



HealthPartners® Freedom Group (Cost)

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Stride (PPO)

HealthPartners® Journey Dash (PPO)

HealthPartners® Journey Steady (PPO)

HealthPartners® Journey Group (PPO)

HealthPartners® Robin Birch (PPO)

HealthPartners® Robin Maple (PPO)

HealthPartners® Robin Group (PPO)

HealthPartners® Retiree National Choice (PDP)

(Collectively known as *HealthPartners*)

2021 Formulary I

(List of Covered Drugs)

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

Formulary ID 00021402, Version 7

This formulary was updated on 08/25/2020. For more recent information or other questions, please contact HealthPartners Member Services.

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

Journey and Robin members: 952-883-6655 or 866-233-8734

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

TTY users: 711

Or visit healthpartners.com/medicarerx.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through 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 25, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the 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?

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

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HealthPartners Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HealthPartners Formulary?"

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above.

This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 25, 2020. 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/medicarerx. 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 sent with your monthly Part D 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 88. 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-4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Transition process

For existing members in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

Please note that our transition policy only applies to drugs that are covered under the Part D benefit and bought at a network pharmacy, unless you qualify for out of network access.

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 88.

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 under five drug tiers: Tier 1 (Preferred Generic drugs), Tier 2 (Generic drugs), Tier 3 (Preferred Brand drugs), Tier 3 (Select Insulin drugs), Tier 4 (Non-preferred drugs), and Tier 5 (Specialty drugs). To determine the coverage level, locate your drug and look in the "Drug Tier" column. 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 3 (Select Insulin Drugs)	Tier 4 (Non-preferred Drugs)	Tier 5 (Specialty Drugs)
Journey Pace	\$8	\$14	\$47	\$35	35%	27%
Journey Stride	\$6	\$12	\$47	\$35	40%	27%
Journey Dash	\$5	\$10	\$47	\$35	40%	27%
Journey Steady	\$4	\$10	\$47	\$35	40%	27%
Robin Birch	\$2	\$9	\$47	\$35	\$100	29%
Robin Maple	\$2**	\$9**	\$47	\$35	\$100	29%
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. Tier 3 Select Insulin Drugs do not apply.					
Journey Group						
Robin Group						
Retiree National Choice						

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

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

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.
SI	Select Insulin – Insulin participating in the Part D Senior Savings Model

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	2	QL (8 PER 1 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	2	QL (120 PER 1 DAYS)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	4	PA, QL (4 PER 28 DAYS)
<i>butalb-acetamin-caff 50-325-40</i>	2	QL (12 PER 1 DAYS)
<i>butalb-aspirin-caffe 50-325-40</i>	4	QL (6 PER 1 DAYS)
<i>butalbital-acetaminophn 50-300 tablet</i>	4	QL (12 PER 1 DAYS)
<i>butalbital-acetaminophn 50-325 tablet</i>	4	QL (12 PER 1 DAYS)
<i>butalbital-asa-caffeine cap</i>	3	QL (6 PER 1 DAYS)
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	3	QL (8 PER 1 DAYS)
ENDOCET 10-325 MG TABLET	2	QL (5 PER 1 DAYS)
ENDOCET 5-325 TABLET	2	QL (8 PER 1 DAYS)
ENDOCET 7.5-325 MG TABLET	2	QL (7 PER 1 DAYS)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	PA
<i>fentanyl citrate (200 mcg, 400 mcg)</i>	5	PA, NM
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	2	QL (8 PER 1 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	4	QL (120 PER 1 DAYS)
<i>hydrocodone-ibuprofen 7.5-200</i>	2	QL (8 PER 1 DAYS)
<i>hydromorphone 2 mg tablet</i>	2	QL (8 PER 1 DAYS)
<i>hydromorphone 4 mg tablet</i>	2	QL (5 PER 1 DAYS)
<i>hydromorphone 8 mg tablet</i>	2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydromorphone hcl (0.5 mg/0.5 ml, hcl 1 mg/ml amp, 1 mg/ml carpujct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg/ml carpujct, 2 mg/ml isecure, hcl 4 mg/ml amp, 4 mg/ml carpujct, 4 mg/ml vial, 10 mg/ml vial, 10 mg/ml ampule, 50 mg/5 ml vial, 50 mg/5 ml amp, 500 mg/50 ml vl)	4	QL (8 PER 1 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	3	QL (20 PER 1 DAYS)
hydromorphone hcl-water (1 mg/ml-water, 2 mg/2 ml-water, 30 mg/30ml-water)	4	QL (8 PER 1 DAYS)
LAZANDA (100 MCG SPRAY, 300 MCG SPRAY, 400 MCG SPRAY)	5	PA, NM
LORCET 5-325 MG TABLET	2	QL (8 PER 1 DAYS)
LORCET HD 10-325 MG TABLET	2	QL (8 PER 1 DAYS)
LORCET PLUS 7.5-325 MG TABLET	2	QL (8 PER 1 DAYS)
methadone 10 mg/ml oral conc	4	PA
methadone hcl (5 mg tablet, 10 mg tablet)	2	PA
methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)	3	PA
METHADONE INTENSOL 10 MG/ML	4	PA
morphine sulf 10 mg/5 ml soln	2	QL (45 PER 1 DAYS)
morphine sulf 100 mg/5 ml conc	2	QL (4 PER 1 DAYS)
morphine sulf 20 mg/5 ml soln	2	QL (20 PER 1 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	3	PA
morphine sulfate ir 15 mg tab	3	QL (5 PER 1 DAYS)
morphine sulfate ir 30 mg tab	3	QL (2 PER 1 DAYS)
oxycodon-acetaminophen 7.5-325	2	QL (7 PER 1 DAYS)
oxycodone hcl 10 mg tablet	2	QL (5 PER 1 DAYS)
oxycodone hcl 100 mg/5 ml conc	4	QL (4 PER 1 DAYS)
oxycodone hcl 15 mg tablet	2	QL (3 PER 1 DAYS)
oxycodone hcl 20 mg tablet	2	QL (4 PER 1 DAYS)
oxycodone hcl 5 mg capsule	4	QL (8 PER 1 DAYS)
oxycodone hcl 5 mg tablet	2	QL (8 PER 1 DAYS)
oxycodone hcl 5 mg/5 ml soln	4	QL (40 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325)</i>	2	QL (8 PER 1 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	2	QL (5 PER 1 DAYS)
<i>oxycodone-aspirin 4.8355-325</i>	4	QL (8 PER 1 DAYS)
TENCON 50-325 MG TABLET	4	QL (12 PER 1 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (8 PER 1 DAYS)

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
COMFORT PAC-IBUPROFEN KIT	1	
COMFORT PAC-MELOXICAM KIT	1	
COMFORT PAC-NAPROXEN KIT	1	
<i>diclofenac pot 50 mg tablet</i>	3	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	2	
<i>diclofenac sodium 1% gel</i>	3	QL (300 PER 30 DAYS)
<i>diclofenac sodium 3% gel</i>	4	
DICLOZOR KIT	3	QL (300 PER 30 DAYS)
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>etodolac (200 mg capsule, 300 mg capsule)</i>	4	
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	3	
<i>etodolac er (er 400 mg tablet, er 500 mg tablet, er 600 mg tablet)</i>	4	
<i>flurbiprofen 100 mg tablet</i>	3	
IBU (600 MG TABLET, 800 MG TABLET)	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>ketorolac 10 mg tablet</i>	3	QL (20 PER 30 DAYS)
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2
<i>naproxen 125 mg/5 ml suspen</i>	4
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2

ANESTHETICS

LOCAL ANESTHETICS

<i>agoneaze 2.5%-2.5% cream dress</i>	3	
<i>anodyne lpt 2.5-2.5% crm-dress</i>	3	
CADIRA COMPLIANT BLOOD STAT KT	3	
<i>dermacinrx empircaine kit</i>	3	
<i>leva set 2.5%-2.5% cream-dress</i>	3	
<i>lido-prilo caine pack</i>	3	
<i>lidocaine 2% viscous soln</i>	2	
<i>lidocaine 5% patch</i>	4	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (0.5% vial, 1% 50 mg/5 ml vl, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 20 mg/2 ml, 1% ampul, 1% vial, 1% 50 mg/5 ml)</i>	1	
<i>lidocaine hcl (2% jelly uro-jet, 2% jel urojet ac, 2% jelly, 4% solution)</i>	2	
<i>lidocaine-prilocaine cream</i>	3	
<i>lidopril 2.5%-2.5% cream-dress</i>	3	
<i>lidopril xr 2.5-2.5% crm-dress</i>	3	
LIDOPURE PATCH 5% COMBO PACK	4	PA, QL (90 PER 30 DAYS)
LIDOTREX 2% WOUND GEL	2	
<i>livixil pak 2.5-2.5% crm-dress</i>	3	
NUVAKAAN-II KIT	3	
<i>prilolid 2.5-2.5% crm-dress</i>	3	
<i>prilovix 2.5%-2.5% cream dress</i>	3	
<i>prilovix lite 2.5%-2.5% cream</i>	3	
<i>prilovix lite plus 2.5%-2.5%</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prilovix plus 2.5%-2.5% cream</i>	3	
<i>prilovix ultralite 2.5%-2.5%</i>	3	
<i>prilovix ultralit plus 2.5%-2.5%</i>	3	
ZILACAINE PATCH 5% COMBO PACK	4	PA, QL (90 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calc dr 333 mg tab</i>	4	
<i>bupreno-nalox 2-0.5 mg sl film</i>	3	QL (360 PER 30 DAYS)
<i>buprenor-nalox 12-3 mg sl film</i>	3	QL (60 PER 30 DAYS)
<i>buprenorp-nalox 4-1 mg sl film</i>	3	QL (180 PER 30 DAYS)
<i>buprenorp-nalox 8-2 mg sl film</i>	3	QL (90 PER 30 DAYS)
<i>buprenorphin-naloxon 8-2 mg sl</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine 2 mg tablet sl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine 8 mg tablet sl</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphan-naloxn 2-0.5 mg sl</i>	2	QL (360 PER 30 DAYS)
<i>bupropion hcl sr 150 mg tablet</i>	3	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL (2 PER 1 DAYS)
CHANTIX STARTING MONTH BOX	3	QL (53 PER 28 DAYS)
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	3	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml carpuject, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
<i>naltrexone 50 mg tablet</i>	3	
NARCAN 4 MG NASAL SPRAY	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	

ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)

CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin 2% vaginal cream</i>	4	
<i>metronidazole vaginal 0.75% gl</i>	4	
<i>terconazole (0.4% cream, 0.8% cream)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terconazole 80 mg suppository</i>	4	
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (180 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er 0.5 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>alprazolam er 1 mg tablet</i>	3	QL (6 PER 1 DAYS)
<i>alprazolam er 2 mg tablet</i>	3	QL (5 PER 1 DAYS)
<i>alprazolam er 3 mg tablet</i>	3	QL (3 PER 1 DAYS)
<i>alprazolam xr 0.5 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>alprazolam xr 1 mg tablet</i>	3	QL (6 PER 1 DAYS)
<i>alprazolam xr 2 mg tablet</i>	3	QL (5 PER 1 DAYS)
<i>alprazolam xr 3 mg tablet</i>	3	QL (3 PER 1 DAYS)
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>buspirone hcl 7.5 mg tablet</i>	4	
<i>chlordiazepoxide 25 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)</i>	3	QL (180 PER 30 DAYS)
<i>clonazepam (1 mg odt, 1 mg dis tablet)</i>	3	QL (120 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clonazepam 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	1	QL (180 PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	2	QL (1200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam 5 mg/ml oral conc</i>	2	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL (180 PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)</i>	4	PA
BETHKIS 300 MG/4 ML AMPULE	5	PA - Part B vs D Determination, NM, BvD
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	4	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 70 mg/ns 50 ml pb, 90 mg/ns 100 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/50 ml, isoton 80 mg/100 ml, isoton 100 mg/50 ml)</i>	4	
<i>neomycin 500 mg tablet</i>	1	
TOBI PODHALER 28 MG INHALE CAP	5	PA, QL (224 PER 30 DAYS), NM
<i>tobramycin 300 mg/5 ml ampule</i>	5	PA - Part B vs D Determination, NM, BvD
<i>tobramycin sulfate (1.2 gram/30 ml vial, 1.2 gm vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	4	PA

ANTIBACTERIALS, MISCELLANEOUS

CLIN SINGLE USE KIT	4	
<i>clindamycin 75 mg/5 ml soln</i>	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin pediatr 75 mg/5 ml</i>	4	
<i>clindamycin phosphate (ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl)</i>	4	
<i>colistimethate 150 mg vial</i>	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>daptomycin (350 mg vial, 500 mg vial)</i>	5	NM
FIRVANQ 25 MG/ML SOLUTION	4	
<i>linezolid 100 mg/5 ml susp</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA
<i>linezolid 600 mg/300 ml-d5w</i>	5	PA, NM
<i>linezolid 600mg/300ml-0.9%nacl</i>	5	PA, NM
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole 500 mg/100 ml</i>	4	
MONUROL 3 GM SACHET	4	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-mcr 100 mg</i>	2	
<i>polymyxin b sulfate vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
<i>trimethoprim 100 mg tablet</i>	2	
<i>vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, hcl 125 mg capsule, 250 mg/5 ml soln, hcl 250 mg capsule, hcl 250 mg vial, 500 mg add-van vial, 500 mg vial, hcl 750 mg vial, 750 mg add-van vial)</i>	4	
XENLETA 600 MG TABLET	5	PA, NM
XIFAXAN (200 MG TABLET, 550 MG TABLET)	5	PA, NM
CEPHALOSPORINS		
<i>cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>cefadroxil 1 gm tablet</i>	1	
<i>cefadroxil 500 mg capsule</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	3	
<i>cefaezolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	3	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepime (1 gm, 2 gm)</i>	4	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	4	
<i>cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin (1 gm vial, 2 gm vial)</i>	4	
<i>cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)</i>	4	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefprozil (250 mg tablet, 500 mg tablet)</i>	4	
<i>ceftazidime (1 gm vial, 1 gm piggyback, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	4	
<i>ceftriaxone (1 gm add-vant vial, 1 gm-d5w bag, 1 gm vial, 1 gm piggyback, 2 gm-d5w bag, 2 gm vial, 2 gm piggyback, 2 gm add vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	4	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM

MACROLIDES

<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>azithromycin (500 mg add-van vl, i.v. 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID 200 MG TABLET	5	PA, NM
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin dr 250 mg cap</i>	4	
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
<i>aztreonam (1 gm vial, 2 gm vial)</i>	5	NM
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, QL (84 PER 28 DAYS), NM
<i>ertapenem 1 gram vial</i>	5	NM
<i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>	4	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	3	
<i>meropenem-0.9% nacl (1 gram/50, 500 mg/50)</i>	3	
PENICILLINS		
<i>amoxicillin (125 mg/5 ml susp, 125 mg tab chew, 200 mg/5 ml susp, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>amoxicillin (250 mg capsule, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 400-57 mg tab chew)</i>	4	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	3	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	2	
<i>ampicillin sodium (1 gm vial, 1 gm add-vantage vl, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	4	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)</i>	4	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	3	
<i>nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nafcillin 10 gm bulk vial</i>	5	NM
<i>nafcillin sodium (1 gm vial, 1 gm add-van vial, 2 gm add-vant vial, 2 gm vial)</i>	4	
<i>penicillin g potassium (5 million unit, 20 million unit)</i>	4	
<i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	4	

QUINOLONES

<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	4
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	4
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2
<i>moxifloxacin hcl 400 mg tablet</i>	3

SULFONAMIDES

<i>sulfadiazine 500 mg tablet</i>	4
<i>sulfamethoxazole-tmp susp</i>	3
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1

TETRACYCLINES

<i>demeocycline hcl (150 mg tablet, 300 mg tablet)</i>	4
<i>DOXY 100 VIAL</i>	4
<i>doxycycline 25 mg/5 ml susp</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg tab, 100 mg cap)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	2	
<i>doxycycline monohydrate (50 mg tablet, 100 mg tablet)</i>	3	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
NUZYRA 150 MG TABLET	5	PA, NM
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
<i>tigecycline 50 mg vial</i>	5	NM

