

AdventHealth Advantage Plans 2022 Formulary

List of Covered Drugs



Underwritten by Health First Commercial Plans

What is the AdventHealth Advantage Plans Formulary?

A formulary is a list of covered drugs selected by AdventHealth Advantage Plans 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. AdventHealth Advantage Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AdventHealth Advantage Plans network pharmacy,

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., *carvedilol*). There are two ways to find your drug within the formulary:

1 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, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

2 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 96. 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?

AdventHealth Advantage Plans 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: AdventHealth Advantage Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AdventHealth Advantage Plans before you fill your prescriptions. If you don't get approval, AdventHealth Advantage Plans may not cover the drug.

Quantity Limits: For certain drugs, AdventHealth Advantage Plans limits the amount of the drug being filled. For example, AdventHealth Advantage Plans may limit a drug to only 48 pills in a one-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.

Step Therapy: In some cases, AdventHealth Advantage Plans 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, AdventHealth Advantage Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AdventHealth Advantage Plans 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.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact your Care Team and ask if your drug is covered.

If you learn that AdventHealth Advantage Plans does not cover your drug, you can ask your Care Team for similar drugs that are covered by AdventHealth Advantage Plans. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by AdventHealth Advantage Plans.

How do I request an exception to the AdventHealth Advantage Plans Formulary?

Your doctor can ask AdventHealth Advantage Plans to make an exception to our coverage rules. Generally, AdventHealth Advantage Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but AdventHealth Advantage Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions.

If you are impacted by a change to the formulary, AdventHealth Advantage Plans will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage.

You can find information in the section above entitled "How do I request an exception to the AdventHealth Advantage Plans Formulary?" You can contact your Care Team to find out if your drug is still covered or visit myAHplan.com

For more information

For more detailed information about your AdventHealth Advantage Plans prescription drug coverage, please visit myAHplan.com or call your Care Team at 844-522-5279. You can also find your plan specific information on our app available to download through iTunes or Google Play.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by AdventHealth Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

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

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from AdventHealth Advantage Plans to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy

¹to be covered at the pharmacy a prescription from your doctor is required

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine tabs 10mg</i>	Tier 2	QL (20 tabs / 25 days);
<i>meclofenamate sodium caps 50mg, 100mg</i>	Tier 3	
<i>mefenamic acid caps 250mg</i>	Tier 2	
<i>meloxicam tabs 7.5mg, 15mg</i>	Tier 1	
<i>nabumetone tabs 500mg, 750mg</i>	Tier 2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	Tier 1	
<i>oxaprozin tabs 600mg</i>	Tier 2	
<i>piroxicam caps 10mg, 20mg</i>	Tier 2	
<i>sulindac tabs 150mg, 200mg</i>	Tier 2	
<i>tolmetin sodium caps 400mg; tabs 200mg, 600mg</i>	Tier 2	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 2	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 2	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 2	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 2	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 2	QL (2 units / day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (3 units / day)
ZUBSOLV SUB 0.7-0.18	Tier 3	QL (3 units / day)
ZUBSOLV SUB 1.4-0.36	Tier 3	QL (3 units / day)
ZUBSOLV SUB 2.9-0.71	Tier 3	QL (3 units / day)
ZUBSOLV SUB 5.7-1.4	Tier 3	QL (3 units / day)
ZUBSOLV SUB 8.6-2.1	Tier 3	QL (2 units / day)
ZUBSOLV SUB 11.4-2.9	Tier 3	QL (1 unit / day)
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 2	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 2	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 2	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 2	QL (48 caps / 25 days)
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	Tier 2	
<i>butorphanol tartrate soln 10mg/ml</i>	Tier 2	QL (2 bottles / 25 days)
<i>codeine sulfate tabs 30mg</i>	Tier 2	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60mg	Tier 3	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG	Tier 3	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	Tier 3	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	Tier 3	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	Tier 3	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	Tier 3	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	Tier 3	ST, PA; High Strength Requires PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr</i>	Tier 2	ST, QL (10 patches / 25 days)
<i>fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Tier 2	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	Tier 2	PA, QL (120 lozenges / 25 days)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	Tier 2	QL (30 tabs / 25 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	Tier 2	PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 2	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 2	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 2	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	Tier 2	
HYDROMORPHONE HCL SUPP 3mg	Tier 4	ST, QL (120 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 2mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 4mg</i>	Tier 2	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 8mg</i>	Tier 2	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	Tier 2	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tb24 32mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	Tier 2	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	Tier 2	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10mg/5ml</i>	Tier 2	ST, QL (300 mL / 25 days)
<i>methadone hcl soln 10mg/ml</i>	Tier 2	ST, QL (20 ml / 25 days)
<i>methadone hcl tabs 5mg</i>	Tier 2	ST, QL (90 tabs / 25 days)
<i>methadone hcl tabs 10mg</i>	Tier 2	ST, QL (60 tabs / 25 days)
<i>methadone hcl tbso 40mg</i>	Tier 2	QL (9 tabs / 25 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	Tier 2	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	Tier 2	QL (9 tabs / 25 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	Tier 2	ST, QL (60 caps / 25 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	Tier 2	ST, QL (30 caps / 25 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	Tier 2	ST, PA; High Strength Requires PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	Tier 4	

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml</i>	Tier 2	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	Tier 2	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	Tier 2	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 2	
<i>morphine sulfate supp 5mg, 10mg</i>	Tier 2	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate supp 20mg</i>	Tier 2	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate supp 30mg</i>	Tier 2	ST, QL (90 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 15mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	Tier 2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbcr 15mg, 30mg</i>	Tier 2	ST, QL (90 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	Tier 2	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cp24 120mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	Tier 2	
<i>oxycodone hcl caps 5mg</i>	Tier 2	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	Tier 2	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	Tier 2	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg</i>	Tier 2	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl t12a 40mg, 60mg, 80mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	Tier 2	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	Tier 2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	Tier 2	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Tier 2	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 2	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 2	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 2	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	Tier 2	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 2	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	Tier 2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	Tier 3	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	Tier 3	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	Tier 2	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	Tier 2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	Tier 2	ST, QL (30 tabs / 25 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 2	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
OPIOID PARTIAL AGONISTS		
<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg</i>	Tier 3	ST, QL (60 films / 25 days)
<i>BELBUCA FILM 600mcg, 750mcg, 900mcg</i>	Tier 3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl soln .3mg/ml</i>	Tier 2	
<i>buprenorphine hcl subl 2mg, 8mg</i>	Tier 0	QL (90 tabs / 30 days); Must obtain approval after the first 30 day supply
<i>SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml</i>	Tier 5	
SALICYLATES		
<i>aspirin enteric coated ad tbec 81mg</i>	Tier 0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense aspirin chew 81mg</i>	Tier 0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>indomethacin caps 25mg, 50mg</i>	Tier 2	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>levorphanol tartrate tabs 2mg, 3mg</i>	Tier 4	PA
ANESTHETICS		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	Tier 4	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	Tier 2	
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	Tier 2	
<i>chloramphenicol sodium succinate solr 1gm</i>	Tier 2	
<i>fosfomycin tromethamine pack 3gm</i>	Tier 3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2	
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 2	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	Tier 2	
<i>neomycin sulfate tabs 500mg</i>	Tier 2	
<i>paromomycin sulfate caps 250mg</i>	Tier 3	
<i>streptomycin sulfate solr 1gm</i>	Tier 2	
SULFADIAZINE TABS 500mg	Tier 4	
<i>tinidazole tabs 250mg, 500mg</i>	Tier 2	
<i>tobramycin nebu 300mg/5ml</i>	Tier 5	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	Tier 2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100mg/5ml	Tier 4	QL (540mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone susp 750mg/5ml</i>	Tier 4	
AZACTAM/DEX INJ 1GM	Tier 4	
AZACTAM/DEX INJ 2GM	Tier 4	
<i>aztreonam solr 1gm, 2gm</i>	Tier 2	
CAYSTON SOLR 75mg	Tier 5	PA, QL (84 vials / 28 days)
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Tier 2	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Tier 2	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Tier 2	
<i>dapsone tabs 25mg, 100mg</i>	Tier 2	
<i>daptomycin solr 500mg</i>	Tier 4	
<i>doripenem solr 250mg, 500mg</i>	Tier 2	
EMVERM CHEW 100mg	Tier 4	PA, QL (12 tabs / 365 days)
<i>ertapenem sodium solr 1gm</i>	Tier 4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 2	
INVANZ SOLR 1gm	Tier 4	
<i>ivermectin tabs 3mg</i>	Tier 2	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml</i>	Tier 2	
<i>linezolid tabs 600mg</i>	Tier 4	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 2	
<i>meropenem solr 1gm, 500mg</i>	Tier 4	
<i>methenamine hippurate tabs 1gm</i>	Tier 2	
<i>metronidazole tabs 250mg, 500mg</i>	Tier 2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	Tier 2	
<i>nitazoxanide tabs 500mg</i>	Tier 4	QL (20 tabs / 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal caps 25mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal caps 50mg, 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohyd macro caps 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate solr 300mg</i>	Tier 2	
<i>polymyxin b sulfate solr 500000unit</i>	Tier 2	
<i>praziquantel tabs 600mg</i>	Tier 4	QL (24 tabs / 365 days)
PRIMSOL SOLN 50mg/5ml	Tier 3	
<i>pyrimethamine tabs 25mg</i>	Tier 3	PA
SIVEXTRO SOLR 200mg; TABS 200mg	Tier 4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>trimethoprim tabs 100mg</i>	Tier 2	
<i>vancomycin hcl caps 125mg, 250mg</i>	Tier 4	QL (80 caps / 10 days)
<i>vancomycin hcl solr 1gm, 5gm, 10gm, 500mg, 750mg</i>	Tier 4	
XIFAXAN TABS 200mg	Tier 4	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg	Tier 4	PA
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	Tier 2	
<i>bio-statin</i>	Tier 2	
BIO-STATIN CAPS 500000unit, 1000000unit	Tier 3	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	Tier 2	
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 2	
FLUCONAZOLE/ INJ NACL 100	Tier 4	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Tier 2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Tier 2	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Tier 4	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tabs 500000unit</i>	Tier 2	
<i>terbinafine hcl tabs 250mg</i>	Tier 2	QL (180 tabs / 365 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	Tier 4	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 2	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	Tier 2	
COARTEM TAB 20-120MG	Tier 4	
<i>mefloquine hcl tabs 250mg</i>	Tier 2	
<i>primaquine phosphate tabs 26.3mg</i>	Tier 2	
<i>quinine sulfate caps 324mg</i>	Tier 2	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml</i>	Tier 2	QL (960 mL / 30 days)
<i>abacavir sulfate tabs 300mg</i>	Tier 2	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	Tier 3	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml	Tier 3	QL (285 mL / 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	Tier 2	QL (30 caps / 30 days)
<i>atazanavir sulfate caps 200mg</i>	Tier 2	QL (60 caps / 30 days)
CRIXIVAN CAPS 200mg	Tier 3	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	Tier 3	QL (180 caps / 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	Tier 2	QL (30 caps / 30 days)
EDURANT TABS 25mg	Tier 3	QL (60 tabs / 30 days)
<i>efavirenz caps 50mg, 200mg</i>	Tier 2	QL (90 caps / 30 days)
<i>efavirenz tabs 600mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>emtricitabine caps 200mg</i>	Tier 2	QL (30 caps / 30 days)
EMTRIVA CAPS 200mg	Tier 4	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	Tier 3	QL (680 ml / 28 days)
EPIVIR SOLN 10mg/ml	Tier 4	QL (960 ml / 30 days)
EPIVIR TABS 150mg	Tier 4	QL (60 tabs / 30 days)
EPIVIR TABS 300mg	Tier 4	QL (30 tabs / 30 days)
<i>etravirine tabs 100mg</i>	Tier 2	QL (120 tabs / 30 days)
<i>etravirine tabs 200mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	Tier 2	QL (120 tabs / 30 days)
FUZEON SOLR 90mg	Tier 5	QL (60 vials / 30 days)
INTELENCE TABS 25mg, 100mg	Tier 3	QL (120 tabs / 30 days)
INTELENCE TABS 200mg	Tier 3	QL (60 tabs / 30 days)
INVIRASE CAPS 200mg	Tier 3	QL (300 caps / 30 days)
INVIRASE TABS 500mg	Tier 3	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg	Tier 3	QL (180 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK 100mg	Tier 3	QL (60 packets / 30 days)
ISENTRESS TABS 400mg	Tier 3	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	Tier 3	QL (60 tabs / 30 days)
<i>lamivudine soln 10mg/ml</i>	Tier 2	QL (960 ml / 30 days)
<i>lamivudine tabs 150mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>lamivudine tabs 300mg</i>	Tier 2	QL (30 tabs / 30 days)
LEXIVA SUSP 50mg/ml	Tier 3	QL (1575 mL / 28 days)
LEXIVA TABS 700mg	Tier 4	QL (120 tabs / 30 days)
<i>nevirapine susp 50mg/5ml</i>	Tier 2	QL (1200 mL / 30 days)
<i>nevirapine tabs 200mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>nevirapine tb24 100mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>nevirapine tb24 400mg</i>	Tier 2	QL (30 tabs / 30 days)
NORVIR PACK 100mg	Tier 3	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml	Tier 3	QL (480 mL / 30 days)
NORVIR TABS 100mg	Tier 4	QL (360 tabs / 30 days)
PREZISTA SUSP 100mg/ml	Tier 3	QL (400 ml / 30 days)
PREZISTA TABS 75mg	Tier 3	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	Tier 3	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	Tier 3	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	Tier 3	QL (30 tabs / 30 days)
RESCRIPTOR TABS 100mg	Tier 4	QL (900 tabs / 30 days)
RESCRIPTOR TABS 200mg	Tier 3	QL (180 tabs / 30 days)
RETROVIR CAPS 100mg	Tier 4	QL (180 caps / 30 days)
RETROVIR SYRP 50mg/5ml	Tier 4	QL (1920 ml / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	Tier 3	
REYATAZ CAPS 150mg, 300mg	Tier 4	QL (30 caps / 30 days)
REYATAZ CAPS 200mg	Tier 4	QL (60 caps / 30 days)
REYATAZ PACK 50mg	Tier 3	QL (180 packets / 30 days)
<i>ritonavir tabs 100mg</i>	Tier 2	QL (360 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	Tier 3	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	Tier 3	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg	Tier 3	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg	Tier 3	QL (120 tabs / 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	Tier 2	QL (60 caps / 30 days)
SUSTIVA CAPS 50mg, 200mg	Tier 4	QL (90 caps / 30 days)
SUSTIVA TABS 600mg	Tier 4	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Tier 2	QL (30 tabs / 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	Tier 3	QL (60 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml	Tier 5	
TYBOST TABS 150mg	Tier 3	QL (30 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC CPDR 125mg	Tier 3	QL (30 caps / 30 days)
VIDEX EC CPDR 200mg, 250mg	Tier 4	QL (30 caps / 30 days)
VIDEX PEDIATRIC SOLR 2gm, 4gm	Tier 3	QL (1200 ml / 30 days)
VIRACEPT TABS 250mg	Tier 3	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	Tier 3	QL (120 tabs / 30 days)
VIRAMUNE SUSP 50mg/5ml	Tier 4	QL (1200 mL / 30 days)
VIRAMUNE TABS 200mg	Tier 4	QL (60 tabs / 30 days)
VIRAMUNE XR TB24 400mg	Tier 4	QL (30 tabs / 30 days)
VIREAD POWD 40mg/gm	Tier 3	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	Tier 3	QL (30 tabs / 30 days)
VIREAD TABS 300mg	Tier 4	QL (30 tabs / 30 days)
ZERIT SOLR 1mg/ml	Tier 3	QL (2400 ml / 30 days)
ZIAGEN SOLN 20mg/ml	Tier 4	QL (960 mL / 30 days)
ZIAGEN TABS 300mg	Tier 4	QL (60 tabs / 30 days)
<i>zidovudine caps 100mg</i>	Tier 2	QL (180 caps / 30 days)
<i>zidovudine syrpf 50mg/5ml</i>	Tier 2	QL (1920 ml / 30 days)
<i>zidovudine tabs 300mg</i>	Tier 2	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 2	QL (60 tabs / 30 days)
ATRIPLA TAB	Tier 3	QL (30 tabs / 30 days)
BIKTARVY TAB	Tier 3	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	Tier 3	QL (30 tabs / 30 days)
COMBIVIR TAB 150-300	Tier 4	QL (60 tabs / 30 days)
COMPLERA TAB	Tier 3	QL (30 tabs / 30 days)
DELSTRIGO TAB	Tier 3	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	Tier 3	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 3	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 2	QL (30 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 0	QL (30 tabs / 30 days); \$0 for pre-exposure prophylaxis only; Tier 2 for all others
EPZICOM TAB 600-300	Tier 4	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	Tier 3	QL (30 tabs / 30 days)
GENVOYA TAB	Tier 3	QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	Tier 3	QL (30 tabs / 30 days)
KALETRA SOL	Tier 4	QL (320 mL / 30 days)
KALETRA TAB 100-25MG	Tier 3	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	Tier 3	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QL (320 mL / 30 days)
ODEFSEY TAB	Tier 3	QL (30 tabs / 30 days)
PIFELTRO TABS 100mg	Tier 3	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	Tier 3	QL (30 tabs / 30 days)
RUKOBIA TB12 600mg	Tier 3	QL (60 tabs / 30 days)
STRIBILD TAB	Tier 3	QL (30 tabs / 30 days)
SYMFI LO TAB	Tier 3	QL (30 tabs / 30 days)
SYMFI TAB	Tier 3	QL (30 tabs / 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	Tier 3	QL (30 tabs / 30 days)
TIVICAY PD TBSO 5mg	Tier 3	QL (180 tabs / 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs / 30 days)
TRIZIVIR TAB	Tier 4	QL (60 tabs / 30 days)
TRUVADA TAB 100-150	Tier 3	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	Tier 3	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	Tier 3	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	Tier 3	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	Tier 2	
<i>ethambutol hcl tabs 100mg, 400mg</i>	Tier 2	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	Tier 2	
PASER PACK 4gm	Tier 4	
PRIFTIN TABS 150mg	Tier 3	
<i>pyrazinamide tabs 500mg</i>	Tier 2	
<i>rifabutin caps 150mg</i>	Tier 3	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
RIFAMATE CAP	Tier 3	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	Tier 2	
RIFATER TAB	Tier 3	
SIRTURO TABS 100mg	Tier 5	PA
TRECTOR TABS 250mg	Tier 3	
ANTIVIRALS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Tier 1	
<i>acyclovir susp 200mg/5ml</i>	Tier 2	
<i>acyclovir sodium soln 50mg/ml; solr 500mg</i>	Tier 2	
<i>adefovir dipivoxil tabs 10mg</i>	Tier 5	PA
BARACLUDE SOLN .05mg/ml	Tier 4	PA, QL (600 mL / 30 days)
<i>cidofovir soln 75mg/ml</i>	Tier 2	
<i>entecavir tabs .5mg, 1mg</i>	Tier 4	PA
EPIVIR HBV SOLN 5mg/ml	Tier 3	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	Tier 2	
<i>lamivudine (hbv) tabs 100mg</i>	Tier 2	
<i>oseltamivir phosphate caps 30mg</i>	Tier 3	QL (40 caps / 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	Tier 3	QL (20 caps / 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	Tier 3	QL (360 mL / 90 days)
RELENZA DISKHALER AEPB 5mg/blister	Tier 3	QL (2 inhalers / 90 days)
<i>ribavirin solr 6gm</i>	Tier 2	
<i>rimantadine hydrochloride tabs 100mg</i>	Tier 2	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	Tier 2	
<i>valganciclovir hcl solr 50mg/ml</i>	Tier 5	QL (1000 mL / 30 days)
<i>valganciclovir hcl tabs 450mg</i>	Tier 5	QL (102 tabs / 30 days)
VEMLIDY TABS 25mg	Tier 5	PA, QL (30 tabs / 30 days)
CEPHALOSPORINS		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	Tier 2	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Tier 2	
<i>cefazolin sodium solr 1gm, 10gm, 20gm, 500mg</i>	Tier 2	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Tier 2	
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	Tier 2	
<i>cefepime hcl solr 1gm, 2gm</i>	Tier 4	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	Tier 3	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium solr 1gm, 2gm, 10gm, 500mg</i>	Tier 2	
<i>cefotetan disodium solr 1gm, 2gm, 10gm</i>	Tier 2	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	Tier 2	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	Tier 2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 2	
<i>ceftazidime solr 2gm</i>	Tier 2	
<i>ceftibuten caps 400mg; susr 180mg/5ml</i>	Tier 2	
CEFTIN SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	Tier 4	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Tier 2	
<i>cefuroxime sodium solr 1.5gm, 7.5gm, 750mg</i>	Tier 2	
<i>cephalexin caps 250mg, 500mg</i>	Tier 1	
<i>cephalexin caps 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 2	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	Tier 3	
<i>tazicef solr 1gm, 2gm, 6gm</i>	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml</i>	Tier 2	
<i>azithromycin tabs 250mg, 500mg</i>	Tier 1	
<i>azithromycin tabs 600mg</i>	Tier 3	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	Tier 2	
DIFICID TABS 200mg	Tier 3	PA
<i>e.e.s. 400 tabs 400mg</i>	Tier 4	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	Tier 3	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	
<i>erythrocin stearate tabs 250mg</i>	Tier 2	
<i>erythromycin base cpep 250mg; tabs 500mg</i>	Tier 3	
<i>erythromycin base tabs 250mg</i>	Tier 4	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	Tier 4	
PCE TBEC 333mg, 500mg	Tier 4	
ZMAX SUSR 2gm	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	Tier 4	
<i>ciprofloxacin soln 200mg/20ml, 400mg/40ml</i>	Tier 2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 2	
<i>ciprofloxacin hcl tabs 100mg</i>	Tier 2	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	Tier 1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	Tier 2	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	Tier 2	
FACTIVE TABS 320mg	Tier 4	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Tier 2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 2	
<i>moxifloxacin hcl tabs 400mg</i>	Tier 2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 2	
<i>ofloxacin tabs 300mg, 400mg</i>	Tier 2	
HEPATITIS C		
EPCLUSA TAB 400-100	Tier 5	PA, QL (28 tabs / 28 days)
HARVONI PAK	Tier 5	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	Tier 5	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	Tier 5	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	Tier 5	PA, QL (28 tabs / 28 days)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	Tier 5	PA
PEGASYS PROCLICK SOLN 135mcg/0.5ml	Tier 5	PA
REBETOL SOLN 40mg/ml	Tier 5	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	Tier 2	PA;
<i>ribavirin (hepatitis c) tabs 200mg</i>	Tier 4	PA
SOVALDI PACK 150mg, 200mg	Tier 5	QL (28 pellets / 28 days); MNPA
SOVALDI TABS 200mg, 400mg	Tier 5	QL (28 tabs / 28 days); MNPA

