



HealthPartners[®] Freedom Group (Cost)
HealthPartners[®] Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2018 Formulary

(List of Covered Drugs)

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

Formulary ID 00018113, Version 8

This formulary was updated on 08/16/2017. For more recent information or other questions, please contact HealthPartners Member Services.

Freedom members: 952-883-7979 or 800-233-9645

Retiree National Choice members: 952-883-7373 or 877-816-9539

TTY users: 711

Or visit healthpartners.com/medicaregroup.

From **Oct. 1 through Feb. 14**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **Feb. 15 to Sept. 30**, call us 8 a.m. to 8 p.m. CT **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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 HealthPartners. When it refers to “plan” or “our plan,” it means HealthPartners.

This document includes a list of the drugs (formulary) for our plan which is current as of August 16, 2017. 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, 2019, and from time to time during the year.

What is the HealthPartners Formulary?

A formulary is a list of covered drugs selected by HealthPartners 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. HealthPartners will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthPartners 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of August 16, 2017. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

To find out what drugs might have changed, you can go to healthpartners.com/medicaregroup. The formulary is updated monthly to include any changes. In the event of negative formulary changes, you'll get a Formulary Change Notice. This notice will be mailed with your monthly Explanation of Benefits and will also be posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 “Cardiac Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 95. 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?

HealthPartners 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:** HealthPartners requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthPartners 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, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 HealthPartners 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 HealthPartners formulary?" on page I-3 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 HealthPartners does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthPartners.
- You can ask HealthPartners 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 HealthPartners Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPartners 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, HealthPartners 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply,

we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition process

For existing members who change care level, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. See your Evidence of Coverage for information about non-Part D drugs.

For more information

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

If you have questions about HealthPartners, 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>.

HealthPartners Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

The second column of the chart lists the drug tier or coverage level. HealthPartners covers Medicare Part D prescription drugs at five levels of coverage: Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred Brand), and Tier 5 (Specialty). To determine the coverage level you will need to determine the tier level (1, 2, 3, 4 or 5) of your drug. Once you have found your drug, look in the “Tier” column to determine whether your drug is Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred Brand), or Tier 5 (Specialty). Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply.*

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)	Tier 4 (Non-preferred Brand Drugs)	Tier 5 (Specialty Drugs)
Freedom Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers, cost sharing and drugs covered in the coverage gap.				
Retiree National Choice					

* Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to our Evidence of Coverage for details.

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

The information in the Requirements/Limits column tells you if HealthPartners has any special requirements for coverage of your drug. The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 90-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.

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List of Drugs by Drug Type

Drug Name	Drug Tier	Requirements / Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (120 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (8 EA per 1 day)
<i>astramorph-pf injection solution 0.5 mg/ml, 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (12 EA per 1 day)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (12 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 EA per 1 day)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (240 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	5	PA; NM
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour</i>	5	NM; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (120 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (8 EA per 1 day)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	QL (240 ML per 30 days)
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	QL (240 ML per 30 days)
<i>hydromorphone injection syringe 2 mg/ml, 4 mg/ml</i>	2	QL (240 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-6.
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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (1200 ML per 30 days)
<i>hydromorphone oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone oral tablet 4 mg</i>	2	QL (150 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NM
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (8 EA per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (8 EA per 1 day)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (8 EA per 1 day)
<i>marten-tab oral tablet 50-325 mg</i>	2	QL (12 EA per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	2	QL (90 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (450 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (900 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (120 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (1350 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (600 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	2	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	2	QL (4 EA per 1 day)
<i>morphine oral tablet extended release 30 mg</i>	2	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	2	PA
<i>oxycodone oral capsule 5 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (120 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1800 ML per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 20 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 30 mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 60 mg, 80 mg</i>	2	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (40 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG	3	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG	3	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	3	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	3	PA
<i>tencon oral tablet 50-325 mg</i>	2	QL (12 EA per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>	1	
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (2 EA per 1 day)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (53 EA per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY,NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	3	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (180 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (90 EA per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (180 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	2	QL (6 EA per 1 day)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	2	QL (5 EA per 1 day)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	2	QL (3 EA per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (180 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	2	PA; QL (180 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 1 mg</i>	2	PA; QL (120 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	PA; QL (300 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 EA per 30 days)
<i>diastat acudial rectal kit 12.5-15-17.5-20 mg</i>	2	QL (40 EA per 30 days)
<i>diastat acudial rectal kit 5-7.5-10 mg</i>	2	QL (20 EA per 30 days)
<i>diastat rectal kit 2.5 mg</i>	2	QL (40 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg</i>	2	QL (40 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	2	QL (20 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (180 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	NM; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG	5	NM; QL (120 EA per 30 days)
ONFI ORAL TABLET 20 MG	5	NM; QL (60 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA; NM; BvD; QL (224 ML per 30 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; QL (224 EA per 30 days)

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<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; NM; BvD; QL (280 ML per 30 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	PA
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	PA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	2	
<i>daptomycin intravenous recon soln 500 mg</i>	5	PA; NM
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i>	5	PA; NM
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	PA; NM
<i>linezolid oral tablet 600 mg</i>	2	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
MONUROL ORAL PACKET 3 GRAM	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	PA; NM
SIVEXTRO ORAL TABLET 200 MG	5	PA; NM
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM
<i>trimethoprim oral tablet 100 mg</i>	2	

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<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	
<i>vancomycin oral capsule 250 mg</i>	5	NM
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA; NM
Cephalosporins		
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
SUPRAX ORAL CAPSULE 400 MG	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	NM

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Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	PA; NM
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; QL (84 ML per 30 days)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
MEROPENEM INTRAVENOUS RECON SOLN 1 GRAM, 500 MG	3	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NM
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	

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<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i>	5	NM
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA; NM
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	NM
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	NM
ALECENSA ORAL CAPSULE 150 MG	5	PA; NM
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	PA; NM
ALUNBRIG ORAL TABLET 30 MG	5	PA; NM
<i>anastrozole oral tablet 1 mg</i>	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	5	PA; NM
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	5	PA; NM
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	5	PA; NM
<i>azacitidine injection recon soln 100 mg</i>	5	PA; NM
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA; NM
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM
<i>bexarotene oral capsule 75 mg</i>	5	NM
<i>bicalutamide oral tablet 50 mg</i>	2	
BICNU INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	PA; BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA; NM
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA; NM
<i>busulfan intravenous solution 60 mg/10 ml</i>	5	PA; NM
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	5	PA; NM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NM
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	NM; LA
<i>carboplatin intravenous solution 10 mg/ml</i>	2	PA
<i>cisplatin intravenous solution 1 mg/ml</i>	2	PA
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA; BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i>	5	PA; NM
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; NM; LA
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	5	PA; NM
COTELLIC ORAL TABLET 20 MG	5	PA; NM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	5	PA; NM
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	PA; BvD
<i>cytarabine injection solution 20 mg/ml</i>	2	PA; BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA; NM
<i>daunorubicin intravenous solution 5 mg/ml</i>	2	PA
<i>decitabine intravenous recon soln 50 mg</i>	5	PA; NM
<i>docetaxel intravenous solution 20 mg/ml, 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	PA; NM
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA; BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	2	PA; BvD
EMCYT ORAL CAPSULE 140 MG	3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA; NM
<i>epirubicin intravenous recon soln 50 mg</i>	2	PA
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	2	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA; NM
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NM; LA
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	5	PA; NM
ETOPOSIDE INTRAVENOUS SOLUTION 20 MG/ML	4	
<i>exemestane oral tablet 25 mg</i>	2	
FARESTON ORAL TABLET 60 MG	5	NM
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; NM
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	PA; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	
<i>fludarabine intravenous recon soln 50 mg</i>	2	PA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	2	PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA; BvD
<i>flutamide oral capsule 125 mg</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA; NM
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	5	PA; NM
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	PA; NM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NM; LA
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG	3	
GLEOSTINE ORAL CAPSULE 100 MG	5	NM
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	PA; NM
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA; NM
HEXALEN ORAL CAPSULE 50 MG	5	NM
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NM
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; NM; LA
<i>idarubicin intravenous solution 1 mg/ml</i>	2	PA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	2	PA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	5	NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NM
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	5	PA; NM
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	5	PA; NM; BvD
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; NM; LA
IRESSA ORAL TABLET 250 MG	5	PA; NM
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i>	2	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	5	PA; NM

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IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	PA; NM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NM; LA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	PA; NM
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA; NM; LA
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	5	PA; NM
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA; NM
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; NM
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA; NM
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PA; NM
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA; NM; LA
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NM
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM

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LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; NM
LYNPARZA ORAL CAPSULE 50 MG	5	PA; NM
LYSODREN ORAL TABLET 500 MG	5	NM
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA; NM
MATULANE ORAL CAPSULE 50 MG	5	PA; NM; LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NM
<i>melphalan hcl intravenous recon soln 50 mg</i>	5	PA; NM
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BvD
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	2	PA
MITOXANTRONE INTRAVENOUS CONCENTRATE 2 MG/ML	4	PA
MUSTARGEN INJECTION RECON SOLN 10 MG	4	PA
NEXAVAR ORAL TABLET 200 MG	5	NM; LA
<i>nilutamide oral tablet 150 mg</i>	5	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NM
ODOMZO ORAL CAPSULE 200 MG	5	PA; NM
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA; NM
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	PA; NM
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; NM
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA; NM; LA

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Drug Name	Drug Tier	Requirements / Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NM; LA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA; NM
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	PA; NM
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	NM; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA; NM
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA; NM; BvD
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NM
RYDAPT ORAL CAPSULE 25 MG	5	PA; NM
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	NM
STIVARGA ORAL TABLET 40 MG	5	PA; NM; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	NM
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA; NM
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA; NM
TABLOID ORAL TABLET 40 MG	3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NM
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; NM
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	NM
TARGRETIN TOPICAL GEL 1 %	5	PA; NM
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	NM
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>thiotepa injection recon soln 15 mg</i>	2	PA
<i>topotecan intravenous recon soln 4 mg</i>	5	NM
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NM
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA; NM
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA; NM
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	5	PA; NM
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	NM
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	5	PA; NM
TYKERB ORAL TABLET 250 MG	5	NM; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA; NM
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA; NM
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA; NM
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA; NM
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; NM
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA; BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	PA
VOTRIENT ORAL TABLET 200 MG	5	NM
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NM; LA

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Drug Name	Drug Tier	Requirements / Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA; BvD
XTANDI ORAL CAPSULE 40 MG	5	PA; NM; LA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA; NM
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA; NM; BvD
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA; NM
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	PA
ZEJULA ORAL CAPSULE 100 MG	5	PA; NM
ZELBORAF ORAL TABLET 240 MG	5	PA; NM; LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NM
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NM
ZYKADIA ORAL CAPSULE 150 MG	5	PA; NM
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA; NM; LA
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>propantheline oral tablet 15 mg</i>	2	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	PA; NM
BANZEL ORAL SUSPENSION 40 MG/ML	5	PA; NM; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	5	PA; NM; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	5	PA; NM; QL (8 EA per 1 day)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA; NM
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NM
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (12 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	2	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	2	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	2	QL (4 EA per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (2 EA per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (30 ML per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
POTIGA ORAL TABLET 200 MG, 50 MG	3	QL (6 EA per 1 day)
POTIGA ORAL TABLET 300 MG, 400 MG	3	QL (3 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
SABRIL ORAL POWDER IN PACKET 500 MG	5	PA; NM; LA
SABRIL ORAL TABLET 500 MG	5	PA; NM; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	PA
<i>tiagabine oral tablet 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	1	

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VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (40 ML per 1 day)
VIMPAT ORAL TABLET 100 MG	3	QL (4 EA per 1 day)
VIMPAT ORAL TABLET 150 MG, 200 MG	3	QL (2 EA per 1 day)
VIMPAT ORAL TABLET 50 MG	3	QL (8 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
<i>memantine oral tablets, dose pack 5-10 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	2	
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	

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<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	PA
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	PA; NM
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	PA
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	3	QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	3	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	3	PA
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	3	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
INVOKANA ORAL TABLET 100 MG, 300 MG	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>pioglitazone oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>pioglitazone oral tablet 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	NM
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	NM
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	ST; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	ST; QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	

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TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 ML per 30 days)
Insulins		
BASAGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	5	NM
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5	NM

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LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
Sulfonylureas		
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 EA per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA; NM; BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA; NM; BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA; BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	PA; NM
<i>ciclopirox topical cream 0.77 %</i>	2	
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	2	
<i>ciclopirox topical suspension 0.77 %</i>	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	PA; NM

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<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NM
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i>	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; NM
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	PA; NM
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nyata topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
SPORANOX ORAL SOLUTION 10 MG/ML	5	PA; NM
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution 200 mg</i>	2	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NM
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral capsule 0.6 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
Antihistamines		
Antihistamines		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	PA; NM
ERGOMAR SUBLINGUAL TABLET 2 MG	4	QL (22 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (5 ML per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	PA
<i>cycloserine oral capsule 250 mg</i>	2	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	2	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG	5	PA; NM
TRECATOR ORAL TABLET 250 MG	3	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	BvD
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg</i>	5	BvD; NM; QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	2	BvD; QL (6 EA per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	BvD
<i>granisetron hcl oral tablet 1 mg</i>	2	BvD
<i>meclizine oral tablet 25 mg</i>	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine injection solution 25 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	3	
<i>trimethobenzamide oral capsule 300 mg</i>	2	BvD
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	NM
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	5	NM
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	NM
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
BILTRICIDE ORAL TABLET 600 MG	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 MG	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	3	BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; NM; LA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	5	NM
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	PA; NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	PA; NM
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	2	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	PA; NM
<i>chlorpromazine injection solution 25 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	2	PA
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	PA; NM
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	PA; NM
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	PA; NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	5	PA; NM
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	PA; NM
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
NUPLAZID ORAL TABLET 17 MG	5	PA; NM
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	5	PA; NM
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NM
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	NM
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	PA
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	PA; NM
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG, 5 MG	4	PA
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA; NM
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	PA; NM
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	5	NM
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NM
APTIVUS ORAL CAPSULE 250 MG	5	NM
APTIVUS ORAL SOLUTION 100 MG/ML	5	NM
ATRIPLA ORAL TABLET 600-200-300 MG	5	NM
COMPLERA ORAL TABLET 200-25-300 MG	5	NM
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DESCOVY ORAL TABLET 200-25 MG	5	NM
<i>didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	
EDURANT ORAL TABLET 25 MG	5	NM
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EVOTAZ ORAL TABLET 300-150 MG	5	NM
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NM
INTELENCE ORAL TABLET 25 MG	4	

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Drug Name	Drug Tier	Requirements / Limits
INVIRASE ORAL CAPSULE 200 MG	5	NM
INVIRASE ORAL TABLET 500 MG	5	NM
ISENTRESS HD ORAL TABLET 600 MG	5	NM
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM
ISENTRESS ORAL TABLET 400 MG	5	NM
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NM
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
LEXIVA ORAL TABLET 700 MG	5	NM
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
NEVIRAPINE ORAL TABLET 200 MG	3	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM
PREZISTA ORAL TABLET 75 MG	4	
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	

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Drug Name	Drug Tier	Requirements / Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	NM
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM
SUSTIVA ORAL CAPSULE 200 MG	5	NM
SUSTIVA ORAL CAPSULE 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	5	NM
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NM
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	NM
ZERIT ORAL RECON SOLN 1 MG/ML	4	
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	2	PA; BvD
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (56 EA per 28 days)
<i>rimantadine oral tablet 100 mg</i>	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	4	
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; NM
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM
HARVONI ORAL TABLET 90-400 MG	5	PA; NM
OLYSIO ORAL CAPSULE 150 MG	5	PA; NM
SOVALDI ORAL TABLET 400 MG	5	PA; NM
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; NM
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NM
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	5	PA; NM
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NM
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	NM
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA; NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	5	PA; NM
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	NM
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD
<i>adefovir oral tablet 10 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	NM
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	2	BvD
REBETOL ORAL SOLUTION 40 MG/ML	4	
<i>ribasphere oral capsule 200 mg</i>	2	
RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG	4	
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	NM
<i>ribavirin inhalation recon soln 6 gram</i>	5	PA; NM; BvD
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	NM
<i>valganciclovir oral tablet 450 mg</i>	5	NM
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	PA; NM

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<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	BvD
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	5	PA; NM; BvD
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; NM; BvD
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; NM; LA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM

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LEUKINE INJECTION RECON SOLN 250 MCG	5	NM
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	PA; NM
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NM
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NM
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; BvD
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NM; BvD
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; LA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA; NM
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM
Hematologic Agents, Miscellaneous		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	5	NM
AMICAR ORAL TABLET 500 MG	5	NM
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	2	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	QL (30 EA per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	

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<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
ZONTIVITY ORAL TABLET 2.08 MG	3	PA
Caloric Agents		
Caloric Agents		
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	3	BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	3	BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	3	BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	

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<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; NM; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PA; NM; QL (180 EA per 30 days)
<i>phenoxybenzamine oral capsule 10 mg</i>	5	PA; NM
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	PA
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
DEMSEER ORAL CAPSULE 250 MG	5	PA; NM
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	PA
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 %, 0.3 mg/0.3 ml</i>	2	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; NM; QL (18 ML per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	4	PA
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	2	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	ST
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	ST
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	5	NM