ANTICANCER AGENTS

<i>abiraterone acetate 250 mg tab</i>	5	PA - FOR NEW STARTS ONLY, NM
AFINITOR 10 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ALECensa 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (30 MG TABLET, 90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	
AYVAKIT (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS), NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene 75 mg capsule</i>	5	NM
<i>bicalutamide 50 mg tablet</i>	2	
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS), NM
BOSULIF 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS), NM
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRUKINSA 80 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS), NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	5	PA - FOR NEW STARTS ONLY, LA, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	PA - Part B vs D Determination
DARZALEX FASPRO 1,800MG-30,000	5	PA - FOR NEW STARTS ONLY, NM
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
EMCYT 140 MG CAPSULE	3	
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
ERLEADA 60 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	NM
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>exemestane 25 mg tablet</i>	4	
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	
<i>flutamide 125 mg capsule</i>	4	
<i>fulvestrant 250 mg/5 ml syring</i>	5	PA - FOR NEW STARTS ONLY, NM
GAVRETO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ICLUSIG (15 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	5	NM
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
INQOVI 35 MG-100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
IRESSA 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
KISQALI (200 MG DAILY, 400 MG DAILY, 600 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	5	PA - FOR NEW STARTS ONLY, NM
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leuprolide acetate (1 mg/0.2 ml kit, 14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 50 mg tablet</i>	3	
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	PA - Part B vs D Determination
<i>methotrexate 2.5 mg tablet</i>	3	PA - Part B vs D Determination
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	PA - Part B vs D Determination
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
NEXAVAR 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>nilutamide 150 mg tablet</i>	5	NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODOMZO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
PIQRAY (250 MG DAILY, 300 MG DAILY)	5	PA - FOR NEW STARTS ONLY, QL (56 PER 28 DAYS), NM
PIQRAY 200 MG DAILY DOSE	5	PA - FOR NEW STARTS ONLY, QL (28 PER 28 DAYS), NM
POLIVY 140 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
QINLOCK 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	5	LA, QL (30 PER 30 DAYS), NM
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SOLTAMOX 20 MG/10 ML SOLN	4	
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYLATRON (200 MCG KIT, 300 MCG KIT)	5	NM
SYNRIBO 3.5 MG/ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
TABLOID 40 MG TABLET	3	
TABRECTA (150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSO (40 MG TABLET, 80 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	3	
TARGRETIN 1% GEL	5	PA - FOR NEW STARTS ONLY, NM
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAZVERIK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS), NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>toremifene citrate 60 mg tab</i>	5	NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>tretinoin 10 mg capsule</i>	5	NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TURALIO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
TYKERB 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
VENCLEXTA (10 MG TABLET, 10 MG TAB (10MG X 2))	4	PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS), NM
VENCLEXTA 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VOTRIENT 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY, BvD
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
YONSA 125 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZEJULA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA 150 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZYTIGA 500 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
---	---	------------------------------

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BANZEL 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS), NM
BANZEL 40 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, QL (80 PER 1 DAYS), NM
BANZEL 400 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS), NM
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT 10 MG/ML ORAL SOLN <i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	4 3	PA - FOR NEW STARTS ONLY
<i>carbamazepine 100 mg/5 ml susp</i>	4	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	4	
CELONTIN 300 MG KAPSEAL <i>clobazam 10 mg tablet</i>	4 4	
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	4	QL (5 PER 30 DAYS)
DILANTIN 30 MG CAPSULE <i>divalproex dr 125 mg cap sprnk</i>	3 4	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	2	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	3	
EPIDIOLEX 100 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	3 4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	4	
<i>felbamate 600 mg/5 ml susp</i>	5	NM
FINTEPLA 2.2 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 PER 1 DAYS)
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	3	QL (72 PER 1 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (9 PER 1 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>lamotrigine odt (odt 25 mg tablet, odt 50 mg tablet, odt 100 mg tablet, odt 200 mg tablet)</i>	4	
<i>levetiracetam (100 mg/ml soln, 500 mg/5 ml soln)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	2	
<i>levetiracetam er (er 500 mg tablet, er 750 mg tablet)</i>	3	
NAYZILAM 5 MG NASAL SPRAY	4	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine 300 mg/5 ml susp</i>	4	
PEGANONE 250 MG TABLET	4	
<i>phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	2	
<i>phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2 mg tablet)</i>	3	
<i>phenobarbital (20 mg/5 ml soln, 20 mg/5 ml elix)</i>	4	
<i>phenytoin (100 mg/4 ml susp, 125 mg/5 ml susp)</i>	3	
<i>phenytoin (50 mg infatab, 50 mg tablet chew)</i>	2	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	3	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 PER 1 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
<i>SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)</i>	4	PA - FOR NEW STARTS ONLY
<i>SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)</i>	4	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap, 25 mg cap)</i>	4	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)</i>	3	
<i>VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)</i>	4	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg tablet, 500 mg powder packet)</i>	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>VIGADRONE 500 MG POWDER PACKET</i>	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>VIMPAT (150 MG TABLET, 200 MG TABLET)</i>	3	QL (2 PER 1 DAYS)
<i>VIMPAT 10 MG/ML SOLUTION</i>	3	QL (40 PER 1 DAYS)
<i>VIMPAT 100 MG TABLET</i>	3	QL (4 PER 1 DAYS)
<i>VIMPAT 50 MG TABLET</i>	3	QL (8 PER 1 DAYS)
<i>XCOPRI (150 MG TABLET, 200 MG TABLET)</i>	5	PA, QL (60 PER 30 DAYS), NM
<i>XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)</i>	5	PA, QL (56 PER 28 DAYS), NM
<i>XCOPRI (50 MG TABLET, 100 MG TABLET)</i>	5	PA, QL (30 PER 30 DAYS), NM
<i>XCOPRI (50-100 MG PAK, 150-200 MG PK)</i>	5	PA, QL (28 PER 28 DAYS), NM
<i>XCOPRI 12.5-25 MG TITRATION PK</i>	4	PA, QL (28 PER 28 DAYS)
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	2	
<i>galantamine 4 mg/ml oral soln</i>	4	
<i>galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)</i>	4	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	3	
<i>memantine hcl (hcl 5 mg tablet, 5-10 mg titration pk, hcl 10 mg tablet)</i>	3	
<i>memantine hcl 2 mg/ml solution</i>	4	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	4	
ANTIDEPRESSANTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	3	
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	2	
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)</i>	4	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	4	
<i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	2	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>escitalopram oxalate 5 mg/5 ml</i>	4	
FETZIMA (ER 20 MG CAPSULE, 20-40 MG TITRATION PAK, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
<i>fluoxetine 20 mg/5 ml solution</i>	3	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
<i>maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	4	
MARPLAN 10 MG TABLET	4	
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	3	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	
<i>nortriptyline 10 mg/5 ml soln</i>	4	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
PAXIL 10 MG/5 ML SUSPENSION	4	
<i>phenelzine sulfate 15 mg tab</i>	3	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	4	
<i>sertraline 20 mg/ml oral conc</i>	4	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SPRAVATO 28 MG NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS), NM
SPRAVATO 56 MG DOSE PACK	5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS), NM
SPRAVATO 84 MG DOSE PACK	5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS), NM
<i>tranylcypromine sulf 10 mg tab</i>	4	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	4	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	2	
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ZULRESSO 100 MG/20 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
BYDUREON 2 MG PEN INJECT	3	QL (4 PER 28 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	3	QL (3.4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30 DAYS)
DM2 KIT	1	QL (120 PER 30 DAYS)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
INVOKANA (100 MG TABLET, 300 MG TABLET)	3	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KORLYM 300 MG TABLET	5	PA, NM
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	4	
OZEMPIK 0.25-0.5 MG DOSE PEN	3	QL (1.5 PER 28 DAYS)
OZEMPIK 1 MG DOSE PEN	3	QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride (30-2, 30-4)</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin (15-850, 15-500)</i>	4	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	3	QL (30 PER 30 DAYS)
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (60 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	3	QL (2 PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	3	QL (9 PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	3	QL (9 PER 30 DAYS)
INSULINS		
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	SI
HUMALOG 100 UNIT/ML KWIKPEN	3	SI
HUMALOG 200 UNIT/ML KWIKPEN	3	SI
HUMALOG JR 100 UNIT/ML KWIKPEN	3	SI
HUMALOG MIX 50-50 KWIKPEN	3	SI
HUMALOG MIX 50-50 VIAL	3	SI
HUMALOG MIX 75-25 KWIKPEN	3	SI
HUMALOG MIX 75-25 VIAL	3	SI
HUMULIN 70-30 VIAL	3	SI
HUMULIN 70/30 KWIKPEN	3	SI
HUMULIN N 100 UNIT/ML KWIKPEN	3	SI
HUMULIN N 100 UNIT/ML VIAL	3	SI

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R 100 UNIT/ML VIAL	3	SI
HUMULIN R 500 UNIT/ML KWIKPEN	3	SI
HUMULIN R 500 UNIT/ML VIAL	3	SI
<i>insulin lispro 100 unit/ml pen</i>	3	SI
<i>insulin lispro 100 unit/ml vl</i>	3	SI
LANTUS 100 UNIT/ML VIAL	3	SI
LANTUS SOLOSTAR 100 UNIT/ML	3	SI
SOLIQUA 100 UNIT-33 MCG/ML PEN	3	QL (15 PER 30 DAYS), SI
TOUJEO MAX SOLOSTR 300 UNIT/ML	3	SI
TOUJEO SOLOSTAR 300 UNIT/ML	3	SI
XULTOPHY 100 UNIT-3.6MG/ML PEN	3	QL (15 PER 30 DAYS), SI

SULFONYLUREAS

<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	3	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	3	QL (240 PER 30 DAYS)

ANTIFUNGALS

ABELCET 100 MG/20 ML VIAL	5	PA, NM, BvD
AMBISOME 50 MG VIAL	5	PA, NM, BvD
<i>amphotericin b 50 mg vial</i>	4	PA, BvD
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ciclopirox (<i>solution, treatment kit</i>)	2	
ciclopirox 0.77% cream	3	
ciclopirox 0.77% gel	4	
ciclopirox 0.77% topical susp	4	QL (60 PER 30 DAYS)
clotrimazole 10 mg troche	3	
clotrimazole-betamethasone crm	2	
CRESEMDA 186 MG CAPSULE	5	PA, NM
ERAXIS(WATER DIL) 100 MG VIAL	5	PA, NM
ERAXIS(WATER DIL) 50 MG VIAL	4	PA
fluconazole (<i>10 mg/ml susp, 40 mg/ml susp</i>)	3	
fluconazole (<i>50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>)	1	
fluconazole in saline (<i>100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>)	4	
fluconazole-dext 200 mg/100 ml	4	
fluconazole-nacl (<i>100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>)	4	
flucytosine (<i>250 mg capsule, 500 mg capsule</i>)	5	NM
griseofulvin (<i>125 mg/5 ml susp, micro 500 mg tab</i>)	4	
griseofulvin ultramicrosize (<i>125 mg tab, 250 mg tab</i>)	4	
itraconazole 10 mg/ml solution	4	PA
itraconazole 100 mg capsule	4	ST
ketoconazole 2% cream	3	QL (60 PER 30 DAYS)
ketoconazole 2% shampoo	2	QL (120 PER 30 DAYS)
ketoconazole 200 mg tablet	2	
NYAMYC 100,000 UNITS/GM POWDER	3	QL (60 PER 30 DAYS)
nystatin (<i>100,000 unit/ml susp, 500,000 unit/5 ml sus</i>)	3	
nystatin 100,000 unit/gm cream	2	QL (30 PER 30 DAYS)
nystatin 100,000 unit/gm oint	3	QL (30 PER 30 DAYS)
nystatin 100,000 unit/gm powd	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin 500,000 unit oral tab</i>	4	
NYSTOP 100,000 UNITS/GM POWDER	3	QL (60 PER 30 DAYS)
<i>posaconazole dr 100 mg tablet</i>	5	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>voriconazole (200 mg vial, 200 mg tablet)</i>	4	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet)</i>	5	PA, NM

ANTIGOUT AGENTS

ANTIGOUT AGENTS, OTHER

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	3
<i>probencid 500 mg tablet</i>	3
<i>probencid-colchicine tablet</i>	2

ANTIHISTAMINES

<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	1
<i>cyproheptadine hcl (2 mg/5 ml syrup, 2 mg/5 ml soln, 4 mg tablet, 4 mg/10 ml syrup)</i>	3
<i>diphenhydramine 50 mg/ml vial</i>	1
<i>hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 25 mg tablet, hcl 50 mg tablet, 50 mg/25 ml syrup)</i>	2
<i>levocetirizine 2.5 mg/5 ml sol</i>	4
<i>levocetirizine 5 mg tablet</i>	2
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup)</i>	1

ANTIMIGRAINE AGENTS

AJOVY 225 MG/1.5 ML AUTOINJECT	3	PA, QL (1.5 PER 30 DAYS)
AJOVY 225 MG/1.5 ML SYRINGE	3	PA, QL (1.5 PER 30 DAYS)
<i>dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)</i>	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY 120 MG/ML PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
ERGOMAR 2 MG TABLET SL	4	QL (22 PER 30 DAYS)
<i>ergotamine-caffeine 1-100mg tb</i>	4	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	3	PA, QL (8 TABS PER 30 DAYS)
REVVOW (50 MG TABLET, 100 MG TABLET)	3	PA, QL (8 TABS PER 30 DAYS)
<i>rizatriptan (5 mg odt, 10 mg odt)</i>	3	QL (12 PER 30 DAYS)
<i>rizatriptan (5 mg tablet, 10 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml inject, 4 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5 ml inject)</i>	4	QL (5 PER 30 DAYS)

ANTIMYCOBACTERIALS

<i>cycloserine 250 mg capsule</i>	5	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	3	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	4	
PASER GRANULES 4 GM PACKET	3	
<i>pretomanid 200 mg tablet</i>	4	PA
PRIFTIN 150 MG TABLET	4	
<i>pyrazinamide 500 mg tablet</i>	4	
<i>rifabutin 150 mg capsule</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	4	
<i>rifampin iv 600 mg vial</i>	4	PA
SIRTURO (20 MG TABLET, 100 MG TABLET)	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRECATOR 250 MG TABLET	3	
ANTINAUSEA AGENTS		
<i>aprepitant (40 mg capsule, 80 mg capsule, 125-80-80 mg pack, 125 mg capsule)</i>	4	PA - Part B vs D Determination
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination, QL (6 PER 1 DAYS)
<i>dronabinol 10 mg capsule</i>	4	PA - Part B vs D Determination, QL (4 PER 1 DAYS)
EMEND 125 MG POWDER PACKET	4	PA - Part B vs D Determination
<i>gransetron hcl 1 mg tablet</i>	4	PA - Part B vs D Determination
<i>meclizine 25 mg tablet</i>	1	
<i>ondansetron 4 mg/5 ml solution</i>	4	PA - Part B vs D Determination
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	PA - Part B vs D Determination
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	2	PA - Part B vs D Determination
PHENADOZ 12.5 MG SUPPOSITORY	4	
<i>prochlorperazine 25 mg supp</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppository)</i>	4	
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
PROMETHEGAN (25 MG, 50 MG)	4	
<i>scopolamine 1 mg/3 day patch</i>	4	
<i>trimethobenzamide 300 mg cap</i>	4	

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	5	NM
ALINIA 100 MG/5 ML SUSPENSION	5	PA, NM
ALINIA 500 MG TABLET	5	NM
<i>atovaquone 750 mg/5 ml susp</i>	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	4	
<i>chloroquine ph 250 mg tablet</i>	3	PA
<i>chloroquine ph 500 mg tablet</i>	3	PA, QL (14 PER 30 DAYS)
COARTEM TABLETS	3	
<i>hydroxychloroquine 200 mg tab</i>	3	
<i>ivermectin 3 mg tablet</i>	3	
<i>mefloquine hcl 250 mg tablet</i>	2	
<i>paromomycin 250 mg capsule</i>	4	
<i>pentamidine 300 mg inhal powdr</i>	4	
<i>pentamidine 300 mg vial</i>	4	PA
<i>praziquantel 600 mg tablet</i>	3	
<i>primaquine 26.3 mg tablet</i>	3	
<i>quinine sulfate 324 mg capsule</i>	4	PA

ANTIPARKINSONIAN AGENTS

<i>amantadine (100 mg capsule, 100 mg tablet)</i>	3	
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml soln)</i>	1	
APOKYN 30 MG/3 ML CARTRIDGE	5	PA, LA, NM
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	4	
<i>cabergoline 0.5 mg tablet</i>	3	
<i>carbidopa 25 mg tablet</i>	4	
<i>carbidopa-levodopa (10-100 mg odt, 25-250 mg odt, 25-100 mg odt)</i>	4	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	2	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	3	
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</i>	4	
<i>entacapone 200 mg tablet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INBRIJA 42 MG INHALATION CAP	5	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	4	PA
NOURIANZ (20 MG TABLET, 40 MG TABLET)	5	PA, NM
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	
<i>pramipexole er (er 0.375 mg tablet, er 0.75 mg tablet, er 1.5 mg tablet, er 2.25 mg tablet, er 3 mg tablet, er 3.75 mg tablet, er 4.5 mg tablet)</i>	4	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	
<i>ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	5	ST, NM
<i>selegiline hcl 5 mg capsule</i>	4	
<i>selegiline hcl 5 mg tablet</i>	3	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	2	