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	Tier 5	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	Tier 5	QL (28 tabs / 28 days); MNPA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; sus 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Tier 1	
<i>amoxicillin chew 125mg, 250mg</i>	Tier 2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 2	
<i>ampicillin caps 500mg</i>	Tier 2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 4	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 4	
AUGMENTIN SUS 125/5ML	Tier 3	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Tier 2	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	Tier 4	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	Tier 2	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	Tier 2	
<i>penicillin g sodium solr 5000000unit</i>	Tier 2	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>pfizerpen solr 20mu</i>	Tier 2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 4	

TETRACYCLINES

<i>avidoxy tabs 100mg</i>	Tier 2	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	Tier 2	
<i>doxy 100 solr 100mg</i>	Tier 2	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	Tier 1	
<i>doxycycline (monohydrate) caps 75mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	Tier 2	
<i>doxycycline hyclate caps 50mg, 100mg</i>	Tier 1	
<i>doxycycline hyclate solr 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg</i>	Tier 2	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	Tier 1	
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	Tier 2	
<i>morgidox 1x100mg caps 100mg</i>	Tier 1	
<i>tetracycline hcl caps 250mg, 500mg</i>	Tier 4	
VIBRAMYCIN SYRP 50mg/5ml	Tier 4	

ANTIANSXIETY AGENTS

BENZODIAZEPINES

<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	Tier 2	
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ANTIASTHMATIC AND BRONCHODILATOR AGENTS

STEROID INHALANTS

ALVESCO AERS 80mcg/act	Tier 4	QL (1 inhaler / 25 days); MNPA
ALVESCO AERS 160mcg/act	Tier 4	QL (2 inhalers / 25 days); MNPA
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	Tier 3	QL (1 package / 25 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Tier 3	QL (1 package / 25 days)

SYMPATHOMIMETICS

ARCAPTA NEOHALER CAPS 75mcg	Tier 4	QL (1 inhaler / 25 days); MNPA
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AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
UTIBRON CAP NEOHALER	Tier 4	QL (1 inhaler / 25 days); MNPA

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan soln 6mg/ml</i>	Tier 2	
<i>carmustine solr 100mg</i>	Tier 2	
<i>cyclophosphamide caps 25mg, 50mg</i>	Tier 2	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	Tier 5	
<i>dacarbazine solr 100mg, 200mg</i>	Tier 2	
EMCYT CAPS 140mg	Tier 5	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg	Tier 5	
GLIADEL WAF 7.7MG	Tier 3	
HEXALEN CAPS 50mg	Tier 3	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	Tier 2	
LEUKERAN TABS 2mg	Tier 3	
<i>melphalan tabs 2mg</i>	Tier 2	
<i>melphalan hcl solr 50mg</i>	Tier 2	
TEMODAR SOLR 100mg	Tier 5	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Tier 5	PA

ANTHRACYCLINES

<i>daunorubicin hcl soln 20mg/4ml</i>	Tier 2	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg</i>	Tier 2	
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	Tier 2	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	Tier 2	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	Tier 2	

ANTIBIOTICS

<i>bleomycin sulfate solr 15unit, 30unit</i>	Tier 2	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	Tier 2	

ANTIMETABOLITES

<i>adrucil soln 500mg/10ml</i>	Tier 2	
ALIMTA SOLR 100mg, 500mg	Tier 5	
ARRANON SOLN 5mg/ml	Tier 3	
<i>azacitidine susr 100mg</i>	Tier 5	PA
<i>capecitabine tabs 150mg</i>	Tier 5	PA, QL (120 tabs / 30 days)
<i>capecitabine tabs 500mg</i>	Tier 5	PA, QL (300 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine soln 10mg/10ml</i>	Tier 2	
<i>clofarabine soln 1mg/ml</i>	Tier 2	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	Tier 2	
<i>decitabine solr 50mg</i>	Tier 5	PA
<i>floxuridine solr .5gm</i>	Tier 2	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	Tier 2	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	Tier 2	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	Tier 5	
<i>mercaptopurine tabs 50mg</i>	Tier 2	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	Tier 2	
NIPENT SOLR 10mg	Tier 3	
TABLOID TABS 40mg	Tier 3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	Tier 3	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	Tier 3	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	Tier 2	
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	Tier 3	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	Tier 2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	Tier 2	
<i>vincasar pfs soln 1mg/ml</i>	Tier 2	
<i>vincristine sulfate soln 1mg/ml</i>	Tier 2	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	Tier 2	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	Tier 5	PA
ERIVEDGE CAPS 150mg	Tier 5	PA, QL (30 caps / 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg	Tier 5	PA, QL (6 caps / 21 days)
GAZYVA SOLN 1000mg/40ml	Tier 5	PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 5	PA, QL (21 caps / 28 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 75mg, 100mg, 125mg	Tier 5	PA, QL (21 tabs / 28 days)
KADCYLA SOLR 100mg, 160mg	Tier 5	PA
KEYTRUDA SOLN 100mg/4ml	Tier 5	PA
KISQALI TBPK 200mg	Tier 5	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TBPK 200mg	Tier 5	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TBPK 200mg	Tier 5	PA, QL (63 tabs / 28 days)
LYNPARZA CAPS 50mg	Tier 5	PA, QL (480 caps / 30 days)
LYNPARZA TABS 100mg, 150mg	Tier 5	PA, QL (120 tabs / 30 days)
RYDAPT CAPS 25mg	Tier 5	PA, QL (224 caps / 28 days)
ZEJULA CAPS 100mg	Tier 5	PA, QL (90 caps / 30 days)
ZOLINZA CAPS 100mg	Tier 5	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tabs 250mg</i>	Tier 5	PA, QL (120 tabs / 30 days)
<i>abiraterone acetate tabs 500mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
<i>anastrozole tabs 1mg</i>	Tier 2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer;
<i>bicalutamide tabs 50mg</i>	Tier 2	
DEPO-PROVERA SUSP 400mg/ml	Tier 4	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 5	PA
ERLEADA TABS 60mg	Tier 5	PA, QL (120 tabs / 30 days)
<i>exemestane tabs 25mg</i>	Tier 2	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	Tier 2	
<i>fulvestrant soln 250mg/5ml</i>	Tier 5	
<i>letrozole tabs 2.5mg</i>	Tier 2	
<i>leuprolide acetate kit 1mg/0.2ml</i>	Tier 5	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 5	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 5	PA
LYSODREN TABS 500mg	Tier 3	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	Tier 2	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Tier 2	
<i>nilutamide tabs 150mg</i>	Tier 2	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Tier 2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	Tier 3	
XTANDI CAPS 40mg	Tier 5	PA, QL (120 caps / 30 days)
XTANDI TABS 40mg	Tier 5	PA, QL (120 tabs / 30 days)
XTANDI TABS 80mg	Tier 5	PA, QL (60 tabs / 30 days)
KINASE INHIBITORS		
AFINITOR TABS 10mg	Tier 5	PA, QL (30 tabs / 30 days)
AFINITOR DISPERZ TBSO 2mg, 5mg	Tier 5	PA, QL (60 tabs / 30 days)
AFINITOR DISPERZ TBSO 3mg	Tier 5	PA, QL (90 tabs / 30 days)
ALECENSA CAPS 150mg	Tier 5	PA, QL (240 caps / 30 days)
BOSULIF TABS 100mg	Tier 5	PA, QL (90 tabs / 30 days)
BOSULIF TABS 400mg, 500mg	Tier 5	PA, QL (30 tabs / 30 days)
CALQUENCE CAPS 100mg	Tier 5	PA, QL (60 caps / 30 days)
CAPRELSA TABS 100mg	Tier 5	PA, QL (60 tabs / 30 days)
CAPRELSA TABS 300mg	Tier 5	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 20mg	Tier 5	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	Tier 5	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	Tier 5	PA, QL (1 kit / 28 days)
<i>erlotinib hcl tabs 25mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	Tier 5	PA, QL (30 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> tabs 2.5mg, 5mg, 7.5mg	Tier 5	PA, QL (30 tabs / 30 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 5	PA, QL (30 tabs / 30 days)
IDHIFA TABS 50mg, 100mg	Tier 5	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate</i> tabs 100mg	Tier 5	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate</i> tabs 400mg	Tier 5	PA, QL (60 tabs / 30 days)
IMBRUVICA CAPS 70mg	Tier 5	PA, QL (30 caps / 30 days)
IMBRUVICA CAPS 140mg	Tier 5	PA, QL (90 caps / 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	Tier 5	PA, QL (30 tabs / 30 days)
INLYTA TABS 1mg	Tier 5	PA, QL (240 tabs / 30 days)
INLYTA TABS 5mg	Tier 5	PA, QL (120 tabs / 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 5	PA, QL (60 tabs / 30 days)
<i>lapatinib ditosylate</i> tabs 250mg	Tier 5	PA, QL (180 tabs / 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 5	PA, QL (30 caps / 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 5	PA, QL (60 caps / 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 5	PA, QL (30 caps / 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 5	PA, QL (90 caps / 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 5	PA, QL (60 caps / 30 days)
LENVIMA CAP 14 MG	Tier 5	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	Tier 5	PA, QL (90 caps / 30 days)
LENVIMA CAP 24 MG	Tier 5	PA, QL (90 caps / 30 days)
LORBRENA TABS 25mg	Tier 5	PA, QL (90 tabs / 30 days)
LORBRENA TABS 100mg	Tier 5	PA, QL (30 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS 2mg	Tier 5	PA, QL (30 tabs / 30 days)
MEKINIST TABS .5mg	Tier 5	PA, QL (90 tabs / 30 days)
NEXAVAR TABS 200mg	Tier 5	PA, QL (120 tabs / 30 days)
SPRYCEL TABS 20mg	Tier 5	PA, QL (90 tabs / 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 5	PA, QL (30 tabs / 30 days)
STIVARGA TABS 40mg	Tier 5	PA, QL (84 tabs / 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 5	PA, QL (30 caps / 30 days)
TAFINLAR CAPS 50mg, 75mg	Tier 5	PA, QL (120 caps / 30 days)
VITRAKVI CAPS 25mg	Tier 5	PA, QL (180 caps / 30 days)
VITRAKVI CAPS 100mg	Tier 5	PA, QL (60 caps / 30 days)
VITRAKVI SOLN 20mg/ml	Tier 5	PA, QL (300 mL / 30 days)
VOTRIENT TABS 200mg	Tier 5	PA, QL (120 tabs / 30 days)
XALKORI CAPS 200mg, 250mg	Tier 5	PA, QL (120 caps / 30 days)
ZELBORAF TABS 240mg	Tier 5	PA, QL (240 tabs / 30 days)
ZYDELIG TABS 100mg, 150mg	Tier 5	PA, QL (60 tabs / 30 days)
ZYKADIA CAPS 150mg	Tier 5	PA, QL (90 caps / 30 days)
ZYKADIA TABS 150mg	Tier 5	PA, QL (90 tabs / 30 days)
MISCELLANEOUS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	Tier 2	
<i>bexarotene caps 75mg</i>	Tier 5	PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
<i>hydroxyurea caps 500mg</i>	Tier 2	
MATULANE CAPS 50mg	Tier 3	
<i>mitoxantrone hcl conc 2mg/ml</i>	Tier 5	PA
ODOMZO CAPS 200mg	Tier 5	PA, QL (30 caps / 30 days)
ONCASPAR SOLN 750unit/ml	Tier 5	PA

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN SOLR 75mg	Tier 3	
QUADRAMET SOLN 1850mbq/ml	Tier 3	
TICE BCG SUSR 50mg	Tier 3	
<i>tretinoin (chemotherapy) caps 10mg</i>	Tier 2	
UVADEX SOLN 20mcg/ml	Tier 3	
VISTOGARD PACK 10gm	Tier 3	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	Tier 2	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	Tier 2	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	Tier 5	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	Tier 2	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	Tier 2	
<i>mesna soln 100mg/ml</i>	Tier 2	
MESNEX TABS 400mg	Tier 5	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 100mg/5ml</i>	Tier 2	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	Tier 5	
<i>irinotecan hcl soln 300mg/15ml</i>	Tier 2	
TENIPOSIDE SOLN 10mg/ml	Tier 3	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	Tier 2	
<i>topotecan hcl solr 4mg</i>	Tier 2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>paraplatin soln 1000mg/100ml</i>	Tier 2	
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	Tier 5	PA, QL (49 tabs / 28 days)
KISQALI 400 PAK FEMARA	Tier 5	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	Tier 5	PA, QL (91 tabs / 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 5	PA, QL (60 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	Tier 5	PA, QL (120 tabs / 30 days)
VENCLEXTA TABS 100mg	Tier 5	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	Tier 5	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 3	QL (1 injection / 25 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	Tier 3	QL (1 injection / 84 days)
PERSERIS PRSY 90mg, 120mg	Tier 3	QL (1 injection / 25 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	Tier 3	QL (2 injections / 25 days)
DIBENZAPINES		
ZYPREXA RELPREVV SUSR 210mg, 300mg	Tier 3	QL (2 injections / 25 days)
ZYPREXA RELPREVV SUSR 405mg	Tier 3	QL (1 injection / 25 days)
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	Tier 3	QL (1 injection / 25 days)
ANTIVIRALS		
HEPATITIS AGENTS		
EPCLUSA TAB 200-50MG	Tier 5	PA, QL (28 tabs / 28 days)
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 2	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 2	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 2	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 2	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	Tier 2	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	Tier 2	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	Tier 2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 2	
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Tier 2	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 2	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Tier 1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Tier 2	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	Tier 2	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	Tier 2	
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Tier 2	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Tier 2	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 2	
BYVALSON TAB 5-80MG	Tier 4	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Tier 2	
<i>eprosartan mesylate tabs 600mg</i>	Tier 2	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Tier 1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	Tier 2	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Tier 2	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Tier 2	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	Tier 2	
<i>disopyramide phosphate caps 100mg, 150mg</i>	Tier 2	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	Tier 2	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Tier 2	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	Tier 2	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	Tier 2	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	Tier 2	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	Tier 2	
MULTAQ TABS 400mg	Tier 4	PA
NEXTERONE INJ	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CP12 100mg, 150mg	Tier 3	
<i>pacerone tabs 100mg, 200mg</i>	Tier 2	
<i>procainamide hcl soln 100mg/ml</i>	Tier 2	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	Tier 2	
<i>quinidine sulfate tabs 200mg, 300mg</i>	Tier 2	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	Tier 2	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Tier 2	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	Tier 2	
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	Tier 4	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Tier 2	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	Tier 2	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	Tier 2	
<i>prevalite powd 4gm/dose</i>	Tier 2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	Tier 2	PA;
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Tier 2	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 145mg</i>	Tier 2	
<i>fenofibrate tabs 160mg</i>	Tier 1	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	Tier 2	
<i>gemfibrozil tabs 600mg</i>	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	Tier 1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	Tier 3	\$0 copay for members age 40 through 75