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Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA

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<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; NM; LA
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; LA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	ST
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>prevalite oral powder 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NM
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NM
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NM
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NM; LA; QL (2 EA per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	2	QL (3 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (1 EA per 1 day)
<i>atomoxetine oral capsule 40 mg</i>	2	QL (2 EA per 1 day)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	NM; LA; QL (30 EA per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	NM; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	NM; QL (1 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	NM; QL (1 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; QL (15 EA per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	PA; QL (4 EA per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NM; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	NM; QL (12 ML per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg</i>	2	QL (3 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg</i>	2	QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 25 mg, 30 mg, 35 mg, 40 mg</i>	2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	2	QL (2 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg</i>	2	QL (6 EA per 1 day)

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<i>dexmethylphenidate oral tablet 5 mg</i>	2	QL (4 EA per 1 day)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	2	QL (6 EA per 1 day)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	QL (4 EA per 1 day)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	2	QL (6 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (3 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 25 mg, 30 mg</i>	2	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	QL (6 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 15 mg</i>	2	QL (4 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	2	QL (3 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	QL (2 EA per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	NM; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	NM; QL (30 EA per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	NM; QL (30 ML per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg</i>	2	QL (3 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr 2 mg</i>	2	QL (2 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr 3 mg, 4 mg</i>	2	QL (1 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg</i>	2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i>	2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg</i>	2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (4 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 27 mg, 36 mg</i>	2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	2	QL (1 EA per 1 day)
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	NM; QL (1 ML per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	NM; QL (1 ML per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	NM; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	NM; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	NM; QL (4.2 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	NM; QL (4.2 ML per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	

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SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	5	NM; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NM; LA
VYVANSE ORAL CAPSULE 10 MG, 20 MG	4	QL (3 EA per 1 day)
VYVANSE ORAL CAPSULE 30 MG	4	QL (2 EA per 1 day)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG	4	QL (3 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 30 MG	4	QL (2 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	4	QL (1 EA per 1 day)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; QL (1 ML per 30 days)

Contraceptives

Contraceptives

<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>brevicon (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>chateal oral tablet 0.15-0.03 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	3	
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	2	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	

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<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>jolivette oral tablet 0.35 mg</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>lutra</i> (28) oral tablet 0.1-20 mg-mcg	2	
<i>lyza</i> oral tablet 0.35 mg	2	
<i>marlissa</i> oral tablet 0.15-0.03 mg	2	
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	2	
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
<i>mono-linyah</i> oral tablet 0.25-35 mg-mcg	2	
<i>mononessa</i> (28) oral tablet 0.25-35 mg-mcg	2	
<i>myzilra</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
<i>necon</i> 1/50 (28) oral tablet 1-50 mg-mcg	2	
<i>necon</i> 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg	2	
<i>necon</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
<i>nikki</i> (28) oral tablet 3-0.02 mg	2	
<i>nora-be</i> oral tablet 0.35 mg	2	
<i>norethindrone</i> (contraceptive) oral tablet 0.35 mg	2	
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg	2	
<i>norethindrone-e.estradiol-iron</i> oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	2	
<i>norinyl</i> 1/35 (28) oral tablet 1-35 mg-mcg	2	
<i>norlyda</i> oral tablet 0.35 mg	2	
<i>norlyroc</i> oral tablet 0.35 mg	2	
<i>nortrel</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
<i>nortrel</i> 1/35 (21) oral tablet 1-35 mg-mcg	2	
<i>nortrel</i> 1/35 (28) oral tablet 1-35 mg-mcg	2	
<i>nortrel</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	

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NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetamide dental paste 0.1 %</i>	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>acitretin oral capsule 17.5 mg</i>	5	NM
<i>alcohol pads topical pads, medicated</i>	2	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
AZELEX TOPICAL CREAM 20 %	4	
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical ointment 0.005 %</i>	2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	
<i>calcitrene topical ointment 0.005 %</i>	2	
<i>calcitriol topical ointment 3 mcg/gram</i>	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	5	NM
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NM
FINACEA TOPICAL FOAM 15 %	4	
FINACEA TOPICAL GEL 15 %	4	
<i>fluorouracil topical cream 0.5 %</i>	5	NM
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	PA; NM
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PANRETIN TOPICAL GEL 0.1 %	5	NM
PICATO TOPICAL GEL 0.015 %, 0.05 %	5	NM
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	NM

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SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	5	NM
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM
UVADEX INJECTION SOLUTION 20 MCG/ML	4	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA; NM; QL (120 GM per 30 days)
VEREGEN TOPICAL OINTMENT 15 %	4	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatological Antibacterials		
ALTABAX TOPICAL OINTMENT 1 %	4	
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
Dermatological Anti-Inflammatory Agents		
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone topical gel 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	
ELIDEL TOPICAL CREAM 1 %	3	
EUCRISA TOPICAL OINTMENT 2 %	4	PA; QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone topical cream 0.05 %</i>	2	
<i>fluticasone topical ointment 0.005 %</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>trianex topical ointment 0.05 %</i>	2	
<i>triderm topical cream 0.1 %</i>	1	
<i>tridesilon topical cream 0.05 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i>	2	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	
<i>avita topical gel 0.025 %</i>	2	
<i>tazarotene topical cream 0.1 %</i>	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
TAZORAC TOPICAL CREAM 0.1 %	4	QL (30 GM per 30 days)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	QL (30 GM per 30 days)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	2	
Devices		
Devices		
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	2	
<i>gauze pad topical bandage 2 x 2 "</i>	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	2	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	PA; NM; LA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; NM
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; NM
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	5	PA; NM; LA
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	PA; NM
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA; NM; LA

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KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA; NM; LA
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; NM; LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; NM; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; NM; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; NM; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; NM; BvD; QL (150 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; NM
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NM; LA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NM
ZAVESCA ORAL CAPSULE 100 MG	5	NM; LA
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 0.06 %</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	4	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	

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<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	

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<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i>	1	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	4	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	PA
<i>famotidine intravenous solution 10 mg/ml</i>	2	PA
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	2	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i>	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (2 EA per 1 day)
BUPHENYL ORAL TABLET 500 MG	5	PA; NM
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA; NM; LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; NM
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex oral powder</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 EA per 1 day)
<i>loperamide oral capsule 2 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (30 EA per 30 days)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	3	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; LA
RELISTOR ORAL TABLET 150 MG	5	PA; NM
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	PA; NM
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
XERMELO ORAL TABLET 250 MG	5	PA; NM
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	2	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
RENVELA ORAL TABLET 800 MG	5	NM
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	5	NM
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	3	
DEPEN TITRATABS ORAL TABLET 250 MG	5	NM
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; NM; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; LA
FERRIPROX ORAL TABLET 500 MG	5	PA; NM; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	PA; NM
SYPRINE ORAL CAPSULE 250 MG	5	PA; NM
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	3	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA
<i>androxy oral tablet 10 mg</i>	2	PA; QL (4 EA per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (2 EA per 1 day)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (4 EA per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i>	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
Glucocorticoids/Mineralocorticoids		
<i>deltasone oral tablet 20 mg</i>	1	BvD
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	BvD
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	2	BvD
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	BvD

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Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	BvD
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	BvD
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	BvD
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	BvD
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	3	
MILLIPRED ORAL TABLET 5 MG	3	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	BvD
Pituitary		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	NM
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	5	PA; NM; BvD
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; NM
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; LA
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	PA; NM
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM
Progestins		
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	4	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; LA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM
AZASAN ORAL TABLET 100 MG, 75 MG	4	BvD
<i>azathioprine oral tablet 50 mg</i>	2	BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA; NM; LA; BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 3 GRAM, 6 GRAM	5	PA; NM; BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	5	PA; NM; BvD
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NM; BvD
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	3	PA; BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NM; BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; NM; BvD
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NM; BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA; NM; BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	PA; NM; BvD
GAMUNEX INTRAVENOUS SOLUTION 10 %	5	PA; NM; BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NM; BvD
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD

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Drug Name	Drug Tier	Requirements / Limits
<i>gengraf oral solution 100 mg/ml</i>	2	BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; NM; LA; BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NM
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA; NM; BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA; NM; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	2	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	BvD; NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NM; BvD
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM

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Drug Name	Drug Tier	Requirements / Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM
OTEZLA ORAL TABLET 30 MG	5	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; NM; BvD
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	BvD; NM
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; BvD
RIDAURA ORAL CAPSULE 3 MG	5	NM
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	BvD
<i>sirolimus oral tablet 2 mg</i>	5	BvD; NM
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
XELJANZ ORAL TABLET 5 MG	5	PA; NM
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NM
ZORTRESS ORAL TABLET 0.25 MG	3	PA; BvD