ANTIPSYCHOTIC AGENTS

ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	5	PA - FOR NEW STARTS ONLY, NM
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	PA - FOR NEW STARTS ONLY, NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	PA - FOR NEW STARTS ONLY
ARISTADA INITIO ER 675 MG/2.4	5	PA - FOR NEW STARTS ONLY, NM
CAPLYTA 42 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS), NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
FANAPT TITRATION PACK	4	PA - FOR NEW STARTS ONLY
<i>fluphenazine dec 125 mg/5 ml</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)</i>	4	
GEODON 20 MG/ML VIAL	4	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol dec 100 mg/ml amp</i>	3	
<i>haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 250 mg/5 ml vl, dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i>	3	
<i>haloperidol lac 2 mg/ml conc</i>	3	
<i>haloperidol lactate (5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)</i>	4	
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS), NM
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	3	
<i>olanzapine 10 mg vial</i>	4	
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 6 mg tablet, er 9 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	4	
PERSERIS (ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	4	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	4	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	3	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	5	NM
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone 1 mg/ml solution</i>	4	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	4	PA - FOR NEW STARTS ONLY
SAPHRIS (2.5 MG TAB, 5 MG TAB)	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SAPHRIS 10 MG TAB SUBLINGUAL	5	PA - FOR NEW STARTS ONLY, NM
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR (3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS), NM
VRAYLAR 1.5 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS), NM
VRAYLAR 1.5 MG-3 MG PACK	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VL KIT, 300 MG VIAL, 405 MG VL KIT, 405 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine 600-300 mg</i>	4	
<i>abacavir-lamivudine-zidov tab</i>	5	NM
<i>APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)</i>	5	NM
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	5	NM
<i>atazanavir sulfate 200 mg cap</i>	4	
<i>ATRIPLA TABLET</i>	5	NM
<i>BIKTARVY 50-200-25 MG TABLET</i>	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	3	
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY 200-25 MG TABLET	5	NM
<i>didanosine (dr 125 mg capsule, dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	4	
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavirenz (50 mg capsule, 200 mg capsule)</i>	4	
<i>efavirenz 600 mg tablet</i>	5	NM
<i>emtricitabine 200 mg capsule</i>	4	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
EPIVIR HBV 25 MG/5 ML SOLN	4	
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir 700 mg tablet</i>	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	NM
INTELENCE 25 MG TABLET	4	
INVIRASE 500 MG TABLET	5	NM
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	NM
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD 600 MG TABLET	5	NM
JULUCA 50-25 MG TABLET	5	NM
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	NM
<i>lamivudine (10 mg/ml oral soln, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine hbv 100 mg tablet</i>	4	
<i>lamivudine-zidovudine tablet</i>	4	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir 80-20mg/ml</i>	4	
<i>nevirapine 200 mg tablet</i>	3	
<i>nevirapine 50 mg/5 ml susp</i>	4	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	4	
NOR VIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	4	
ODESEY TABLET	5	NM
PIFELTRO 100 MG TABLET	5	NM
PREZCOBIX 800 MG-150 MG TABLET	5	NM
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>ritonavir 100 mg tablet</i>	3	
RUKOBIA ER 600 MG TABLET	5	NM
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	NM
SELZENTRY 25 MG TABLET	4	
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	3	
STRIBILD TABLET	5	NM
SYMFI 600-300-300 MG TABLET	5	NM
SYMFI LO 400-300-300 MG TABLET	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
<i>tenofovir disop fum 300 mg tb</i>	3	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TIVICAY PD 5 MG TAB FOR SUSP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIDEX (2 GM SOLN, 4 GM SOLN)	4	
VIDEX EC 125 MG CAPSULE	4	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 50 mg/5 ml syrup</i>	4	
ANTIVIRALS, MISCELLANEOUS		
<i>oseltamivir 6 mg/ml suspension</i>	4	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	NM
RELENZA 5 MG DISKHALER	3	
<i>rimantadine hcl 100 mg tablet</i>	4	
HCV ANTIVIRALS		
HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>ledipasvir-sofosbuvir 90-400mg</i>	5	PA, NM
MAVYRET 100-40 MG TABLET	5	PA, NM
<i>sofosbuvir-velpatasvir 400-100</i>	5	PA, NM
VIEKIRA PAK	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
PEGINTRON 50 MCG KIT	5	PA, NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	4	
<i>acyclovir sodium (1 gm vial, 500 mg vial)</i>	4	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	4	PA - Part B vs D Determination
<i>adefovir dipivoxil 10 mg tab</i>	5	NM
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	3	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	3	
<i>ribavirin 6 gm inhalation vial</i>	5	NM
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	2	
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

ELIQUIS (2.5 MG TABLET, DVT-PE TREAT START 5MG, 5 MG TABLET)	3	
<i>enoxaparin 30 mg/0.3 ml syr</i>	4	QL (18 PER 30 DAYS)
<i>enoxaparin 300 mg/3 ml vial</i>	4	QL (30 PER 30 DAYS)
<i>enoxaparin 40 mg/0.4 ml syr</i>	4	QL (24 PER 30 DAYS)
<i>enoxaparin 60 mg/0.6 ml syr</i>	4	QL (36 PER 30 DAYS)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	4	QL (48 PER 30 DAYS)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 30 DAYS), NM
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (15 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fondaparinux 5 mg/0.4 ml syr	5	QL (12 PER 30 DAYS), NM
fondaparinux 7.5 mg/0.6 ml syr	5	QL (18 PER 30 DAYS), NM
heparin 20,000 unit/500 ml-d5w	2	
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpject, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, sod 10,000 unit/ml vl, 10,000 unit/10 ml vial, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	2	
jantoven 10mg tablet	1	
jantoven 1mg tablet	1	
jantoven 2.5mg tablet	1	
jantoven 2mg tablet	1	
jantoven 3mg tablet	1	
jantoven 4mg tablet	1	
jantoven 5mg tablet	1	
jantoven 6mg tablet	1	
jantoven 7.5mg tablet	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	4	PA
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	3	
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, NM, BvD
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA, LA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CINRYZE 500 UNIT VIAL	5	PA, LA, NM
FULPHILA 6 MG/0.6 ML SYRINGE	5	NM
GRANIX (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	NM
HAEGARDA (2,000 UNIT VIAL, 3,000 UNIT VIAL)	5	PA, LA, NM
LEUKINE 250 MCG VIAL	5	NM
MOZOBIL 24 MG/1.2 ML VIAL	5	PA, NM
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5	NM
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET)	5	PA, LA, QL (30 PER 30 DAYS), NM
PROMACTA (50 MG TABLET, 75 MG TABLET)	5	PA, LA, QL (60 PER 30 DAYS), NM
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LA, QL (90 PER 30 DAYS), NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL)	4	PA, BvD
RETACRIT 40,000 UNIT/ML VIAL	5	PA, NM, BvD
RUCONEST 2,100 UNIT VIAL	5	PA, NM
UDENYCA 6 MG/0.6 ML SYRINGE	5	NM
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	5	NM
ZIEXTENZO 6 MG/0.6 ML SYRINGE	5	NM

HEMATOLOGIC AGENTS, MISCELLANEOUS

<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	3	
CABLIVI (11 MG VIAL, 11 MG KIT)	5	PA, NM
OXBRYTA 500 MG TABLET	5	PA, QL (3 TABS PER 1 DAYS), NM
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLATELET-AGGREGATION INHIBITORS		
<i>aspirin-dipyridam er 25-200 mg</i>	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	3	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	3	
<i>pentoxifylline er 400 mg tab</i>	2	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	3	
ZONTIVITY 2.08 MG TABLET	3	PA
CALORIC AGENTS		
AMINOSYN 8.5%-ELECTROLYTES SOL	3	
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	PA - Part B vs D Determination
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION)	3	
AMINOSYN II 8.5%-ELECTROLYTES	3	
AMINOSYN M 3.5% IV SOLUTION	3	
AMINOSYN-HBC 7% IV SOLUTION	3	
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
<i>dextrose in water (5%-water 50 ml, 5%-water iv soln, 5%-water vial, 5%-water 100 ml, 10%-water iv solution)</i>	4	
<i>glucose in water (50 ml, 100 ml)</i>	4	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - Part B vs D Determination
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGENTS		
<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (90 PER 30 DAYS), NM
NORTHERA 300 MG CAPSULE	5	PA, QL (180 PER 30 DAYS), NM
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	3	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	2
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	2
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	3
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	2

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1
---	---

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)</i>	3
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	4
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	2
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	2
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	2
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	3
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	3
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	2
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)</i>	2
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	4
<i>amiodarone hcl 200 mg tablet</i>	2
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	4
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	4
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	3

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	4
MULTAQ 400 MG TABLET	4
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4
PACERONE (100 MG TABLET, 400 MG TABLET)	4
PACERONE 200 MG TABLET	2
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	3
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	2

BETA-ADRENERGIC BLOCKING AGENTS

<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	2
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	1
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	3
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)</i>	2
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	4
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	2
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	3
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	3

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2
<i>sotalol af 120 mg tablet</i>	2
CALCIUM-CHANNEL BLOCKING AGENTS	
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2
<i>diltiazem 24hr er (24hr er 300 mg cap, 24hr er 240 mg cap, 24hr er 120 mg cap, 24hr er 180 mg cap)</i>	2
<i>diltiazem 24hr er (24hr er 420 mg cap, 24hr er 360 mg cap)</i>	3
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 300 mg cp)</i>	2
<i>diltiazem 24hr er (xr) (24h er(xr) 240 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 120 mg cp)</i>	2
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	3
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	3
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	4
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	4
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3
<i>verapamil 360 mg cap pellet</i>	4
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	3
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	3	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET)	4	PA
DEMSER 250 MG CAPSULE	5	PA, NM
DIGITEK 125 MCG TABLET	2	QL (30 PER 30 DAYS)
DIGITEK 250 MCG TABLET	2	PA
DIGOX 125 MCG TABLET	2	QL (30 PER 30 DAYS)
DIGOX 250 MCG TABLET	2	PA
<i>digoxin (0.125 mg tablet, 125 mcg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>digoxin (0.25 mg tablet, 250 mcg tablet)</i>	2	PA
<i>digoxin 0.05 mg/ml solution</i>	3	
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	3	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant 30 mg/3 ml syringe</i>	5	PA, QL (18 PER 30 DAYS), NM
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	4	
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM
DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>amlodipine besylate-benazepril (2.5-10, 5-40 mg, 5-10 mg, 5-20 mg, 10-40 mg, 10-20 mg)</i>	2	
<i>amlodipine-valsartan (5-320 mg, 5-160 mg, 10-320 mg, 10-160 mg)</i>	2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	4	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	2
<i>nimodipine 30 mg capsule</i>	4
DIURETICS	
<i>amiloride hcl 5 mg tablet</i>	3
<i>amiloride hcl-hctz 5-50 mg tab</i>	2
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3
<i>chlorothiazide 500 mg tablet</i>	2
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2
DIURIL 250 MG/5 ML ORAL SUSP	4
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg/5 ml soln, 40 mg tablet, 80 mg tablet)</i>	1
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 100 mg/10 ml vial, 100 mg/10 ml syring)</i>	4
<i>hydrochlorothiazide (12.5 mg tb, 12.5 mg cp, 25 mg tab, 50 mg tab)</i>	1
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	2
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1
<i>spironolactone-hctz 25-25 tab</i>	3
<i>torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1
DYSLIPIDEMICS	
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1
<i>cholestyramine (packet, powder)</i>	4
<i>cholestyramine light (packet, powder)</i>	4
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ezetimibe 10 mg tablet</i>	2	
<i>fenofibrate (43 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 145 mg tablet, 160 mg tablet)</i>	2	
<i>gemfibrozil 600 mg tablet</i>	1	
JUXTAPIID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	PA, LA, NM
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	4	
<i>omega-3 ethyl esters 1 gm cap</i>	3	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	3	PA
REPATHA 140 MG/ML SYRINGE	3	PA
REPATHA 420 MG/3.5ML PUSHTRONX	3	PA
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	2	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	4	PA

RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS

<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	4
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	3

VASODILATORS

<i>isosorbide dinitr er 40 mg tab</i>	4
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	4
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)</i>	2	
<i>MINITRAN (0.1 MG/HR PATCH, 0.2 MG/HR PATCH, 0.4 MG/HR PATCH, 0.6 MG/HR PATCH)</i>	3	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	3	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	3	
<i>nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	3	

CENTRAL NERVOUS SYSTEM AGENTS

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	4	QL (2 PER 1 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	4	QL (1 PER 1 DAYS)
<i>AUBAGIO (7 MG TABLET, 14 MG TABLET)</i>	5	QL (30 PER 30 DAYS), NM
<i>AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)</i>	5	PA, NM
<i>AVONEX PEN 30 MCG/0.5 ML KIT</i>	5	QL (1 PER 28 DAYS), NM
<i>AVONEX PREFILLED SYR 30 MCG KT</i>	5	QL (1 PER 28 DAYS), NM
<i>BETASERON (0.3 MG VIAL, 0.3 MG KIT)</i>	5	QL (14 PER 28 DAYS), NM
<i>clonidine hcl er 0.1 mg tablet</i>	4	PA, QL (4 PER 1 DAYS)
<i>dalfampridine er 10 mg tablet</i>	5	PA, QL (2 PER 1 DAYS), NM
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl er (er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	4	QL (1 PER 1 DAYS)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 20 mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamp-amphetamin 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)</i>	4	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine-amphetamine (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamphetamine-amphetamine (dextroamphetamine 7.5 mg tab, dextroamphetamine 12.5 mg tab, dextroamphetamine 10 mg tab, dextroamphetamine 15 mg tab, dextroamphetamine 20 mg tab, dextroamphetamine 5 mg tab)</i>	3	QL (3 PER 1 DAYS)
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	5	QL (30 PER 30 DAYS), NM
<i>glatiramer 20 mg/ml syringe</i>	5	QL (30 PER 30 DAYS), NM
<i>glatiramer 40 mg/ml syringe</i>	5	QL (12 PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 PER 28 DAYS), NM
<i>guanfacine hcl er (er 3 mg tablet, er 4 mg tablet)</i>	2	QL (1 PER 1 DAYS)
<i>guanfacine hcl er 1 mg tablet</i>	2	QL (3 PER 1 DAYS)
<i>guanfacine hcl er 2 mg tablet</i>	2	QL (2 PER 1 DAYS)
INGREZZA (40 MG CAPSULE, 80 MG CAPSULE)	5	PA, NM
INGREZZA INITIATION PACK	5	PA, NM
<i>lithium 8 meq/5 ml solution</i>	2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>	2	
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 6 TABLET PK, 10 MG 4 TABLET PK, 10 MG 9 TABLET PK, 10 MG 8 TABLET PK, 10 MG 5 TABLET PK, 10 MG 7 TABLET PK)	5	PA, NM
MAYZENT (0.25 MG STARTER PACK, 0.25 MG TABLET)	5	QL (4 PER 1 DAYS), NM
MAYZENT 2 MG TABLET	5	QL (1 PER 1 DAYS), NM
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	4	QL (3 PER 1 DAYS)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er(la) 40mg cp</i>	4	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 PER 1 DAYS)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	5	QL (1 PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	QL (1 PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL (6 PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL (6 PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 PER 28 DAYS), NM
REBIF TITRATION PACK	5	QL (4.2 PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	3	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	4	PA, QL (55 PER 28 DAYS)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	5	QL (60 PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	5	PA, LA, NM
VUMERTY DR 231 MG CAPSULE	5	QL (120 PER 30 DAYS), NM
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CHEWABLE TABLET, 20 MG CAPSULE, 30 MG CAPSULE, 30 MG CHEWABLE TABLET)	4	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE (40 MG CAPSULE, 40 MG CHEWABLE TABLET, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CHEWABLE TABLET, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (1 PER 1 DAYS)
CONTRACEPTIVES		
ALTAVERA-28 TABLET	2	
ALYACEN 1-35 28 TABLET	3	
AMETHIA 0.15-0.03-0.01 MG TAB	3	
APRI 28 DAY TABLET	2	
ARANELLE 28 TABLET	3	
ASHLYNA 0.15-0.03-0.01 MG TAB	3	
AUBRA EQ-28 TABLET	2	
AUBRA-28 TABLET	2	
AVIANE-28 TABLET	2	
BALZIVA 28 TABLET	3	
BLISOVI 24 FE TABLET	2	
BLISOVI FE 1.5-30 TABLET	2	
BRIELLYN TABLET	3	
CAMILA 0.35 MG TABLET	2	
CAMRESE LO TABLET	3	
CAZIANT 28 DAY TABLET	2	
CRYSELLE-28 TABLET	2	
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	3	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DEBLITANE 0.35 MG TABLET	2	
<i>desogest-eth estra 0.15-0.03mg</i>	2	
<i>desogestr-eth estrad eth estra</i>	3	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	3	
ELLA 30 MG TABLET	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>emoquette 28 day tablet</i>	2
ENPRESSE-28 TABLET	2
<i>enskyce 28 tablet</i>	2
ERRIN 0.35 MG TABLET	2
ESTARYLLA 0.25-0.035 MG TABLET	2
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	2
FALMINA-28 TABLET	2
FEMYNOR 28 TABLET	2
GIANVI 3 MG-0.02 MG TABLET	3
HAILEY 24 FE 1 MG-20 MCG TAB	2
INCASSIA 0.35 MG TABLET	2
INTROVALE 0.15-0.03 MG TABLET	2
ISIBLOOM 28 DAY TABLET	2
<i>jasmiel 3 mg-0.02 mg tablet</i>	3
JULEBER 28 DAY TABLET	2
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2
KARIVA 28 DAY TABLET	3
KELNOR 1-35 28 TABLET	2
KELNOR 1-50 TABLET	2
KURVELO-28 TABLET	3
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2
LARISSIA-28 TABLET	2
LEENA 28 TABLET	3
LESSINA-28 TABLET	2
LEVONEST-28 TABLET	2
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	3

