saline inj 1.2 mg/ml</i>	10	HARVONI PAK 33.75-150MG	13	HUMULIN R U-500 KWIKPEN
<i>gentamicin in saline inj 1.6 mg/ml</i>	10	<i>hydralazine hcl</i>	27	40

hydrocodone-	INGREZZA CAP 40-80MG	JANUMET TAB 50-500MG	
acetaminophen tab 5-3253739	
mg	19	JANUMET XR TAB 100-	
9		100039	
hydrocodone-	INLYTA	JANUMET XR TAB 50-	
acetaminophen tab 7.5-	19	100039	
325 mg		JANUMET XR TAB 50-	
9	INSULIN PEN NEEDLES:	500MG.....39	
hydrocodone bitartrate	BD/NOVO.....40	JANUVIA.....39	
hydrocodone-ibuprofen tab	INSULIN SAFETY	JARDIANCE.....39	
7.5-200 mg	NEEDLES.....40	jasmiel.....42	
hydrocortisone	INSULIN SYRINGES: BD	JENTADUETO TAB 2.5-	
hydrocortisone (intrarectal)40	100039	
.....47	INTELENCE.....12	JENTADUETO TAB 2.5-	
hydrocortisone (rectal)	INTRALIPID	50039	
hydrocortisone (topical)....	54	JENTADUETO TAB 2.5-	
hydromorphone hcl	INTRON A.....52	85039	
hydroxychloroquine sulfate	introvale	JENTADUETO TAB XR	
.....51	INVEGA SUSTENNA.....34	2.5-1000MG39	
hydroxyurea	IPOL INJ INACTIVE.....52	JENTADUETO TAB XR 5-	
hydroxyzine hcl	ipratropium-albuterol nebu	1000MG.....39	
56, 57	soln 0.5-2.5(3) mg/3ml	jinteli.....44	
hydroxyzine pamoate.....	56	jolessa.....42	
HYSINGLA ER.....8	ipratropium bromide	juleber.....42	
I	ipratropium bromide (nasal)	JULUCA TAB 50-25MG ..13	
ibandronate sodium56	junel 1/20	42
IBRANCE	irbesartan	junel 1.5/30	42
ibu	23	junel fe 1/20	42
ibuprofen	irbesartan-	junel fe 1.5/30	42
icatibant acetate.....	hydrochlorothiazide tab	K	
iclevia	150-12.5 mg	KADCYLA	19
ICLUSIG.....18	22	KALYDECO	57, 58
IDHIFA	iressa.....19	KANJINTI	19
ILEVRO	irinotecan hcl.....17	kariva	42
imatinib mesylate	ISENTRESS.....12	KCL/D5W/NACL INJ	
IMBRUVICA	ISENTRESS HD	0.3/0.9%	53
imipenem-cilastatin	isibloom.....42	kcl 10 meq/l (0.075%) in	
intravenous for soln 250	ISOLYTE-P INJ /D5W ..53	dextrose 5% & nacl	
mg	ISOLYTE-S INJ.....53	0.45% inj.....53	
imipenem-cilastatin	ISOLYTE-S INJ PH 7.4 ..53	kcl 20 meq/l (0.15%) in	
intravenous for soln 500	isoniazid	dextrose 5% & nacl 0.2%	
mg	ISOPTO ATROPINE ..56	inj.....53	
imipramine hcl.....	isosorbide dinitrate	kcl 20 meq/l (0.15%) in	
31	27	dextrose 5% & nacl	
imiquimod.....61	isosorbide mononitrate ..27	0.45% inj.....53	
IMOVAX RABIES	isotretinoin.....59	kcl 20 meq/l (0.15%) in	
(H.D.C.V.).....52	isradipine.....26	dextrose 5% & nacl 0.9%	
incassia	itraconazole.....11	inj.....53	
INCRELEX	ivermectin.....10	kcl 20 meq/l (0.15%) in	
INCRUSE ELLIPTA	IXIARO INJ	dextrose 5% & nacl 0.9%	
indapamide	52	inj.....53	
INFANRIX INJ.....52	J	kcl 20 meq/l (0.15%) in nacl	
INFILIXIMAB	JAKAFI.....19	0.45% inj.....53	
INGREZZA.....37	jantoven	71	
	49		
	JANUMET TAB 50-1000		
	.39		

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	42
KERENDIA.....	22
KESIMPTA.....	37
ketoconazole.....	11
ketoconazole (topical)59, 60	
ketorolac tromethamine (ophth)	55