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Drug Name	Drug Tier	Requirements / Limits
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	PA; NM; BvD
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	3	BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	

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GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	

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VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	5	PA; NM
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
CANASA RECTAL SUPPOSITORY 1,000 MG	5	NM
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
Irrigating Solutions		
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	2	

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<i>water for irrigation, sterile irrigation solution</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	5	PA; NM
<i>ibandronate oral tablet 150 mg</i>	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	PA; BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	PA; BvD
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	ST
SENSIPAR ORAL TABLET 30 MG	4	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	NM
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM
<i>amifostine crystalline intravenous recon soln 500 mg</i>	5	PA; NM

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BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NM; LA
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	2	PA
ELMIRON ORAL CAPSULE 100 MG	3	
<i>fomepizole intravenous solution 1 gram/ml</i>	5	PA; NM
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
<i>guanidine oral tablet 125 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	5	PA; NM; LA
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	PA; NM
<i>leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>levoleucovorin intravenous recon soln 175 mg, 50 mg</i>	5	PA; NM
<i>levoleucovorin intravenous solution 10 mg/ml</i>	5	PA; NM
<i>mesna intravenous solution 100 mg/ml</i>	2	PA
MESNEX ORAL TABLET 400 MG	5	NM
PROGLYCEM ORAL SUSPENSION 50 MG/ML	5	NM
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	5	BvD; NM

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SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA; NM
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	NM
TYBOST ORAL TABLET 150 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	PA; NM
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	

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PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA
Replacement Preparations		
Replacement Preparations		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	3	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	

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<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 %, 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	

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ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	4	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements / Limits
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	5	PA; NM
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	2	BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	BvD
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	BvD

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Drug Name	Drug Tier	Requirements / Limits
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; LA
CROMOLYN INHALATION SOLUTION FOR NEBULIZATION 20 MG/2 ML	4	BvD
DALIRESP ORAL TABLET 500 MCG	3	PA
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NM
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; NM; LA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; NM
KALYDECO ORAL TABLET 150 MG	5	PA; NM
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; LA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; NM; LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	2	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NM
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NM; LA; QL (18 ML per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	ST; QL (30 EA per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; NM
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i>	2	PA; LA; BvD
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>	5	PA; NM; LA; BvD
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NM; LA
OPSUMIT ORAL TABLET 10 MG	5	PA; NM
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NM
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; NM; LA; BvD
<i>sildenafil intravenous solution 10 mg/12.5 ml</i>	5	PA; NM; BvD
<i>sildenafil oral tablet 20 mg</i>	2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; LA; BvD
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	5	PA; NM; LA; BvD
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; NM; LA; BvD

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Vitamins And Minerals		
Vitamins And Minerals		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	

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<i>acetazolamide</i>	87	AMINOSYN II 15 %	45	<i>aspirin-dipyridamole</i>	44
<i>acetazolamide sodium</i>	87	AMINOSYN II 7 %	45	<i>assure id insulin safety</i>	65
<i>acetic acid</i>	66	AMINOSYN II 8.5 %	45	<i>astramorph-pf</i>	3
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ACTHIB (PF)	81	AMINOSYN-HBC 7%	45	<i>atomoxetine</i>	52
ACTIMMUNE	85	AMINOSYN-PF 10 %	45	<i>atorvastatin</i>	50
<i>acyclovir</i>	42	AMINOSYN-PF 7 %		<i>atovaquone</i>	33
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<i>briellyn</i>	56	<i>cefazolin</i>	10	<i>cisplatin</i>	14
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<i>brimonidine</i>	87	<i>cefepime</i>	10	<i>cladribine</i>	14
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<i>colocort</i>	84	PEDIATRIC) (PF)	81	<i>dihydroergotamine</i>	31
COMBIGAN	87	<i>daptomycin</i>	9	DILANTIN	22
COMBIPATCH	73	DARAPRIM	34	<i>diltiazem hcl</i>	48
COMBIVENT RESPIMAT	91	DARZALEX	15	<i>dilt-xr</i>	48
COMETRIQ	14	<i>dasetta 1/35 (28)</i>	56	<i>diphenhydramine hcl</i>	31
COMPLERA	38	<i>dasetta 7/7/7 (28)</i>	56	<i>diphenoxylate-atropine</i>	70
<i>compro</i>	32	<i>daunorubicin</i>	15	<i>dipyridamole</i>	44
CONDYLOX	61	<i>deblitane</i>	56	<i>disopyramide phosphate</i>	47
<i>constulose</i>	70	<i>decitabine</i>	15	<i>disulfiram</i>	7
COPAXONE	52	<i>deltasone</i>	74	DIURIL	50
CORDRAN TAPE LARGE		<i>delyla (28)</i>	56	<i>divalproex</i>	22
ROLL	63	DELZICOL	84	<i>docetaxel</i>	15
CORLANOR	49	<i>demeclocycline</i>	13	<i>dofetilide</i>	47
COSENTYX (2 SYRINGES)	61	DEMSE	49	<i>donepezil</i>	24
COSENTYX PEN (2 PENS)	61	<i>denta 5000 plus</i>	60	<i>dorzolamide</i>	87
COSMEGEN	14	<i>dentagel</i>	60	<i>dorzolamide-timolol</i>	87
COSOPT (PF)	87	DEPEN TITRATABS	72	<i>doxazosin</i>	45
COTELLIC	14	DEPO-PROVERA	76	<i>doxepin</i>	25
CREON	65	DESCOVY	38	<i>doxorubicin</i>	15
CRESEMBA	29	<i>desipramine</i>	25	<i>doxorubicin, peg-liposomal</i>	15
CRIVIVAN	38	<i>desmopressin</i>	75	<i>doxy-100</i>	13
<i>cromolyn</i>	66	<i>desog-e.estradiol/e.estradiol</i>	56	<i>doxycycline hyclate</i>	13
CROMOLYN	92	<i>desogestrel-ethinyl estradiol</i>	56	<i>doxycycline monohydrate</i>	13
<i>cryselle (28)</i>	56	<i>desonide</i>	63	<i>dronabinol</i>	32, 33
CUVITRU	78	<i>desoximetasone</i>	63	<i>drospirenone-ethinyl estradiol</i> ...	56
<i>cyclafem 1/35 (28)</i>	56	<i>desvenlafaxine succinate</i>	25	DULERA	90
<i>cyclafem 7/7/7 (28)</i>	56	<i>dexamethasone</i>	74	<i>duloxetine</i>	25
<i>cyclobenzaprine</i>	92	DEXAMETHASONE		DUPIXENT	61
<i>cyclophosphamide</i>	14	INTENSOL	74	DUREZOL	68
<i>cycloserine</i>	32	<i>dexamethasone sodium</i>		<i>dutasteride</i>	72
CYCLOSET	26	<i>phosphate</i>	68, 74	<i>dutasteride-tamsulosin</i>	72
<i>cyclosporine</i>	78	<i>dexmethylphenidate</i>	52, 53	EDURANT	38
<i>cyclosporine modified</i>	78	<i>dextrazoxane hcl</i>	86	ELAPRASE	65
<i>cyproheptadine</i>	31	<i>dextroamphetamine</i>	53	ELELYSO	65
CYRAMZA	14	<i>dextroamphetamine-</i>		ELIDEL	63
<i>cyred</i>	56	<i>amphetamine</i>	53	<i>elinest</i>	56
CYSTADANE	86	<i>dextrose 10 % in water (d10w)</i> ..	45	ELIQUIS	42
CYSTAGON	65	<i>dextrose 5 % in water (d5w)</i>	45	ELITEK	65
CYSTARAN	66	<i>dextrose 5 %-lactated ringers</i> ...	88	ELLA	56
<i>cytarabine</i>	14	<i>diastat</i>	8	ELMIRON	86
<i>cytarabine (pf)</i>	14	<i>diastat acudial</i>	8	EMCYT	15