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	2
LEVORA-28 TABLET	2
LORYNA 3 MG-0.02 MG TABLET	3
LOW-OGESTREL-28 TABLET	2
LUTERA-28 TABLET	2
LYZA 0.35 MG TABLET	2
MARLISSA-28 TABLET	2
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2
MILI 0.25-0.035 MG TABLET	2
NECON 0.5-35-28 TABLET	3
NIKKI 3 MG-0.02 MG TABLET	3
NORA-BE TABLET	2
<i>norethind-eth estrad 1-0.02 mg</i>	2
<i>norethindrone 0.35 mg tablet</i>	1
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ee 0.18-0.215-0.25/0.025, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	2
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	3
OCELLA 3 MG-0.03 MG TABLET	3
OGESTREL TABLET	2
ORSYTHIA-28 TABLET	2
PIMTREA 28 DAY TABLET	3
PIRMELLA (1-35-28 TABLET, 1-35 28 TABLET)	3
PORTIA-28 TABLET	2
PREVIFEM TABLET	2
RECLIPSEN 28 DAY TABLET	2

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
SETLAKIN 0.15 MG-0.03 MG TAB	2
SHAROBEL 0.35 MG TABLET	2
SPRINTEC 28 DAY TABLET	2
SRONYX 0.10-0.02 MG TABLET	2
SYEDA 28 TABLET	3
<i>tarina 24 fe 1 mg-20 mcg tab</i>	2
TARINA FE 1-20 EQ TABLET	2
TARINA FE 1-20 TABLET	2
TRI-ESTARYLLA TABLET	2
TRI-LEGEST FE-28 DAY TABLET	2
TRI-LO-ESTARYLLA TABLET	2
TRI-LO-SPRINTEC TABLET	2
TRI-MILI 28 TABLET	2
TRI-PREVIFEM TABLET	2
TRI-SPRINTEC TABLET	2
TRI-VYLIBRA 28 TABLET	2
TRI-VYLIBRA LO TABLET	2
TRIVORA-28 TABLET	2
VELIVET 28 DAY TABLET	2
VIENVA-28 TABLET	2
VYFEMLA 28 TABLET	3
VYLIBRA 28 TABLET	2
XULANE PATCH	4
ZARAH TABLET	3
ZOVIA 1-35E TABLET	2

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4
<i>chlorhexidine 0.12% rinse</i>	1
<i>denta 5000 plus cream</i>	1
<i>dentagel 1.1% gel</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4
<i>sf 1.1% gel</i>	1
<i>sf 5000 plus cream</i>	1
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm paste, 5000 ppm cream)</i>	1
<i>sodium fluoride 5000 plus crm</i>	1
<i>triamcinolone 0.1% paste</i>	4

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	4	
<i>ammonium lactate (cream, lotion)</i>	3	
<i>AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)</i>	4	
<i>azelaic acid 15% gel</i>	4	
<i>calcipotriene 0.005% cream</i>	3	PA, QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% ointment</i>	4	PA, QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	4	PA
<i>calcitriol 3 mcg/g ointment</i>	4	
<i>CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)</i>	4	
<i>CONDYLOX 0.5% GEL</i>	4	
<i>FINACEA 15% FOAM</i>	4	
<i>fluorouracil (2% soln, 5% soln)</i>	4	
<i>fluorouracil 0.5% cream</i>	5	NM
<i>fluorouracil 5% cream</i>	4	QL (40 PER 30 DAYS)
<i>imiquimod 5% cream packet</i>	3	
<i>methoxsalen (10 mg capsule, 10 mg softgel)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN 0.1% GEL	5	NM
PICATO (0.015% GEL, 0.05% GEL)	5	NM
<i>podofilox 0.5% topical soln</i>	4	
REGRANEX 0.01% GEL	5	NM
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS), NM
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	

DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

<i>alclometasone dipr 0.05% oint</i>	3	
<i>alclometasone dipro 0.05% crm</i>	2	
<i>betamethasone diprop augmented (gel, lot, oin)</i>	4	
<i>betamethasone dipropionate (crm, oint)</i>	4	
<i>betamethasone dp 0.05% lot</i>	3	
<i>betamethasone dp aug 0.05% crm</i>	3	
<i>betamethasone va 0.1% lotion</i>	2	
<i>betamethasone valerate (va cream, valer ointm)</i>	3	
<i>clobetasol emollient 0.05% crm</i>	4	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	4	
CORDRAN 4 MCG/SQ CM TAPE LARGE	4	
<i>desonide (cream, lotion)</i>	4	
<i>desonide 0.05% ointment</i>	3	
<i>desoximetasone (0.05% gel, 0.05% cream, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	4	
EUCRISA 2% OINTMENT	4	PA, QL (60 PER 30 DAYS)
<i>fluocinolone acetonide (0.01% scalp oil, 0.01% body oil, 0.01% cream, 0.025% cream, 0.025% ointment)</i>	4	
<i>fluocinonide (cream, ointment)</i>	3	
<i>fluocinonide (gel, solution)</i>	4	
<i>fluocinonide-e 0.05% cream</i>	4	
<i>fluticasone prop 0.005% oint</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>fluticasone prop 0.05% cream</i>	2
<i>hydrocortisone 2.5% cream</i>	2
<i>hydrocortisone 2.5% lotion</i>	3
<i>hydrocortisone 2.5% ointment</i>	1
<i>hydrocortisone val 0.2% cream</i>	3
<i>hydrocortisone val 0.2% ointmt</i>	4
<i>mometasone furoate (cream, oint)</i>	3
<i>mometasone furoate 0.1% soln</i>	2
<i>pimecrolimus 1% cream</i>	3
PROCTO-MED HC 2.5% CREAM	2
PROCTOSOL-HC 2.5% CREAM	2
PROCTOZONE-HC 2.5% CREAM	2
SILAZONE-II KIT	2
<i>tacrolimus (0.03%, 0.1%)</i>	4
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion)</i>	3
<i>triamcinolone acetonide (0.025% oint, 0.025% cream, 0.05% ointment, 0.1% cream, 0.1% ointment, 0.5% ointment, 0.5% cream)</i>	2
<i>trianex 0.05% ointment</i>	4
TRIDERM 0.1% CREAM	2

DERMATOLOGICAL ANTIBACTERIALS

ALTABAX 1% OINTMENT	4
<i>clind ph-benzoyl perox 1.2-5%</i>	4
<i>clindamycin ph 1% solution</i>	3 QL (60 PER 30 DAYS)
<i>clindamycin phos 1% pledge</i>	3
<i>clindamycin phosphate (ph gel, phosp lotion, phosphate gel)</i>	4
<i>clindamycin-benzoyl peroxide (clinda-benzoyl 1-5% pump, clindamycin-benzoyl 1-5%)</i>	4
<i>erythromycin 2% gel</i>	4
<i>erythromycin 2% solution</i>	3 QL (60 PER 30 DAYS)
<i>gentamicin 0.1% cream</i>	3 QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin 0.1% ointment</i>	3	
<i>metronidazole (0.75% lotion, topical 0.75% gl, 0.75% cream, top 1% gel pump, topical 1% gel)</i>	4	
<i>mupirocin 2% cream</i>	4	QL (30 PER 30 DAYS)
<i>mupirocin 2% ointment</i>	1	
ROSADAN 0.75% CREAM KIT	4	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>silver sulfadiazine 1% cream</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	4	

DERMATOLOGICAL RETINOIDS

<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	4	
<i>adapalene 0.1% gel</i>	2	
AVITA 0.025% GEL	4	
<i>tazarotene 0.1% cream</i>	4	
TAZORAC (0.05% GEL, 0.1% GEL)	4	QL (30 PER 30 DAYS)
TAZORAC 0.05% CREAM	4	
<i>tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.1% cream)</i>	4	

SCABICIDES AND PEDICULICIDES

EURAX (CREAM, LOTION)	4
<i>malathion 0.5% lotion</i>	4
<i>permethrin 5% cream</i>	3

DEVICES

HUMAPEN LUXURA HD	2
NOVOPEN ECHO INSULIN DEVICE	2
OMNIPOD (5 PACK POD, STARTER KIT)	2
OMNIPOD DASH 5 PACK POD	2
OMNIPOD DASH PDM KIT	2
V-GO 20 DISPOSABLE DEVICE	2

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
V-GO 30 DISPOSABLE DEVICE	2	
V-GO 40 DISPOSABLE DEVICE	2	
VGO 20 DISPOSABLE DEVICE	2	
VGO 30 DISPOSABLE DEVICE	2	
VGO 40 DISPOSABLE DEVICE	2	

ENZYME REPLACEMENT/MODIFIERS

CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	3	
GALAFOLD 123 MG CAPSULE	5	PA, QL (14 PER 28 DAYS), NM
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA, LA, NM
<i>miglustat 100 mg capsule</i>	5	LA, NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	5	PA, NM
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	5	PA, LA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA - Part B vs D Determination, NM, BvD
REVCovi 2.4 MG/1.5 ML VIAL	5	PA, NM
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	5	PA, NM
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	5	PA, NM
SUCRAID 8,500 UNITS/ML SOLN	5	PA, LA, NM

EYE, EAR, NOSE, THROAT AGENTS

EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

<i>atropine 1% eye drops</i>	3	
<i>azelastine 0.1% (137 mcg) spry</i>	2	
<i>azelastine hcl 0.05% drops</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cromolyn 4% eye drops</i>	1	
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05% eye drops</i>	3	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	3	
LACRISERT 5 MG EYE INSERT	4	
<i>olopatadine hcl 0.1% eye drops</i>	3	
<i>olopatadine hcl 0.2% eye drop</i>	4	
OXERVATE 0.002% EYE DROP	5	PA, NM
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS		
<i>acetic acid 2% ear solution</i>	3	
<i>bacitracin 500 unit/gm ophth</i>	4	
<i>bacitracin-polymyxin eye oint</i>	2	
BESIVANCE 0.6% SUSP	4	
BLEPHAMIDE EYE OINTMENT	4	
CILOXAN 0.3% OINTMENT	4	
CIPRO HC OTIC SUSPENSION	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin 0.5% eye drops</i>	4	
<i>moxifloxacin 0.5% eye drops</i>	3	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	3	
NATACYN EYE DROPS	4	
<i>neomyc-bacit-polymix eye oint</i>	3	
<i>neomyc-polym-dexamet eye ointm</i>	3	
<i>neomyc-polym-dexameth eye drop</i>	2	
<i>neomyc-polym-gramicid eye drop</i>	2	
<i>neomycin-polymyxin-hc ear soln</i>	3	
<i>neomycin-polymyxin-hc ear susp</i>	4	
<i>ofloxacin 0.3% ear drops</i>	3	
<i>ofloxacin 0.3% eye drops</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>polymyxin b-tmp eye drops</i>	2
<i>sulf-pred 10-0.23% eye drops</i>	2
<i>sulfacetamide 10% eye drops</i>	3
TOBRADEX EYE OINTMENT	3
<i>tobramycin 0.3% eye drop</i>	2
<i>tobramycin-dexameth ophth susp</i>	4
TOBREX 0.3% EYE OINTMENT	3
<i>trifluridine 1% eye drops</i>	4
ZIRGAN 0.15% OPHTHALMIC GEL	3
EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS	
<i>bromfenac sodium 0.09% eye drp</i>	4
<i>dexamethasone 0.1% eye drop</i>	3
<i>diclofenac 0.1% eye drops</i>	2
<i>flunisolide 0.025% spray</i>	4
<i>fluocinolone oil 0.01% ear drp</i>	4
<i>fluorometholone 0.1% drops</i>	3
<i>flurbiprofen 0.03% eye drop</i>	1
<i>fluticasone prop 50 mcg spray</i>	1
FML S.O.P. 0.1% OINTMENT	4
<i>ketorolac 0.4% ophth solution</i>	3
<i>ketorolac 0.5% ophth solution</i>	2
LOTEMAX (EYE OINTMENT, OPHTHALMIC GEL)	4
LOTEMAX SM 0.38% OPHTH GEL	4
<i>loteprednol etabonate 0.5% drp</i>	4
PRED MILD 0.12% EYE DROPS	4
<i>prednisolone ac 1% eye drop</i>	3
<i>prednisolone sod 1% eye drop</i>	2
QNASL 80 MCG NASAL SPRAY	4
QNASL CHILDREN'S 40 MCG SPRAY	4
RESTASIS 0.05% EYE EMULSION	4

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
RESTASIS MULTIDOSE 0.05% EYE	4

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>cimetidine (200 mg tablet, 300 mg/5 ml soln, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	3	
ESOMEPEZ KIT	3	
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	1	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	
<i>rabeprazole sod dr 20 mg tab</i>	3	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg/10 ml syrup)</i>	3	
<i>ranitidine hcl (150 mg tablet, 300 mg tablet)</i>	1	
<i>sucralfate 1 gm tablet</i>	3	
<i>sucralfate 1 gm/10 ml susp</i>	4	PA
TALICIA DR 10-250-12.5 MG CAP	4	PA

GASTROINTESTINAL AGENTS, OTHER

AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	3	QL (2 PER 1 DAYS)
CARBAGLU 200 MG DISPER TABLET	5	PA, LA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	5	PA, NM
<i>dicyclomine 10 mg/5 ml soln</i>	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphenoxylat-atrop 2.5-0.025/5</i>	3	
<i>diphenoxylate-atrop 2.5-0.025</i>	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT)	5	PA, NM
GENERLAC 10 GM/15 ML SOLUTION	3	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX 15 GM/60 ML SUSPENSION	3	
<i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i>	3	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 PER 1 DAYS)
<i>loperamide 2 mg capsule</i>	3	
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	4	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml sol, 10 mg tablet)</i>	1	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
MYTESI 125 MG DR TABLET	3	PA
OCALIVA (5 MG TABLET, 10 MG TABLET)	5	PA, NM
<i>propantheline 15 mg tablet</i>	3	
RAVICTI 1.1 GRAM/ML LIQUID	5	PA, LA, NM
<i>sodium phenylbutyrate 500mg tb</i>	5	PA, NM
<i>sodium polystyrene sulf powder</i>	4	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
SYMPROIC 0.2 MG TABLET	4	PA
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	3	
<i>ursodiol 300 mg capsule</i>	4	
XERMELO 250 MG TABLET	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
LAXATIVES	
GAVILYTE-C SOLUTION	2
GAVILYTE-G SOLUTION	2
GAVILYTE-N SOLUTION	3
<i>peg 3350-electrolyte solution</i>	3
<i>peg-3350 and electrolytes soln</i>	2
<i>polyethylene glycol 3350 powd</i>	2
SUPREP BOWEL PREP KIT	3
TRILYTE WITH FLAVOR PACKETS	3
PHOSPHATE BINDERS	
<i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>	3
<i>sevelamer carbonate 800 mg tab</i>	4
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3
<i>oxybutynin 5 mg tablet</i>	2
<i>oxybutynin 5 mg/5 ml syrup</i>	3
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	2
<i>solifenacain succinate (5 mg tablet, 10 mg tablet)</i>	4
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	4
<i>trospium chloride 20 mg tablet</i>	3
GENITOURINARY AGENTS, MISCELLANEOUS	
<i>alfuzosin hcl er 10 mg tablet</i>	2
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4
<i>dutasteride 0.5 mg capsule</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dutasteride-tamsulosin 0.5-0.4</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
THIOLA 100 MG TABLET	5	PA, NM
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	5	PA, NM

HEAVY METAL ANTAGONISTS

D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (90 mg tablet, 125 mg tb for susp, 180 mg tablet, 250 mg tb for susp, 360 mg tablet, 500 mg tb for susp)</i>	5	PA, NM
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	PA, LA, NM
FERRIPROX 1,000 MG TAB(2X/DAY)	5	PA, LA, NM
JADENU 180 MG TABLET	5	PA, NM
<i>penicillamine 250 mg tablet</i>	5	PA, NM
<i>trientine hcl 250 mg capsule</i>	5	PA, NM