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Tier 2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	Tier 2	PA; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	Tier 2	PA
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	Tier 1	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	Tier 2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps 1gm</i>	Tier 2	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 2	PA
VASCEPA CAPS .5gm	Tier 3	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 5	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 2	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	Tier 2	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	Tier 2	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	Tier 2	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	Tier 2	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Tier 1	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tabs 10mg, 20mg</i>	Tier 2	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Tier 2	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	Tier 4	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 2	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Tier 2	
<i>labetalol hcl soln 5mg/ml</i>	Tier 2	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	Tier 1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Tier 2	
<i>metoprolol tartrate soct 5mg/5ml; soln 5mg/5ml</i>	Tier 2	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Tier 2	
<i>pindolol tabs 5mg, 10mg</i>	Tier 2	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg</i>	Tier 2	
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	Tier 1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	Tier 2	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr tb24 30mg, 60mg</i>	Tier 2	
<i>amlodipine besylate tabs 2.5mg</i>	Tier 2	
<i>amlodipine besylate tabs 5mg, 10mg</i>	Tier 1	
CARDENE IV SOL 20/200ML	Tier 4	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	Tier 2	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	Tier 2	
DILTIAZEM HCL SOLR 100mg	Tier 4	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	Tier 1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 2	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>isradipine caps 2.5mg, 5mg</i>	Tier 2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 2	
<i>nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml</i>	Tier 2	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	Tier 2	
<i>nimodipine caps 30mg</i>	Tier 4	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	Tier 2	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Tier 2	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbc 120mg, 180mg, 240mg</i>	Tier 2	
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digox tabs 125mcg, 250mcg</i>	Tier 2	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 125mcg, 250mcg</i>	Tier 2	
LANOXIN TABS 62.5mcg, 187.5mcg	Tier 3	
LANOXIN PEDIATRIC SOLN .1mg/ml	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	Tier 2	
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Tier 2	
<i>acetazolamide sodium solr 500mg</i>	Tier 2	
ALDACTAZIDE TAB 50/50	Tier 3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>amiloride hcl tabs 5mg</i>	Tier 2	
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	Tier 2	
<i>chlorothiazide tabs 250mg</i>	Tier 2	
<i>chlorothiazide tabs 500mg</i>	Tier 1	
<i>chlorothiazide sodium solr 500mg</i>	Tier 2	
<i>chlorthalidone tabs 25mg, 50mg</i>	Tier 1	
DIURIL SUSP 250mg/5ml	Tier 4	
<i>ethacrynate sodium solr 50mg</i>	Tier 2	
<i>ethacrynic acid tabs 25mg</i>	Tier 3	
<i>furosemide soln 8mg/ml, 10mg/ml; tabs 80mg</i>	Tier 2	
<i>furosemide tabs 20mg, 40mg</i>	Tier 1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	Tier 2	
<i>mannitol soln 20%, 25%</i>	Tier 2	
<i>methazolamide tabs 25mg, 50mg</i>	Tier 2	
<i>methyclothiazide tabs 5mg</i>	Tier 2	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>osmitrol viaflex soln 5%, 10%, 15%</i>	Tier 2	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 2	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Tier 2	
<i>triamterene caps 50mg, 100mg</i>	Tier 2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	Tier 2	
<i>clonidine hcl tabs .1mg, .2mg</i>	Tier 1	
<i>clonidine hcl tabs .3mg</i>	Tier 2	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 3	
ENTRESTO TAB 24-26MG	Tier 3	
ENTRESTO TAB 49-51MG	Tier 3	
ENTRESTO TAB 97-103MG	Tier 3	
<i>guanfacine hcl tabs 1mg, 2mg</i>	Tier 2	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 2	
<i>methyldopa tabs 250mg, 500mg</i>	Tier 2	
<i>methyldopate hcl soln 250mg/5ml</i>	Tier 2	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>minoxidil tabs 2.5mg, 10mg</i>	Tier 2	
<i>phenoxybenzamine hcl caps 10mg</i>	Tier 4	PA
<i>ranolazine tb12 500mg, 1000mg</i>	Tier 2	ST; PA**
NITRATES		
DILATRATE SR CPR 40mg	Tier 4	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg; tbc 40mg</i>	Tier 2	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg</i>	Tier 2	
<i>isosorbide mononitrate tb24 30mg, 60mg</i>	Tier 1	
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Tier 2	
NITRO-BID OINT 2%	Tier 4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	Tier 3	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg</i>	Tier 2	
NITROGLYCERIN SOLN 5mg/ml	Tier 4	
<i>nitroglycerin subl .4mg</i>	Tier 1	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Tier 2	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Tier 2	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 5	PA, QL (90 tabs / 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	Tier 5	PA, QL (30 tabs / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tabs 62.5mg, 125mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	Tier 5	PA
OPSUMIT TABS 10mg	Tier 5	PA, QL (30 tabs / 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	Tier 5	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	Tier 5	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Tier 5	PA, QL (90 tabs / 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
TYVASO STARTER SOLN .6mg/ml	Tier 5	PA, QL (28 ampules / 28 days)
UPTRAVI TABS 200mcg	Tier 5	PA, QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 200/800	Tier 5	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 5	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tabs .5mg</i>	Tier 1	QL (150 tabs / 25 days)
<i>alprazolam tabs .25mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	Tier 2	QL (150 tabs / 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	Tier 3	QL (300 mL / 25 days)
<i>lorazepam conc 2mg/ml</i>	Tier 2	QL (150 mL / 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	Tier 2	QL (150 tabs / 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	Tier 2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Tier 2	QL (120 caps / 25 days)

ANTI-CONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	Tier 4	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 4	PA
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	Tier 2	
CELONTIN CAPS 300mg	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Tier 3	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	Tier 2	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Tier 3	QL (180 tabs / 25 days)
<i>diazepam soln 5mg/5ml</i>	Tier 2	QL (1200 mL / 25 days);
<i>diazepam soln 5mg/ml</i>	Tier 2	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	Tier 2	QL (120 tabs / 25 days)
<i>diazepam intensol conc 5mg/ml</i>	Tier 2	QL (240 mL / 25 days)
DILANTIN CAPS 30mg	Tier 4	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	Tier 2	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 5	PA, QL (800 mL / 30 days)
<i>epitol tabs 200mg</i>	Tier 2	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Tier 2	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	Tier 3	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	Tier 2	
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 3	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Tier 1	
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	Tier 2	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Tier 2	PA;
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	Tier 3	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Tier 3	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 2	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Tier 2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 2	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Tier 2	
PEGANONE TABS 250mg	Tier 4	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Tier 2	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	Tier 2	
<i>phenytoin sodium soln 50mg/ml</i>	Tier 2	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Tier 2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Tier 2	PA
<i>primidone tabs 50mg, 250mg</i>	Tier 2	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Tier 2	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Tier 2	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	Tier 2	
<i>valproic acid caps 250mg</i>	Tier 2	
<i>vigabatrin pack 500mg</i>	Tier 5	PA, QL (180 packets / 30 days)
<i>vigabatrin tabs 500mg</i>	Tier 5	PA, QL (180 tabs / 30 days)
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 4	PA
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Tier 1	
ANTIDEMENTIA		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Tier 2	
<i>ergoloid mesylates tabs 1mg</i>	Tier 2	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Tier 2	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	Tier 2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 2	PA; PA applies for members less than 30 years of age

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP TITRATIO	Tier 3	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Tier 2	PA;
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Tier 2	PA;
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	Tier 1	QL (150 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	Tier 1	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	Tier 1	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	Tier 2	PA; Members 70 and older subject to PA
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	Tier 2	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	Tier 2	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg</i>	Tier 1	
<i>bupropion hcl tb24 150mg, 300mg</i>	Tier 2	
<i>citalopram hydrobromide soln 10mg/5ml</i>	Tier 2	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	Tier 1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	Tier 2	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	Tier 2	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	Tier 2	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	Tier 2	PA, QL (30 tabs / 25 days); (generic of Pristiq)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	Tier 2	QL (90 caps / 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	Tier 2	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	Tier 2	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	Tier 2	QL (450 mL / 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	Tier 2	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 4	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	Tier 2	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	Tier 1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	Tier 4	PA, QL (30 caps / 25 days)
FETZIMA CAP TITRATIO	Tier 4	PA, QL (30 caps / 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	Tier 1	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	Tier 2	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	Tier 2	(generic Sarafem not covered);
<i>imipramine hcl tabs 10mg, 25mg</i>	Tier 2	QL (120 tabs / 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	Tier 2	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	Tier 2	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	Tier 2	PA; Members 70 and older subject to PA
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	Tier 2	
MARPLAN TABS 10mg	Tier 4	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Tier 2	
<i>mirtazapine tabs 15mg</i>	Tier 1	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 10mg</i>	Tier 2	QL (150 caps / 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	Tier 2	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	Tier 2	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	Tier 2	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10mg/5ml</i>	Tier 2	QL (750 mL / 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	Tier 2	
<i>phenelzine sulfate tabs 15mg</i>	Tier 2	
<i>protriptyline hcl tabs 5mg</i>	Tier 2	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	Tier 2	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	Tier 2	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>tranylcypromine sulfate tabs 10mg</i>	Tier 2	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	Tier 1	
<i>trazodone hcl tabs 300mg</i>	Tier 2	
<i>trimipramine maleate caps 25mg, 50mg</i>	Tier 2	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	Tier 2	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Tier 1	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	Tier 2	
VIIBRYD TABS 10mg, 20mg, 40mg	Tier 4	PA
VIIBRYD KIT STARTER	Tier 4	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100mg; syrp 50mg/5ml; tabs 100mg</i>	Tier 2	
<i>APOKYN SOCT 30mg/3ml</i>	Tier 5	PA, QL (20 cartridges / 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Tier 2	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	Tier 2	
<i>carbidopa tabs 25mg</i>	Tier 4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 2	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 2	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 2	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2	
<i>entacapone tabs 200mg</i>	Tier 2	
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	Tier 3	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Tier 2	
<i>rasagiline mesylate tabs 1mg</i>	Tier 3	PA
<i>rasagiline mesylate tabs .5mg</i>	Tier 3	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Tier 2	

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Tier 2	
<i>tolcapone tabs 100mg</i>	Tier 2	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Tier 2	

ANTIPSYCHOTICS

<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 3	
<i>aripiprazole tbdp 10mg, 15mg</i>	Tier 2	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	Tier 3	
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	Tier 3	PA
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	Tier 2	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Tier 2	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Tier 2	
<i>fluphenazine decanoate soln 25mg/ml</i>	Tier 2	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Tier 2	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	Tier 2	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	Tier 2	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	Tier 3	PA, QL (30 tabs / 30 days)
LATUDA TABS 80mg	Tier 3	PA, QL (60 tabs / 30 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Tier 2	
NUPLAZID TABS 17mg	Tier 5	PA
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Tier 2	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Tier 3	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Tier 2	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg</i>	Tier 1	

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Tier 2	
<i>REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Tier 4	PA
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Tier 2	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 2	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Tier 2	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Tier 2	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Tier 2	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine sulfate tabs 10mg</i>	Tier 4	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 2	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 2	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 2	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	Tier 3	QL (60 caps / 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	Tier 3	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	Tier 2	QL (120 tabs / 30 days);
<i>dexmethylphenidate hcl tabs 10mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	Tier 2	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	Tier 2	QL (2,160 mL / 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	Tier 2	QL (120 tabs / 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Tier 2	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	Tier 4	QL (150 tabs / 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	Tier 4	QL (180 tabs / 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	Tier 2	QL (60 caps / 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	Tier 2	QL (30 caps / 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	Tier 3	QL (60 caps / 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	Tier 3	QL (30 caps / 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	Tier 4	QL (2,160 mL / 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	Tier 4	QL (1080 mL / 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	Tier 2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tabs 20mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcr 18mg, 27mg, 36mg</i>	Tier 4	QL (60 tabs / 30 days)
<i>methylphenidate hcl tb24 54mg; tbcr 54mg</i>	Tier 4	QL (30 tabs / 30 days)
<i>methylphenidate hcl tbcr 10mg, 20mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>zenzedi tabs 2.5mg, 7.5mg</i>	Tier 2	QL (120 tabs / 30 days)
<i>zenzedi tabs 15mg</i>	Tier 2	QL (90 tabs / 30 days)
<i>zenzedi tabs 20mg, 30mg</i>	Tier 2	QL (60 tabs / 30 days)

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	Tier 3	PA
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	Tier 2	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>doxylamine succinate (sleep) tabs 25mg</i>	Tier 2	OTC;
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Tier 2	QL (30 tabs / 25 days)
HETLIOZ CAPS 20mg	Tier 5	PA, QL (30 caps / 30 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon tabs 8mg</i>	Tier 2	QL (30 tabs / 25 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	Tier 2	QL (15 caps / 25 days)
<i>zaleplon caps 5mg</i>	Tier 2	QL (30 caps / 25 days)
<i>zaleplon caps 10mg</i>	Tier 2	QL (60 caps / 25 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	Tier 2	QL (30 tabs / 25 days)

MIGRAINE

<i>AIMOVIG SOAJ 70mg/ml</i>	Tier 3	PA, QL (2 injections / 25 days)
<i>AIMOVIG SOAJ 140mg/ml</i>	Tier 3	PA, QL (1 injection / 25 days)
<i>AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml</i>	Tier 3	PA, QL (3 injections / 75 days)
<i>almotriptan malate tabs 6.25mg</i>	Tier 3	QL (18 tabs / 25 days)
<i>almotriptan malate tabs 12.5mg</i>	Tier 3	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	Tier 3	QL (18 tabs / 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	Tier 3	QL (12 tabs / 25 days)
<i>EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml</i>	Tier 3	PA, QL (2 injections / 25 days)
<i>EMGALITY SOSY 100mg/ml</i>	Tier 3	PA, QL (3 injections / 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 4	
<i>naratriptan hcl tabs 1mg</i>	Tier 1	QL (18 tabs / 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	Tier 1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	Tier 1	QL (27 tabs / 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	Tier 1	QL (18 tabs / 25 days)
<i>sumatriptan soln 5mg/act</i>	Tier 3	QL (36 sprays / 25 days)
<i>sumatriptan soln 20mg/act</i>	Tier 3	QL (12 sprays / 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	Tier 3	QL (18 syringes / 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosal 6mg/0.5ml</i>	Tier 3	QL (12 units / 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	Tier 3	QL (12 vials / 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (18 tabs / 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 4	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan soln 2.5mg</i>	Tier 2	QL (18 sprays / 25 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan soln 5mg</i>	Tier 2	QL (12 sprays / 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	Tier 3	QL (18 tabs / 25 days)
<i>zolmitriptan tabs 5mg</i>	Tier 2	QL (12 tabs / 25 days)
<i>zolmitriptan tbdp 5mg</i>	Tier 3	QL (12 tabs / 25 days)
MISCELLANEOUS		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	Tier 2	
<i>bupirone hcl tabs 30mg</i>	Tier 3	
<i>clomipramine hcl caps 25mg, 50mg</i>	Tier 4	QL (150 caps / 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	Tier 4	QL (90 caps / 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	Tier 2	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	Tier 1	
GUANIDINE HCL TABS 125mg	Tier 4	
LITHIUM SOLN 8meq/5ml	Tier 4	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	Tier 1	
<i>lithium carbonate tabs 300mg; tbc 300mg, 450mg</i>	Tier 2	
NUEDEXTA CAP 20-10MG	Tier 3	PA
<i>pimozide tabs 1mg, 2mg</i>	Tier 2	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	Tier 2	
<i>pyridostigmine bromide tbc 180mg</i>	Tier 3	
REGONOL SOLN 10mg/2ml	Tier 4	
<i>riluzole tabs 50mg</i>	Tier 4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Tier 4	PA
SAVELLA MIS TITR PAK	Tier 4	PA
<i>tetrabenazine tabs 12.5mg</i>	Tier 5	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tabs 25mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	Tier 5	PA, QL (30 tabs / 30 days)
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml	Tier 5	QL (4 injections / 28 days); MNPA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN AJKT 30mcg/0.5ml	Tier 5	QL (4 injections / 28 days); MNPA
BETASERON KIT .3mg	Tier 5	PA, QL (14 injections / 28 days)
COPAXONE SOSY 20mg/ml	Tier 5	PA, QL (30 injections / 30 days)
COPAXONE SOSY 40mg/ml	Tier 5	PA, QL (12 syringes / 28 days)
<i>dalfampridine tb12 10mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	Tier 5	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	Tier 5	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 5	PA, QL (1 kit / 30 days)
GILENYA CAPS .5mg	Tier 5	PA, QL (30 caps / 30 days)
MAYZENT TABS 2mg	Tier 5	PA, QL (30 tabs / 30 days)
MAYZENT TABS .25mg	Tier 5	PA, QL (112 tabs / 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	Tier 5	QL (1 carton / 28 days); MNPA
PLEGRIDY INJ STARTER	Tier 5	QL (1 kit / 28 days); MNPA
PLEGRIDY PEN INJ STARTER	Tier 5	QL (1 pack / 28 days); MNPA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	Tier 5	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	Tier 5	PA, QL (1 box / 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	Tier 5	PA, QL (12 syringes / 28 days)
REBIF TITRTN INJ PACK	Tier 5	PA, QL (1 box / 28 days)
TYSABRI CONC 300mg/15ml	Tier 5	PA, QL (1 vial / 28 days)
VUMERITY CPDR 231mg	Tier 5	PA, QL (106 caps / 30 days)
VUMERITY CPDR 231mg	Tier 5	PA, QL (120 caps / 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs 5mg, 10mg, 20mg</i>	Tier 2	
<i>carisoprodol tabs 350mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tabs 500mg</i>	Tier 2	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	Tier 2	
<i>metaxalone tabs 400mg, 800mg</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tabs 500mg, 750mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate soln 60mg/2ml</i>	Tier 2	
<i>orphenadrine citrate tb12 100mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tabs 2mg, 4mg</i>	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Tier 2	PA, QL (30 tabs / 30 days)
<i>modafinil tabs 100mg, 200mg</i>	Tier 4	PA, QL (30 tabs / 30 days)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tbec 333mg</i>	Tier 2	PA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	Tier 0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tabs 250mg, 500mg</i>	Tier 2	
<i>goodsense nicotine lozg 2mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozg 4mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	Tier 2	
<i>naltrexone hcl tabs 50mg</i>	Tier 0	\$0 copay
NARCAN LIQD 4mg/0.1ml	Tier 3	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>nicorelief gum 4mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	Tier 0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	Tier 0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg	Tier 5	PA, QL (1 vial / 28 days)

DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ALTABAX OINT 1%	Tier 3	
XEPI CREA 1%	Tier 3	