KEVZARA	51
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	54
klor-con 10	54
klor-con 8	54
klor-con m10	54
klor-con m15	54
klor-con m20	54
KORLYM.....	45
kurvelo	42
KYNMOBI	32
L	
labetalol hcl	25
lacosamide	29
lacosamide oral.....	29
lactated ringer's solution .53	
lactic acid (ammonium lactate).....	61
lactulose	47
<i>lactulose (encephalopathy)</i>	47
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	13
<i>lamivudine-zidovudine tab 150-300 mg</i>	13
<i>lamotrigine</i>	29
<i>lansoprazole</i>	48
LANTUS.....	40
LANTUS SOLOSTAR	40
<i>lapatinib ditosylate</i>	19
<i>larin 1/20</i>	42
<i>larin 1.5/30</i>	42
<i>larin fe 1/20</i>	42
<i>larin fe 1.5/30</i>	42
<i>larissia</i>	42
<i>latanoprost</i>	55
LATUDA.....	34
leena	42
leflunomide.....	51
lenalidomide	17
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	19
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina</i>	42
<i>letrozole</i>	17
<i>leucovorin calcium</i>	21
LEUKERAN.....	16
<i>leuprolide acetate</i>	17
<i>levalbuterol hcl</i>	57
<i>levalbuterol tartrate</i>	57
LEVEMIR	40
LEVEMIR FLEXTOUCH .40	
<i>levetiracetam</i>	29
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml.</i>	29
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml.</i>	29
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml.</i>	29
levobunolol hcl	55
levocarnitine (metabolic modifiers).....	45
<i>levocetirizine dihydrochloride</i>	57
levofloxacin	15
<i>levofloxacin in d5w iv soln 250 mg/50ml.</i>	15
<i>levofloxacin in d5w iv soln 500 mg/100ml.</i>	15
<i>levofloxacin in d5w iv soln 750 mg/150ml.</i>	15
levonest.....	42
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	42
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	43
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	42
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	43
levora 0.15/30-28	43
levo-t	46
<i>levothyroxine sodium</i>	46
<i>levoxyl</i>	46
LEXIVA	12
<i>lidocaine</i>	61
<i>lidocaine hcl</i>	61
<i>lidocaine hcl (local anesth.)</i>	10
<i>lidocaine hcl (mouth-throat)</i>	62
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	61
lllow	43
linezolid	10
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	10

LINZESS	47
liothyronine sodium	46
lisinopril	22
lisinopril &	
hydrochlorothiazide tab 10-12.5 mg	21
lisinopril &	
hydrochlorothiazide tab 20-12.5 mg	21
lisinopril &	
hydrochlorothiazide tab 20-25 mg	21
lithium carbonate.....	37
LIVALO	24
loestrin 1/20-21	43
loestrin 1.5/30-21	43
loestrin fe 1/20	43
loestrin fe 1.5/30	43
LOKELMA	42
LONSURF TAB 15-6.14.....	17
LONSURF TAB 20-8.19.....	17
loperamide hcl.....	47
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	13
lopinavir-ritonavir tab 100- 25 mg	13
lopinavir-ritonavir tab 200- 50 mg	13
lorazepam	28
lorazepam intensol.....	28
LORBRENA	19
loryna	43