EMEND	33	ETOPOSIDE	15	<i>flurbiprofen</i>	5
<i>emoquette</i>	56	EUCRISA	63	<i>flurbiprofen sodium</i>	68
EMPLICITI	15	EURAX	65	<i>flutamide</i>	15
EMSAM	25	EVOTAZ	38	<i>fluticasone</i>	64, 68
EMTRIVA	38	<i>exemestane</i>	15	<i>fluticasone-salmeterol</i>	90
<i>enalapril maleate</i>	46	EXJADE	72	<i>fluvoxamine</i>	25
<i>enalapril-hydrochlorothiazide</i>	46	EXTAVIA	53	FML S.O.P.	68
ENBREL	78	<i>ezetimibe</i>	50	FOLOTYN	15
ENBREL SURECLICK	78	<i>ezetimibe-simvastatin</i>	50	<i>fomepizole</i>	86
<i>endocet</i>	3	FABRAZYME	65	<i>fondaparinux</i>	42, 43
ENGERIX-B (PF)	81	<i>falmina (28)</i>	56	FORTEO	85
ENGERIX-B PEDIATRIC		<i>famciclovir</i>	42	<i>foscarnet</i>	40
(PF)	81	<i>famotidine</i>	69	<i>fosinopril</i>	46
<i>enoxaparin</i>	42	<i>famotidine (pf)</i>	69	<i>fosinopril-hydrochlorothiazide</i>	46
<i>enpresse</i>	56	FANAPT	36	<i>furosemide</i>	50
<i>enskyce</i>	56	FARESTON	15	FUZEON	38
<i>entacapone</i>	34	FARYDAK	15	<i>fyavolv</i>	74
<i>entecavir</i>	42	FASLODEX	15	FYCOMPA	22
ENTRESTO	46	<i>felbamate</i>	22	<i>gabapentin</i>	22
<i>enulose</i>	70	<i>femynor</i>	56	GABITRIL	22
EPCLUSA	41	<i>fenofibrate</i>	51	<i>galantamine</i>	24
<i>epinastine</i>	66	<i>fenofibrate micronized</i>	51	GAMASTAN S/D	78
<i>epinephrine</i>	49	<i>fenofibrate nanocrystallized</i>	51	GAMMAGARD LIQUID	78
<i>epirubicin</i>	15	<i>fentanyl</i>	3	GAMMAGARD S-D (IGA < 1	
<i>epitol</i>	22	<i>fentanyl citrate</i>	3	MCG/ML)	78
EPIVIR HBV	38	FERRIPROX	72	GAMMAKED	78
<i>eplerenone</i>	51	FETZIMA	25	GAMMAPLEX	78
<i>epoprostenol (glycine)</i>	93	FINACEA	61	GAMMAPLEX (WITH	
ERAXIS(WATER DILUENT)	29	<i>finasteride</i>	72	SORBITOL)	78
ERBITUX	15	FIRAZYR	49	GAMUNEX	78
ERGOMAR	31	FIRMAGON KIT W		GAMUNEX-C	78
<i>ergotamine-caffeine</i>	31	DILUENT SYRINGE	15	<i>ganciclovir sodium</i>	42
ERIVEDGE	15	FLEBOGAMMA DIF	78	GARDASIL (PF)	81
<i>errin</i>	56	<i>flecainide</i>	47	GARDASIL 9 (PF)	81, 82
ERWINAZE	15	FLOVENT DISKUS	90	<i>gatifloxacin</i>	67
ERYTHROCIN	11	FLOVENT HFA	90	GATTEX 30-VIAL	70
<i>erythromycin</i>	11, 67	<i>fluconazole</i>	30	<i>gauze pad</i>	65
<i>erythromycin with ethanol</i>	62	<i>fluconazole in nacl (iso-osm)</i>	30	<i>gavilyte-c</i>	71
ESBRIET	92	<i>flucytosine</i>	30	<i>gavilyte-g</i>	71
<i>escitalopram oxalate</i>	25	<i>fludarabine</i>	15	<i>gavilyte-n</i>	71
<i>estarylla</i>	56	<i>fludrocortisone</i>	74	GAZYVA	16
ESTRACE	73	<i>flunisolide</i>	68	<i>gemcitabine</i>	16
<i>estradiol</i>	73, 74	<i>fluocinolone</i>	63	<i>gemfibrozil</i>	51
<i>estradiol-norethindrone acet</i>	74	<i>fluocinolone acetonide oil</i>	68	<i>generlac</i>	70
ESTRING	74	<i>fluocinonide</i>	63	<i>gengraf</i>	78, 79
<i>estropipate</i>	74	<i>fluocinonide-e</i>	63	<i>gentamicin</i>	8, 62, 67
<i>eszopiclone</i>	92	<i>fluoride (sodium)</i>	94	<i>gentamicin in nacl (iso-osm)</i>	8
<i>ethambutol</i>	32	<i>fluorometholone</i>	68	<i>gentamicin sulfate (ped) (pf)</i>	8
<i>ethosuximide</i>	22	<i>fluorouracil</i>	15, 61	<i>gentamicin sulfate (pf)</i>	8
<i>ethynodiol diac-eth estradiol</i>	56	<i>fluoxetine</i>	25	GENVOYA	38
<i>etidronate disodium</i>	85	<i>fluphenazine decanoate</i>	36	GEODON	36
<i>etodolac</i>	5	<i>fluphenazine hcl</i>	36	<i>gianvi (28)</i>	56

<i>gildagia</i>	56	HUMULIN 70/30	28	INVEGA SUSTENNA	36
GILENYA	53	HUMULIN 70/30 KWIKPEN	28	INVEGA TRINZA	36
GILOTRIF	16	HUMULIN N	28	INVIRASE	39
GLASSIA	92	HUMULIN N KWIKPEN	28	INVOKAMET	26
<i>glatopa</i>	53	HUMULIN R U-100	28	INVOKAMET XR	26
GLEOSTINE	16	HUMULIN R U-500 (CONC)		INVOKANA	27
<i>glimepiride</i>	29	KWIKPEN	28	IPOL	82
<i>glipizide</i>	29	HUMULIN R U-500		<i>ipratropium bromide</i>	66, 91
<i>glipizide-metformin</i>	29	(CONCENTRATED)	28	<i>ipratropium-albuterol</i>	91
GLUCAGEN HYPOKIT	26	<i>hydralazine</i>	49	<i>irbesartan</i>	46
GLUCAGON EMERGENCY		<i>hydrochlorothiazide</i>	50	<i>irbesartan-hydrochlorothiazide</i>	46
KIT (HUMAN)	26	<i>hydrocodone-acetaminophen</i>	3	IRESSA	16
<i>glycopyrrolate</i>	70	<i>hydrocodone-ibuprofen</i>	3	<i>irinotecan</i>	16
<i>glydo</i>	6	<i>hydrocortisone</i>	64, 74, 84	ISENTRESS	39
<i>granisetron hcl</i>	33	<i>hydrocortisone valerate</i>	64	ISENTRESS HD	39
GRANIX	43	<i>hydromorphone</i>	3, 4	<i>isibloom</i>	57
GRASTEK	86	<i>hydromorphone (pf)</i>	3	ISOLYTE-S	88
<i>griseofulvin microsize</i>	30	<i>hydroxychloroquine</i>	34	<i>isoniazid</i>	32
<i>griseofulvin ultramicrosize</i>	30	<i>hydroxyprogesterone caproate</i>	76	<i>isosorbide dinitrate</i>	51
<i>guanfacine</i>	46, 53	<i>hydroxyurea</i>	16	<i>isosorbide mononitrate</i>	51, 52
<i>guanidine</i>	86	<i>hydroxyzine hcl</i>	31	ISTODAX	16
HALAVEN	16	<i>hydroxyzine pamoate</i>	86	<i>itraconazole</i>	30
<i>haloperidol</i>	36	HYQVIA	79	<i>ivermectin</i>	34
<i>haloperidol decanoate</i>	36	<i>ibandronate</i>	85	IXEMPRA	17
<i>haloperidol lactate</i>	36	IBRANCE	16	IXIARO (PF)	82
HARVONI	41	<i>ibuprofen</i>	5	JADENU	72
HAVRIX (PF)	82	ICLUSIG	16	JADENU SPRINKLE	73
<i>heather</i>	56	<i>idarubicin</i>	16	JAKAFI	17
<i>heparin (porcine)</i>	43	<i>ifosfamide</i>	16	<i>jantoven</i>	43
<i>heparin (porcine) in 5 % dex</i>	43	ILARIS (PF)	79	JARDIANCE	27
<i>heparin, porcine (pf)</i>	43	ILEVRO	68	<i>jencycla</i>	57
HERCEPTIN	16	<i>imatinib</i>	16	JENTADUETO	27
HETLIOZ	92	IMBRUVICA	16	JENTADUETO XR	27
HEXALEN	16	IMFINZI	16	JEVTANA	17
HIBERIX (PF)	82	<i>imipenem-cilastatin</i>	11	<i>jinteli</i>	74
HIZENTRA	79	<i>imipramine hcl</i>	25	<i>jolessa</i>	57
HUMALOG	28	<i>imiquimod</i>	61	<i>jolivette</i>	57
HUMALOG KWIKPEN	28	IMLYGIC	16	<i>juleber</i>	57
HUMALOG MIX 50-50	28	IMOVAX RABIES VACCINE		<i>junel 1.5/30 (21)</i>	57
HUMALOG MIX 50-50		(PF)	82	<i>junel 1/20 (21)</i>	57
KWIKPEN	28	INCRELEX	75	<i>junel fe 1.5/30 (28)</i>	57
HUMALOG MIX 75-25	28	INCRUSE ELLIPTA	91	<i>junel fe 1/20 (28)</i>	57
HUMALOG MIX 75-25		<i>indapamide</i>	50	JUXTAPID	51
KWIKPEN	28	<i>indomethacin</i>	5	KADCYLA	17
HUMIRA	79	INFANRIX (DTAP) (PF)	82	KALBITOR	86
HUMIRA PEDIATRIC		INLYTA	16	KALETRA	39
CROHN'S START	79	<i>insulin syringe-needle u-100</i>	65	KALYDECO	92
HUMIRA PEN	79	INTELENCE	38	<i>kariva (28)</i>	57
HUMIRA PEN CROHN'S-		INTRALIPID	45	<i>kelnor 1/35 (28)</i>	57
UC-HS START	79	INTRON A	41	KEPIVANCE	86
HUMIRA PEN PSORIASIS-		<i>introvale</i>	57	<i>ketoconazole</i>	30
UVEITIS	79	INVANZ	11	<i>ketorolac</i>	5, 68