ANTIFUNGALS - TOPICAL

<i>luliconazole crea 1%</i>	Tier 3	
<i>oxiconazole nitrate crea 1%</i>	Tier 3	PA

ANTIPSORIATICS

SKYRIZI SOSY 150mg/ml	Tier 5	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis
SKYRIZI PEN SOAJ 150mg/ml	Tier 5	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis

ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	Tier 3	PA
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CORTICOSTEROIDS - TOPICAL

<i>diflorasone diacetate oint .05%</i>	Tier 3	
<i>halcinonide crea .1%</i>	Tier 4	QL (60g / 30 days)

MISC. TOPICAL

DRYSOL SOLN 20%	Tier 3	
HYPERCARE SOLN 15%	Tier 3	OTC
XERAC AC SOLN 6.25%	Tier 3	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TABS 50mg	Tier 4	PA
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AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA INST 6.5mg	Tier 4	
<i>methyltestosterone caps 10mg</i>	Tier 4	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	Tier 3	PA
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	Tier 4	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	Tier 2	PA
<i>testosterone enanthate soln 200mg/ml</i>	Tier 2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	Tier 2	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Tier 2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	Tier 4	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml	Tier 4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 750mg</i>	Tier 1	
<i>metformin hcl tb24 500mg</i>	Tier 2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Tier 2	
JANUVIA TABS 25mg, 50mg, 100mg	Tier 3	ST, QL (30 tabs / 30 days); PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg	Tier 4	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	Tier 3	ST, QL (60 tabs / 30 days); PA**

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	Tier 3	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 50-500MG	Tier 3	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 50-1000	Tier 3	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 100-1000	Tier 3	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

OZEMPIC SOPN 2mg/1.5ml	Tier 3	ST, QL (2 pens / 28 days); PA**
OZEMPIC SOPN 4mg/3ml	Tier 3	ST, QL (1 pen / 28 days); PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 3	ST, QL (4 pens / 28 days); PA**
VICTOZA SOPN 18mg/3ml	Tier 3	ST, QL (3 pens / 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	Tier 3	ST, QL (6 pens / 30 days); PA**
XULTOPHY INJ 100/3.6	Tier 3	ST, QL (5 pens / 30 days); PA**

ANTIDIABETICS, INSULIN

BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 3	
FIASP FLEX INJ TOUCH	Tier 3	
FIASP INJ 100/ML	Tier 3	
FIASP PENFIL INJ U-100	Tier 3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 3	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 3	
LEVEMIR SOLN 100unit/ml	Tier 3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 3	
NOVOLIN INJ 70/30	Tier 1	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 3	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	Tier 1	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 3	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	Tier 1	OTC; RELION not covered

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 3	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	Tier 3	
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 3	
NOVOLOG MIX INJ 70/30	Tier 3	
NOVOLOG MIX INJ FLEXPEN	Tier 3	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 3	
TRESIBA SOLN 100unit/ml	Tier 3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 2	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	Tier 2	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Tier 2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	Tier 2	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	Tier 2	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 5-500MG	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 5-1000MG	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 12.5-500	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB 5-1000MG	Tier 3	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB 10-1000	Tier 3	ST, QL (30 tabs / 30 days); PA**

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	Tier 3	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 2.5-1000	Tier 3	ST, QL (60 tabs / 30 days); PA**
XIGDUO XR TAB 5-500MG	Tier 3	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 5-1000MG	Tier 3	ST, QL (60 tabs / 30 days); PA**
XIGDUO XR TAB 10-500MG	Tier 3	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 10-1000	Tier 3	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	Tier 3	ST, QL (30 tabs / 30 days); PA**
GLYXAMBI TAB 25-5 MG	Tier 3	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TABS 5mg, 10mg	Tier 3	ST, QL (30 tabs / 30 days); PA**
JARDIANCE TABS 10mg, 25mg	Tier 3	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, SULFONYLUREA

<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Tier 2	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

BISPHOSPHONATES

<i>alendronate sodium soln 70mg/75ml</i>	Tier 2	
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 40mg, 70mg</i>	Tier 1	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	Tier 2	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	Tier 3	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	Tier 5	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	Tier 5	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tabs 90mg</i>	Tier 5	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 4	
<i>deferiprone tabs 500mg</i>	Tier 5	PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	Tier 5	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	Tier 5	PA
<i>kionex susp 15gm/60ml</i>	Tier 2	
<i>penicillamine tabs 250mg</i>	Tier 4	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	Tier 2	
THYROSAFE TABS 65mg	Tier 3	OTC
CONTRACEPTIVES		
<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	
<i>amethia</i>	Tier 0	
<i>amethyst</i>	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 / 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
<i>aviane</i>	Tier 0	
<i>azurette</i>	Tier 0	
<i>camila tabs .35mg</i>	Tier 0	
<i>caziant</i>	Tier 0	
<i>chateal</i>	Tier 0	
<i>cryselle-28</i>	Tier 0	
<i>cyclafem 1/35</i>	Tier 0	
<i>cyclafem 7/7/7</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 0	QL (4 inj / 300 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	
<i>elinest</i>	Tier 0	
ELLA TABS 30mg	Tier 0	
<i>emoquette</i>	Tier 0	
<i>enpresse-28</i>	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin tabs .35mg</i>	Tier 0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 0	QL (13 / 300 days)
<i>falmina</i>	Tier 0	
<i>fayosim</i>	Tier 0	
<i>gianvi</i>	Tier 0	
<i>heather tabs .35mg</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>jolivette tabs .35mg</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
KYLEENA IUD 19.5mg	Tier 0	QL (1 / 300 days)
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LILETTA IUD 19.5mcg/day	Tier 0	QL (1 / 300 days)
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>lutera</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	Tier 0	QL (4 inj / 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD 20mcg/24hr	Tier 0	QL (1 / 300 days)
<i>mono-linyah</i>	Tier 0	
<i>mononessa</i>	Tier 0	
<i>myzilra</i>	Tier 0	
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMPL 68mg	Tier 0	QL (1 / 300 days)
<i>nikki</i>	Tier 0	
<i>nora-be tabs .35mg</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	
<i>norethindrone (contraceptive) tabs .35mg</i>	Tier 0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>ocella</i>	Tier 0	
<i>ogestrel</i>	Tier 0	
<i>orsythia</i>	Tier 0	
PARAGARD IUD T380A	Tier 0	QL (1 unit / 300 days)
<i>pirmella 1/35</i>	Tier 0	
<i>pirmella 7/7/7</i>	Tier 0	
<i>portia-28</i>	Tier 0	
<i>previfem</i>	Tier 0	
<i>quasense</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5mg	Tier 0	QL (1 / 300 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	
<i>syeda</i>	Tier 0	
<i>take action tabs 1.5mg</i>	Tier 0	OTC
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
<i>trinessa</i>	Tier 0	
<i>trivora-28</i>	Tier 0	
<i>velivet</i>	Tier 0	
<i>viorele</i>	Tier 0	
<i>wera</i>	Tier 0	
<i>xulane</i>	Tier 0	
<i>zarah</i>	Tier 0	
<i>zenchent</i>	Tier 0	
<i>zovia 1/35e</i>	Tier 0	
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	Tier 2	
SYNAREL SOLN 2mg/ml	Tier 5	PA
ENZYME REPLACEMENTS		
CARBAGLU TABS 200mg	Tier 5	PA
CERDELGA CAPS 84mg	Tier 5	PA, QL (60 caps / 30 days)
CYSTADANE POW	Tier 5	PA
CYSTAGON CAPS 50mg, 150mg	Tier 5	PA
MYALEPT SOLR 11.3mg	Tier 5	PA, QL (30 vials / 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg</i>	Tier 5	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	Tier 5	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Tier 5	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	Tier 5	PA, QL (600g / 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	Tier 5	PA, QL (1200 tabs / 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	Tier 3	
DEPO-ESTRADIOL OIL 5mg/ml	Tier 4	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	Tier 4	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	Tier 3	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL .06%	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tabs .5mg, 1mg, 2mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 2	
<i>estradiol vaginal crea .1mg/gm</i>	Tier 2	
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	Tier 2	
ESTROGEL GEL .06%	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tabs .75mg, 1.5mg, 3mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SOLN 1.53mg/spray	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli</i>	Tier 2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 2	
<i>mimvey lo</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
PREMARIN CREA .625mg/gm	Tier 3	
PREMARIN SOLR 25mg	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>yuvaferm tabs 10mcg</i>	Tier 2	
GLUCOCORTICOIDS		
<i>cortisone acetate tabs 25mg</i>	Tier 2	
DEPO-MEDROL SUSP 20mg/ml	Tier 4	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg</i>	Tier 2	
<i>dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg</i>	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 3	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	Tier 2	
<i>fludrocortisone acetate tabs .1mg</i>	Tier 2	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Tier 1	
MEDROL TABS 2mg	Tier 3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Tier 2	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	Tier 2	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	Tier 2	
<i>prednisolone soln 15mg/5ml</i>	Tier 2	
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	Tier 2	
<i>prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg</i>	Tier 2	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 3	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4	
SOLU-MEDROL SOLR 2gm	Tier 4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) kit 1mg</i>	Tier 3	
INSTA-GLUCOSE GEL 77.4%	Tier 3	OTC
HUMAN GROWTH HORMONES		
HUMATROPE SOLR 6mg, 12mg, 24mg	Tier 5	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE COMBO PACK SOLR 5mg	Tier 5	PA
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	Tier 2	
<i>calcitonin (salmon) soln 200unit/act</i>	Tier 3	
CHORIONIC GONADOTROPIN SOLR 10000unit	Tier 5	PA
INCRELEX SOLN 40mg/4ml	Tier 5	PA
MIACALCIN SOLN 200unit/ml	Tier 4	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	Tier 5	PA, QL (90 ml / 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	Tier 5	PA, QL (225 ml / 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	Tier 5	PA, QL (45 ml / 30 days)
OSPHENA TABS 60mg	Tier 3	
PROLIA SOSY 60mg/ml	Tier 5	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tabs 60mg</i>	Tier 2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	PA, QL (1 injection / 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	PA, QL (30 vials / 30 days)
<i>tolvaptan tabs 15mg, 30mg</i>	Tier 5	PA
TYMLOS SOPN 3120mcg/1.56ml	Tier 5	PA, QL (1 pen / 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Tier 2	
FOSRENOL PACK 750mg, 1000mg	Tier 4	
PHOSLYRA SOLN 667mg/5ml	Tier 3	
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	Tier 3	
<i>sevelamer carbonate tabs 800mg</i>	Tier 4	
VELPHORO CHEW 500mg	Tier 4	
PROGESTINS		
CRINONE GEL 4%, 8%	Tier 3	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	Tier 1	
<i>medroxyprogesterone acetate tabs 5mg</i>	Tier 2	
<i>norethindrone acetate tabs 5mg</i>	Tier 2	
<i>progesterone caps 100mg, 200mg</i>	Tier 2	

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 2	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Tier 2	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Tier 2	
<i>methimazole tabs 5mg, 10mg</i>	Tier 2	
<i>propylthiouracil tabs 50mg</i>	Tier 2	
<i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 3	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	Tier 2	
VASOPRESSINS		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	Tier 2	
<i>desmopressin acetate spray soln .01%</i>	Tier 2	
<i>desmopressin acetate spray refrigerated soln .01%</i>	Tier 3	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	Tier 2	
<i>CUVPOSA SOLN 1mg/5ml</i>	Tier 3	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	Tier 2	
<i>ed-spaz tbdp .125mg</i>	Tier 2	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	Tier 2	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Tier 2	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>nulev tbdp .125mg</i>	Tier 2	
<i>oscimin subl .125mg; tabs .125mg</i>	Tier 2	
<i>oscimin sr tb12 .375mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>symax-sl sublingual .125mg</i>	Tier 2	
ANTIEMETICS		
<i>AKYNZEO CAP 300-0.5</i>	Tier 4	QL (2 caps / 21 days)
<i>aprepitant caps 40mg</i>	Tier 4	QL (3 caps / 180 days)
<i>aprepitant caps 80mg</i>	Tier 4	QL (4 caps / 21 days)
<i>aprepitant caps 125mg</i>	Tier 4	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 4	QL (2 packs / 21 days)
<i>CESAMET CAPS 1mg</i>	Tier 4	QL (18 caps / 21 days)
<i>compro supp 25mg</i>	Tier 3	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Tier 3	QL (60 caps / 25 days)
<i>granisetron hcl soln .1mg/ml, 1mg/ml, 4mg/4ml</i>	Tier 2	QL (2 mL / 21 days)
<i>granisetron hcl tabs 1mg</i>	Tier 2	QL (12 tabs / 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Tier 2	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Tier 2	
<i>METOCLOPRAMIDE ODT TBDP 10mg</i>	Tier 2	
<i>ondansetron tbdp 4mg, 8mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	Tier 2	QL (20 mL / 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	Tier 2	QL (200 mL / 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	Tier 1	QL (18 tabs / 21 days)
<i>ondansetron hcl tabs 24mg</i>	Tier 2	QL (2 tabs / 21 days)
<i>prochlorperazine supp 25mg</i>	Tier 3	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	Tier 2	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Tier 2	
<i>promethazine hcl soln 25mg/ml, 50mg/ml</i>	Tier 2	
<i>promethazine hcl syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>SANCUSO PTCH 3.1mg/24hr</i>	Tier 3	PA
<i>scopolamine pt72 1mg/3days</i>	Tier 2	
<i>trimethobenzamide hcl caps 300mg</i>	Tier 2	
<i>VARUBI EMUL 166.5mg/92.5ml; TBPK 90mg</i>	Tier 3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Tier 2	
<i>cimetidine hcl soln 300mg/5ml</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Tier 2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	Tier 2	
<i>ranitidine hcl soln 50mg/2ml, 150mg/6ml</i>	Tier 2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium caps 750mg</i>	Tier 2	
<i>budesonide cpep 3mg</i>	Tier 3	PA
<i>colocort enem 100mg/60ml</i>	Tier 2	
DIPENTUM CAPS 250mg	Tier 4	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	Tier 3	
<i>mesalamine tbec 800mg</i>	Tier 3	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	Tier 2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 3	
<i>lubiprostone caps 8mcg, 24mcg</i>	Tier 2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	Tier 4	PA
LAXATIVES		
CLENPIQ SOL	Tier 3	
<i>enulose soln 10gm/15ml</i>	Tier 2	
<i>gavilyte-c</i>	Tier 2	\$0 copay for members age 45 through 75
<i>gavilyte-g</i>	Tier 2	\$0 copay for members age 45 through 75
<i>gavilyte-h</i>	Tier 2	\$0 copay for members age 45 through 75
<i>gavilyte-n/flavor pack</i>	Tier 2	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	Tier 2	
GOLYTELY SOL	Tier 2	
<i>lactulose soln 10gm/15ml</i>	Tier 2	
OSMOPREP TAB 1.5GM	Tier 4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 2	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 2	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 2	\$0 copay for members age 45 through 75

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2	\$0 copay for members age 45 through 75
PLENVU SOL	Tier 3	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	Tier 2	OTC
PREPOPIK PAK	Tier 3	
SUPREP BOWEL SOL PREP KIT	Tier 3	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	Tier 2	PA;
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 2	
<i>loperamide hcl caps 2mg</i>	Tier 2	
<i>misoprostol tabs 100mcg, 200mcg</i>	Tier 2	
MOTOFEN TAB 1-0.025	Tier 4	
MOVANTIK TABS 12.5mg, 25mg	Tier 3	
SUCRAID SOLN 8500unit/ml	Tier 4	PA, QL (354 mL / 25 days)
<i>sucralfate tabs 1gm</i>	Tier 2	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	Tier 2	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 3	PA
CREON CAP 6000UNIT	Tier 3	PA
CREON CAP 12000UNT	Tier 3	PA
CREON CAP 24000UNT	Tier 3	PA
CREON CAP 36000UNT	Tier 3	PA
VIOKACE TAB 10440	Tier 3	PA
VIOKACE TAB 20880	Tier 3	PA
ZENPEP CAP 3000UNIT	Tier 3	PA
ZENPEP CAP 5000UNIT	Tier 3	PA
ZENPEP CAP 10000UNT	Tier 3	PA
ZENPEP CAP 15000UNT	Tier 3	PA
ZENPEP CAP 20000UNT	Tier 3	PA
ZENPEP CAP 25000	Tier 3	PA
ZENPEP CAP 40000	Tier 3	PA
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	Tier 4	ST, QL (30 caps / 30 days); PA**
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	Tier 4	PA, QL (30 caps / 30 days)
<i>esomeprazole sodium solr 20mg, 40mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 15mg, 30mg</i>	Tier 1	QL (30 caps / 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Tier 1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>rabeprazole sodium tbec 20mg</i>	Tier 3	PA, QL (30 tabs / 30 days)
RECTAL,CORTICOSTEROIDS		
<i>procto-pak crea 1%</i>	Tier 2	
<i>proctosol hc crea 2.5%</i>	Tier 2	
<i>proctozone-hc crea 2.5%</i>	Tier 2	
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
REMICADE SOLR 100mg	Tier 5	PA
STELARA SOLN 130mg/26ml	Tier 5	PA, QL (4 vials / 365 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tb24 10mg</i>	Tier 2	
CARDURA XL TB24 4mg, 8mg	Tier 4	ST; PA**
<i>dutasteride caps .5mg</i>	Tier 2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 2	
<i>finasteride tabs 5mg</i>	Tier 2	
<i>silodosin caps 4mg, 8mg</i>	Tier 2	
<i>tadalafil tabs 2.5mg, 5mg</i>	Tier 2	PA, QL (30 tabs / 30 days)
<i>tamsulosin hcl caps .4mg</i>	Tier 2	
CONTRACEPTIVES		
ENCARE SUPP 100mg	Tier 0	OTC
OPTIONS CONCEPTROL VAGINA GEL 4%	Tier 0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	Tier 0	OTC
SHUR-SEAL GEL 2%	Tier 0	OTC
TODAY SPONGE MISC 1000mg	Tier 0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%	Tier 0	OTC
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Tier 2	
ELMIRON CAPS 100mg	Tier 4	
<i>flavoxate hcl tabs 100mg</i>	Tier 2	
<i>phenazopyridine tab 95mg tabs 95mg</i>	Tier 2	OTC
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	Tier 2	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Tier 2	
<i>solifenacin succinate tabs 5mg, 10mg</i>	Tier 2	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Tier 2	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	Tier 2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	Tier 3	
<i>clindamycin phosphate vaginal crea 2%</i>	Tier 2	
GYNAZOLE-1 CREA 2%	Tier 4	
<i>metronidazole vaginal gel .75%</i>	Tier 3	
<i>miconazole 3 supp 200mg</i>	Tier 2	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	Tier 2	
<i>vandazole gel .75%</i>	Tier 3	
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATRB/NACL INJ 50MG/50	Tier 4	
<i>argatroban soln 250mg/2.5ml</i>	Tier 2	
ARGATROBAN INJ 125/125	Tier 4	
ARGATROBAN INJ 250/250	Tier 4	
ELIQUIS TABS 2.5mg, 5mg	Tier 3	
ELIQUIS STARTER PACK TBPK 5mg	Tier 3	
<i>enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	Tier 3	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Tier 4	
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	Tier 4	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	Tier 2	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	Tier 3	
XARELTO STAR TAB 15/20MG	Tier 3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	Tier 5	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	Tier 5	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	PA
PROMACTA TABS 12.5mg, 25mg	Tier 5	PA, QL (30 tabs / 30 days)
PROMACTA TABS 50mg, 75mg	Tier 5	PA, QL (60 tabs / 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 5	PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	Tier 3	
<i>cilostazol tabs 50mg, 100mg</i>	Tier 2	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	Tier 5	PA
<i>icatibant acetate soln 30mg/3ml</i>	Tier 5	PA, QL (45 syringes / 90 days)
<i>pentoxifylline tbc 400mg</i>	Tier 2	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	Tier 2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 2	
BRILINTA TABS 60mg, 90mg	Tier 3	
<i>clopidogrel bisulfate tabs 75mg</i>	Tier 1	
<i>clopidogrel bisulfate tabs 300mg</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tabs 5mg, 10mg</i>	Tier 2	