losartan potassium.....	23
losartan potassium &	
hydrochlorothiazide tab 100-12.5 mg	23
losartan potassium &	
hydrochlorothiazide tab 100-25 mg	23
losartan potassium &	
hydrochlorothiazide tab 50-12.5 mg	22
LOTEMAX.....	55
lovastatin.....	24
low-ogestrel.....	43
loxapine succinate	34
LUMAKRAS	19
LUMIGAN.....	55
LUMIZYME	45
LUPRON DEPOT (1- MONTH)	17
LUPRON DEPOT (3- MONTH)	17
LUPRON DEPOT-PED (1- MONTH	45
LUPRON DEPOT-PED (3- MONTH	45
lutera	43
lyleq.....	43
lyllana	44
LYNPARZA	19
LYSODREN	17
lyza.....	43
M	
magnesium sulfate.....	53
MAGNESIUM SULFATE.....	53
magnesium sulfate in	
dextrose 5% iv soln 1 gm/100ml.....	53
malathion	62
maraviroc	12
marlissa	43
MARPLAN.....	31
MATULANE	17
matzim la.....	26
MAVYRET PAK 50-20MG	13
MAVYRET TAB 100-40MG	13
meclizine hcl	46
medroxyprogesterone acetate.....	46
medroxyprogesterone acetate (contraceptive)	43
mefloquine hcl	12
megestrol acetate	17, 46
megestrol acetate (appetite)	46
MEKINIST	19
MEKTOVI.....	19
meloxicam.....	8
memantine hcl.....	31
MENACTRA INJ	52
MENQUADFI INJ	52
MENVEO INJ	52
mercaptopurine	17
meropenem.....	10
mesalamine	47
mesalamine w/ cleanser	47
MESNEX.....	21
metadate er	36
metformin hcl	39
methadone hcl	8
methadone hydrochloride i8	
methazolamide	26
methenamine hippurate ..	10
methimazole	46
methotrexate sodium	
17, 51	
methylphenidate hcl	36
methylprednisolone	44
methylprednisolone acetate	44
methylprednisolone sod succ	44
metoclopramide hcl	46
metolazone	26
metoprolol &	
hydrochlorothiazide tab 100-25 mg	25
metoprolol &	
hydrochlorothiazide tab 100-50 mg	25
metoprolol &	
hydrochlorothiazide tab 50-25 mg	25
metoprolol succinate	25
metoprolol tartrate	25
metronidazole	10
metronidazole (topical)....	61
metronidazole vaginal	49
metyrosine	27
MG SO4/D5W INJ 10MG/ML.....	53
micafungin sodium	11
microgestin 1/20.....	43
microgestin 1.5/30.....	43
microgestin fe 1/20.....	43
microgestin fe 1.5/30.....	43
midodrine hcl	27
miglustat	45
mili	43
mimvey	44
minocycline hcl	16
minoxidil	27
mirtazapine	31
misoprostol	47
MITIGARE	8

M-M-R II INJ.....	52
M-NATAL PLUS TAB.....	54
modafinil.....	37
moexipril hcl	22
molindone hcl.....	34
mometasone furoate	61
mometasone furoate (nasal)	58
MONJUVI.....	19
mono-linyah	43
montelukast sodium	57
morphine sulfate	8, 9
MORPHINE SULFATE	9
MOVANTIK	48
moxifloxacin hcl.....	15
moxifloxacin hcl (ophth) ..	55
MULTAQ	24
mupirocin	59
MVASI.....	19
mycophenolate mofetil....	52
mycophenolate sodium	52
myorisan	59
MYRBETRIQ.....	48
N	
nabumetone	8
nadolol	25
nafcillin sodium	15
NAGLAZYME.....	45
nalbuphine hcl.....	9
naloxone hcl.....	38
naltrexone hcl.....	38
NAMZARIC CAP 14-10MG	31
NAMZARIC CAP 21-10MG	31
NAMZARIC CAP 28-10MG	31
NAMZARIC CAP 7-10MG	31
NAMZARIC CAP PACK..	31
naproxen	8
naproxen sodium	8
naratriptan hcl	36
NATACYN.....	55
nateglinide.....	39