KEYTRUDA	17	<i>levocetirizine</i>	31	LYSODREN	18
<i>kimidess (28)</i>	57	<i>levofloxacin</i>	12	<i>lyza</i>	58
KINERET	79	<i>levoleucovorin</i>	86	<i>magnesium sulfate</i>	88, 89
KINRIX (PF)	82	<i>levonest (28)</i>	57	<i>malathion</i>	65
<i>kionex</i>	70	<i>levonorgestrel-ethinyl estrad</i>	57	<i>maprotiline</i>	25
KISQALI	17	<i>levora-28</i>	57	<i>marlissa</i>	58
KISQALI FEMARA CO-		<i>levothyroxine</i>	77	MARPLAN	25
PACK	17	LEXIVA	39	MARQIBO	18
<i>klor-con m10</i>	88	LIALDA	84	<i>marten-tab</i>	4
<i>klor-con m15</i>	88	<i>lidocaine</i>	6	MATULANE	18
<i>klor-con m20</i>	88	<i>lidocaine (pf)</i>	6	<i>matzim la</i>	48
<i>klor-con sprinkle</i>	88	<i>lidocaine hcl</i>	6	<i>meclizine</i>	33
KORLYM	27	<i>lidocaine viscous</i>	6	<i>medroxyprogesterone</i>	76
KRYSTEXXA	65	<i>lidocaine-prilocaine</i>	6	<i>mefloquine</i>	34
<i>kurvelo</i>	57	<i>linezolid</i>	9	<i>megestrol</i>	18, 77
KUVAN	66	LINZESS	70	MEKINIST	18
KYNAMRO	51	<i>liothyronine</i>	77	<i>meloxicam</i>	5
KYPROLIS	17	<i>lisinopril</i>	46	<i>melphalan hcl</i>	18
<i>labetalol</i>	48	<i>lisinopril-hydrochlorothiazide</i>	47	<i>memantine</i>	24
LACRISERT	66	<i>lithium carbonate</i>	53	MENACTRA (PF)	82
LACTATED RINGERS	88	<i>lithium citrate</i>	53	MENHIBRIX (PF)	82
<i>lactulose</i>	70	LONSURF	17	MENOMUNE - A/C/Y/W-135	82
<i>lamivudine</i>	39	<i>loperamide</i>	70	MENOMUNE - A/C/Y/W-135	
<i>lamivudine-zidovudine</i>	39	<i>lopinavir-ritonavir</i>	39	(PF)	82
<i>lamotrigine</i>	22	<i>lopreeza</i>	74	MENVEO A-C-Y-W-135-DIP	
<i>lansoprazole</i>	69	<i>lorazepam</i>	8	(PF)	82
<i>larin 1.5/30 (21)</i>	57	<i>lorazepam intensol</i>	8	<i>mercaptapurine</i>	18
<i>larin 1/20 (21)</i>	57	<i>lorcet (hydrocodone)</i>	4	MEROPENEM	11
<i>larin fe 1.5/30 (28)</i>	57	<i>lorcet hd</i>	4	<i>mesalamine</i>	84
<i>larin fe 1/20 (28)</i>	57	<i>lorcet plus</i>	4	<i>mesalamine with cleansing wipe</i>	84
<i>larissia</i>	57	<i>loryna (28)</i>	57	<i>mesna</i>	86
LARTRUVO	17	<i>losartan</i>	46	MESNEX	86
<i>latanoprost</i>	87	<i>losartan-hydrochlorothiazide</i>	46	<i>metformin</i>	27
LATUDA	36	LOTEMAX	69	<i>methadone</i>	4
LAZANDA	4	<i>lovastatin</i>	51	<i>methazolamide</i>	87
<i>leena 28</i>	57	<i>low-ogestrel (28)</i>	57	<i>methimazole</i>	77
<i>leflunomide</i>	79	<i>loxapine succinate</i>	36	<i>methotrexate sodium</i>	18
LENVIMA	17	LUMIGAN	87	<i>methotrexate sodium (pf)</i>	18
<i>lessina</i>	57	LUMIZYME	66	<i>methoxsalen</i>	61
LETAIRIS	93	LUPRON DEPOT	18	<i>methylropa</i>	46
<i>letrozole</i>	17	LUPRON DEPOT (3		<i>methylphenidate hcl</i>	53, 54
<i>leucovorin calcium</i>	86	MONTH)	17	<i>methylprednisolone</i>	75
LEUKERAN	17	LUPRON DEPOT (4		<i>methylprednisolone acetate</i>	75
LEUKINE	44	MONTH)	17	<i>methylprednisolone sodium succ</i>	75
<i>leuprolide</i>	17	LUPRON DEPOT (6		<i>metoclopramide hcl</i>	70, 71
LEVEMIR	29	MONTH)	17	<i>metolazone</i>	50
LEVEMIR FLEXTOUCH	29	LUPRON DEPOT-PED	75	<i>metoprolol succinate</i>	48
<i>levetiracetam</i>	22, 23	LUPRON DEPOT-PED (3		<i>metoprolol ta-hydrochlorothiaz</i>	48
<i>levetiracetam in nacl (iso-os)</i>	22	MONTH)	75	<i>metoprolol tartrate</i>	48
<i>levobunolol</i>	87	<i>lutura (28)</i>	58	<i>metronidazole</i>	9, 31, 62
<i>levocarnitine</i>	86	LYNPARZA	18	<i>metronidazole in nacl (iso-os)</i>	9
<i>levocarnitine (with sugar)</i>	86	LYRICA	23	<i>mexiletine</i>	47