HEMATOPOIETIC AGENTS

HEMATOPOIETIC GROWTH FACTORS

NYVEPRIA SOSY 6mg/0.6ml	Tier 5	PA
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IRON

FERROUS FUMARATE TABS 29mg	Tier 2	OTC
<i>ferrous fumarate tabs 324mg</i>	Tier 2	OTC
<i>ferrous gluconate tabs 240mg</i>	Tier 2	OTC
FERROUS GLUCONATE TABS 324mg	Tier 2	OTC
<i>ferrous sulfate elix 220mg/5ml; tbec 325mg</i>	Tier 2	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	Tier 2	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

NON-BARBITURATE HYPNOTICS

<i>quazepam tabs 15mg</i>	Tier 3	ST
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IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA SOSY 162mg/0.9ml	Tier 5	ST, PA, QL (4 syringes / 28 days)
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	Tier 5	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	Tier 5	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	Tier 5	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	Tier 5	PA, QL (2 injections / 28 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 5	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 5	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 5	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	Tier 5	PA, QL (4 injections / 28 days)
HUMIRA PEN KIT PS/UV	Tier 5	PA, QL (1 kit / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	Tier 5	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	Tier 5	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 5	PA, QL (4 pens / 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	Tier 5	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	Tier 5	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg	Tier 5	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	Tier 5	PA, QL (1 injection / 28 days)
SIMPONI ARIA SOLN 50mg/4ml	Tier 5	PA, QL (200 mg / 8 weeks)
SKYRIZI PSKT 75mg/0.83ml	Tier 5	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA SOSY 45mg/0.5ml	Tier 5	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90mg/ml	Tier 5	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Tier 5	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Tier 5	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg	Tier 5	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TABS 10mg	Tier 5	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	Tier 5	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TB24 22mg	Tier 5	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	Tier 2	
<i>leflunomide tabs 10mg, 20mg</i>	Tier 2	
<i>methotrexate sodium tabs 2.5mg</i>	Tier 2	
OTEZLA TABS 30mg	Tier 5	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	Tier 5	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	Tier 5	PA
HYQVIA INJ 5-400	Tier 5	PA
HYQVIA INJ 10-800	Tier 5	PA
HYQVIA INJ 20-1600	Tier 5	PA
HYQVIA INJ 30-2400	Tier 5	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 5	PA
ALFERON N SOLN 5mu/ml	Tier 5	
ARCALYST SOLR 220mg	Tier 5	PA, QL (8 vials / 28 days)
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 5	PA, QL (21 caps / 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 5	PA, QL (28 caps / 28 days)
REVLIMID CAPS 20mg, 25mg	Tier 5	PA, QL (21 caps / 28 days)
THALOMID CAPS 50mg, 100mg	Tier 5	PA, QL (28 caps / 28 days)
THALOMID CAPS 150mg, 200mg	Tier 5	PA, QL (56 caps / 28 days)
IMMUNOSUPPRESSANTS		
AZASAN TABS 75mg, 100mg	Tier 4	
<i>azathioprine tabs 50mg</i>	Tier 2	
<i>cyclosporine caps 25mg, 100mg</i>	Tier 4	
<i>cyclosporine soln 50mg/ml</i>	Tier 2	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	Tier 2	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	Tier 2	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	Tier 3	
<i>mycophenolate mofetil susr 200mg/ml</i>	Tier 4	
<i>mycophenolate mofetil hcl solr 500mg</i>	Tier 2	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	Tier 4	
PROGRAF SOLN 5mg/ml	Tier 4	
SANDIMMUNE SOLN 100mg/ml	Tier 4	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Tier 4	
<i>tacrolimus caps 1mg, 5mg</i>	Tier 4	
<i>tacrolimus caps .5mg</i>	Tier 2	
VACCINES		
ACTHIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AFLURIA QUAD INJ 2020-21	Tier 0	
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	

MNPA - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml	Tier 0	
FLUAD INJ 2020-21	Tier 0	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	Tier 0	
FLUARIX QUAD INJ 2020-21	Tier 0	
FLUBLOK QUAD INJ 2020-21	Tier 0	
FLUCLVX QUAD INJ 2020-21	Tier 0	
FLULAVAL QUA INJ 2019-20	Tier 0	
FLULAVAL QUA INJ 2020-21	Tier 0	
FLUMIST QUAD SUS 2020-21	Tier 0	
FLUZONE HD INJ PF 19-20	Tier 0	
FLUZONE QUAD INJ 2019-20	Tier 0	
FLUZONE QUAD INJ 2020-21	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 0	
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml	Tier 0	
HIBERIX SOLR 10mcg	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENACTRA INJ	Tier 0	
MENVEO INJ	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	Tier 0	
PREVNAR 13 INJ	Tier 0	
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	Tier 0	
TWINRIX INJ	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 0	
VARIVAX INJ 1350pfu/0.5ml	Tier 0	
ZOSTAVAX SUSR 19400unt/0.65ml	Tier 0	\$0 copay for members age 19 and older, otherwise not covered

MACROLIDES

FIDAXOMICIN

DIFICID SUSR 40mg/ml	Tier 3	PA
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MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	Tier 0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms / 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 / 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 / 300 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 30MM	Tier 0	QL (1 / 300 days)
OMNIFLEX DPR	Tier 0	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Tier 0	QL (1 / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	Tier 3	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	Tier 3	QL (204 Test Strips / 25 days), OTC
ALCOH-WIPE MIS 12"X12"	Tier 3	
ALCOHOL PREP WIPES AND SWABS	Tier 3	OTC
BD PEN NEEDL MIS 32GX4MM	Tier 3	
BLOOD GLUCOSE CALIBRATION SOLUTION	Tier 3	OTC
GLUCOSE URINE TEST STRIPS	Tier 3	OTC
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES/SYRINGES	Tier 3	OTC
KETONE URINE TEST STRIPS	Tier 3	OTC
LANCETS	Tier 3	OTC
LANCING DEVICE	Tier 3	OTC
MISC LANCETS	Tier 3	OTC
NOVOFINE PEN NEEDLES	Tier 3	OTC
SHARPS CONTAINER	Tier 3	OTC
URINE GLUCOSE MONITORING SUPPLIES	Tier 3	OTC
URINE TEST STRIPS	Tier 3	OTC
MISCELLANEOUS		
ADULT RESPIRATORY MASK	Tier 3	
ADULT RESPIRATORY MASK	Tier 3	OTC
HUMATROPEN MIS FOR 6MG	Tier 3	OTC
HUMATROPEN MIS FOR 12MG	Tier 3	OTC
HUMATROPEN MIS FOR 24MG	Tier 3	OTC
PEDIATRIC RESPIRATORY MASK	Tier 3	
PEDIATRIC RESPIRATORY MASK	Tier 3	OTC
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
OMNIPOD KIT STARTER	Tier 3	PA
OMNIPOD MIS 5 PACK	Tier 3	PA
MIGRAINE PRODUCTS		
SEROTONIN AGONISTS		
<i>frovatriptan succinate tabs 2.5mg</i>	Tier 3	ST, QL (12 tabs / 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Tier 3	PA

MNPA - Medical Necessity Prior Authorization OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step Not Met QL - Quantity Limits ST - Step Therapy

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
FLUORABON SOLN .55mg/0.6ml	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chew 1mg</i>	Tier 2	
<i>fluoritab chew .25mg, .5mg; soln .125mg/drop</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops soln .25mg/drop</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>k-effervescent tbcf 25meq</i>	Tier 2	
<i>klor-con 8 tbcf 8meq</i>	Tier 2	
<i>klor-con 10 tbcf 10meq</i>	Tier 2	
<i>klor-con m15 tbcf 15meq</i>	Tier 2	
<i>klor-con m20 tbcf 20meq</i>	Tier 2	
<i>ludent chew 1mg</i>	Tier 2	
<i>ludent chew .25mg, .5mg</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	Tier 2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2	
<i>nafrinse chew 2.2mg</i>	Tier 2	
<i>nafrinse drops soln .125mg/drop</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cpcr 8meq, 10meq; tbcf 8meq, 10meq, 20meq</i>	Tier 2	
<i>potassium chloride soln 10%, 20%</i>	Tier 2	PA;
<i>potassium chloride microencapsulated crystals er tbcf 10meq, 20meq</i>	Tier 2	
<i>sodium chloride soln 2.5meq/ml</i>	Tier 2	
<i>sodium chloride flush soln .9%</i>	Tier 2	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	Tier 2	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 2	
<i>potassium chloride soln 2meq/ml</i>	Tier 2	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	Tier 2	
VITAMINS		
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	Tier 2	
<i>cholecalciferol caps 50000unit</i>	Tier 2	OTC;
CITRANATAL CAP HARMONY	Tier 3	
CITRANATAL CAP MEDLEY	Tier 3	
CITRANATAL MIS	Tier 3	
CITRANATAL MIS 90 DHA	Tier 3	
CITRANATAL MIS B-CALM	Tier 3	
CITRANATAL PAK ASSURE	Tier 3	
CITRANATAL PAK DHA	Tier 3	
CITRANATAL TAB BLOOM	Tier 3	
CITRANATAL TAB RX	Tier 3	
<i>cyanocobalamin soln 1000mcg/ml</i>	Tier 2	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	Tier 3	
<i>doxercalciferol soln 4mcg/2ml</i>	Tier 2	
<i>elite-ob</i>	Tier 2	
<i>ergocalciferol caps 50000unit</i>	Tier 2	
<i>folic acid caps 800mcg</i>	Tier 0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tabs 1mg</i>	Tier 2	
<i>folic acid tabs 400mcg, 800mcg</i>	Tier 0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fluoride</i>	Tier 2	
<i>multi-vit/iron/fluoride</i>	Tier 2	OTC
<i>multi-vitamin/fluoride dr</i>	Tier 2	
<i>multi-vitamin/fluoride/ir</i>	Tier 2	
<i>multivitamin with fluorid</i>	Tier 2	
<i>multivitamin/fluoride</i>	Tier 2	
<i>mvc-fluoride</i>	Tier 2	
<i>niva-fol</i>	Tier 2	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	Tier 2	
<i>phytonadione tabs 5mg</i>	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>prenatabs rx</i>	Tier 2	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	Tier 2	OTC
<i>tri-vit/fluoride</i>	Tier 2	
<i>tri-vit/fluoride/iron</i>	Tier 2	
VITAMIN D2 TABS 400unit	Tier 1	OTC
VITAMIN D2 TABS 2000unit	Tier 2	OTC
<i>vitamins a/c/d/fluoride</i>	Tier 2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	
BLEPHAMIDE OIN S.O.P.	Tier 3	
BLEPHAMIDE SUS OP	Tier 3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 2	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
TOBRADEX OIN 0.3-0.1%	Tier 3	
TOBRADEX ST SUS 0.3-0.05	Tier 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	

ANTI-INFECTIVES

AZASITE SOLN 1%	Tier 3	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 2	
BESIVANCE SUSP .6%	Tier 4	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Tier 1	
<i>erythromycin (ophth) oint 5mg/gm</i>	Tier 2	
<i>gatifloxacin (ophth) soln .5%</i>	Tier 2	
<i>gentak oint .3%</i>	Tier 2	
<i>gentamicin sulfate (ophth) soln .3%</i>	Tier 1	
<i>levofloxacin (ophth) soln .5%</i>	Tier 2	
<i>moxifloxacin hcl (ophth) soln .5%</i>	Tier 2	
NATACYN SUSP 5%	Tier 3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	
<i>ofloxacin (ophth) soln .3%</i>	Tier 2	
<i>polycin</i>	Tier 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) oint 10%;</i> <i>soln 10%</i>	Tier 2	
<i>tobramycin (ophth) soln .3%</i>	Tier 1	
<i>trifluridine soln 1%</i>	Tier 2	
ZIRGAN GEL .15%	Tier 4	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	Tier 3	
<i>bromfenac sodium (ophth) soln .09%</i>	Tier 2	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Tier 2	
<i>diclofenac sodium (ophth) soln .1%</i>	Tier 2	
DUREZOL EMUL .05%	Tier 3	ST; PA**
<i>flurbiprofen sodium soln .03%</i>	Tier 2	
FML OINT .1%	Tier 3	
FML FORTE SUSP .25%	Tier 3	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	Tier 2	
<i>loteprednol etabonate susp .5%</i>	Tier 2	
MAXIDEX SUSP .1%	Tier 3	
NEVANAC SUSP .1%	Tier 3	ST; PA**
PRED MILD SUSP .12%	Tier 3	
<i>prednisolone acetate (ophth) susp 1%</i>	Tier 2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	
ANTIALLERGICS		
ALOCRI SOLN 2%	Tier 4	
ALOMIDE SOLN .1%	Tier 4	
<i>azelastine hcl (ophth) soln .05%</i>	Tier 2	
<i>bepotastine besilate soln 1.5%</i>	Tier 2	
<i>cromolyn sodium (ophth) soln 4%</i>	Tier 2	
EMADINE SOLN .05%	Tier 4	
<i>epinastine hcl (ophth) soln .05%</i>	Tier 2	
LASTACFT SOLN .25%	Tier 3	
<i>olopatadine hcl soln .1%, .2%</i>	Tier 2	PA
PAZEO SOLN .7%	Tier 3	PA
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	Tier 4	
<i>apraclonidine hcl soln .5%</i>	Tier 2	
<i>betaxolol hcl (ophth) soln .5%</i>	Tier 2	
BETIMOL SOLN .25%, .5%	Tier 4	
BETOPTIC-S SUSP .25%	Tier 3	
<i>bimatoprost soln .03%</i>	Tier 2	
<i>brimonidine tartrate soln .2%</i>	Tier 1	
<i>brimonidine tartrate soln .15%</i>	Tier 3	

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AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide susp 1%</i>	Tier 2	
<i>carteolol hcl (ophth) soln 1%</i>	Tier 2	
<i>dorzolamide hcl soln 2%</i>	Tier 2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 2	
IOPIDINE SOLN 1%	Tier 4	
<i>latanoprost soln .005%</i>	Tier 1	
<i>levobunolol hcl soln .5%</i>	Tier 2	
LUMIGAN SOLN .01%	Tier 3	ST; PA**
<i>metipranolol soln .3%</i>	Tier 2	
PHOSPHOLINE IODIDE SOLR .125%	Tier 4	
<i>pilocarpine hcl soln 1%</i>	Tier 2	
SIMBRINZA SUS 1-0.2%	Tier 3	
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	Tier 2	
<i>timolol maleate (ophth) soln .25%, .5%</i>	Tier 1	
<i>travoprost soln .004%</i>	Tier 2	
ZIOPTAN SOLN .015mg/ml	Tier 4	ST; PA**
MISCELLANEOUS		
<i>atropine sulfate soln 1%</i>	Tier 4	
CYSTARAN SOLN .44%	Tier 5	PA, QL (4 bottles / 28 days)
LACRISERT INST 5mg	Tier 4	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	Tier 2	
<i>proparacaine hcl soln .5%</i>	Tier 2	
RESTASIS EMUL .05%	Tier 3	PA
<i>tropicamide soln .5%, 1%</i>	Tier 2	
OPHTHALMIC AGENTS		
OPHTHALMIC STEROIDS		
PRED-G S.O.P OIN OP	Tier 4	
PRED-G SUS OP	Tier 4	
ZYLET SUS 0.5-0.3%	Tier 4	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	Tier 2	
<i>physiosol irrigation</i>	Tier 2	
<i>tis-u-sol</i>	Tier 2	
OTIC AGENTS		
OTIC COMBINATIONS		
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 3	

AdventHealth Advantage Plans

Drug Name Drug Tier Requirements/Limits PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

MULTIPLE SCLEROSIS AGENTS

ZEPOSIA CAPS .92mg	Tier 5	PA, QL (30 / 30 Days)
ZEPOSIA 7DAY CAP STR PACK	Tier 5	PA, QL (1 / 365 Days)
ZEPOSIA CAP STR KIT	Tier 5	PA, QL (1 kit / 365 days)

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine (anaphylaxis) soaj</i> .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	Tier 2	QL (4 auto-injectors / 25 days)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	Tier 3	QL (4 auto-injectors / 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	Tier 3	QL (4 auto-injectors / 25 days)

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	Tier 3	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	Tier 3	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	QL (6 boxes / 25 days)
TRELEGY AER ELLIPTA	Tier 3	QL (1 package / 25 days)
TRELEGY AER ELLIPTA	Tier 3	QL (1 package / 30 days)

ANTICHOLINERGICS

INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL (1 package / 25 days)
<i>ipratropium bromide soln .02%</i>	Tier 2	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	Tier 2	
SPIRIVA HANDIHALER CAPS 18mcg	Tier 3	QL (1 package / 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	Tier 3	QL (1 package / 25 days)