NATPARA	41
NAYZILAM	29
nebivolol hcl	25
necon 0.5/35-28.....	43
nefazodone hcl.....	31
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	55
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	55
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	54
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	54
<i>neomycin-polymyxin-hc ophth susp</i>	54
<i>neomycin-polymyxin-hc otic soln 1%</i>	56
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	56
<i>neomycin sulfate</i>	10
NERLYNX	19
NEUPRO.....	33
nevirapine	12
NEXAVAR.....	19
niacin (antihyperlipidemic)	25
<i>nicardipine hcl</i>	26
NICOTROL INHALER	38
NICOTROL NS	38
nifedipine.....	26
nikki.....	43
nilutamide.....	17
nimodipine.....	26
NINLARO	19
nisoldipine	26
nitazoxanide	10
nitisinone	45
NITRO-BID.....	27
<i>nitrofurantoin macrocrystal</i>	11
<i>nitrofurantoin monohyd macro</i>	11
<i>nitroglycerin</i>	27
nizatidine	47
nora-be	43
<i>norethindrone (contraceptive)</i>	43
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	43
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	43
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	43
<i>norethindrone acetate</i>	46
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	44
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	44
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	43
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	43
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	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>	31, 32
<i>NORVIR</i>	12
<i>NOVOLIN INJ 70/30</i>	40
<i>NOVOLIN INJ 70/30 FP</i> ..	40
<i>NOVOLIN N</i>	40
<i>NOVOLIN N FLEXPEN</i> ..	40
<i>NOVOLIN R</i>	40
<i>NOVOLIN R FLEXPEN</i> ..	40
<i>NOVOLOG</i>	40
<i>NOVOLOG FLEXPEN</i> ..	40
<i>NOVOLOG MIX INJ 70/30</i>	41
<i>NOVOLOG MIX INJ FLEXPEN</i>	41
<i>NOVOLOG PENFILL</i>	41
<i>NOXAFIL</i>	11
<i>NUBEQA</i>	17

NUEDEXTA CAP 20-10MG	37
NULOJIX.....	52
NUPLAZID	34
NURTEC	36
NUTRILIPID	54
NUZYRA	16
nyamyc.....	60
nylia 1/35.....	43
nylia 7/7/7.....	43
NYMALIZE	26
nymyo	43
nystatin.....	11
nystatin (mouth-throat)....	62
nystatin (topical)	60
nystop	60
O	
ocella.....	43
OCTAGAM.....	51
octreotide acetate	45
ODEFSEY TAB.....	13
ODOMZO	19
OFEV	58
ofloxacin (ophth)	55
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....	24
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	23
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	23
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	23
olopatadine hcl.....	55
olopatadine hcl (nasal)....	57
omeprazole	48
OMNARIS	58
OMNIPOD 5 G6 KIT INTRO	41
OMNIPOD 5 G6 MIS PODS	41
OMNIPOD DASH KIT INTRO	41
OMNIPOD DASH MIS PODS	41
OMNIPOD MIS CLASSIC	41
OMNIPOD PDM KIT CLASSIC	41
ondansetron	46
ondansetron hcl	46
ONTRUZANT	19
ONUREG	17
OPSUMIT.....	27
ORGOVYX.....	17
ORKAMBI GRA 100-125 .58	