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

ANDROGENS

ANADROL-50 TABLET	3	PA
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	4	
<i>oxandrolone 10 mg tablet</i>	4	PA, QL (2 PER 1 DAYS)
<i>oxandrolone 2.5 mg tablet</i>	4	PA, QL (4 PER 1 DAYS)
<i>testosterone (1.62% (2.5 g) pkt, 1.62% gel pump, 1.62% (1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/5 ml, testosterone 500 mg/2.5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i>	3	PA
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	3	PA
ESTROGENS AND ANTIESTROGENS		
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	3	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	4	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	4	
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	4	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	4	
ESTRING 2 MG VAGINAL RING	4	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4	
JINTELI 1 MG-5 MCG TABLET	4	
LOPREEZA 1 MG-0.5 MG TABLET	4	
MIMVEY 1-0.5 MG TABLET	4	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMPHASE 0.625-5 MG TABLET	3	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	3	
raloxifene hcl 60 mg tablet	3	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	4	
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	PA - Part B vs D Determination
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq)</i>	3	PA - Part B vs D Determination
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 4 mg/ml syringe, 10 mg/ml vial, 10 mg/ml syring, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	2	
<i>fludrocortisone 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	3	
<i>methylprednisolone 4 mg dosepk</i>	2	
MILLIPRED DP (5 MG 12-DAY PACK, 5 MG 6-DAY PACK)	3	
<i>prednisolone 15 mg/5 ml soln</i>	2	PA - Part B vs D Determination
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	2	PA - Part B vs D Determination
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	PA - Part B vs D Determination
<i>prednisone (5 mg tab pack, 10 mg tab pack)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	PA - Part B vs D Determination
PREDNISONE INTENSOL 5 MG/ML	3	PA - Part B vs D Determination
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PITUITARY		
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	3	
<i>desmopressin acetate (solution, spray)</i>	4	
INCRELEX 40 MG/4 ML VIAL	5	PA, LA, NM
LUPRON DEPO 11.25MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (7.5 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 11.25 MG 3MO, 15 MG KIT, 30 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 100 mcg/ml syr, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	4	
<i>octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	5	NM
ORILISSA 150 MG TABLET	5	PA, QL (28 PER 28 DAYS), NM
ORILISSA 200 MG TABLET	5	PA, QL (56 PER 28 DAYS), NM
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	5	NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	5	PA, NM
SOMATULINE DEPOT 120 MG/0.5 ML	5	PA - FOR NEW STARTS ONLY, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, LA, NM
STIMATE 1.5 MG/ML NASAL SPRAY	4	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZORBTIVE 8.8 MG VIAL	5	PA, NM
PROGESTINS		
DEPO-PROVERA 400 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
<i>medroxyprogesterone 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml susp, 400 mg/10 ml)</i>	4	
<i>norethindrn 5 mg tb (lupaneta)</i>	4	
<i>norethindrone 5 mg tablet</i>	4	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	3	
THYROID AND ANTITHYROID AGENTS		
EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	2	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	4	
IMMUNOLOGICAL AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, NM
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, NM
ARCALYST 220 MG INJECTION	5	PA, LA, NM
ASCENIV 10% VIAL	5	PA - Part B vs D Determination, NM
AZASAN (75 MG TABLET, 100 MG TABLET)	4	PA - Part B vs D Determination
<i>azathioprine 50 mg tablet</i>	3	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BIVIGAM (LIQUID VIAL, VIAL)	5	PA, LA, NM, BvD
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	5	PA, NM
COSENTYX 150 MG/ML PEN INJECT	5	PA, NM
COSENTYX 150 MG/ML SYRINGE	5	PA, NM
COSENTYX 300 MG DOSE-2 PENS	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
CUTAQUIG ((1 G/6 ML) VIAL, (1.65 G/10 ML), (2 G/12 ML) VL, (3.3 G/20 ML), (4 G/24 ML) VL, (8 G/48 ML) VL)	5	PA - Part B vs D Determination, NM, BvD
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA - Part B vs D Determination, NM, BvD
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA - Part B vs D Determination
<i>cyclosporine 250 mg/5 ml ampul</i>	1	
<i>cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)</i>	4	PA - Part B vs D Determination
DUPIXENT 300 MG/2 ML PEN	5	PA, NM
DUPIXENT SYRINGE (200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)	5	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 25 MG/0.5 ML VIAL	5	PA, PA - FOR NEW STARTS ONLY, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
<i>everolimus (0.5 mg tablet, 0.75 mg tablet)</i>	5	NM, BvD
<i>everolimus 0.25 mg tablet</i>	3	BvD
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	5	PA - Part B vs D Determination, NM, BvD
GAMASTAN S-D VIAL	3	PA - Part B vs D Determination, BvD
GAMASTAN VIAL	3	PA - Part B vs D Determination, BvD
GAMMAGARD LIQUID 10% VIAL	5	PA, NM, BvD

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA, NM, BvD
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA - Part B vs D Determination, NM, BvD
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	5	PA, NM, BvD
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	PA - Part B vs D Determination, NM, BvD
GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA - Part B vs D Determination
HIZENTRA (1 GRAM/5 ML SYRINGE, 2 GRAM/10 ML SYRINGE, 4 GRAM/20 ML SYRINGE)	5	PA - Part B vs D Determination, NM
HIZENTRA (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA - Part B vs D Determination, LA, NM, BvD
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRINGE, HUMIRA(CF) 20 MG/0.2 ML SYRINGE, HUMIRA(CF) 40 MG/0.4 ML SYRINGE)	5	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	5	PA, NM
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
HYQVIA (2.5 GM-200 UNIT PACK, 5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	5	PA - Part B vs D Determination, NM, BvD

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ILARIS 150 MG/ML VIAL	5	PA, LA, NM
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	3	
<i>mycophenolate 200 mg/ml susp</i>	5	PA - Part B vs D Determination, NM
<i>mycophenolate 250 mg capsule</i>	3	PA - Part B vs D Determination
<i>mycophenolate 500 mg tablet</i>	4	PA - Part B vs D Determination
OCTAGAM (5% VIAL, 10% VIAL)	5	PA, NM, BvD
OLUMIANT (1 MG TABLET, 2 MG TABLET)	5	PA, NM
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA, NM
ORENCIA CLICKJECT 125 MG/ML	5	PA, NM
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA, NM
PANZYGA ((1 G/10 ML) VIAL, (5 G/50 ML) VIAL, (10 G/100 ML) VIAL, (20 G/200 ML) VIAL, (30 G/300 ML) VIAL, (2.5 G/25 ML) VIAL)	5	PA, NM, BvD
PRIVIGEN 10% VIAL	5	PA, NM, BvD
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	5	PA - Part B vs D Determination, NM
RASUVO (7.5 MG/0.15 ML, 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, 30 MG/0.6 ML)	4	PA
RIDAURA 3 MG CAPSULE	5	NM
RINVOQ ER 15 MG TABLET	5	PA, NM
SILIQ 210 MG/1.5 ML SYRINGE	5	PA, NM
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet)</i>	4	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sirolimus (1 mg/ml solution, 2 mg tablet)</i>	5	PA - Part B vs D Determination, NM
SKYRIZI 150 MG DOSE KIT-2 SYRN	5	PA, NM
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination
VARIZIG 125 UNIT/1.2 ML VIAL	3	
XELJANZ (5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	5	PA, NM
XEMBIFY ((1 G/5 ML) VIAL, (2 G/10 ML) VIAL, (4 G/20 ML) VIAL, (10 G/50 ML) VIAL)	5	PA - Part B vs D Determination, NM
ZORTRESS 1 MG TABLET	5	PA - Part B vs D Determination, NM, BvD

VACCINES

ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
<i>bcg vaccine (tice strain) vial</i>	3	PA - Part B vs D Determination
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
<i>diphtheria-tetanus toxoids-ped</i>	3	
ENGERIX-B 20 MCG/ML SYRN	3	PA - Part B vs D Determination
ENGERIX-B 20 MCG/ML VIAL	3	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	PA - Part B vs D Determination
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	3	
HIBERIX (VIAL, WITH DILUENT)	3	
IMOVAZ RABIES VACCINE VIAL	3	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOV VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE VIAL	3	
MENACTRA VIAL	3	
MENQUADFI VIAL	3	
MENVEO A-C-Y-W-135-DIP VIAL KT	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV VIAL	3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - Part B vs D Determination
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA - Part B vs D Determination
RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	3	QL (2 PER 365 DAYS)
SHINGRIX VIAL KIT	3	QL (2 PER 365 DAYS)
<i>tdvax vial</i>	3	
TENIVAC (SYRINGE, VIAL)	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
YF-VAX (1 VIAL, 5 VIAL)	3	
ZOSTAVAX VIAL	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	5	PA, NM
<i>balsalazide disodium 750 mg cp</i>	3	
<i>budesonide ec 3 mg capsule</i>	4	
<i>budesonide er 9 mg tablet</i>	5	NM
<i>hydrocortisone 100 mg/60 ml</i>	4	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet)</i>	4	
<i>mesalamine 1,000 mg supp</i>	5	NM
<i>mesalamine dr 400 mg capsule</i>	4	
<i>mesalamine er 0.375 gram cap</i>	4	
<i>sulfasalazine 500 mg tablet</i>	3	
<i>sulfasalazine dr 500 mg tab</i>	3	
IRRIGATING SOLUTIONS		
<i>aqua care sterile water irrig</i>	4	
<i>sterile water for irrigation</i>	4	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin-salmon 200 units sp</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>cinacalcet hcl (60 mg tablet, 90 mg tablet)</i>	5	NM
<i>cinacalcet hcl 30 mg tablet</i>	4	
<i>etidronate disodium 200 mg tab</i>	2	
<i>FORTEO 600 MCG/2.4 ML PEN INJ</i>	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibandronate sodium 150 mg tab</i>	2	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, NM
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA, BvD
<i>risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)</i>	4	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM

MISCELLANEOUS THERAPEUTIC AGENTS

ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BAQSIMI (3 MG SPRAY TWO PACK, 3 MG SPRAY, 3 MG SPRAY ONE PACK)	3	
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	5	PA, NM
CYSTADANE 1 GRAM/1.7 ML POWDER	5	LA, NM
ELMIRON 100 MG CAPSULE	5	NM
GLUCAGEN (DIAGNOSTIC 1 MG VIAL, 1 MG HYPOKIT)	3	
GLUCAGON 1 MG EMERGENCY KIT	3	
<i>glucagon 1 mg vial</i>	3	
<i>guanidine hcl 125 mg tablet</i>	2	
GVOKE HYPOPEN 1-PACK (1PK 0.5MG/0.1 ML, 1-PK 1 MG/0.2 ML)	3	
GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML, 2PK 0.5MG/0.1 ML)	3	
GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML SYR, 1PK 0.5MG/0.1 ML SYR)	3	
GVOKE PFS 2-PACK SYRINGE (2-PK 1 MG/0.2 ML SYR, 2PK 0.5MG/0.1 ML SYR)	3	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
KALBITOR 10 MG/ML VIAL	5	PA, LA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
<i>levocarnitine 1 g/10 ml soln</i>	4	
<i>levocarnitine 330 mg tablet</i>	3	
<i>levocarnitine sf 1 g/10 ml sol</i>	4	
MESNEX 400 MG TABLET	5	NM
PROGLYCEM 50 MG/ML ORAL SUSP	5	NM
<i>pyridostigmine 60 mg/5 ml soln</i>	4	
<i>pyridostigmine bromide (30 mg tablet, 60 mg tablet)</i>	3	
<i>pyridostigmine er 180 mg tab</i>	4	
RECTIV 0.4% OINTMENT	4	
RUZURGI 10 MG TABLET	5	PA, NM
TAKHZYRO 300 MG/2 ML VIAL	5	PA, LA, QL (4 PER 30 DAYS), NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM

OPHTHALMIC AGENTS

ANTIGLAUCOMA AGENTS

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	4
<i>acetazolamide er 500 mg cap</i>	3
ALPHAGAN P 0.1% DROPS	3
AZOPT 1% EYE DROPS	3
<i>betaxolol hcl 0.5% eye drop</i>	3
BETOPTIC S 0.25% EYE DROPS	4
<i>bimatoprost 0.03% eye drops</i>	3
<i>brimonidine 0.2% eye drop</i>	2
<i>brimonidine tartrate 0.15% drp</i>	4
<i>carteolol hcl 1% eye drops</i>	1
COMBIGAN 0.2%-0.5% EYE DROPS	3

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
dorzolamide 2% eye drop	2
dorzolamide hcl 2% eye drops	2
dorzolamide-timolol 2%-0.5%	4
dorzolamide-timolol eye drops	2
latanoprost 0.005% eye drops	1
levobunolol 0.5% eye drops	1
LUMIGAN 0.01% EYE DROPS	3
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4
PHOSPHOLINE IODIDE 0.125%	4
pilocarpine hcl (1% drops, 2% drops, 4% drops)	3
RHOPRESSA 0.02% OPHTH SOLUTION	3
ROCKLATAN 0.02%-0.005% EYE DRP	3
SIMBRINZA 1%-0.2% EYE DROPS	3
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	1
<i>timolol maleate (0.25% gfs gel-solution, 0.25% gel-solution, 0.5% eye drop, 0.5% gfs gel-solution, 0.5% gel-solution)</i>	4
<i>travoprost 0.004% eye drop</i>	3

REPLACEMENT PREPARATIONS

dextrose 10%-0.45% nacl iv sol	4
dextrose 2.5%-0.45% nacl iv	4
dextrose 5%-0.45% nacl iv soln	4
dextrose 5%-0.45% nacl-kcl (10 in, 20 in)	4
dextrose 5%-0.9% nacl iv soln	4
<i>dextrose 5%-1/2ns-kcl (d5%-1/2ns-kcl 40 meq/l iv sol, d5%-1/2ns-kcl 30 meq/l iv sol, d5%-1/2ns-kcl 10 meq/l iv sol)</i>	4
dextrose 5%-lr iv solution	4
<i>dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)</i>	4
<i>dextrose 5%-potassium chloride (d5w-kcl 30 meq/l iv solution, kcl 20 meq in d5w solution, kcl 40 meq in d5w solution)</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4
kcl 40 meq in d5w-lact ringer	4
KLOR-CON M10 TABLET	2
KLOR-CON M15 TABLET	2
KLOR-CON M20 TABLET	2
magnesium sulfate (syringe, vial)	4
potassium chloride (10 meq/100 ml sol, 10 meq/50 ml sol, 10% (20 meq/15ml), 10% (40 meq/30ml), 20 meq/100 ml sol, 20% (40 meq/15ml), 20 meq packet, 20 meq/50 ml sol, 40 meq/100 ml sol)	4
potassium chloride (2 meq/ml conc, 10 meq/5 ml conc, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)	1
potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet)	3
potassium citrate er (er 5 tab, er 10 tb, er 15 tb)	4
potassium cl 20 meq/10 ml conc	1
potassium cl 20meq/100ml-water	4
potassium cl er 20 meq tablet	2
sodium chloride (50 ml, 100 ml, 250 ml, 500 ml, 1,000 ml, ampule, sol-excel, soln, solution, vial)	2
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)	4
sodium chloride 0.9%-water	2

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER) 3

ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG) 3

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3	
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	3	
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	4	PA - Part B vs D Determination
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	4	
DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)	4	PA
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	3	
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	
<i>fluticasone-salmeterol (55-14, 100-50, 113-14, 232-14, 250-50, 500-50)</i>	3	
PULMICORT FLEXHALER (90 MCG, 180 MCG)	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sod 4 mg granules</i>	4	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	3	
<i>zileuton er 600 mg tablet</i>	5	PA, NM
BRONCHODILATORS		
<i>albuterol hfa 90 mcg inhaler</i>	3	
<i>albuterol sulf 2 mg/5 ml syrup</i>	2	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)</i>	3	PA - Part B vs D Determination
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution)</i>	2	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	QL (25.8 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	3	PA - Part B vs D Determination
<i>ipratropium br 0.02% soln</i>	2	PA - Part B vs D Determination
<i>levalbuterol tar hfa 45mcg inh</i>	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	2	
<i>theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)</i>	4	
TRELEGY ELLIPTA 100-62.5-25	3	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10% vial, 20% vial)</i>	4	PA - Part B vs D Determination
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, LA, NM
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	3	PA
ESBRIET (267 MG TABLET, 267 MG CAPSULE, 801 MG TABLET)	5	PA, NM
GLASSIA 1 GM/50 ML VIAL	5	PA, LA, NM
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (100 MG/ML SYRINGE, 100 MG VIAL, 100 MG/ML AUTO-INJECTOR)	5	PA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (100-125 MG GRANULE PKT, 100 MG-125 MG TABLET, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	5	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA 100/50/75 MG-150 MG	5	PA, NM
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	5	PA, LA, NM
ZEMAIRA 1,000 MG VIAL	5	PA, LA, NM

SKELETAL MUSCLE RELAXANTS

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
COMFORT PAC-CYCLOBENZAPRINE KT	1	PA
COMFORT PAC-TIZANIDINE KIT	2	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	PA
CYCLOTENS (REFILL, STARTER)	1	PA
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

SLEEP DISORDER AGENTS

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	4	
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	2	
HETLIOZ 20 MG CAPSULE	5	PA, NM
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA, QL (60 PER 30 DAYS)
SUNOSI (75 MG TABLET, 150 MG TABLET)	4	PA, QL (1 PER 1 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	5	PA, LA, QL (18 PER 1 DAYS), NM
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	2	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	

VASODILATING AGENTS

ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
---	---	--------

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	5	PA, LA, NM
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
<i>sildenafil 20 mg tablet (generic for revatio)</i>	3	PA
<i>tadalafil 20 mg tablet</i>	5	NM
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	5	PA, NM
TRACLEER 32 MG TABLET FOR SUSP	5	PA, LA, NM
TYVASO 1.74 MG/2.9 ML SOLUTION	5	LA, NM
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, NM
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	5	PA - Part B vs D Determination, LA, NM, BvD