ANTI-HISTAMINES

<i>azelastine hcl soln .1%, .15%</i>	Tier 2	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew 12mg</i>	Tier 2	
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	Tier 2	
CLARINEX SYRP .5mg/ml	Tier 4	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tabs 2.68mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	Tier 2	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	Tier 2	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	Tier 2	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrup 10mg/5ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 100mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	Tier 2	
<i>olopatadine hcl (nasal) soln .6%</i>	Tier 2	QL (1 container / 25 days)
BETA AGONISTS		
<i>albuterol sulfate aers 108mcg/act</i>	Tier 2	QL (2 inhalers / 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	Tier 2	QL (60 mL / 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	Tier 2	QL (5 boxes / 25 days)
<i>albuterol sulfate syrup 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	Tier 2	
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	Tier 2	QL (45 mL / 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	Tier 2	QL (300 mL / 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	Tier 2	QL (2 inhalers / 30 days)
<i>metaproterenol sulfate syrup 10mg/5ml; tabs 10mg, 20mg</i>	Tier 2	
PERFOROMIST NEBU 20mcg/2ml	Tier 3	QL (60 vials / 25 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT AERS 2.5mcg/act	Tier 3	QL (1 package / 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	Tier 2	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	Tier 5	PA, QL (3 injections / 28 days)
XOLAIR SOLR 150mg	Tier 5	PA, QL (8 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml	Tier 5	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	Tier 5	PA, QL (8 syringes / 28 days)
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	Tier 2	
<i>cheratussin ac</i>	Tier 2	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 2	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	Tier 2	
<i>hydromet</i>	Tier 2	
NORTUSS-EX LIQ 200-20/5	Tier 3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 2	
<i>promethazine vc/codeine</i>	Tier 2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 2	
<i>tussigon</i>	Tier 2	
TUZISTRA XR SUS	Tier 4	
VITUZ SOL 5-4MG	Tier 4	
LEUKOTRIENE MODIFIERS		
<i>zileuton tb12 600mg</i>	Tier 4	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Tier 2	
<i>zafirlukast tabs 10mg, 20mg</i>	Tier 2	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	Tier 2	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine soln 10%, 20%</i>	Tier 3	
DALIRESP TABS 250mcg, 500mcg	Tier 4	PA

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS 267mg	Tier 5	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg	Tier 5	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg	Tier 5	PA, QL (90 tabs / 30 days)
KALYDECO PACK 25mg, 50mg, 75mg	Tier 5	PA, QL (56 packets / 28 days)
KALYDECO TABS 150mg	Tier 5	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TABS 150mg	Tier 5	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	Tier 5	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	Tier 5	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	Tier 5	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	Tier 5	PA, QL (112 tabs / 28 days)
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 5	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	Tier 2	
SYMDEKO TAB 50-75MG	Tier 5	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	Tier 5	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	Tier 5	PA, QL (84 tabs / 28 days)

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	Tier 2	QL (3 containers / 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Tier 1	QL (1 container / 25 days)
OMNARIS SUSP 50mcg/act	Tier 4	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	Tier 1	QL (1 bottle / 25 days), OTC

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 3	QL (1 package / 25 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	Tier 2	QL (1 box / 25 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp .5mg/2ml</i>	Tier 2	QL (2 boxes / 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	Tier 2	QL (3 boxes / 25 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	Tier 3	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	Tier 2	QL (1 package / 25 days);
ADVAIR DISKU AER 250/50	Tier 2	QL (1 package / 25 days);
ADVAIR DISKU AER 500/50	Tier 2	QL (1 package / 25 days);
ADVAIR HFA AER 45/21	Tier 3	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	Tier 3	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	Tier 3	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	Tier 3	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	Tier 3	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	Tier 3	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	Tier 3	QL (1 package / 25 days)

XANTHINES

<i>aminophylline soln 25mg/ml</i>	Tier 2	
ELIXOPHYLLIN ELIX 80mg/15ml	Tier 4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 4	
<i>theochron tb12 100mg, 200mg, 300mg</i>	Tier 2	
<i>theophylline soln 80mg/15ml; tb12 450mg; tb24 400mg, 600mg</i>	Tier 2	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	Tier 3	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 2	
<i>avita crea .025%; gel .025%</i>	Tier 3	PA; PA applies for members age 35 and older
BENZIQL GEL 5.25%	Tier 3	
BENZIQL LS GEL 2.75%	Tier 3	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>benziq wash liqd 5.25%</i>	Tier 2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 2	
<i>bp wash liqd 2.5%</i>	Tier 2	
<i>clindamycin phosphate (topical) foam 1%; swab 1%</i>	Tier 2	
<i>clindamycin phosphate (topical) gel 1%</i>	Tier 2	QL (75g / 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	Tier 2	QL (60mL / 25 days)
<i>ery pads 2%</i>	Tier 2	
<i>erythromycin (acne aid) gel 2%</i>	Tier 2	QL (60g / 25 days)
<i>erythromycin (acne aid) pads 2%</i>	Tier 2	
<i>erythromycin (acne aid) soln 2%</i>	Tier 2	QL (60mL / 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	Tier 2	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	Tier 3	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	Tier 3	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CREA 1%	Tier 4	
<i>fluorouracil (topical) crea .5%, 5%; soln 2%, 5%</i>	Tier 2	
<i>imiquimod crea 5%</i>	Tier 2	
PICATO GEL .015%, .05%	Tier 4	

DERMATOLOGY, ANTIBIOTICS

BACTROBAN NASAL OINT 2%	Tier 4	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Tier 2	
IV PREP WIPE PAD	Tier 3	OTC
<i>mupirocin oint 2%</i>	Tier 2	QL (30g / 25 days)
<i>silver sulfadiazine crea 1%</i>	Tier 2	
<i>ssd crea 1%</i>	Tier 2	
SULFAMYLON CREA 85mg/gm	Tier 4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel .77%</i>	Tier 2	QL (120g / 25 days)
<i>ciclopirox sham 1%</i>	Tier 2	QL (120mL / 25 days)
<i>ciclopirox soln 8%</i>	Tier 2	
<i>ciclopirox olamine crea .77%</i>	Tier 2	QL (120g / 25 days)
<i>ciclopirox olamine susp .77%</i>	Tier 2	QL (120mL / 25 days)
<i>clotrimazole (topical) crea 1%</i>	Tier 1	QL (120g / 25 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) soln 1%</i>	Tier 2	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 2	QL (60g / 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 3	QL (60mL / 25 days)
<i>econazole nitrate crea 1%</i>	Tier 2	QL (60g / 25 days)
ERTACZO CREA 2%	Tier 4	QL (60g / 25 days)
<i>ketoconazole (topical) crea 2%</i>	Tier 2	QL (120g / 25 days)
MENTAX CREA 1%	Tier 4	QL (60g / 25 days)
<i>naftifine hcl crea 1%, 2%</i>	Tier 2	QL (60g / 25 days)
<i>nyamyc powd 100000unit/gm</i>	Tier 2	QL (120g / 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Tier 2	QL (120g / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 2	QL (60g / 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 2	QL (60g / 25 days)
<i>nystop powd 100000unit/gm</i>	Tier 2	QL (120g / 25 days)
<i>sulconazole nitrate crea 1%</i>	Tier 2	ST, QL (60g / 21 days); PA**
<i>sulconazole nitrate soln 1%</i>	Tier 2	ST, QL (60mL / 21 days); PA**
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	Tier 4	ST, QL (90 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Tier 3	
<i>calcipotriene soln .005%</i>	Tier 2	
<i>calcitriol (topical) oint 3mcg/gm</i>	Tier 4	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	Tier 5	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150mg/ml	Tier 5	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 5	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 5	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid caps 10mg</i>	Tier 2	
<i>tazarotene crea .1%</i>	Tier 2	PA
TAZORAC CREA .05%; GEL .05%, .1%	Tier 3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	Tier 2	
<i>selenium sulfide lotn 2.5%</i>	Tier 2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	Tier 1	QL (300g / 25 days)
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Tier 2	QL (300g / 25 days)
<i>amcinonide lotn .1%</i>	Tier 2	QL (240mL / 25 days)
AMCINONIDE OINT .1%	Tier 3	QL (240g / 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	Tier 1	QL (240g / 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	Tier 1	QL (240mL / 25 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	Tier 1	QL (240g / 25 days)
<i>betamethasone dipropionate augmented gel .05%</i>	Tier 2	QL (240g / 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	Tier 1	QL (240mL / 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	Tier 1	QL (240g / 25 days)
<i>betamethasone valerate lotn .1%</i>	Tier 1	QL (240mL / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 4	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	Tier 3	QL (240g / 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	Tier 3	QL (300mL / 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	Tier 3	QL (240mL / 25 days)
<i>desonide crea .05%; oint .05%</i>	Tier 3	QL (300g / 25 days)
<i>desonide lotn .05%</i>	Tier 3	QL (300mL / 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	Tier 2	QL (240g / 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	Tier 2	QL (300g / 25 days)

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil .01%; soln .01%</i>	Tier 2	QL (300mL / 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	Tier 2	QL (240g / 25 days)
<i>fluocinonide soln .05%</i>	Tier 2	QL (240mL / 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	Tier 2	QL (240g / 25 days)
<i>fluticasone propionate lotn .05%</i>	Tier 2	QL (300mL / 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	Tier 2	QL (240g / 25 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	Tier 1	QL (300g / 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	Tier 1	QL (300mL / 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	Tier 2	QL (240g / 25 days)
<i>hydrocortisone butyrate soln .1%</i>	Tier 2	QL (240mL / 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Tier 2	QL (240g / 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	Tier 2	QL (240g / 25 days)
<i>mometasone furoate soln .1%</i>	Tier 2	QL (240mL / 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	Tier 2	QL (240g / 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	Tier 2	QL (240g / 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	Tier 2	QL (240mL / 25 days)
<i>triderm crea .1%</i>	Tier 2	QL (240g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	Tier 3	PA, QL (90 patches / 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	Tier 2	QL (60mL / 25 days)
<i>lidocaine hcl soln 4%</i>	Tier 2	QL (50mL / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 2	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Tier 2	
<i>pramox gel gel 1%</i>	Tier 2	
SYNERA DIS 70-70MG	Tier 4	QL (2 patches / 25 days)
<i>7t lido gel gel 2%</i>	Tier 2	QL (30gm / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL .5%	Tier 4	
<i>diclofenac sodium (topical) gel 1%</i>	Tier 2	QL (300g / 25 days)
EUCRISA OINT 2%	Tier 3	PA, QL (60 grams / 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 10%, 12%</i>	Tier 2	

AdventHealth Advantage Plans

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox soln .5%</i>	Tier 2	
RECTIV OINT .4%	Tier 4	
<i>tacrolimus (topical) oint .03%, .1%</i>	Tier 4	
TARGRETIN GEL 1%	Tier 5	PA
VOLTAREN GEL 1%	Tier 2	QL (300g / 25 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	Tier 2	PA
FINACEA FOAM 15%	Tier 3	
<i>metronidazole (topical) crea .75%; gel .75%</i>	Tier 2	
<i>metronidazole (topical) lotn .75%</i>	Tier 3	
MIRVASO GEL .33%	Tier 4	
<i>rosadan crea .75%</i>	Tier 2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lotn 10%</i>	Tier 2	
EURAX CREA 10%	Tier 4	
<i>ivermectin (pediculicide) lotn .5%</i>	Tier 2	PA;
<i>lindane sham 1%</i>	Tier 2	
<i>malathion lotn .5%</i>	Tier 2	
<i>permethrin crea 5%</i>	Tier 2	
<i>spinosad susp .9%</i>	Tier 3	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL .01%	Tier 4	PA, QL (30g / 25 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	Tier 2	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	Tier 1	
<i>clotrimazole troc 10mg</i>	Tier 2	
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	Tier 2	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Tier 2	
<i>oralone dental paste pste .1%</i>	Tier 2	
ORAVIG TABS 50mg	Tier 4	QL (14 tabs / 25 days)
<i>periogard soln .12%</i>	Tier 1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	Tier 2	
<i>triamcinolone acetonide (mouth) pste .1%</i>	Tier 2	
OTIC		
<i>acetic acid (otic) soln 2%</i>	Tier 2	
CIPRO HC SUS OTIC	Tier 4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3	
COLY-MYCIN S SUS OTIC	Tier 4	
<i>fluocinolone acetonide (otic) oil .01%</i>	Tier 2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2	
<i>ofloxacin (otic) soln .3%</i>	Tier 2	

TOXOIDS

TOXOID COMBINATIONS

VAXELIS INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

TOVIAZ TB24 4mg, 8mg	Tier 4	PA, QL (30 tabs / 30 days)
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VACCINES

VIRAL VACCINES

JANSSEN COVID-19 VACCINE SUSP .5ml	Tier 0	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	Tier 0	
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	Tier 0	

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<i>bumetanide</i>	38	<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl</i>	9	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
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<i>2-0.5 mg (base equiv)</i>	2	<i>capecitabine</i>	22
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<i>4-1 mg (base equiv)</i>	2	<i>captopril</i>	31
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<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>2-0.5 mg (base equiv)</i>	2	<i>25 mg</i>	30
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<i>butalbital-acetaminophen-caffeine tab</i>		<i>disintegrating tab 25-250 mg</i>	46
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<i>cephalexin</i>	18	<i>ciprofloxacin-ciprofloxacin hcl tab er</i> 24hr 500 mg (base eq)	19
CERDELGA	62	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	95
CESAMET	67	<i>ciprofloxacin-fluocinolone acetone (pf)</i> otic soln 0.3-0.025%	84

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<i>cisplatin</i>	28	<i>colocort</i>	68
<i>citalopram hydrobromide</i>	43	COLY-MYCIN S SUS OTIC	95
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CITRANATAL CAP MEDLEY	81	COMETRIQ	25
CITRANATAL MIS	81	COMETRIQ KIT 100MG.....	25
CITRANATAL MIS 90 DHA	81	COMETRIQ KIT 140MG.....	25
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<i>cladribine</i>	23	<i>cortisone acetate</i>	64
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<i>clarithromycin</i>	18	COSENTYX SENSOREADY PEN....	91, 92
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<i>clindamycin hcl</i>	11	CREON CAP 6000UNIT	69
<i>clindamycin palmitate hydrochloride</i> .	11	CRINONE	65
<i>clindamycin phosphate</i>	11	CRIXIVAN.....	13
<i>clindamycin phosphate (topical)</i>	90	<i>cromolyn sodium</i>	87
<i>clindamycin phosphate vaginal</i>	71	<i>cromolyn sodium (mastocytosis)</i>	69
<i>clobazam</i>	41	<i>cromolyn sodium (ophth)</i>	83
<i>clobetasol propionate</i>	92	<i>crotan</i>	94
<i>clofarabine</i>	23	<i>cryselle-28</i>	59
<i>clomipramine hcl</i>	51	CUVPOSA	66
<i>clonazepam</i>	41	<i>cyanocobalamin</i>	81
<i>clonidine</i>	39	<i>cyclafem 1/35</i>	59
<i>clonidine hcl</i>	39	<i>cyclafem 7/7/7</i>	59
<i>clopidogrel bisulfate</i>	72	<i>cyclobenzaprine hcl</i>	53
<i>clorazepate dipotassium</i>	41	<i>cyclophosphamide</i>	22
<i>clotrimazole</i>	94	<i>cycloserine</i>	16
<i>clotrimazole (topical)</i>	90, 91	CYCLOSET	55
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%.....	91	<i>cyclosporine</i>	76
<i>clotrimazole w/ betamethasone lotion</i> 1-0.05%.....	91	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	76
<i>clozapine</i>	47	<i>cyproheptadine hcl</i>	86
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<i>codeine sulfate</i>	3	CYSTAGON	62
CODEINE SULFATE	3	CYSTARAN	84
<i>colchicine</i>	1	<i>cytarabine</i>	23
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1	D	
<i>colestipol hcl</i>	34	<i>dacarbazine</i>	22
		<i>dalfampridine</i>	52
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<i>danazol</i>	62	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dantrolene sodium</i>	53	<i>release 75-0.2 mg</i>	2
<i>dapsone</i>	11	<i>dicloxacillin sodium</i>	20
DAPTACEL INJ.....	77	<i>dicyclomine hcl</i>	66
<i>daptomycin</i>	11	<i>didanosine</i>	13
<i>darifenacin hydrobromide</i>	71	DIFICID	18, 78
<i>dasetta 1/35</i>	59	<i>diflorasone diacetate</i>	54
<i>dasetta 7/7/7</i>	59	<i>diflunisal</i>	9
<i>daunorubicin hcl</i>	22	<i>digox</i>	37
<i>decitabine</i>	23	<i>digoxin</i>	37
<i>deferiprone</i>	59	DILANTIN.....	41
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<i>delyla</i>	59	<i>diltiazem hcl</i>	37
<i>demeclocycline hcl</i>	21	DILTIAZEM HCL	37
DEPO-ESTRADIOL	62	<i>diltiazem hcl coated beads</i>	37
DEPO-MEDROL.....	64	<i>diltiazem hcl extended release beads</i> 37	
DEPO-PROVERA	24	<i>dimethyl fumarate</i>	52
DEPO-SUBQ PROVERA 104	59	<i>dimethyl fumarate capsule dr starter</i>	
DESCOVY TAB 200/25MG	15	<i>pack 120 mg & 240 mg</i>	52
<i>desipramine hcl</i>	43	DIP/TET PED INJ 25-5LFU	77
<i>desloratadine</i>	86	DIPENTUM.....	68
<i>desmopressin acetate</i>	66	<i>diphenhydramine hcl</i>	86
<i>desmopressin acetate spray</i>	66	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>desmopressin acetate spray</i>		<i>mg/5ml</i>	69
<i>refrigerated</i>	66	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>desonide</i>	92	<i>0.025 mg</i>	69
<i>desoximetasone</i>	92	<i>dipyridamole</i>	73
<i>desvenlafaxine succinate</i>	43	<i>disopyramide phosphate</i>	33
<i>dexamethasone</i>	64	<i>disulfiram</i>	53
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<i>dexamethasone sodium phosphate</i>		DIVIGEL.....	62
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<i>dexrazoxane hcl</i>	28	<i>dofetilide</i>	33
<i>dextroamphetamine sulfate</i>	49	<i>donepezil hydrochloride</i>	42
<i>diazepam</i>	41	<i>doripenem</i>	11
<i>diazepam intensol</i>	41	<i>dorzolamide hcl</i>	84
<i>diclofenac potassium</i>	1	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diclofenac sodium</i>	1	<i>soln 22.3-6.8 mg/ml</i>	84
<i>diclofenac sodium (ophth)</i>	83	DOVATO TAB 50-300MG	15
<i>diclofenac sodium (topical)</i>	93	<i>doxazosin mesylate</i>	31
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxepin hcl</i>	44
<i>release 50-0.2 mg</i>	2	<i>doxepin hcl (antipruritic)</i>	91
		<i>doxepin hcl (sleep)</i>	49