MIACALCIN	85	<i>naratriptan</i>	31	<i>nortriptyline</i>	25
<i>microgestin 1.5/30 (21)</i>	58	NARCAN	7	NORVIR	39
<i>microgestin 1/20 (21)</i>	58	NATACYN	67	NOXAFIL	30
<i>microgestin fe 1.5/30 (28)</i>	58	<i>nateglinide</i>	27	NUEDEXTA	54
<i>microgestin fe 1/20 (28)</i>	58	NATPARA	85	NULOJIX	79
<i>midodrine</i>	46	NEBUPENT	34	NUPLAZID	37
<i>miglitol</i>	27	<i>necon 0.5/35 (28)</i>	58	NUVARING	59
MILLIPRED	75	<i>necon 1/50 (28)</i>	58	<i>nyamyc</i>	30
MILLIPRED DP	75	<i>necon 10/11 (28)</i>	58	<i>nyata</i>	30
<i>mimvey</i>	74	<i>necon 7/7/7 (28)</i>	58	<i>nystatin</i>	30
<i>mimvey lo</i>	74	<i>nefazodone</i>	25	<i>nystop</i>	30
<i>minitran</i>	52	<i>neomycin</i>	8	<i>ocella</i>	59
<i>minocycline</i>	13	<i>neomycin-bacitracin-polymyxin</i>	67	OCTAGAM	79
<i>minoxidil</i>	52	<i>neomycin-polymyxin b-dexameth</i>	67	<i>octreotide acetate</i>	76
<i>mirtazapine</i>	25	<i>neomycin-polymyxin-gramicidin</i>	67	ODEFSEY	39
<i>misoprostol</i>	69	<i>neomycin-polymyxin-hc</i>	67	ODOMZO	18
<i>mitomycin</i>	18	NEULASTA	44	OFEV	92
MITOXANTRONE	18	NEUPOGEN	44	<i>ofloxacin</i>	67
M-M-R II (PF)	82	NEUPRO	35	<i>ogestrel (28)</i>	59
<i>modafinil</i>	92	NEVANAC	69	<i>olanzapine</i>	37
<i>moexipril</i>	47	<i>nevirapine</i>	39	<i>olopatadine</i>	66
<i>moexipril-hydrochlorothiazide</i>	47	NEVIRAPINE	39	OLYSIO	41
<i>molindone</i>	37	NEXAVAR	18	<i>omega-3 acid ethyl esters</i>	51
<i>mometasone</i>	64	<i>niacin</i>	51	<i>omeprazole</i>	70
<i>mono-lynyah</i>	58	NICOTROL	7	ONCASPAR	18
<i>mononessa (28)</i>	58	NICOTROL NS	7	<i>ondansetron</i>	33
<i>montelukast</i>	91	<i>nifedipine</i>	49	<i>ondansetron hcl</i>	33
MONUROL	9	<i>nikki (28)</i>	58	<i>ondansetron hcl (pf)</i>	33
<i>morphine</i>	4	<i>nilutamide</i>	18	ONFI	8
<i>morphine (pf)</i>	4	<i>nimodipine</i>	49	ONIVYDE	18
<i>morphine concentrate</i>	4	NINLARO	18	OPDIVO	18
MOVANTIK	71	<i>nitrofurantoin</i>	9	OPSUMIT	93
MOVIPREP	71	<i>nitrofurantoin macrocrystal</i>	9	ORENCIA	80
<i>moxifloxacin</i>	12, 67	<i>nitrofurantoin monohyd/m-cryst</i>	9	ORENCIA (WITH	
MOZOBIL	44	<i>nitroglycerin</i>	52	MALTOSE)	79
MULTAQ	47	<i>nora-be</i>	58	ORENCIA CLICKJECT	80
<i>mupirocin</i>	62	NORDITROPIN FLEXP	76	ORENITRAM	93
<i>mupirocin calcium</i>	62	<i>norethindrone (contraceptive)</i>	58	ORFADIN	66
MUSTARGEN	18	<i>norethindrone acetate</i>	77	ORKAMBI	92
<i>mycophenolate mofetil</i>	79	<i>norethindrone ac-eth estradiol</i>		<i>orsythia</i>	59
<i>mycophenolate mofetil hcl</i>	79	58, 74	<i>oseltamivir</i>	40
<i>myorisan</i>	61	<i>norethindrone-e.estradiol-iron</i>	58	OTEZLA	80
MYRBETRIQ	72	<i>norgestimate-ethinyl estradiol</i>	58	OTEZLA STARTER	80
MYTESI	71	<i>norinyl 1/35 (28)</i>	58	<i>oxaliplatin</i>	18
<i>myzilra</i>	58	<i>norlyda</i>	58	<i>oxandrolone</i>	73
<i>nabumetone</i>	6	<i>norlyroc</i>	58	<i>oxcarbazepine</i>	23
<i>nadolol</i>	48	NORPACE CR	47	<i>oxybutynin chloride</i>	72
<i>nafcillin</i>	12	NORTHERA	46	<i>oxycodone</i>	4, 5
NAGLAZYME	66	<i>nortrel 0.5/35 (28)</i>	58	<i>oxycodone-acetaminophen</i>	5
<i>naloxone</i>	7	<i>nortrel 1/35 (21)</i>	58	<i>oxycodone-aspirin</i>	5
<i>naltrexone</i>	7	<i>nortrel 1/35 (28)</i>	58	OXYCONTIN	5
<i>naproxen</i>	6	<i>nortrel 7/7/7 (28)</i>	58	<i>pacerone</i>	47