VITAMINS AND MINERALS

ESCAVITE D TABLET CHEWABLE	1
ESCAVITE LQ DROPS	1
ESCAVITE TABLET CHEWABLE	1
FLORIVA (0.25 MG/ML DROPS, 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET)	1
FLUORABON 0.25 MG/0.6 ML DROPS	1
<i>flura-drops 0.25 mg/drop</i>	1
ICAR-C PLUS TABLET	1
<i>multivitamin with fluoride (multivit-fluor 0.25 mg/ml drop, multivit-fluor 0.25 mg tab chw, multivit-fluor 0.5 mg/ml drop, multivit-fluor 0.5 mg tab chew, multivit-fluoride 1 mg tab chw)</i>	1
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	1
<i>niva-plus tablet</i>	1
O-CAL FA TABLET	1
POLY-VI-FLOR (0.25 MG TAB CHEW, 0.25 MG DROPS, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	1

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	1
PUREFE PLUS CAPSULE	1
QUFLORA (0.25 MG/ML DROP, 0.25 MG CHEW TAB, 0.5 MG/ML DROP, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1
QUFLORA FE (PED 0.25 MG/ML DROP, 0.25 MG CHEW TABLET)	1
<i>sodium fluoride 0.5 mg/ml drop</i>	1
TRI-VI-FLOR (0.25 MG DROPS, 0.5 MG DROPS)	1
<i>tri-vitamin with fluoride (0.25 mg/ml drop, 0.5 mg/ml drop)</i>	1
<i>vit a,c,d-fluoride 0.25 mg/ml</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page I-7.
 2021 Medicare Drug Formulary
 Formulary ID 00021402, Version 7
 Effective: January 1, 2021

Index of Covered Drugs

In this section, you can find a drug by searching its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A

abacavir.....	37	ALINIA.....	32
abacavir-lamivudine.....	37	aliskiren.....	51
abacavir-lamivudine-zidovudine.....	37	allopurinol.....	30
ABELCET.....	28	alosetron hcl.....	79
ABILIFY MAINTENA.....	34	ALPHAGAN P.....	81
ABILIFY MYCITE.....	34	alprazolam.....	7
abiraterone acetate.....	13	alprazolam er.....	7
acamprosate calcium.....	6	alprazolam xr.....	7
acarbose.....	25	ALTABAX.....	61
acetaminophen-codeine.....	2	ALTAVERA.....	55
acetazolamide.....	81	ALUNBRIG.....	13
acetazolamide er.....	81	ALYACEN.....	55
acetic acid.....	64	AMABELZ.....	70
acetylcysteine.....	85	amantadine.....	33
acitretin.....	59	AMBISOME.....	28
ACTEMRA.....	73	ambrisentan.....	87
ACTEMRA ACTPEN.....	73	AMETHIA.....	55
ACTHIB.....	77	amikacin sulfate.....	8
ACTIMMUNE.....	80	amiloride hcl.....	50
acyclovir.....	41	amiloride-hydrochlorothiazide.....	50
acyclovir sodium.....	41	AMINOSYN II.....	44
ADACEL TDAP.....	77	AMINOSYN II WITH ELECTROLYTES ..	44
adapalene.....	62	AMINOSYN M.....	44
adefovir dipivoxil.....	41	AMINOSYN WITH ELECTROLYTES ..	44
ADEMPAS.....	86	AMINOSYN-HBC.....	44
ADVAIR HFA.....	83	AMINOSYN-PF.....	44
AFINITOR.....	13	amiodarone hcl.....	46
AFINITOR DISPERZ.....	13	AMITIZA.....	66
agoneaze.....	5	amitriptyline hcl.....	23
AJOVY AUTOINJECTOR.....	30	amlodipine besylate.....	49
AJOVY SYRINGE.....	30	amlodipine besylate-benazepril.....	49
albendazole.....	32	amlodipine-valsartan.....	49
albuterol sulfate.....	84	amlodipine-valsartan-hctz.....	49
albuterol sulfate hfa.....	84	ammonium lactate.....	59
alclometasone dipropionate.....	60	AMNESTEEM.....	59
ALECENSA.....	13	amoxapine.....	23
alendronate sodium.....	79	amoxicillin.....	11
alfuzosin hcl er.....	68	amoxicillin-clavulanate potass.....	11
		amphotericin b.....	28
		ampicillin sodium.....	11

ampicillin trihydrate.....	11	AUBRA EQ.....	55
ampicillin-sulbactam.....	11	AUSTEDO.....	52
ANADROL-50.....	69	AVIANE.....	55
anagrelide hcl.....	43	AVITA.....	62
anastrozole.....	13	AVONEX.....	52
anodyne lpt.....	5	AVONEX PEN.....	52
ANORO ELLIPTA.....	85	AYVAKIT.....	13
APOKYN.....	33	AZASAN.....	73
aprepitant.....	32	azathioprine.....	73
APRI.....	55	azelaic acid.....	59
APTIOM.....	19	azelastine hcl.....	63
APTIVUS.....	37	azithromycin.....	10
aqua care sterile water irrig.....	79	AZOPT.....	81
ARALAST NP.....	85	aztreonam.....	11
ARANELLE.....	55		
ARANESP.....	42		
ARCALYST.....	73	B	
ariPIPrazole.....	34	bacitracin.....	64
ariPIPrazole odt.....	34	bacitracin-polymyxin.....	64
ARISTADA.....	35	baclofen.....	86
ARISTADA INITIO.....	35	balsalazide disodium.....	79
armodafinil.....	86	BALVERSA.....	13
ARNURITY ELLIPTA.....	83	BALZIVA.....	55
ASCENIV.....	73	BANZEL.....	20
ASHLYNA.....	55	BAQSIMI.....	80
ASMANEX.....	84	BARACLUDE.....	41
ASMANEX HFA.....	84	bcg vaccine (tice strain).....	77
aspirin-dipyridamole er.....	44	BELSOMRA.....	86
atazanavir sulfate.....	37	benazepril hcl.....	45
atenolol.....	47	benazepril-hydrochlorothiazide.....	46
atenolol-chlorthalidone.....	47	BENLYSTA.....	80
atomoxetine hcl.....	52	benztropine mesylate.....	33
atorvastatin calcium.....	50	BERINERT.....	42
atovaquone.....	32	BESIVANCE.....	64
atovaquone-proguanil hcl.....	33	betamethasone diprop augmented.....	60
ATRIPLA.....	37	betamethasone dipropionate.....	60
atropine sulfate.....	63	betamethasone valerate.....	60
ATROVENT HFA.....	85	BETASERON.....	52
AUBAGIO.....	52	betaxolol hcl.....	81
AUBRA.....	55	bethanechol chloride.....	68
		BETHKIS.....	8

BETOPTIC S.....	81	butalbital-aspirin-caffeine.....	2
bexarotene.....	13	BYDUREON BCISE.....	25
BEXZERO.....	77	BYDUREON PEN.....	25
bicalutamide.....	13	BYETTA.....	26
BICILLIN C-R.....	11		
BIKTARVY.....	37		
bimatoprost.....	81	Cabergoline.....	33
bisoprolol fumarate.....	47	CABLIVI.....	43
bisoprolol-hydrochlorothiazide.....	47	CABOMETYX.....	14
BIVIGAM.....	74	CADIRA COMPLIANT BLOOD STAT.....	5
BLEPHAMIDE S.O.P.....	64	calcipotriene.....	59
BLISOVI 24 FE.....	55	calcitonin-salmon.....	79
BLISOVI FE.....	55	calcitriol.....	59,79
BOOSTRIX TDAP.....	77	calcium acetate.....	68
bosentan.....	87	CALQUENCE.....	14
BOSULIF.....	13	CAMILA.....	55
BRAFTOVI.....	13	CAMRESE LO.....	55
BREO ELLIPTA.....	84	CAPLYTA.....	35
BRIELLYN.....	55	CAPRELSA.....	14
BRILINTA.....	44	captopril.....	46
brimonidine tartrate.....	81	captopril-hydrochlorothiazide.....	46
BRIVIACT.....	20	CARBAGLU.....	66
bromfenac sodium.....	65	carbamazepine.....	20
bromocriptine mesylate.....	33	carbamazepine er.....	20
BRUKINSA.....	14	carbidopa.....	33
budesonide.....	84	carbidopa-levodopa.....	33
budesonide ec.....	79	carbidopa-levodopa er.....	33
budesonide er.....	79	carbidopa-levodopa-entacapone.....	33
budesonide-formoterol fumarate.....	84	carteolol hcl.....	81
bumetanide.....	50	CARTIA XT.....	48
buprenorphine.....	2	carvedilol.....	47
buprenorphine hcl.....	6	caspofungin acetate.....	28
buprenorphine-naloxone.....	6	CAYSTON.....	11
bupropion hcl.....	23	CAZIANT.....	55
bupropion hcl sr.....	6,23	cefadroxil.....	9
bupropion xl.....	23	cefazolin sodium.....	9
buspirone hcl.....	7	cefazolin sodium-dextrose.....	9
butalbital-acetaminophen-caffe.....	2	cefdinir.....	9
butalbital-acetaminophn 50-300 tablet.....	2	cefepime.....	10
butalbital-acetaminophn 50-325 tablet.....	2	cefepime hcl.....	10

cefepime-dextrose.....	10	clarithromycin.....	10
cefixime.....	10	CLEOCIN.....	6
cefoxitin.....	10	CLIMARA PRO.....	70
cefoxitin sodium.....	10	CLIN SINGLE USE.....	8
cefpodoxime proxetil.....	10	clindamycin hcl.....	8
cefprozil.....	10	clindamycin palmitate hcl.....	8
ceftazidime.....	10	clindamycin pediatric.....	8
ceftriaxone.....	10	clindamycin phos-benzoyl peroxy.....	61
cefuroxime.....	10	clindamycin phosphate.....	6,8,61
cefuroxime sodium.....	10	clindamycin-benzoyl peroxide.....	61
celecoxib.....	4	clobazam.....	20
CELONTIN.....	20	clobetasol emollient.....	60
cephalexin.....	10	clobetasol propionate.....	60
CERDELGA.....	63	clomipramine hcl.....	23
cetirizine hcl.....	30	clonazepam.....	7
cevimeline hcl.....	58	clonidine.....	44
CHANTIX.....	6	clonidine hcl.....	44
chlordiazepoxide hcl.....	7	clonidine hcl er.....	52
chlorhexidine gluconate.....	58	clopidogrel.....	44
chloroquine phosphate.....	33	clorazepate dipotassium.....	7
chlorothiazide.....	50	clotrimazole.....	29
chlorpromazine hcl.....	35	clotrimazole-betamethasone.....	29
chlorthalidone.....	50	clozapine.....	35
CHOLBAM.....	66	clozapine odt.....	35
cholestyramine.....	50	COARTEM.....	33
cholestyramine light.....	50	codeine sulfate.....	2
ciclopirox.....	29	colchicine.....	30
cilostazol.....	44	colestipol hcl.....	50
CILOXAN.....	64	colistimethate.....	8
CIMDUO.....	38	COMBIGAN.....	81
cimetidine.....	66	COMBIPATCH.....	70
CIMZIA.....	74	COMBIVENT RESPIMAT.....	85
cinacalcet hcl.....	79	COMETRIQ.....	14
CINRYZE.....	43	COMFORT PAC-CYCLOBENZAPRINE ..	86
CIPRO HC.....	64	COMFORT PAC-IBUPROFEN.....	4
ciprofloxacin.....	12	COMFORT PAC-MELOXICAM.....	4
ciprofloxacin hcl.....	12,64	COMFORT PAC-NAPROXEN.....	4
ciprofloxacin-d5w.....	12	COMFORT PAC-TIZANIDINE.....	86
citalopram hbr.....	23	COMPLERA.....	38
CLARAVIS.....	59	COMPROM.....	32

CONDYLOX	59	DARZALEX FASPRO	14
CONSTULOSE	66	DAURISMO	14
COPIKTRA	14	DEBLITANE	55
CORDRAN	60	deferasirox	69
CORLANOR	49	DELSTRIGO	38
COSENTYX (2 SYRINGES)	74	demeclacycline hcl	12
COSENTYX PEN	74	DEM SER	49
COSENTYX PEN (2 PENS)	74	denta 5000 plus	58
COSENTYX SYRINGE	74	dentagel	58
COTELLIC	14	DEPO-PROVERA	73
CREON	63	dermacinrx empriacaine	5
CRESEMBA	29	DESCOVY	38
CRIXIVAN	38	desipramine hcl	23
cromolyn sodium	64,66	desmopressin acetate	72
CRYSELLE	55	desogestrel-eth estrad eth estra	55
CUTAQUIG	74	desogestrel-ethinyl estradiol	55
CUVITRU	74	desonide	60
CYCLAFEM	55	desoximetasone	60
cyclobenzaprine hcl	86	desvenlafaxine suc er 100 mg tablet (generic for	
cyclophosphamide	14	Pristiq)	23
cycloserine	31	desvenlafaxine suc er 25 mg tablet (generic for	
cyclosporine	74	Pristiq)	24
cyclosporine modified	74	desvenlafaxine suc er 50 mg tablet (generic for	
CYCLOTENS	86	Pristiq)	24
cyproheptadine hcl	30	dexamethasone	71
CYRED	55	DEXAMETHASONE INTENSOL	71
CYRED EQ	55	dexamethasone sodium phosphate	65,71
CYSTADANE	80	dexamethylphenidate hcl	52
CYSTAGON	68	dexamethylphenidate hcl er	52
CYSTARAN	64	dextroamphetamine sulfate	52
D		dextroamphetamine sulfate er	52
D-PENAMINE	69	dextroamphetamine-amphet er	53
dalfampridine er	52	dextroamphetamine-amphetamine	52,53
DALIRESP	85	dextrose 10%-0.45% nacl	82
danazol	69	dextrose 2.5%-0.45% nacl	82
dantrolene sodium	86	dextrose 5%-0.45% nacl	82
dapsone	31	dextrose 5%-0.45% nacl-kcl	82
DAPTACEL DTAP	77	dextrose 5%-0.9% nacl	82
daptomycin	9	dextrose 5%-1/2ns-kcl	82
		dextrose 5%-ns-kcl	82

dextrose 5%-potassium chloride.....	82
dextrose in lactated ringers.....	82
dextrose in water.....	44
diazepam.....	7,8,20
diclofenac potassium.....	4
diclofenac sodium.....	4,65
dicloxacillin sodium.....	11
DICLOZOR.....	4
dicyclomine hcl.....	66
didanosine.....	38
DIFICID.....	10
DIGITEK.....	49
DIGOX.....	49
digoxin.....	49
dihydroergotamine mesylate.....	30
DILANTIN.....	20
DILT-XR.....	48
diltiazem 24hr er.....	48
diltiazem 24hr er (cd).....	48
diltiazem 24hr er (xr).....	48
diltiazem 24hr er 360 mg cap (generic for cardizem cd).....	48
diltiazem hcl.....	48
diphenhydramine hcl.....	30
diphenoxylate-atropine.....	67
diphtheria-tetanus toxoids-ped.....	77
dipyridamole.....	44
disopyramide phosphate.....	46
disulfiram.....	6
DIURIL.....	50
divalproex sodium.....	20
divalproex sodium er.....	20
DM2.....	26
dofetilide.....	46
donepezil hcl.....	23
donepezil hcl odt.....	23
dorzolamide.....	82
dorzolamide hcl.....	82
dorzolamide-timolol.....	82
DOTTI.....	70
DOVATO.....	38
doxazosin mesylate.....	45
doxepin hcl.....	24
DOXY 100.....	12
doxycycline hyclate.....	13
doxycycline monohydrate.....	12,13
DRIZALMA SPRINKLE.....	24
dronabinol.....	32
drospirenone-ethinyl estradiol.....	55
DULEREA.....	84
duloxetine hcl.....	24
DUPIXENT PEN.....	74
DUPIXENT SYRINGE.....	74
dutasteride.....	68
dutasteride-tamsulosin.....	69
E	
ec-naproxen.....	4
EDURANT.....	38
efavirenz.....	38
ELIQUIS.....	41
ELLA.....	55
ELMIRON.....	80
EMCYT.....	14
EMEND.....	32
EMGALITY PEN.....	31
EMGALITY SYRINGE.....	31
emoquette.....	56
EMSAM.....	24
emtricitabine.....	38
EMTRIVA.....	38
enalapril maleate.....	46
enalapril-hydrochlorothiazide.....	46
ENBREL.....	74
ENBREL MINI.....	74
ENBREL SURECLICK.....	74
ENDOCET.....	2
ENGERIX-B ADULT.....	77
ENGERIX-B PEDIATRIC-ADOLESCENT	77
enoxaparin sodium.....	41