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<i>doxorubicin hcl</i>	22	EMBEDA CAP 60-2.4MG	3
<i>doxorubicin hcl liposomal</i>	22	EMBEDA CAP 80-3.2MG	3
<i>doxy 100</i>	21	EMCYT	22
<i>doxycycline (monohydrate)</i>	21	EMGALITY	50
<i>doxycycline hyclate</i>	21	<i>emoquette</i>	60
<i>doxylamine succinate (sleep)</i>	49	EMSAM	44
<i>dronabinol</i>	67	<i>emtricitabine</i>	13
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	60	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	15
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	60	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	16
DROXIA	27	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	16
DRYSOL	54	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	16
DUAVEE TAB 0.45-20.....	62	EMTRIVA.....	13
<i>duloxetine hcl</i>	44	EMVERM	11
DUREZOL	83	<i>enalapril maleate</i>	31
<i>dutasteride</i>	70	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	30
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	70	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	30
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<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	15	<i>enskyce</i>	60
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15	<i>entacapone</i>	46
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<i>eletriptan hydrobromide</i>	50	ENTRESTO TAB 24-26MG	39
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<i>elinest</i>	60	ENTRESTO TAB 97-103MG	39
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EPIVIR HBV	17	<i>0.120-0.015 mg/24hr</i>	60
<i>eplerenone</i>	31	<i>etoposide</i>	28
<i>epoprostenol sodium</i>	40	<i>etravirine</i>	13
<i>eprosartan mesylate</i>	33	EUCRISA	93
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<i>ergocalciferol</i>	81	<i>everolimus</i>	26
<i>ergoloid mesylates</i>	42	EVOTAZ TAB 300-150	16
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>exemestane</i>	24
.....	50	<i>ezetimibe</i>	34
ERIVEDGE	23	<i>ezetimibe-simvastatin tab 10-10 mg</i>	34
ERLEADA.....	24	<i>ezetimibe-simvastatin tab 10-20 mg</i>	34
<i>erlotinib hcl</i>	25	<i>ezetimibe-simvastatin tab 10-40 mg</i>	34
<i>errin</i>	60	<i>ezetimibe-simvastatin tab 10-80 mg</i>	34
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<i>ery-tab</i>	18	<i>famciclovir</i>	17
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<i>erythrocin stearate</i>	18	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin (acne aid)</i>	90	<i>mg/50ml</i>	68
<i>erythromycin (ophth)</i>	82	FARXIGA	58
<i>erythromycin base</i>	18	FARYDAK	23
<i>erythromycin ethylsuccinate</i>	18	<i>fayosim</i>	60
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<i>escitalopram oxalate</i>	44	<i>febuxostat</i>	1
<i>esomeprazole magnesium</i>	69	<i>felbamate</i>	41
<i>esomeprazole sodium</i>	69	<i>felodipine</i>	37
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<i>estradiol & norethindrone acetate tab</i>		FEMCAP MIS 26MM.....	78
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<i>1-0.5 mg</i>	63	<i>fenofibrate micronized</i>	34
<i>estradiol vaginal</i>	63	<i>fentanyl</i>	3
<i>estradiol valerate</i>	63	<i>fentanyl citrate</i>	4
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<i>estropipate</i>	63	FERRIPROX TWICE-A-DAY	59
<i>eszopiclone</i>	49	<i>ferrous fumarate</i>	73
<i>ethacrynate sodium</i>	38	FERROUS FUMARATE	73
<i>ethacrynic acid</i>	38	<i>ferrous gluconate</i>	73
<i>ethambutol hcl</i>	16	FERROUS GLUCONATE.....	73
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<i>ethynodiol diacetate & ethinyl estradiol</i>		FERROUS SULFATE.....	73
<i>tab 1 mg-50 mcg</i>	60	FETZIMA	44
<i>etodolac</i>	1	FETZIMA CAP TITRATIO	44

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<i>finasteride</i>	70	FML FORTE	83
<i>flavoxate hcl</i>	70	<i>folic acid</i>	81
<i>flecainide acetate</i>	33	<i>fondaparinux sodium</i>	71
FLOVENT DISKUS.....	21	<i>fosamprenavir calcium</i>	13
FLOVENT HFA	21	<i>fosfomycin tromethamine</i>	10
<i>floxuridine</i>	23	<i>fosinopril sodium</i>	31
FLUAD INJ 2020-21	77	<i>fosinopril sodium & hydrochlorothiazide</i>	
FLUAD QUADRIVALENT INFLUE	77	<i>tab 10-12.5 mg</i>	30
FLUARIX QUAD INJ 2020-21	77	<i>fosinopril sodium & hydrochlorothiazide</i>	
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<i>fluconazole</i>	12	FOSRENOL	65
<i>fluconazole in nacl 0.9% inj 200</i>		FRAGMIN	71
<i>mg/100ml</i>	12	<i>frovatriptan succinate</i>	79
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fulvestrant</i>	24
<i>mg/200ml</i>	12	<i>furosemide</i>	38
FLUCONAZOLE/ INJ NACL 100	12	FUZEON	13
<i>fludarabine phosphate</i>	23	FYCOMPA	41
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<i>fluocinolone acetonide</i>	92, 93	<i>gavilyte-c</i>	68
<i>fluocinolone acetonide (otic)</i>	95	<i>gavilyte-g</i>	68
<i>fluocinonide</i>	93	<i>gavilyte-h</i>	68
FLUORABON	80	<i>gavilyte-n/ flavor pack</i>	68
<i>fluoritab</i>	80	GAZYVA	23
FLUOROPLEX	90	<i>gemcitabine hcl</i>	23
<i>fluorouracil</i>	23	<i>gemfibrozil</i>	34
<i>fluorouracil (topical)</i>	90	<i>generlac</i>	68
<i>fluoxetine hcl</i>	44	<i>gengraf</i>	76
<i>fluphenazine decanoate</i>	47	<i>gentak</i>	82
<i>fluphenazine hcl</i>	47	<i>gentamicin in saline inj 0.8 mg/ml</i>	10
<i>flura-drops</i>	80	<i>gentamicin in saline inj 1 mg/ml</i>	10
<i>flurbiprofen</i>	1	<i>gentamicin in saline inj 1.2 mg/ml</i>	10
<i>flurbiprofen sodium</i>	83	<i>gentamicin in saline inj 1.6 mg/ml</i>	10
<i>flutamide</i>	24	<i>gentamicin in saline inj 2 mg/ml</i>	10
<i>fluticasone propionate</i>	93	<i>gentamicin sulfate</i>	10
<i>fluticasone propionate (nasal)</i>	88	<i>gentamicin sulfate (ophth)</i>	82
<i>fluvastatin sodium</i>	34	<i>gentamicin sulfate (topical)</i>	90
<i>fluvoxamine maleate</i>	51	GENVOYA TAB	16

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GILENYA	52	<i>heparin sodium (porcine)</i>	71
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<i>glimepiride</i>	58	HEXALEN	22
<i>glipizide</i>	58	HIBERIX.....	77
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	55	HUMATROPE	64
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	55	HUMATROPE COMBO PACK	65
<i>glipizide-metformin hcl tab 5-500 mg</i>	55	HUMATROPEN MIS FOR 12MG.....	79
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<i>glyburide-metformin tab 1.25-250 mg</i>	55	HUMIRA PEDIATRIC CROHNS D	74
<i>glyburide-metformin tab 2.5-500 mg</i>	55	HUMIRA PEN.....	74
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<i>goodsense aspirin</i>	10	<i>hydralazine hcl</i>	39
<i>goodsense ibuprofen child</i>	1	<i>hydrochlorothiazide</i>	38
<i>goodsense nicotine</i>	53	<i>hydrocodone bitartrate</i>	4
<i>goodsense nicotine polacr</i>	53	<i>hydrocodone w/ homatropine syrup 5-</i> <i>1.5 mg/5ml</i>	87
<i>granisetron hcl</i>	67	<i>hydrocodone w/ homatropine tab 5-1.5</i> <i>mg</i>	87
<i>griseofulvin microsize</i>	12	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	4
<i>griseofulvin ultramicrosize</i>	12	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	4
<i>guanfacine hcl</i>	39	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	4
<i>guanfacine hcl (adhd)</i>	49	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	4
GUANIDINE HCL.....	51	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
GYNAZOLE-1	71	<i>hydrocortisone</i>	64
H		<i>hydrocortisone (topical)</i>	93
<i>halcinonide</i>	54	<i>hydrocortisone butyrate</i>	93
<i>halobetasol propionate</i>	93	<i>hydrocortisone valerate</i>	93
<i>haloperidol</i>	47	<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	95
<i>haloperidol decanoate</i>	47	<i>hydromet</i>	87
<i>haloperidol lactate</i>	47	<i>hydromorphone hcl</i>	4, 5
HARVONI PAK	19	HYDROMORPHONE HCL.....	4
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<i>hydroxyurea</i>	27	IPOL INJ INACTIVE	77
<i>hydroxyzine hcl</i>	86	<i>ipratropium bromide</i>	85
<i>hydroxyzine pamoate</i>	86	<i>ipratropium bromide (nasal)</i>	85
<i>hyoscyamine sulfate</i>	66	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	85
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HYQVIA INJ 10-800	75	<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	32
HYQVIA INJ 2.5-200	75	<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	32
HYQVIA INJ 20-1600	75	<i>irinotecan hcl</i>	28
HYQVIA INJ 30-2400	75	ISENTRESS	13, 14
HYQVIA INJ 5-400	75	ISENTRESS HD	14
I		<i>isoniazid</i>	16
<i>ibandronate sodium</i>	58	<i>isosorbide dinitrate</i>	39
IBRANCE	23, 24	<i>isosorbide mononitrate</i>	39
<i>ibuprofen</i>	1	<i>isotretinoin</i>	90
<i>icatibant acetate</i>	72	<i>isradipine</i>	37
ICLUSIG	26	<i>itraconazole</i>	12
<i>icosapent ethyl</i>	35	IV PREP WIPE PAD	90
<i>idarubicin hcl</i>	22	<i>ivermectin</i>	11
IDHIFA	26	<i>ivermectin (pediculicide)</i>	94
<i>ifosfamide</i>	22	J	
<i>imatinib mesylate</i>	26	JAKAFI	26
IMBRUVICA	26	JANSSEN COVID-19 VACCINE	95
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	11	<i>jantoven</i>	71
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	11	JANUMET TAB 50-1000	56
<i>imipramine hcl</i>	44	JANUMET TAB 50-500MG	55
<i>imipramine pamoate</i>	44	JANUMET XR TAB 100-1000	56
<i>imiquimod</i>	90	JANUMET XR TAB 50-1000	56
INCRELEX	65	JANUMET XR TAB 50-500MG	56
INCRUSE ELLIPTA	85	JANUVIA	55
<i>indapamide</i>	38	JARDIANCE	58
<i>indomethacin</i>	10	<i>jinteli</i>	63
INFANRIX INJ	77	<i>jolessa</i>	60
INLYTA	26	<i>jolivette</i>	60
INSTA-GLUCOSE	64	JULUCA TAB 50-25MG	16
INSULIN PEN NEEDLES	79	<i>junel 1.5/30</i>	60
INSULIN PEN NEEDLES/SYRINGES ...	79	<i>junel 1/20</i>	60
INTELENCE	13	<i>junel fe 1.5/30</i>	60
INTRAROSA	55	<i>junel fe 1/20</i>	60
<i>introvale</i>	60	K	
INVANZ	11	KADCYLA	24
INVEGA SUSTENNA	29	KALETRA SOL	16
INVEGA TRINZA	29	KALETRA TAB 100-25MG	16
INVIRASE	13		

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KALETRA TAB 200-50MG	16	<i>lansoprazole</i>	70
KALYDECO	88	<i>lapatinib ditosylate</i>	26
<i>kariva</i>	60	<i>larin 1.5/30</i>	60
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	80	LASTACAFT	83
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	80	<i>latanoprost</i>	84
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	81	LATUDA	47
<i>k-effervescent</i>	80	<i>leena</i>	60
<i>kelnor 1/35</i>	60	<i>leflunomide</i>	75
<i>ketoconazole (topical)</i>	91, 92	LENVIMA 10 MG DAILY DOSE	26
KETONE URINE TEST STRIPS	79	LENVIMA 12MG DAILY DOSE	26
<i>ketorolac tromethamine</i>	1, 2	LENVIMA 20 MG DAILY DOSE	26
<i>ketorolac tromethamine (ophth)</i>	83	LENVIMA 4 MG DAILY DOSE	26
KEVZARA	74	LENVIMA 8 MG DAILY DOSE	26
KEYTRUDA	24	LENVIMA CAP 14 MG	26
KINRIX INJ	77	LENVIMA CAP 18 MG	26
<i>kionex</i>	59	LENVIMA CAP 24 MG	26
KISQALI	24	<i>lessina</i>	60
KISQALI 200 PAK FEMARA	28	<i>letrozole</i>	24
KISQALI 400 PAK FEMARA	28	<i>leucovorin calcium</i>	28
KISQALI 600 PAK FEMARA	28	LEUKERAN	22
<i>klor-con 10</i>	80	<i>leuprolide acetate</i>	24
<i>klor-con 8</i>	80	<i>levabuterol hcl</i>	86
<i>klor-con m15</i>	80	<i>levabuterol tartrate</i>	86
<i>klor-con m20</i>	80	LEVEMIR	56
<i>kurvelo</i>	60	LEVEMIR FLEXTOUCH	56
KYLEENA	60	<i>levetiracetam</i>	41
L		<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	42
<i>labetalol hcl</i>	36	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	42
LACRISERT	84	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	41
<i>lactic acid (ammonium lactate)</i>	93	<i>levobunolol hcl</i>	84
<i>lactulose</i>	68	<i>levocetirizine dihydrochloride</i>	86
<i>lamivudine</i>	14	<i>levofloxacin</i>	19
<i>lamivudine (hbv)</i>	17	<i>levofloxacin (ophth)</i>	82
<i>lamivudine-zidovudine tab 150-300 mg</i>	16	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	19
<i>lamotrigine</i>	41	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	19
<i>lamotrigine tab 25 mg (42) & 100 mg</i> <i>(7) starter kit</i>	41	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	19
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	41	<i>levonest</i>	60
LANCETS	79	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	60
LANCING DEVICE	79		
LANOXIN	37		
LANOXIN PEDIATRIC	37		

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<i>levonorgestrel & ethinyl estradiol tab</i>	
0.15 mg-30 mcg	60
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>eth est tab 0.01mg(7)</i>	60
<i>levora 0.15/30-28</i>	60
<i>levorphanol tartrate</i>	10
<i>levothyroxine sodium</i>	66
<i>levoxyl</i>	66
LEXIVA	14
LIDO/DEXTROS INJ 5-7.5%	10
<i>lidocaine</i>	93
<i>lidocaine hcl</i>	93
<i>lidocaine hcl (cardiac)</i>	33
<i>lidocaine hcl (local anesth.)</i>	10
<i>lidocaine hcl (mouth-throat)</i>	94
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
.....	33
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
.....	33
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	93
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
.....	93
LILETTA	60
<i>lindane</i>	94
<i>linezolid</i>	11
<i>linezolid in sodium chloride iv soln 600</i>	
<i>mg/300ml-0.9%</i>	11
LINZESS	68
<i>liothyronine sodium</i>	66
<i>lisinopril</i>	31
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	30
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	30
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	30
LITHIUM	51
<i>lithium carbonate</i>	51
<i>loperamide hcl</i>	69
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	16
<i>lorazepam</i>	40
LORBRENA	26
<i>loryna</i>	60
<i>losartan potassium</i>	33
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	32
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	32
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
.....	32
<i>loteprednol etabonate</i>	83
<i>lovastatin</i>	35
<i>low-ogestrel</i>	60
<i>loxapine succinate</i>	47
<i>lubiprostone</i>	68
<i>ludent</i>	80
<i>luliconazole</i>	54
LUMIGAN	84
LUPRON DEPOT-PED (1-MONTH	24
LUPRON DEPOT-PED (3-MONTH	25
<i>lutera</i>	61
LYNPARZA	24
LYSODREN	25
M	
<i>magnesium sulfate</i>	80
<i>magnesium sulfate in dextrose 5% iv</i>	
<i>soln 1 gm/100ml</i>	80
<i>malathion</i>	94
<i>mannitol</i>	38
<i>maprotiline hcl</i>	44
<i>marlissa</i>	61
MARPLAN	44
MATULANE	27
<i>matzim la</i>	37
MAXIDEX	83
MAYZENT	52
<i>meclizine hcl</i>	67
<i>meclofenamate sodium</i>	2
MEDROL	64
<i>medroxyprogesterone acetate</i>	65
<i>medroxyprogesterone acetate</i>	
<i>(contraceptive)</i>	61
<i>mefenamic acid</i>	2
<i>mefloquine hcl</i>	13
<i>megestrol acetate</i>	25
<i>megestrol acetate (appetite)</i>	25
MEKINIST	27
<i>meloxicam</i>	2

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<i>melphalan</i>	22	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>melphalan hcl</i>	22	50-25 mg	35
<i>memantine hcl</i>	42	<i>metoprolol succinate</i>	36
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>metoprolol tartrate</i>	36
<i>10 mg titration pack</i>	42	<i>metronidazole</i>	11
MENACTRA INJ.....	77	<i>metronidazole (topical)</i>	94
MENEST	63	<i>metronidazole in nacl 0.79% iv soln</i>	
MENTAX	91	500 mg/100ml	11
MENVEO INJ	77	<i>metronidazole vaginal</i>	71
<i>meprobamate</i>	40	<i>mexiletine hcl</i>	33
<i>mercaptapurine</i>	23	MIACALCIN.....	65
<i>meropenem</i>	11	<i>miconazole 3</i>	71
<i>mesalamine</i>	68	<i>microgestin 1.5/30</i>	61
<i>mesna</i>	28	<i>midodrine hcl</i>	39
MESNEX	28	<i>miglitol</i>	55
<i>metaproterenol sulfate</i>	86	<i>mimvey</i>	63
<i>metaxalone</i>	53	<i>mimvey lo</i>	63
<i>metformin hcl</i>	55	<i>minitran</i>	39
<i>methadone hcl</i>	5	<i>minocycline hcl</i>	21
<i>methadone hydrochloride i</i>	5	<i>minoxidil</i>	39
<i>methadose</i>	5	MIRCERA.....	72
<i>methamphetamine hcl</i>	49	MIRENA	61
<i>methazolamide</i>	38	<i>mirtazapine</i>	44
<i>methenamine hippurate</i>	11	MIRVASO	94
<i>methimazole</i>	66	MISC LANCETS	79
<i>methocarbamol</i>	53	<i>misoprostol</i>	69
<i>methotrexate sodium</i>	23, 75	<i>mitomycin</i>	22
<i>methoxsalen rapid</i>	92	<i>mitoxantrone hcl</i>	27
<i>methscopolamine bromide</i>	66	M-M-R II INJ.....	77
<i>methyclothiazide</i>	38	<i>modafinil</i>	53
<i>methyldopa</i>	39	MODERNA COVID-19 VACCINE	95
<i>methyldopate hcl</i>	39	<i>moexipril hcl</i>	31
<i>methylphenidate hcl</i>	49	<i>moexipril-hydrochlorothiazide tab 15-</i>	
<i>methylprednisolone</i>	64	12.5 mg	30
<i>methylprednisolone acetate</i>	64	<i>moexipril-hydrochlorothiazide tab 15-</i>	
<i>methylprednisolone sod succ</i>	64	25 mg.....	30
<i>methyltestosterone</i>	55	<i>moexipril-hydrochlorothiazide tab 7.5-</i>	
<i>metipranolol</i>	84	12.5 mg	30
<i>metoclopramide hcl</i>	67	<i>mometasone furoate</i>	93
METOCLOPRAMIDE ODT	67	<i>mono-lynyah</i>	61
<i>metolazone</i>	38	<i>mononessa</i>	61
<i>metoprolol & hydrochlorothiazide tab</i>		<i>montelukast sodium</i>	87
100-25 mg	35	<i>morgidox 1x100mg</i>	21
<i>metoprolol & hydrochlorothiazide tab</i>		<i>morphine sulfate</i>	5, 6
100-50 mg	35	MORPHINE SULFATE.....	5
		<i>morphine sulfate beads</i>	7