ORKAMBI GRA 150-188 .58	
ORKAMBI TAB 100-125 .58	
ORKAMBI TAB 200-125 .58	
oseltamivir phosphate	14
OTEZLA	51
OTEZLA TAB 10/20/30	51
oxacillin sodium.....	15
oxaliplatin	16
oxandrolone	38
oxaprozin	8
oxcarbazepine.....	29
oxybutynin chloride	48
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
OZEMPI (0.25 OR 0.5MG/DOSE)	39
OZEMPI (1MG/DOSE)	39
OZEMPI (2MG/DOSE) SOPN 8MG/3ML	39
P	
pacerone	24
paclitaxel	18
paclitaxel protein-bound particles for iv susp 100 mg	18
paliperidone	34
pamidronate disodium....	41
PAMIDRONATE DISODIUM	41
PANRETIN	61
pantoprazole sodium.....	48
PANZYGA.....	52
paraplatin	16
paricalcitol	46
paromomycin sulfate	11
paroxetine hcl.....	32
PASER.....	13
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	14
PEMAZYRE	19
pemetrexed disodium....	17
PEN GK/DEXTR INJ 40000/ML	16
PEN GK/DEXTR INJ 60000/ML	16
penicillamine	42
penicillin g potassium.....	16
PENICILLIN G PROCAINE	16
penicillin g sodium.....	16
penicillin v potassium	16
PENTACEL INJ.....	52
pentamidine isethionate inh	11

<i>pentamidine isethionate inj</i>	43
.....11	
<i>pentoxifylline</i>	50
<i>perindopril erbumine</i>	22
<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>	29
<i>phenytoin sodium</i>	29
<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>	39
<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>	20
<i>pirfenidone</i>	58
<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>PLENVU SOL</i>	47
<i>podofilox</i>	61
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	55
<i>POMALYST</i>	17
<i>portia-28</i>	43
<i>posaconazole</i>	11
<i>potassium chloride</i>	53, 54
<i>POTASSIUM CHLORIDE</i>	53
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	54
<i>potassium chloride microencapsulated crystals er</i>	54
<i>potassium citrate (alkalinizer)</i>	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>	22
<i>prednisolone</i>	44
<i>prednisolone acetate (ophth)</i>	55
<i>PREDNISOLONE SODIUM PHOSP</i>	55
<i>prednisolone sodium phosphate</i>	44
<i>prednisone</i>	44
<i>PREDNISONE INTENSOL</i>	44
<i>pregabalin</i>	30
<i>PREHEVBARIO</i>	52
<i>PREMASOL SOL 10%</i>	54
<i>PRENATAL TAB 27-1MG</i>	54
<i>PRENATAL TAB PLUS</i>	54
PRENATAL VIT TAB LOW IRON	54
<i>prevalite</i>	25
<i>PREVYMI</i>	14
<i>PREZCOBIX TAB 800-150</i>	13
<i>PREZISTA</i>	12
<i>PRIFTIN</i>	13
<i>primaquine phosphate</i>	12
PRIMAQUINE PHOSPHATE	12
<i>primidone</i>	30
<i>PRIORIX INJ</i>	52
<i>PRIVIGEN</i>	52
<i>probenecid</i>	8
<i>PROCALAMINE INJ 3%</i>	54
<i>prochlorperazine</i>	46
<i>prochlorperazine edisylate</i>	46
<i>prochlorperazine maleate</i>	46
<i>PROCRIT</i>	49
<i>procto-med hc</i>	61
<i>procto-pak</i>	61
<i>procosol hc</i>	61
<i>protozone-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>	56
<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>	58
<i>PULMOZYME</i>	58