ENPRESSE.....	56
enskyce.....	56
entacapone.....	33
entecavir.....	41
ENTRESTO.....	45
ENULOSE.....	67
EPIDIOLEX.....	20
epinastine hcl.....	64
epinephrine.....	49
EPITOL.....	20
EPIVIR HBV.....	38
eplerenone.....	51
ERAXIS (WATER DILUENT).....	29
ERGOMAR.....	31
ergotamine-caffeine.....	31
ERIVEDGE.....	14
ERLEADA.....	14
erlotinib hcl.....	14
ERRIN.....	56
ertapenem.....	11
ERYTHROGIN LACTOBIONATE.....	10
erythromycin.....	11,61,64
ESBRIET.....	85
ESCAVITE.....	87
ESCAVITE D.....	87
ESCAVITE LQ.....	87
escitalopram oxalate.....	24
ESOMEPEZS.....	66
esomeprazole magnesium.....	66
ESTARYLLA.....	56
estradiol.....	70
estradiol (once weekly).....	70
estradiol (twice weekly).....	70
estradiol-norethindrone acetat.....	70
ESTRING.....	70
eszopiclone.....	86
ethambutol hcl.....	31
ethosuximide.....	20
ethynodiol-ethynodiol estradiol.....	56
etidronate disodium.....	79
etodolac.....	4
etodolac er.....	4
EUCRISA.....	60
EURAX.....	62
EUTHYROX.....	73
everolimus.....	14,74
EVOTAZ.....	38
exemestane.....	14
ezetimibe.....	51
F	
FALMINA.....	56
famciclovir.....	41
famotidine.....	66
FANAPT.....	35
FARYDAK.....	14
febuxostat.....	30
felbamate.....	20
felodipine er.....	49
FEMYNOR.....	56
fenofibrate.....	51
fentanyl.....	2
fentanyl citrate.....	2
FERRIPROX.....	69
FERRIPROX (2 TIMES A DAY).....	69
FETZIMA.....	24
FINACEA.....	59
finasteride.....	69
FINTEPLA.....	20
FIRMAGON.....	14
FIRVANQ.....	9
FLEBOGAMMA DIF.....	74
flecainide acetate.....	46
FLORIVA.....	87
FLOVENT DISKUS.....	84
FLOVENT HFA.....	84
fluconazole.....	29
fluconazole in dextrose.....	29
fluconazole in saline.....	29
fluconazole-nacl.....	29

flucytosine.....	29	GAMASTAN S-D.....	74
fludrocortisone acetate.....	71	GAMMAGARD LIQUID.....	74
flunisolide.....	65	GAMMAGARD S-D.....	75
fluocinolone acetonide.....	60	GAMMAKED.....	75
fluocinolone acetonide oil.....	65	GAMMAPLEX.....	75
fluocinonide.....	60	GAMUNEX-C.....	75
fluocinonide-e.....	60	GARDASIL 9.....	77
FLUORABON.....	87	gatifloxacin.....	64
fluorometholone.....	65	GATTEX.....	67
fluorouracil.....	59	GAVILYTE-C.....	68
fluoxetine hcl.....	24	GAVILYTE-G.....	68
fluphenazine decanoate.....	35	GAVILYTE-N.....	68
fluphenazine hcl.....	35	GAVRETO.....	14
flura-drops.....	87	gemfibrozil.....	51
flurbiprofen.....	4	GENERLAC.....	67
flurbiprofen sodium.....	65	GENGRAF.....	75
flutamide.....	14	gentamicin sulfate.....	8,61,62
fluticasone propionate.....	60,61,65	gentamicin sulfate in ns.....	8
fluticasone-salmeterol.....	84	GENVOYA.....	38
fluvoxamine maleate.....	24	GEODON.....	35
FML S.O.P.....	65	GIANVI.....	56
fondaparinux sodium.....	41,42	GILENYA.....	53
FORTEO.....	79	GILOTrif.....	15
fosamprenavir calcium.....	38	GLASSIA.....	85
fosinopril sodium.....	46	glatiramer acetate.....	53
fosinopril-hydrochlorothiazide.....	46	GLATOPA.....	53
FULPHILA.....	43	glimepiride.....	28
fulvestrant.....	14	glipizide.....	28
furosemide.....	50	glipizide er.....	28
FUZEON.....	38	glipizide xl.....	28
FYAVOLV.....	70	glipizide-metformin.....	28
FYCOMPA.....	21	GLUCAGEN.....	80
		GLUCAGON EMERGENCY KIT.....	80
G		glucagon hcl.....	80
gabapentin.....	21	glucose in water.....	44
GALAFOLD.....	63	glycopyrrolate.....	67
galantamine er.....	23	gransitron hcl.....	32
galantamine hbr.....	23	GRANIX.....	43
galantamine hydrobromide.....	23	griseofulvin.....	29
GAMASTAN.....	74	griseofulvin ultramicrosize.....	29

guanfacine hcl.....	45	HUMULIN 70-30.....	27
guanfacine hcl er.....	53	HUMULIN 70/30 KWIKPEN.....	27
guanidine hcl.....	80	HUMULIN N.....	27
GVOKE HYPOOPEN 1-PACK.....	80	HUMULIN N KWIKPEN.....	27
GVOKE HYPOOPEN 2-PACK.....	80	HUMULIN R.....	28
GVOKE PFS 1-PACK SYRINGE.....	80	HUMULIN R U-500.....	28
GVOKE PFS 2-PACK SYRINGE.....	80	HUMULIN R U-500 KWIKPEN.....	28
H		hydralazine hcl.....	49
HAEGARDA.....	43	hydrochlorothiazide.....	50
HAILEY 24 FE.....	56	hydrocodone-acetaminophen.....	2
haloperidol.....	35	hydrocodone-ibuprofen.....	2
haloperidol decanoate.....	35	hydrocortisone.....	61,71,79
haloperidol decanoate 100.....	35	hydrocortisone valerate.....	61
haloperidol lactate.....	35	hydromorphone hcl.....	2,3
HARVONI.....	40	hydromorphone hcl-water.....	3
HAVRIX.....	77	hydroxychloroquine sulfate.....	33
heparin sodium.....	42	hydroxyurea.....	15
heparin sodium-d5w.....	42	hydroxyzine hcl.....	30
HETLIOZ.....	86	hydroxyzine pamoate.....	80
HIBERIX.....	77	HYQVIA.....	75
HIZENTRA.....	75	I	
HUMALOG.....	27	ibandronate sodium.....	80
HUMALOG JUNIOR KWIKPEN.....	27	IBRANCE.....	15
HUMALOG KWIKPEN U-100.....	27	IBU.....	4
HUMALOG KWIKPEN U-200.....	27	ibuprofen.....	4
HUMALOG MIX 50-50.....	27	ICAR-C PLUS.....	87
HUMALOG MIX 50-50 KWIKPEN.....	27	icatibant.....	49
HUMALOG MIX 75-25.....	27	ICLUSIG.....	15
HUMALOG MIX 75-25 KWIKPEN.....	27	IDHIFA.....	15
HUMAPEN LUXURA HD.....	62	ILARIS.....	76
HUMIRA.....	75	imatinib mesylate.....	15
HUMIRA PEN.....	75	IMBRUVICA.....	15
HUMIRA PEN CROHN'S-UC-HS.....	75	imipenem-cilastatin sodium.....	11
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	75	imipramine hcl.....	24
HUMIRA(CF).....	75	imiquimod.....	59
HUMIRA(CF) PEDIATRIC CROHN'S.....	75	IMOVAZ RABIES VACCINE.....	77
HUMIRA(CF) PEN.....	75	INBRIJA.....	34
HUMIRA(CF) PEN CROHN'S-UC-HS.....	75	INCASSIA.....	56
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	75	INCRELEX.....	72

INCRUSE ELLIPTA.....	85
indapamide.....	50
indomethacin.....	4
INFANRIX DTAP.....	78
INGREZZA.....	53
INGREZZA INITIATION PACK.....	53
INLYTA.....	15
INQOVI.....	15
INREBIC.....	15
insulin lispro.....	28
insulin lispro kwikpen u-100.....	28
INTELENCE.....	38
INTRALIPID.....	44
INTRON A.....	40
INTROVALE.....	56
INVEGA SUSTENNA.....	35
INVEGA TRINZA.....	35
INVIRASE.....	38
INVOKAMET.....	26
INVOKAMET XR.....	26
INVOKANA.....	26
IPOP.....	78
ipratropium bromide.....	64,85
ipratropium-albuterol.....	85
irbesartan.....	45
irbesartan-hydrochlorothiazide.....	45
IRESSA.....	15
ISENTRESS.....	38
ISENTRESS HD.....	38
ISIBLOOM.....	56
ISOLYTE S.....	83
isoniazid.....	31
isosorbide dinitrate.....	51
isosorbide dinitrate er.....	51
isosorbide mononitrate.....	51
isosorbide mononitrate er.....	52
itraconazole.....	29
ivermectin.....	33
IXIARO.....	78

J

JADENU.....	69
JAKAFI.....	15
jantoven 10mg tablet.....	42
jantoven 1mg tablet.....	42
jantoven 2.5mg tablet.....	42
jantoven 2mg tablet.....	42
jantoven 3mg tablet.....	42
jantoven 4mg tablet.....	42
jantoven 5mg tablet.....	42
jantoven 6mg tablet.....	42
jantoven 7.5mg tablet.....	42
JARDIANCE.....	26
jasmiel.....	56
JENTADUETO.....	26
JENTADUETO XR.....	26
JINTELI.....	70
JULEBER.....	56
JULUCA.....	38
JUNEL.....	56
JUNEL FE.....	56
JUXTAPID.....	51

K

KALBITOR.....	80
KALETRA.....	38
KALYDECO.....	85
KARIVA.....	56
KELNOR 1-35.....	56
KELNOR 1-50.....	56
ketoconazole.....	29
ketorolac tromethamine.....	4,65
KEVZARA.....	76
KINERET.....	76
KINRIX.....	78
KIONEX.....	67
KISQALI.....	15
KISQALI FEMARA CO-PACK.....	15
KLOR-CON M10.....	83

KLOR-CON M15.....	83	levocarnitine.....	81
KLOR-CON M20.....	83	levocarnitine sf.....	81
KORLYM.....	26	levocetirizine dihydrochloride.....	30
KOSELUGO.....	15	levofloxacin.....	12
KURVELO.....	56	LEVONEST.....	56
KUVAN.....	63	levonorg-eth estrad eth estrad.....	56
L		levonorgestrel-eth estradiol.....	57
labetalol hcl.....	47	LEVORA-28.....	57
LACRISERT.....	64	levothyroxine sodium.....	73
lactulose.....	67	LEXIVA.....	39
lamivudine.....	38	lido-prilo caine pack.....	5
lamivudine hbv.....	39	lidocaine.....	5
lamivudine-zidovudine.....	39	lidocaine hcl.....	5
lamotrigine.....	21	lidocaine hcl viscous.....	5
lamotrigine odt.....	21	lidocaine-prilocaine.....	5
lansoprazole.....	66	lidopril.....	5
LANTUS.....	28	lidopril xr.....	5
LANTUS SOLOSTAR.....	28	LIDOPURE PATCH.....	5
LARIN.....	56	LIDOTREX.....	5
LARIN FE.....	56	linezolid.....	9
LARISSIA.....	56	linezolid-0.9% nacl.....	9
latanoprost.....	82	linezolid-d5w.....	9
LATUDA.....	36	LINZESS.....	67
LAZANDA.....	3	liothyronine sodium.....	73
ledipasvir-sofosbuvir.....	40	lisinopril.....	46
LEENA.....	56	lisinopril-hydrochlorothiazide.....	46
leflunomide.....	76	lithium.....	53
LENVIMA.....	15	lithium carbonate.....	53
LESSINA.....	56	lithium carbonate er.....	53
letrozole.....	15	livixil pak.....	5
leucovorin calcium.....	81	LONSURF.....	16
LEUKERAN.....	15	loperamide.....	67
LEUKINE.....	43	lopinavir-ritonavir.....	39
leuprolide acetate.....	16	LOPREEZA.....	70
leva set.....	5	lorazepam.....	8
levalbuterol tartrate hfa.....	85	LORAZEPAM INTENSOL.....	8
levetiracetam.....	21	LORBRENA.....	16
levetiracetam er.....	21	LORCET.....	3
levobunolol hcl.....	82	LORCET HD.....	3
		LORCET PLUS.....	3

LORYNA.....	57	MENACTRA.....	78
losartan potassium.....	45	MENQUADFI.....	78
losartan-hydrochlorothiazide.....	45	MENVEO A-C-Y-W-135-DIP.....	78
LOTEMAX.....	65	mercaptopurine.....	16
LOTEMAX SM.....	65	meropenem.....	11
loteprednol etabonate.....	65	meropenem-0.9% nacl.....	11
lovastatin.....	51	mesalamine.....	79
LOW-OGESTREL.....	57	mesalamine dr.....	79
loxapine.....	36	mesalamine er.....	79
LUMIGAN.....	82	MESNEX.....	81
LUPRON DEPOT.....	16,72	metformin hcl.....	26
LUPRON DEPOT (LUPANETA).....	16,72	metformin hcl 1,000 mg tablet (generic for glucophage).....	26
LUPRON DEPOT-PED.....	72	metformin hcl 500 mg tablet (generic for glucophage).....	26
LUTERA.....	57	metformin hcl er.....	26
LYNPARZA.....	16	methadone hcl.....	3
LYSODREN.....	16	METHADONE INTENSOL.....	3
LYZA.....	57	methazolamide.....	82
M		methimazole.....	73
M-M-R II VACCINE.....	78	methotrexate.....	16
magnesium sulfate.....	83	methotrexate sodium.....	16
malathion.....	62	methoxsalen.....	59
maprotiline hcl.....	24	methscopolamine bromide.....	67
MARLISSA.....	57	methyldopa.....	45
MARPLAN.....	24	methylphenidate er.....	53
MATULANE.....	16	methylphenidate er (la).....	53
MATZIM LA.....	48	methylphenidate hcl.....	54
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA).....	48	methylphenidate hcl cd.....	54
MAVENCLAD.....	53	methylphenidate hcl er (cd).....	54
MAVYRET.....	40	methylphenidate la.....	54
MAYZENT.....	53	methylprednisolone.....	71
meclizine hcl.....	32	metoclopramide hcl.....	67
medroxyprogesterone acetate.....	73	metolazone.....	50
mefloquine hcl.....	33	metoprolol succinate.....	47
megestrol acetate.....	16,73	metoprolol tartrate.....	47
MEKINIST.....	16	metoprolol-hydrochlorothiazide.....	47
MEKTOVI.....	16	metronidazole.....	6,9,62
meloxicam.....	4	mexiletine hcl.....	47
memantine hcl.....	23	MICROGESTIN.....	57

MICROGESTIN FE.....	57
midodrine hcl.....	45
miglitol.....	26
miglustat.....	63
MILI.....	57
MILLIPRED DP.....	71
MIMVEY.....	70
MINITRAN.....	52
minocycline hcl.....	13
minoxidil.....	52
mirtazapine.....	24
misoprostol.....	66
modafinil.....	86
moexipril hcl.....	46
molindone hcl.....	36
mometasone furoate.....	61
montelukast sodium.....	84
MONUROL.....	9
morphine sulfate.....	3
morphine sulfate er.....	3
MOVANTIK.....	67
moxifloxacin.....	64
moxifloxacin 0.5% eye drops (generic for moxeza).....	64
moxifloxacin hcl.....	12
MOZOBIL.....	43
MULTAQ.....	47
multivitamin with fluoride.....	87
mupirocin.....	62
MVASI.....	16
MVC-FLUORIDE.....	87
mycophenolate mofetil.....	76
MYORISAN.....	59
MYRBETRIQ.....	68
MYTESI.....	67
 N	
nabumetone.....	4
nadolol.....	47
nafcillin.....	11
nafcillin sodium.....	12
naloxone hcl.....	6
naltrexone hcl.....	6
naproxen.....	5
naratriptan hcl.....	31
NARCAN.....	6
NATACYN.....	64
nateglinide.....	26
NATPARA.....	80
NAYZILAM.....	21
NECON.....	57
nefazodone hcl.....	24
neomycin sulfate.....	8
neomycin-bacitracin-polymyxin.....	64
neomycin-polymyxin-dexameth.....	64
neomycin-polymyxin-gramicidin.....	64
neomycin-polymyxin-hc.....	64
neomycin-polymyxin-hydrocort.....	64
NERLYNX.....	16
NEULASTA.....	43
NEUPOGEN.....	43
NEUPRO.....	34
nevirapine.....	39
nevirapine er.....	39
NEXAVAR.....	16
niacin er.....	51
NICOTROL.....	6
NICOTROL NS.....	6
nifedipine er.....	50
NIKKI.....	57
nilutamide.....	16
nimodipine.....	50
NINLARO.....	16
nitisinone.....	63
nitrofurantoin.....	9
nitrofurantoin mono-macro.....	9
nitroglycerin.....	52
nitroglycerin patch.....	52
niva-plus.....	87
NORA-BE.....	57