<i>paclitaxel</i>	18	<i>podofilox</i>	61	<i>promethegan</i>	33
<i>paliperidone</i>	37	<i>polyethylene glycol 3350</i>	71	<i>propafenone</i>	47
PANRETIN	61	<i>polymyxin b sulf-trimethoprim</i> ... 68		<i>propantheline</i>	21
<i>pantoprazole</i>	70	POMALYST	19	<i>propranolol</i>	48
<i>paricalcitol</i>	85	<i>portia</i>	59	<i>propranolol-hydrochlorothiazid</i> 48	
<i>paromomycin</i>	34	PORTRAZZA	19	<i>propylthiouracil</i>	77
<i>paroxetine hcl</i>	25	<i>potassium chlorid-d5-0.45%nacl</i> 89		PROQUAD (PF)	83
PASER	32	<i>potassium chloride</i>	89	<i>protriptyline</i>	25
PAXIL	25	<i>potassium chloride in 5 % dex</i> ...89		PULMICORT FLEXHALER 90	
PEDIARIX (PF)	82	<i>potassium chloride-d5-0.9%nacl</i> 89		PULMOZYME	66
PEDVAX HIB (PF)	82	<i>potassium citrate</i>	89	PURIXAN	19
<i>peg 3350-electrolytes</i>	71	POTIGA	23	<i>pyrazinamide</i>	32
PEGANONE	23	PRADAXA	43	<i>pyridostigmine bromide</i>	86
PEGASYS	41	<i>pramipexole</i>	35	QNASL	69
PEGASYS PROCLICK	41	<i>pravastatin</i>	51	QUADRACEL (PF)	83
<i>peg-electrolyte soln</i>	71	<i>prazosin</i>	46	<i>quasense</i>	59
PEGINTRON	41	PRED FORTE	69	<i>quetiapine</i>	37
PEGINTRON REDIPEN	41	PRED MILD	69	<i>quinapril</i>	47
<i>pen needle, diabetic</i>	65	<i>prednisolone acetate</i>	69	<i>quinapril-hydrochlorothiazide</i> ... 47	
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<i>penicillin g potassium</i>	12	<i>prednisone</i>	75	<i>quinidine sulfate</i>	47
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PENTAM	34	PREMPHASE	74	RABAVERT (PF)	83
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<i>periogard</i>	60	<i>previfem</i>	59	<i>ramipril</i>	47
PERJETA	18	PREZCOBIX	39	RANEXA	49
<i>permethrin</i>	65	PREZISTA	39	<i>ranitidine hcl</i>	70
<i>perphenazine</i>	37	PRIFTIN	32	RAPAMUNE	80
<i>phenadoz</i>	33	PRIMAQUINE	34	<i>rasagiline</i>	35
<i>phenelzine</i>	25	<i>primidone</i>	23	RASUVO (PF)	80
<i>phenobarbital</i>	23	PRIVIGEN	80	RAVICTI	71
<i>phenoxybenzamine</i>	46	<i>probenecid</i>	31	REBETOL	42
<i>phenytoin</i>	23	<i>probenecid-colchicine</i>	31	REBIF (WITH ALBUMIN) ... 54	
<i>phenytoin sodium</i>	23	<i>prochlorperazine</i>	33	REBIF REBIDOSE	54
<i>phenytoin sodium extended</i>	23	<i>prochlorperazine edisylate</i>	33	REBIF TITRATION PACK ... 54	
<i>philith</i>	59	<i>prochlorperazine maleate</i>	33	<i>reclipsen (28)</i>	59
PHOSLYRA	71	PROCRIT	44	RECOMBIVAX HB (PF)	83
PHOSPHOLINE IODIDE	88	<i>procto-med hc</i>	64	REGANEX	61
PICATO	61	<i>proctosol hc</i>	64	RELENZA DISKHALER	41
<i>pilocarpine hcl</i>	60, 88	<i>proctozone-hc</i>	64	RELISTOR	71
<i>pimozide</i>	37	<i>progesterone micronized</i>	77	REMICADE	80
<i>pimtreea (28)</i>	59	PROGLYCEM	86	REMODULIN	93
<i>pioglitazone</i>	27	PROGRAF	80	RENVELA	72
<i>pioglitazone-glimepiride</i>	27	PROLASTIN-C	92	<i>repaglinide</i>	27
<i>pioglitazone-metformin</i>	27	PROLENSA	69	REPATHA PUSHTRONEX ... 51	
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<i>pirmella</i>	59	PROMACTA	44	REPATHA SYRINGE	51
<i>piroxicam</i>	6	<i>promethazine</i>	31, 33	RESCRIPTOR	39
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RESTASIS MULTIDOSE	69	<i>silver sulfadiazine</i>	62	SUSTIVA	40
RETROVIR	40	SIMBRINZA	88	SUTENT	19
REVLIMID	19	SIMPONI	80	<i>syeda</i>	59
REXULTI	37	SIMULECT	86	SYLATRON	42
REYATAZ	40	<i>simvastatin</i>	51	SYLVANT	19
<i>ribasphere</i>	42	<i>sirolimus</i>	80	SYMLINPEN 120	27
RIBASPHERE	42	SIRTURO	32	SYMLINPEN 60	27
<i>ribasphere ribapak</i>	42	SIVEXTRO	9	SYNAGIS	41
<i>ribavirin</i>	42	<i>sodium chloride</i>	84, 89	SYNAREL	76
RIDAURA	80	<i>sodium chloride 0.45 %</i>	89	SYNERCID	9
<i>rifabutin</i>	32	<i>sodium chloride 0.9 %</i>	89	SYNJARDY	27
<i>rifampin</i>	32	<i>sodium chloride 3 %</i>	89	SYNJARDY XR	27
<i>riluzole</i>	54	<i>sodium chloride 5 %</i>	89	SYNRIBO	19
<i>rimantadine</i>	41	<i>sodium polystyrene (sorb free)</i> ... 71		SYNTHROID	77
<i>ringer's</i>	89	SOLIRIS	87	SYPRINE	73
<i>risedronate</i>	85	SOLTAMOX	19	TABLOID	19
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<i>risperidone</i>	37	SOMAVERT	76	<i>tacrolimus</i>	64, 80
RITUXAN	19	<i>sotalol</i>	48	TAFINLAR	19
RITUXAN HYCELA	19	<i>sotalol af</i>	48	TAGRISSE	19
<i>rivastigmine</i>	24	SOVALDI	41	TALTZ AUTOINJECTOR	62
<i>rivastigmine tartrate</i>	24	<i>spironolactone</i>	50	TALTZ SYRINGE	62
<i>rizatriptan</i>	31	<i>spironolacton-hydrochlorothiaz</i> 50		TAMIFLU	41
<i>ropinirole</i>	35	SPORANOX	30	<i>tamoxifen</i>	19
<i>rosadan</i>	62	<i>sprintec (28)</i>	59	<i>tamsulosin</i>	72
<i>rosuvastatin</i>	51	SPRITAM	23	TARCEVA	19
ROTARIX	83	SPRYCEL	19	TARGRETIN	19
ROTATEQ VACCINE	83	<i>sps (with sorbitol)</i>	71	<i>tarina fe 1/20 (28)</i>	59
RUBRACA	19	<i>sronyx</i>	59	TASIGNA	19
RUCONEST	44	<i>ssd</i>	62	<i>tazarotene</i>	64
RYDAPT	19	<i>stavudine</i>	40	TAZORAC	64
SABRIL	23	STELARA	80	<i>taztia xt</i>	48
SANDOSTATIN LAR		STIMATE	76	TECENTRIQ	19
DEPOT	76	STIVARGA	19	TECFIDERA	55
SANTYL	62	STRENSIQ	66	TECHNIVIE	41
SAPHRIS (BLACK		<i>streptomycin</i>	8	TEFLARO	10
CHERRY)	37	STRIBILD	40	TEKTURNA	51
SAVELLA	55	STRIVERDI RESPIMAT	91	<i>temazepam</i>	8
<i>selegiline hcl</i>	35	SUBOXONE	7	TEMODAR	20
<i>selenium sulfide</i>	62	SUCRAID	66	<i>tencon</i>	5
SELZENTRY	40	<i>sucralfate</i>	70	TENIVAC (PF)	83
SENSIPAR	85	<i>sulfacetamide sodium</i>	68	<i>terazosin</i>	72
SEREVENT DISKUS	91	<i>sulfacetamide sodium (acne)</i>	62	<i>terbinafine hcl</i>	30
SEROSTIM	76	<i>sulfacetamide-prednisolone</i>	68	<i>terbutaline</i>	91
<i>sertraline</i>	26	<i>sulfadiazine</i>	12	<i>terconazole</i>	31
<i>setlakin</i>	59	<i>sulfamethoxazole-trimethoprim</i> ... 13		<i>testosterone</i>	73
<i>sevelamer carbonate</i>	72	<i>sulfasalazine</i>	84	<i>testosterone cypionate</i>	73
<i>sf 5000 plus</i>	60	<i>sulfatrim</i>	13	<i>testosterone enanthate</i>	73
<i>sharobel</i>	59	<i>sulindac</i>	6	TETANUS,DIPHThERIA	
SIGNIFOR	76	<i>sumatriptan</i>	32	TOX PED(PF)	83
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TETANUS-DIPHTHERIA	<i>trifluridine</i>	68	VENCLEXTA STARTING
TOXOIDS-TD	<i>trihexyphenidyl</i>	35	PACK
<i>tetrabenazine</i>	<i>tri-legest fe</i>	59	<i>venlafaxine</i>
<i>tetracycline</i>	<i>tri-linyah</i>	59	VENTAVIS
THALOMID	<i>tri-lo-estarylla</i>	59	VENTOLIN HFA
<i>theophylline</i>	<i>tri-lo-marzia</i>	59	<i>verapamil</i>
<i>thioridazine</i>	<i>tri-lo-sprintec</i>	59	VEREGEN
<i>thiotepa</i>	<i>trilyte with flavor packets</i>	71	VERSACLOZ
<i>thiothixene</i>	<i>trimethobenzamide</i>	33	<i>vestura (28)</i>
<i>tiagabine</i>	<i>trimethoprim</i>	9	VICTOZA 3-PAK
TICE BCG	<i>trimipramine</i>	26	VIDEX 2 GRAM
<i>tigecycline</i>	<i>trinessa (28)</i>	60	PEDIATRIC
<i>tilia fe</i>	<i>trinessa lo</i>	60	VIEKIRA PAK
<i>timolol maleate</i>	TRINTELLIX	26	VIEKIRA XR
TIVICAY	<i>tri-previfem (28)</i>	60	<i>vienna</i>
<i>tizanidine</i>	TRISENOX	20	VIGAMOX
TOBI PODHALER	<i>tri-sprintec (28)</i>	60	VIIBRYD
TOBRADEX	TRIUMEQ	40	VIMPAT
<i>tobramycin</i>	<i>trivora (28)</i>	60	<i>vinblastine</i>
<i>tobramycin in 0.225 % nacl</i>	<i>tropium</i>	72	<i>vincasar pfs</i>
<i>tobramycin in 0.9 % nacl</i>	TRULICITY	28	<i>vincristine</i>
<i>tobramycin sulfate</i>	TRUMENBA	83	<i>vinorelbine</i>
<i>tobramycin-dexamethasone</i>	TRUVADA	40	<i>viorele (28)</i>
TOBREX	TWINRIX (PF)	83	VIRACEPT
<i>tolterodine</i>	TYBOST	87	VIREAD
<i>topiramate</i>	TYKERB	20	VISTOGARD
<i>topotecan</i>	TYPHIM VI	83	<i>voriconazole</i>
TORISEL	TYSABRI	80	VOTRIENT
<i>torseamide</i>	TYVASO	93	VPRIV
TRACLEER	ULORIC	31	VRAYLAR
TRADJENTA	UNITUXIN	20	<i>vyfemla (28)</i>
<i>tramadol</i>	UPTRAVI	93	VYVANSE
<i>trandolapril</i>	<i>ursodiol</i>	71	<i>warfarin</i>
<i>tranexamic acid</i>	UVADEX	62	<i>water for irrigation, sterile</i>
TRANSDERM-SCOP	<i>valacyclovir</i>	42	<i>wera (28)</i>
<i>tranylcypramine</i>	VALCHLOR	62	XALKORI
TRAVATAN Z	<i>valganciclovir</i>	42	XARELTO
<i>trazodone</i>	<i>valproate sodium</i>	23	XATMEP
TREANDA	<i>valproic acid</i>	23	XELJANZ
TRECTOR	<i>valproic acid (as sodium salt)</i>	23	XELJANZ XR
TRELSTAR	<i>valsartan</i>	46	XERMELO
<i>tretinoin</i>	<i>valsartan-hydrochlorothiazide</i>	46	XGEVA
<i>tretinoin (chemotherapy)</i>	<i>vancomycin</i>	10	XIFAXAN
<i>tretinoin microspheres</i>	VAQTA (PF)	84	XOLAIR
<i>tri femynor</i>	VARIVAX (PF)	84	XTANDI
<i>triamcinolone acetonide</i>	VARIZIG	80	<i>xulane</i>
<i>triamterene-hydrochlorothiazid</i>	VECTIBIX	20	XYREM
<i>trianex</i>	VELCADE	20	YERVOY
<i>triderm</i>	VELETRI	93	YF-VAX (PF)
<i>tridesilon</i>	<i>velivet triphasic regimen (28)</i>	60	YONDELIS
<i>tri-estarylla</i>	VENCLEXTA	20	<i>yuvaferm</i>
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ZALTRAP	21
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<i>zidovudine</i>	40
<i>zileuton</i>	91
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ZIOPTAN (PF)	88
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<i>zoledronic acid</i>	85
<i>zoledronic acid-mannitol-water</i>	85
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<i>zolpidem</i>	93
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This formulary was updated on 08/16/2017. For more recent information or other questions, please contact HealthPartners Member Services.

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