<i>PURIXAN</i>	17
<i>pyrazinamide</i>	13
<i>pyridostigmine bromide</i>	37
Q	
<i>QINLOCK</i>	20
<i>QUADRACEL INJ</i>	52
<i>QUADRACEL INJ 0.5ML</i>	52
<i>quetiapine fumarate</i>	34

<i>quinapril hcl</i>	22
<i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	21
<i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	21
<i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	21
<i>quinidine sulfate</i>	24
<i>quinine sulfate</i>	12
R	
<i>RABAVERT INJ</i>	52
<i>rabeprazole sodium</i>	48
<i>raloxifene hcl</i>	45
<i>ramipril</i>	22
<i>ranolazine</i>	27
<i>rasagiline mesylate</i>	33
<i>RAYALDEE</i>	46
<i>reclipsen</i>	43
<i>RECOMBIVAX HB</i>	53
<i>RECTIV</i>	62
<i>REGRANEX</i>	62
<i>RELENZA DISKHALER</i>	14
<i>RELISTOR</i>	48
<i>REMICADE</i>	51
<i>RENFLEXIS</i>	51
<i>repaglinide</i>	39
<i>RESTASIS</i>	56
<i>RESTASIS MULTIDOSE</i>	56
<i>RETEVMO</i>	20
<i>REVLIMID</i>	17
<i>REXULTI</i>	34
<i>REYATAZ</i>	12
<i>REZUROCK</i>	52
<i>RHOPRESSA</i>	55
<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
<i>risperidone</i>	34
<i>ritonavir</i>	12
<i>rivastigmine</i>	31
<i>rivastigmine tartrate</i>	31
<i>rizatriptan benzoate</i>	36
<i>ropinirole hydrochloride</i>	33
<i>rosadan</i>	62
<i>rosuvastatin calcium</i>	24
<i>ROTARIX SUS</i>	53
<i>ROTATEQ SOL</i>	53
<i>roweepra</i>	30
<i>ROZLYTREK</i>	20
<i>RUBRACA</i>	20
<i>rufinamide</i>	30
<i>RUKOBIA</i>	12
<i>RYBELSUS</i>	39
<i>RYDAPT</i>	20
S	
<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>SCEMBLIX</i>	20
<i>scopolamine</i>	47
<i>SECUADO</i>	34
<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>	45
<i>sharobel</i>	43
<i>SHINGRIX</i>	53
<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>	54
<i>sodium chloride (gut 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>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	47
<i>solifenacin succinate</i>	48
<i>SOLIQUA INJ 100/33</i>	41
<i>SOLTAMOX</i>	17
<i>SOLU-CORTEF</i>	44
<i>SOMATULINE DEPOT</i>	45
<i>SOMAVERT</i>	45
<i>sorafenib tosylate</i>	20
<i>sorine</i>	24
<i>sotalol hcl</i>	24
<i>sotalol hcl (afib/afl)</i>	24
<i>spironolactone</i>	22
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	26
<i>sprintec 28</i>	43
<i>SPRITAM</i>	30
<i>SPRYCEL</i>	20
<i>sps</i>	42
<i>sronyx</i>	43
<i>ssd</i>	59
<i>stavudine</i>	12
<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

sulfamethoxazole-	
trimethoprim tab 400-80	
mg	11
sulfamethoxazole-	
trimethoprim tab 800-160	
mg	11
SULFAMYRON.....	59
sulfasalazine	47
sulindac.....	8
sumatriptan	36
sumatriptan succinate	36
sunitinib malate	20
SUPREP BOWEL SOL	
PREP KIT	47
syeda	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.....	39
SYNJARDY TAB 12.5-500	
.....	39
SYNJARDY TAB 5-	
1000MG.....	39
SYNJARDY TAB 5-500MG	
.....	39
SYNJARDY XR TAB 10-	
1000	39
SYNJARDY XR TAB 12.5-	