NORDITROPIN FLEXPRO.....	72
norethindron-ethinyl estradiol.....	57,70
norethindrone.....	57
norethindrone ac (lupaneta).....	73
norethindrone acetate.....	73
norgestimate-ethinyl estradiol.....	57
NORPACE CR.....	47
NORTHERA.....	45
NORTREL.....	57
nortriptyline hcl.....	24
NORVIR.....	39
NOURIANZ.....	34
NOVOPEN ECHO.....	62
NUBEQA.....	16
NUCALA.....	85
NUDEEXTA.....	54
NUPLAZID.....	36
NURTEC ODT.....	31
NUVAKAAN-II.....	5
NUZYRA.....	13
NYAMYC.....	29
nystatin.....	29,30
NYSTOP.....	30

O

O-CAL FA.....	87
OCALIVA.....	67
OCELLA.....	57
OCTAGAM.....	76
octreotide acetate.....	72
ODEFSEY.....	39
ODOMZO.....	17
OFEV.....	85
ofloxacin.....	64
OGESTREL.....	57
olanzapine.....	36
olanzapine odt.....	36
olmesartan medoxomil.....	45
olmesartan-hydrochlorothiazide.....	45
olopatadine hcl.....	64

OLUMIANT.....	76
omega-3 acid ethyl esters.....	51
omeprazole.....	66
OMNIPOD.....	62
OMNIPOD DASH 5 PACK POD.....	62
OMNIPOD DASH PDM KIT.....	62
ondansetron hcl.....	32
ondansetron odt.....	32
ONUREG.....	17
OPSUMIT.....	87
ORENCIA.....	76
ORENCIA CLICKJECT.....	76
ORFADIN.....	63
ORILISSA.....	72
ORKAMBI.....	85
ORSYTHIA.....	57
oseltamivir phosphate.....	40
OTEZLA.....	76
oxandrolone.....	69
OXBRYTA.....	43
oxcarbazepine.....	21
OXERVATE.....	64
oxybutynin chloride.....	68
oxybutynin chloride er.....	68
oxycodone hcl.....	3
oxycodone hcl-aspirin.....	4
oxycodone-acetaminophen.....	3,4
OZEMPIC.....	26

P

PACERONE.....	47
paliperidone er.....	36
PANRETIN.....	60
pantoprazole sodium.....	66
PANZYGA.....	76
paricalcitol.....	80
paromomycin sulfate.....	33
paroxetine hcl.....	25
PASER.....	31
PAXIL.....	25

PEDIARIX	78	piroxicam	5
PEDVAXHIB	78	PLEGRIDY	54
peg 3350-electrolyte	68	PLEGRIDY PEN	54
peg-3350 and electrolytes	68	podofilox	60
PEGANONE	21	POLIVY	17
PEGASYS	41	POLY-VI-FLOR	87
PEGINTRON	41	POLY-VI-FLOR WITH IRON	88
PEMAZYRE	17	polyethylene glycol 3350	68
penicillamine	69	polymyxin b sul-trimethoprim	65
penicillin g potassium	12	polymyxin b sulfate	9
penicillin gk-iso-osm dextrose	12	POMALYST	17
penicillin v potassium	12	PORTIA	57
PENTACEL	78	posaconazole	30
PENTACEL ACTHIB COMPONENT	78	potassium chloride	83
PENTACEL DTAP-IPV COMPONENT	78	potassium chloride in d5lr	83
pentamidine isethionate	33	potassium chloride proamp	83
pentoxifylline	44	potassium chloride-water	83
perindopril erbumine	46	potassium citrate er	83
permethrin	62	PRADAXA	42
perphenazine	36	pramipexole dihydrochloride	34
PERSERIS	36	pramipexole er	34
PHENADOZ	32	prasugrel hcl	44
phenelzine sulfate	25	pravastatin sodium	51
phenobarbital	21	praziquantel	33
phenoxybenzamine hcl	45	prazosin hcl	45
phenytoin	21	PRED MILD	65
phenytoin sodium extended	21	prednisolone	71
PHOSPHOLINE IODIDE	82	prednisolone acetate	65
PICATO	60	prednisolone sodium phosphate	65,71
PIFELTRO	39	prednisone	71
pilocarpine hcl	59,82	PREDNISONE INTENSOL	71
pimecrolimus	61	pregabalin	21,22
pimozide	36	PREMARIN	70
PIMTREA	57	PREMPHASE	71
pioglitazone hcl	26	PREMPRO	71
pioglitazone-glimepiride	26	pretomanid	31
pioglitazone-metformin	26	PREVALITE	51
piperacillin-tazobactam	12	PREVIFEM	57
PIQRAY	17	PREVYMIS	40
PIRMELLA	57	PREZCOBIX	39

PREZISTA	39
PRIFTIN	31
prilolid	5
prilovix	5
prilovix lite	5
prilovix lite plus	5
prilovix plus	6
prilovix ultralite	6
prilovix ultralite plus	6
primaquine	33
primidone	22
PRIVIGEN	76
probenecid	30
probenecid-colchicine	30
prochlorperazine	32
prochlorperazine maleate	32
PROCTO-MED HC	61
PROCTOSOL-HC	61
PROCTOZONE-HC	61
progesterone	73
PROGLYCEM	81
PROGRAF	76
PROLASTIN C	85
PROMACTA	43
promethazine hcl	30,32
PROMETHEGAN	32
propafenone hcl	47
propantheline bromide	67
propranolol hcl	47
propranolol hcl er	47
propranolol-hydrochlorothiazid	47
propylthiouracil	73
PROQUAD	78
protriptyline hcl	25
PULMICORT FLEXHALER	84
PULMOZYME	63
PUREFE PLUS	88
PURIXAN	17
pyrazinamide	31
pyridostigmine bromide	81
pyridostigmine bromide er	81
Q	
QINLOCK	17
QNDSL	65
QNDSL CHILDREN	65
QUADRACEL DTAP-IPV	78
quetiapine fumarate	36
quetiapine fumarate er	36
QUFLORA	88
QUFLORA FE	88
quinapril hcl	46
quinapril-hydrochlorothiazide	46
quinidine sulfate	47
quinine sulfate	33
QVAR REDIHALER	84
R	
RABAVERT	78
rabeprazole sodium	66
raloxifene hcl	71
ramipril	46
ranitidine hcl	66
ranolazine er	49
rasagiline mesylate	34
RASUVO	76
RAVICTI	67
REBIF	54
REBIF REBIDOSE	54
RECLIPSEN	57
RECOMBIVAX HB	78
RECTIV	81
REGRANEX	60
RELENZA	40
repaglinide	26
REPATHA PUSHTRONEX	51
REPATHA SURECLICK	51
REPATHA SYRINGE	51
RESTASIS	65
RESTASIS MULTIDOSE	66

RETACRIT	43	SAPHRIS	36,37
RETEVMO	17	sapropterin dihydrochloride	63
REVCORI	63	SAVELLA	54
REVLIMID	17	scopolamine	32
REXULTI	36	SECUADO	37
REYATAZ	39	selegiline hcl	34
REYVOW	31	selenium sulfide	62
RHOPRESSA	82	SELZENTRY	39
ribavirin	41	SEREVENT DISKUS	85
RIDAURA	76	SEROSTIM	72
rifabutin	31	sertraline hcl	25
rifampin	31	SETLAKIN	58
riluzole	54	sevelamer carbonate	68
rimantadine hcl	40	sf	59
RINVOQ	76	sf 5000 plus	59
risedronate sodium	80	SHAROBEL	58
RISPERDAL CONSTA	36	SHINGRIX	78
risperidone	36	SHINGRIX GE ANTIGEN COMPONENT	78
risperidone odt	36	SIGNIFOR	72
ritonavir	39	SILAZONE-II	61
rivastigmine	23	sildenafil 20 mg tablet (generic for revatio)	87
rizatriptan	31	SILIQ	76
ROCKLATAN	82	silver sulfadiazine	62
ropinirole er	34	SIMBRINZA	82
ropinirole hcl	34	SIMPONI	76
ROSADAN	62	simvastatin	51
rosuvastatin calcium	51	sirolimus	76,77
ROTARIX	78	SIRTURO	31
ROTAQUE	78	SIVEXTRO	9
ROZLYTREK	17	SKYRIZI	77
RUBRACA	17	SKYRIZI (2 SYRINGES) KIT	77
RUCONEST	43	sodium chloride	83
RUKOBIA	39	sodium chloride-water	83
RUZURGI	81	sodium fluoride	59,88
RYBELSUS	27	sodium fluoride 5000 plus	59
RYDAPT	17	sodium phenylbutyrate	67
RYTARY	34	sodium polystyrene sulfonate	67
S		sofosbuvir-velpatasvir	40
SANDOSTATIN LAR DEPOT	72	solifenacin succinate	68
		SOLIQUA 100-33	28

SOLTAMOX.....	17	SYMFI LO.....	39
SOLU-CORTEF.....	71	SYMLINPEN 120.....	27
SOMATULINE DEPOT.....	72	SYMLINPEN 60.....	27
SOMAVERT.....	72	SYMPAZAN.....	22
sotalol.....	48	SYMPROIC.....	67
sotalol af.....	48	SYMTUZA.....	39
spironolactone.....	50	SYNAREL.....	72
spironolactone-hctz.....	50	SYNJARDY.....	27
SPRAVATO.....	25	SYNJARDY XR.....	27
SPRINTEC.....	58	SYNRIBO.....	18
SPRITAM.....	22		
SPRYCEL.....	17	T	
SPS.....	67	TABLOID.....	18
SRONYX.....	58	TABRECTA.....	18
SSD.....	62	tacrolimus.....	61,77
stavudine.....	39	tadalafil.....	87
STELARA.....	77	tadalafil 20 mg tablet (generic for adcirca)	87
STIMATE.....	72	TAFINLAR.....	18
STIVARGA.....	17	TAGRISSO.....	18
STRENSIQ.....	63	TAKHZYRO.....	81
STRIBILD.....	39	TALICIA.....	66
STRIVERDI RESPIMAT.....	85	TALZENNA.....	18
SUCRAID.....	63	tamoxifen citrate.....	18
sucralfate.....	66	tamsulosin hcl.....	69
sulfacetamide sodium.....	62,65	TARGETIN.....	18
sulfacetamide-prednisolone.....	65	tarina 24 fe.....	58
sulfadiazine.....	12	TARINA FE.....	58
sulfamethoxazole-trimethoprim.....	12	TARINA FE 1-20 EQ.....	58
sulfasalazine.....	79	TASIGNA.....	18
sulfasalazine dr.....	79	tazarotene.....	62
sulindac.....	5	TAZORAC.....	62
sumatriptan.....	31	TAZTIA XT.....	48
sumatriptan succinate.....	31	TAZVERIK.....	18
SUNOSI.....	86	tdvax.....	78
SUPREP.....	68	TECFIDERA.....	54
SUTENT.....	17	TEFLARO.....	10
SYEDA.....	58	telmisartan.....	45
SYLATRON.....	18	temazepam.....	8
SYMDEKO.....	85	TENCON.....	4
SYMFI.....	39	TENIVAC.....	78

tenofovir disoproxil fumarate.....	39	trandolapril.....	46
terazosin hcl.....	69	tranexamic acid.....	43
terbinafine hcl.....	30	tranylcypromine sulfate.....	25
terconazole.....	6,7	travoprost.....	82
testosterone.....	69	trazodone hcl.....	25
testosterone cypionate.....	70	TRECATOR.....	32
testosterone enanthate.....	70	TRELEGY ELLIPTA.....	85
tetrabenazine.....	54	TRELSTAR.....	18
tetracycline hcl.....	13	tretinoin.....	18,62
THALOMID.....	81	TRI-ESTARYLLA.....	58
theophylline.....	85	TRI-LEGEST FE.....	58
theophylline anhydrous.....	85	TRI-LO-ESTARYLLA.....	58
THIOLA.....	69	TRI-LO-SPRINTEC.....	58
THIOLA EC.....	69	TRI-MILI.....	58
thioridazine hcl.....	37	TRI-PREVIFEM.....	58
thiothixene.....	37	TRI-SPRINTEC.....	58
TIADYLT ER.....	48	TRI-VI-FLOR.....	88
tiagabine hcl.....	22	tri-vitamin with fluoride.....	88
TIBSOVO.....	18	TRI-VYLIBRA.....	58
tigecycline.....	13	TRI-VYLIBRA LO.....	58
timolol maleate.....	82	triamcinolone acetonide.....	59,61
TIVICAY.....	39	triamterene-hydrochlorothiazid.....	50
TIVICAY PD.....	39	trianex.....	61
tizanidine hcl.....	86	TRIDERM.....	61
TOBI PODHALER.....	8	trientine hcl.....	69
TOBRADEX.....	65	trifluoperazine hcl.....	37
tobramycin.....	8,65	trifluridine.....	65
tobramycin sulfate.....	8	trihexyphenidyl hcl.....	34
tobramycin-dexamethasone.....	65	TRIJARDY XR.....	27
TOBREX.....	65	TRIKAFTA.....	86
tolterodine tartrate.....	68	TRILYTE WITH FLAVOR PACKETS.....	68
tolterodine tartrate er.....	68	trimethobenzamide hcl.....	32
topiramate.....	22	trimethoprim.....	9
toremifene citrate.....	18	trimipramine maleate.....	25
torsemide.....	50	TRINTELLIX.....	25
TOUJEO MAX SOLOSTAR.....	28	TRIUMEQ.....	40
TOUJEO SOLOSTAR.....	28	TRIVORA-28.....	58
TRACLEER.....	87	trospium chloride.....	68
TRADJENTA.....	27	TRULICITY.....	27
tramadol hcl.....	4	TRUMENBA.....	78

TRUVADA.....	40	verapamil sr.....	49
TUKYSA.....	18	VERSACLOZ.....	37
TURALIO.....	18	VERZENIO.....	19
TWINRIX.....	78	VGO 20.....	63
TYBOST.....	81	VGO 30.....	63
TYKERB.....	18	VGO 40.....	63
TYMLOS.....	80	VICTOZA 2-PAK.....	27
TYPHIM VI.....	78	VICTOZA 3-PAK.....	27
TYVASO.....	87	VIDEX.....	40
U		VIDEX EC.....	40
UDENYCA.....	43	VIEKIRA PAK.....	40
UPTRAVI.....	87	VIENVA.....	58
ursodiol.....	67	vigabatrin.....	22
V		VIGADRONE.....	22
V-GO 20.....	62	VIIBRYD.....	25
V-GO 30.....	63	VIMPAT.....	22
V-GO 40.....	63	VIRACEPT.....	40
valacyclovir.....	41	VIREAD.....	40
VALCHLOR.....	60	VISTOGARD.....	81
valganciclovir hcl.....	41	vitamins a,c,d and fluoride.....	88
valproic acid.....	22	VITRAKVI.....	19
valsartan.....	45	VIZIMPRO.....	19
valsartan-hydrochlorothiazide.....	45	voriconazole.....	30
VALTOCO.....	22	VOSEVI.....	40
vancomycin hcl.....	9	VOTRIENT.....	19
VAQTA.....	78	VRAYLAR.....	37
VARIVAX VACCINE.....	79	VUMERITY.....	54
VARIZIG.....	77	VYFEMLA.....	58
VASCEPA.....	51	VYLIBRA.....	58
VELIVET.....	58	VYNDAMAX.....	49
VEMLIDY.....	40	VYNDAQEL.....	49
VENCLEXTA.....	18	VYVANSE.....	54,55
VENCLEXTA STARTING PACK.....	19	W	
venlafaxine hcl.....	25	warfarin sodium.....	42
venlafaxine hcl er.....	25	water.....	79
VENTAVIS.....	87	WIXELA INHUB.....	84
verapamil er.....	48	X	
verapamil hcl.....	48,49	XALKORI.....	19

XARELTO.....	42
XATMEP.....	19
XCOPRI.....	22
XELJANZ.....	77
XELJANZ XR.....	77
XEMBIFY.....	77
XENLETA.....	9
XERMELO.....	67
XGEVA.....	80
XIFAXAN.....	9
XOLAIR.....	86
XOSPATa.....	19
XPOVIO.....	19
XTANDI.....	19
XULANE.....	58
XULTOPHY 100-3.6.....	28
XYREM.....	86
ZONTIVITY.....	44
ZORBTIVE.....	73
ZORTRESS.....	77
ZOSTAVAX.....	79
ZOVIA 1-35E.....	58
ZULRESSO.....	25
ZYDELIG.....	19
ZYKADIA.....	19
ZYPREXA RELPREVV.....	37
ZYTIGA.....	19

Y

YF-VAX.....	79
YONSA.....	19
YUVAFEM.....	71

Z

zaleplon.....	86
ZARAH.....	58
ZARXIO.....	43
ZEJULA.....	19
ZELBORAF.....	19
ZEMAIRA.....	86
ZENATANE.....	60
zidovudine.....	40
ZIEXTENZO.....	43
ZILACAINe PATCH.....	6
zileuton er.....	84
ziprasidone hcl.....	37
ZIRGAN.....	65
ZOLINZA.....	19
zolpidem tartrate.....	86
zonisamide.....	22

This formulary was updated on 08/25/2020. For more recent information or other questions, please contact HealthPartners Member Services.

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

Journey and Robin members: 952-883-6655 or 866-233-8734

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

TTY users: 711

Or visit healthpartners.com/medicarerx.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through 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.