1000MG.....	39
SYNJARDY XR TAB 25-	
1000	39
SYNJARDY XR TAB 5-	
1000MG.....	39
SYNRIBO	17
SYNTHROID.....	46
T	
TABLOID.....	17
TABRECTA.....	20
tacrolimus.....	52
tacrolimus (<i>topical</i>).....	62
tadalafil.....	56
TAFINLAR.....	20
TAGRISSO	20
TALTZ	51
TALZENNA	20
tamoxifen citrate.....	17
tamsulosin hcl	48
tarina fe 1/20 eq	43
TASIGNA	20
tazarotene	60
tazicef.....	14
TAZORAC	60
taztia xt.....	26
TAZVERIK	20
TDVAX INJ 2-2 LF	53
TECENTRIQ	20
TEFLARO	14
telmisartan	24
<i>telmisartan-amlodipine tab</i>	
40-10 mg	23
<i>telmisartan-amlodipine tab</i>	
40-5 mg	23
<i>telmisartan-amlodipine tab</i>	
80-10 mg	23
<i>telmisartan-amlodipine 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
TENIVAC INJ 5-2LF	53
tenofovir disoproxil	
<i>fumarate</i>	12
TEPMETKO	20
terazosin hcl	22
terbinafine hcl.....	11
terbutaline sulfate.....	57
terconazole vaginal	49
TERIPARATIDE	41
testosterone	38
testosterone cypionate	38
testosterone enanthate	38
tetrabenazine	37
tetracycline hcl	16
THALOMID	17
THEO-24	58
theophylline	58
thioridazine hcl	34
thiothixene	34
tiadylt er	26
tiagabine hcl	30
TIBSOVO	20
TICOVAC	53
tigecycline	16
TIGECYCLINE	16
tilia fe	43
timolol maleate	25
timolol maleate (ophth) ..	55
tinidazole	11
TIVICAY	12
TIVICAY PD	12
tizanidine hcl	37
TOBRADEX OIN 0.3-0.1%	
.....	54
TOBRADEX ST SUS 0.3-	
0.05	54
tobramycin	11
tobramycin (ophth)	55
tobramycin-dexamethasone	
<i>ophth susp 0.3-0.1% ..</i>	54
tobramycin sulfate	11
tolterodine tartrate	49
topiramate	30
toposar	18
toremifene citrate	17
torsemide	26
TOUJEO MAX SOLOSTAR	
.....	41
TOUJEO SOLOSTAR....	41
TPN ELECTROL INJ	54
TRADJENTA.....	40
tramadol-acetaminophen	
<i>tab 37.5-325 mg</i>	10
tramadol hcl	10
trandolapril	22
tranexamic acid	50
tranylcypromine sulfate ..	32
TRAVASOL INJ 10%	54
travoprost	55
TRAZIMERA	20
trazodone hcl	32
TRECATOR	13

TRELEGY AER ELLIPTA	100-62.5-25 MCG.....56
TRELEGY AER ELLIPTA	200-62.5-25 MCG.....56
<i>treprostinil</i>	28
TRESIBA.....	41
TRESIBA FLEXTOUCH..	41
<i>tretinoin</i>	59
<i>tretinoin (chemotherapy)</i> ..	17
TREXALL	51
<i>triamcinolone acetonide</i>	
(mouth)	62
<i>triamcinolone acetonide</i>	
(topical).....	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 PRENATAL54
<i>trientine hcl</i>	42
<i>tri-estarrylla</i>	43
<i>trifluoperazine hcl</i>	34
<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...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>	43
<i>tri-lo-sprintec</i>	43
TRIMETHOPRIM	11
<i>tri-mili</i>	43
<i>trimipramine maleate</i>	32
TRINTELLIX.....	32
<i>tri-nymyo</i>	43
<i>tri-sprintec</i>	43
TRIUMEQ PD TAB	13
TRIUMEQ TAB	13
<i>trivora-28</i>	43
<i>tri-vylibra</i>	43
<i>tri-vylibra lo</i>	43
TRIZIVIR TAB	13
TROGARZO.....	12
TROPHAMINE INJ 10% .54	
<i>trospium chloride</i>	49
TRULICITY	40
TRUMENBA INJ	53
TRUSELTIQ 100 MG	
DAILY DOSE.....	20
TRUSELTIQ 125 MG	
DAILY DOSE.....	20
TRUSELTIQ 50 MG DAILY	
DOSE	20
TRUSELTIQ 75 MG DAILY	
DOSE	20
TRUXIMA.....	20
TUKYSA.....	20
TURALIO	20
TWINRIX INJ	53
TYBOST.....	12
TYPHIM VI	53
U	
<i>unithroid</i>	46
<i>ursodiol</i>	48
V	
<i>valacyclovir hcl</i>	14
<i>VALCHLOR</i>	62
<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
<i>valsartan-</i>	
<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	
VAQTA.....	53
<i>varenicline tartrate</i>	38
<i>varenicline tartrate tab 0.5</i>	
mg x 11 & tab 1 mg x 42	
pack.....	38
VARIVAX	53
VASCEPA.....	25
<i>velvet</i>	43
VELPHORO	46
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
VERQUVO	27
VERSACLOZ	34
VERZENIO.....	20
<i>vestura</i>	43
V-GO 20 KIT	41
V-GO 30 KIT	41
V-GO 40 KIT	41
VICTOZA	40
<i>vienna</i>	43
<i>vigabatrin</i>	30
<i>vigadron</i>	30
VIIBRYD KIT STARTER	32
<i>vilazodone hcl</i>	32
VIMPAT.....	30
<i>vincristine sulfate</i>	18

<i>vinorelbine tartrate</i>	18	XGEVA	41	ZARXIO	49
<i>viorele</i>	43	XHANCE	58	ZEJULA	21
VIRACEPT	12	XIFAXAN	48	ZELBORA F	21
VIREAD	12	XIGDUO XR TAB 10-1000	40	ZEMAIRA	58
VITRAKVI	20			<i>zenatane</i>	59
VIVITROL	38	XIGDUO XR TAB 10-		ZENPEP CAP 10000UNT	
VIZIMPRO	20	500MG	40		48
VONJO	20	XIGDUO XR TAB 2.5-1000	40	ZENPEP CAP 15000UNT	
<i>voriconazole</i>	11				48
VOSEVI TAB	14	XIGDUO XR TAB 5-		ZENPEP CAP 20000UNT	
VOTRIENT	20	1000MG	40		48
VRAYLAR	34	XIGDUO XR TAB 5-500MG	40	ZENPEP CAP 25000UNT	
VRAYLAR CAP 1.5-3MG	34				48
<i>vyfemla</i>	43	XiIDRA	56	ZENPEP CAP 3000UNIT	48
<i>vylibra</i>	43	XOLAIR	58	ZENPEP CAP 40000UNT	
VYVANSE	36	XOSPATA	20		48
VYZULTA	55	XPOVIO 100 MG ONCE		ZENPEP CAP 5000UNIT	48
W		WEEKLY	21	ZERVIATE	55
<i>warfarin sodium</i>	49	XPOVIO 40 MG ONCE		<i>zidovudine</i>	12
<i>water for irrigation, sterile</i>		WEEKLY	20	ZIEXTENZO	49
<i>irrigation soln</i>	62	XPOVIO 40 MG TWICE		<i>ziprasidone hcl</i>	35
WELIREG	17	WEEKLY	20	<i>ziprasidone mesylate</i>	35
<i>wera</i>	43	XPOVIO 60 MG ONCE		ZIRABEV	21
X		WEEKLY	20	ZIRGAN	55
XALKORI	20	XPOVIO 60 MG TWICE		<i>zoledronic acid</i>	41
XARELTO	49	WEEKLY	20	ZOLINZA	21
XARELTO STAR TAB		XPOVIO 80 MG ONCE		<i>zolmitriptan</i>	37
15/20MG	49	WEEKLY	21	<i>zolpidem tartrate</i>	36
XATMEP	51	XPOVIO 80 MG TWICE		<i>zonisamide</i>	30
XCOPRI	30	WEEKLY	21	<i>zovia 1/35</i>	44
XCOPRI PAK 100-150	30	XTANDI	17	ZTALMY	30
XCOPRI PAK 12.5-25	30	<i>xulane</i>	44	<i>zumandimine</i>	44
XCOPRI PAK 150-200MG		XULTOPHY INJ 100/3.6	41	ZYCLARA PUMP	62
(MAINTENANCE)	30	XYREM	37	ZYDELIG	21
XCOPRI PAK 150-200MG		Y		ZYKADIA	21
(TITRATION)	30	YF-VAX INJ	53	ZYLET SUS 0.5-0.3%	54
XCOPRI PAK 50-100MG	30	<i>yuvafem</i>	44	ZYPITAMAG	24
XELJANZ	51	Z		ZYPREXA RELPREVV	35
XELJANZ XR	51	<i>zafemy</i>	44		
XERMELO	48	<i>zafirlukast</i>	57		

This formulary was updated on 01/01/2023. 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