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MOTOFEN TAB 1-0.025	69	<i>neomycin-polymyxin-dexamethasone</i>	
MOVANTIK	69	<i>ophth susp 0.1%</i>	82
<i>moxifloxacin hcl</i>	19	<i>neomycin-polymyxin-hc ophth susp</i> ..	82
<i>moxifloxacin hcl (ophth)</i>	82	<i>neomycin-polymyxin-hc otic soln 1%</i>	95
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>sodium chloride 0.8% inj</i>	19	<i>mg/ml-10000 unit/ml-1%</i>	95
MULTAQ	33	NEUPRO	46
<i>multi-vit/fluoride</i>	81	NEVANAC	83
<i>multi-vit/iron/fluoride</i>	81	<i>nevirapine</i>	14
<i>multivitamin with fluorid</i>	81	NEXAVAR	27
<i>multivitamin/fluoride</i>	81	NEXPLANON	61
<i>multi-vitamin/fluoride dr</i>	81	NEXTERONE INJ.....	33
<i>multi-vitamin/fluoride/ir</i>	81	<i>niacin (antihyperlipidemic)</i>	35
<i>mupirocin</i>	90	<i>nicardipine hcl</i>	37
<i>mvc-fluoride</i>	81	<i>nicorelief</i>	54
MYALEPT	62	<i>nicotine</i>	54
<i>mycophenolate mofetil</i>	76	<i>nicotine polacrilex</i>	54
<i>mycophenolate mofetil hcl</i>	76	<i>nicotine step 3</i>	54
<i>mycophenolate sodium</i>	76	NICOTROL INHALER	54
<i>myzilra</i>	61	NICOTROL NS.....	54
N		<i>nifedipine</i>	37
<i>nabumetone</i>	2	<i>nikki</i>	61
<i>nadolol</i>	36	<i>nilutamide</i>	25
<i>nadolol & bendroflumethiazide tab 40-5</i>		<i>nimodipine</i>	37
<i>mg</i>	35	NIPENT	23
<i>nafcillin sodium</i>	20	<i>nisoldipine</i>	37
<i>nafrinse</i>	80	<i>nitazoxanide</i>	11
<i>nafrinse drops</i>	80	<i>nitisinone</i>	62
<i>naftifine hcl</i>	91	NITRO-BID	39
<i>nalbuphine hcl</i>	7	NITRO-DUR	39
<i>naloxone hcl</i>	53	<i>nitrofurantoin</i>	11
<i>naltrexone hcl</i>	53	<i>nitrofurantoin macrocrystal</i>	11, 12
NAMENDA XR CAP TITRATIO.....	43	<i>nitrofurantoin monohyd macro</i>	12
<i>naproxen</i>	2	<i>nitroglycerin</i>	39
<i>naratriptan hcl</i>	50	NITROGLYCERIN	39
NARCAN.....	53	<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	
NATACYN	82	39
<i>nateglinide</i>	57	<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	
<i>necon 0.5/35-28</i>	61	39
<i>nefazodone hcl</i>	44	<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	
<i>neomycin sulfate</i>	10	39
<i>neomycin-polymy-gramicid op sol</i>		<i>niva-fol</i>	81
<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	82	NIVESTYM	72
<i>neomycin-polymyxin-dexamethasone</i>		<i>nizatidine</i>	68
<i>ophth oint 0.1%</i>	82	<i>nora-be</i>	61

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<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	61	<i>nystatin-triamcinolone cream 100000-</i> <i>0.1 unit/gm-%</i>	91
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	61	<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i>	91
<i>norethindrone (contraceptive)</i>	61	<i>nystop</i>	91
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	61	<i>NYVEPRIA</i>	73
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i>	61	o	
<i>norethindrone acetate</i>	65	<i>ocella</i>	61
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	63	<i>octreotide acetate</i>	65
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	61	<i>ODEFSEY TAB</i>	16
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	61	<i>ODOMZO</i>	27
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	61	<i>ofloxacin</i>	19
<i>NORPACE CR</i>	34	<i>ofloxacin (ophth)</i>	82
<i>nortrel 0.5/35 (28)</i>	61	<i>ofloxacin (otic)</i>	95
<i>nortrel 1/35</i>	61	<i>ogestrel</i>	61
<i>nortrel 7/7/7</i>	61	<i>olanzapine</i>	47
<i>nortriptyline hcl</i>	45	<i>olmesartan medoxomil</i>	33
<i>NORTUSS-EX LIQ 200-20/5</i>	87	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>NORVIR</i>	14	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	32
<i>NOVOFINE PEN NEEDLES</i>	79	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	32
<i>NOVOLIN INJ 70/30</i>	56	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	32
<i>NOVOLIN INJ 70/30 FP</i>	56	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	32
<i>NOVOLIN N</i>	56	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	32
<i>NOVOLIN N FLEXPEN</i>	56	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	32
<i>NOVOLIN R</i>	56	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	32
<i>NOVOLIN R FLEXPEN</i>	57	<i>olopatadine hcl</i>	83
<i>NOVOLOG</i>	57	<i>olopatadine hcl (nasal)</i>	86
<i>NOVOLOG FLEXPEN</i>	57	<i>omega-3-acid ethyl esters cap 1 gm</i> .	35
<i>NOVOLOG MIX INJ 70/30</i>	57	<i>omeprazole</i>	70
<i>NOVOLOG MIX INJ FLEXPEN</i>	57	<i>OMNARIS</i>	88
<i>NOVOLOG PENFILL</i>	57	<i>OMNIFLEX DPR</i>	79
<i>NUCALA</i>	87		
<i>NUDEXTA CAP 20-10MG</i>	51		
<i>nulev</i>	66		
<i>NUPLAZID</i>	47		
<i>nyamyc</i>	91		
<i>nystatin</i>	13		
<i>nystatin (mouth-throat)</i>	94		
<i>nystatin (topical)</i>	91		

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OMNIPOD KIT STARTER	79	<i>oxycodone-ibuprofen tab 5-400 mg</i> ...	8
OMNIPOD MIS 5 PACK	79	<i>oxymorphone hcl</i>	8, 9
ONCASPAR	27	OZEMPIC.....	56
<i>ondansetron</i>	67	P	
<i>ondansetron hcl</i>	67	<i>pacerone</i>	34
OPSUMIT.....	40	<i>paclitaxel</i>	23
OPTIONS CONCEPTROL VAGINA.....	70	<i>paliperidone</i>	47
OPTIONS GYNOL II VAGINAL	70	<i>pamidronate disodium</i>	58
<i>oralone dental paste</i>	94	<i>pantoprazole sodium</i>	70
ORAVIG	94	PARAGARD IUD T380A.....	61
ORENITRAM.....	40	<i>paraplatin</i>	28
ORFADIN.....	62	<i>paricalcitol</i>	81
ORKAMBI GRA 100-125	88	<i>paromomycin sulfate</i>	10
ORKAMBI GRA 150-188	88	<i>paroxetine hcl</i>	45
ORKAMBI TAB 100-125	88	PASER	16
ORKAMBI TAB 200-125	88	PAZEO	83
<i>orphenadrine citrate</i>	53	PCE	18
<i>orsythia</i>	61	PEDIARIX INJ 0.5ML	77
<i>oscimin</i>	66	PEDIATRIC RESPIRATORY MASK	79
<i>oscimin sr</i>	66	PEDVAX HIB	77
<i>oseltamivir phosphate</i>	17	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	68
<i>osmitrol viaflex</i>	38	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 240 gm</i>	68
OSMOPREP TAB 1.5GM	68	<i>peg 3350-kcl-nacl-na sulfate-na</i> <i>ascorbate-c for soln 100 gm</i>	68
OSPHENA	65	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	69
OTEZLA.....	75	PEGANONE.....	42
OTEZLA TAB 10/20/30	75	PEGASYS.....	19
<i>oxacillin sodium</i>	20	PEGASYS PROCLICK	19
<i>oxaliplatin</i>	28	<i>penicillamine</i>	59
<i>oxandrolone</i>	55	<i>penicillin g potassium</i>	20
<i>oxaprozin</i>	2	<i>penicillin g sodium</i>	20
<i>oxazepam</i>	40	<i>penicillin v potassium</i>	20
<i>oxcarbazepine</i>	42	PENTACEL INJ.....	78
<i>oxiconazole nitrate</i>	54	<i>pentamidine isethionate</i>	12
<i>oxybutynin chloride</i>	71	<i>pentoxifylline</i>	72
<i>oxycodone hcl</i>	7	PERFOROMIST	86
<i>oxycodone w/ acetaminophen soln 5-</i> <i>325 mg/5ml</i>	8	<i>perindopril erbumine</i>	31
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	8	<i>perio gard</i>	94
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	8	<i>permethrin</i>	94
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	8	<i>perphenazine</i>	47
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	8	PERSERIS	29
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	8	PFIZER-BIONTECH COVID-19	95
		<i>pfizerpen</i>	21

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<i>phenazopyridine tab 95mg</i>	70	<i>polycin</i>	82
<i>phenelzine sulfate</i>	45	<i>polyethylene glycol 3350</i>	69
<i>phenobarbital</i>	42	<i>polymyxin b sulfate</i>	12
<i>phenoxybenzamine hcl</i>	39	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	82
<i>phenylephrine hcl (mydriatic)</i>	84	POMALYST.....	76
<i>phenytoin</i>	42	<i>portia-28</i>	61
<i>phenytoin sodium</i>	42	<i>potassium chloride</i>	80, 81
<i>phenytoin sodium extended</i>	42	<i>potassium chloride microencapsulated</i> <i>crystals er</i>	80
PHOSLYRA.....	65	<i>potassium citrate (alkalinizer)</i>	70
PHOSPHOLINE IODIDE.....	84	PRALUENT	35
PHOTOFRIN	28	<i>pramipexole dihydrochloride</i>	46
<i>physiolyte</i>	84	<i>pramox gel</i>	93
<i>physiosol irrigation</i>	84	<i>prasugrel hcl</i>	73
<i>phytonadione</i>	81	<i>pravastatin sodium</i>	35
PICATO	90	<i>praziquantel</i>	12
PIFELTRO	16	<i>prazosin hcl</i>	31
<i>pilocarpine hcl</i>	84	PRED MILD.....	83
<i>pilocarpine hcl (oral)</i>	94	PRED-G S.O.P OIN OP.....	84
<i>pimozide</i>	51	PRED-G SUS OP	84
<i>pindolol</i>	36	<i>prednicarbate</i>	93
<i>pioglitazone hcl</i>	57	<i>prednisolone</i>	64
<i>pioglitazone hcl-glimepiride tab 30-2</i> <i>mg</i>	57	<i>prednisolone acetate (ophth)</i>	83
<i>pioglitazone hcl-glimepiride tab 30-4</i> <i>mg</i>	57	PREDNISOLONE SODIUM PHOSP.....	83
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	57	<i>prednisolone sodium phosphate</i>	64
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i>	57	<i>prednisone</i>	64
<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	21	PREDNISONE INTENSOL	64
<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	21	<i>pregabalin</i>	42
<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	21	PREMARIN.....	63, 64
<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	21	<i>prenatabs rx</i>	82
<i>pirmella 1/35</i>	61	PREPOPIK PAK	69
<i>pirmella 7/7/7</i>	61	<i>prevalite</i>	34
<i>piroxicam</i>	2	<i>previfem</i>	61
PLEGRIDY.....	52	PREVNAR 13 INJ	78
PLEGRIDY INJ STARTER	52	PREZCOBIX TAB 800-150.....	16
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PLENVU SOL	69	PRIFTIN	16
PNEUMOVAX 23/1 DOSE	78	<i>primaquine phosphate</i>	13
<i>podofilox</i>	94	<i>primidone</i>	42
		PRIMSOL.....	12
		<i>probenecid</i>	1
		<i>procainamide hcl</i>	34
		<i>prochlorperazine</i>	67
		<i>prochlorperazine edisylate</i>	67
		<i>prochlorperazine maleate</i>	67

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<i>procto-pak</i>	70	QVAR REDIHALER	89
<i>proctosol hc</i>	70	R	
<i>proctozone-hc</i>	70	<i>rabeprazole sodium</i>	70
<i>progesterone</i>	65	<i>raloxifene hcl</i>	65
PROGRAF	76	<i>ramelteon</i>	50
PROLASTIN-C	88	<i>ramipril</i>	31
PROLIA	65	<i>ranitidine hcl</i>	68
PROMACTA	72	<i>ranolazine</i>	39
<i>promethazine & phenylephrine syrup</i>		<i>rasagiline mesylate</i>	46
<i>6.25-5 mg/5ml</i>	87	REBETOL.....	19
<i>promethazine hcl</i>	67	REBIF	52
<i>promethazine vc/codeine</i>	87	REBIF REBIDO INJ TITRATN	52
<i>promethazine w/ codeine syrup 6.25-</i>		REBIF REBIDOSE	52
<i>10 mg/5ml</i>	87	REBIF TITRTN INJ PACK	52
<i>promethazine-dm syrup 6.25-15</i>		<i>reclipsen</i>	61
<i>mg/5ml</i>	87	RECOMBIVAX HB.....	78
<i>propafenone hcl</i>	34	RECTIV	94
<i>proparacaine hcl</i>	84	REGONOL.....	51
<i>propranolol & hydrochlorothiazide tab</i>		REGRANEX	94
<i>40-25 mg</i>	35	RELENZA DISKHALER	17
<i>propranolol & hydrochlorothiazide tab</i>		REMICADE.....	70
<i>80-25 mg</i>	35	REMODULIN	40
<i>propranolol hcl</i>	36	<i>repaglinide</i>	57
<i>propylthiouracil</i>	66	<i>repaglinide-metformin hcl tab 1-500</i>	
PROQUAD INJ	78	<i>mg</i>	57
<i>protriptyline hcl</i>	45	<i>repaglinide-metformin hcl tab 2-500</i>	
<i>pseudoephed-bromphen-dm syrup 30-</i>		<i>mg</i>	57
<i>2-10 mg/5ml</i>	87	RESCRIPTOR	14
<i>pyrazinamide</i>	16	RESTASIS	84
<i>pyridostigmine bromide</i>	51	RETACRIT	72
<i>pyridoxine hcl</i>	82	RETROVIR	14
<i>pyrimethamine</i>	12	RETROVIR IV INFUSION	14
Q		REVLIMID.....	76
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<i>quasense</i>	61	REYATAZ.....	14
<i>quazepam</i>	73	<i>ribavirin</i>	17
<i>quetiapine fumarate</i>	47, 48	<i>ribavirin (hepatitis c)</i>	19
<i>quinapril hcl</i>	31	<i>rifabutin</i>	16
<i>quinapril-hydrochlorothiazide tab 10-</i>		RIFAMATE CAP.....	17
<i>12.5 mg</i>	30	<i>rifampin</i>	17
<i>quinapril-hydrochlorothiazide tab 20-</i>		RIFATER TAB	17
<i>12.5 mg</i>	30	<i>riluzole</i>	51
<i>quinapril-hydrochlorothiazide tab 20-25</i>		<i>rimantadine hydrochloride</i>	17
<i>mg</i>	30	RINVOQ	74
<i>quinidine sulfate</i>	34	<i>risedronate sodium</i>	59
<i>quinine sulfate</i>	13	RISPERDAL CONSTA	29

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<i>risperidone</i>	48	<i>sodium chloride (inhalant)</i>	88
<i>ritonavir</i>	14	<i>sodium chloride flush</i>	80
<i>rivastigmine</i>	43	<i>sodium fluoride</i>	80
<i>rivastigmine tartrate</i>	43	<i>sodium phenylbutyrate</i>	62
<i>rivelsa</i>	61	<i>sodium polystyrene sulfonate</i>	59
<i>rizatriptan benzoate</i>	50	<i>solifenacin succinate</i>	71
<i>ropinirole hydrochloride</i>	46	SOLQUA INJ 100/33	56
<i>rosadan</i>	94	SOLU-CORTEF	64
<i>rosuvastatin calcium</i>	35	SOLU-MEDROL	64
ROTARIX SUS	78	SOMATULINE DEPOT	65
ROTATEQ SOL	78	SOMAVERT	65
RUKOBIA	16	<i>sorine</i>	34
RYDAPT	24	<i>sotalol hcl</i>	34
S		<i>sotalol hcl (afib/af)</i>	34
SANCUSO	67	SOTALOL HYDROCHLORIDE	34
SANDIMMUNE	76	SOVALDI	19
<i>sapropterin dihydrochloride</i>	62	<i>spinosad</i>	94
SAVELLA	51	SPIRIVA HANDIHALER	85
SAVELLA MIS TITR PAK	51	SPIRIVA RESPIMAT	85
<i>scopolamine</i>	67	<i>spironolactone</i>	38
<i>selegiline hcl</i>	47	<i>spironolactone & hydrochlorothiazide</i>	
<i>selenium sulfide</i>	92	<i>tab 25-25 mg</i>	38
SELZENTRY	14	<i>sprintec 28</i>	62
<i>sertraline hcl</i>	45	SPRYCEL	27
<i>sevelamer carbonate</i>	65	<i>sronyx</i>	62
SHARPS CONTAINER	79	<i>ssd</i>	90
SHINGRIX	78	<i>stavudine</i>	14
SHUR-SEAL	70	STELARA	70, 74, 75
SIGNIFOR	65	STIVARGA	27
<i>sildenafil citrate (pulmonary</i>		<i>streptomycin sulfate</i>	10
<i>hypertension)</i>	40	STRIBILD TAB	16
<i>silodosin</i>	70	STRIVERDI RESPIMAT	87
<i>silver sulfadiazine</i>	90	SUBLOCADE	9
SIMBRINZA SUS 1-0.2%	84	SUCRAID	69
SIMPONI	74	<i>sucrafate</i>	69
SIMPONI ARIA	74	<i>sulconazole nitrate</i>	91
<i>simvastatin</i>	35	<i>sulfacetamide sodium (acne)</i>	90
<i>sirolimus</i>	76	<i>sulfacetamide sodium (ophth)</i>	83
SIRTURO	17	<i>sulfacetamide sodium-prednisolone</i>	
SIVEXTRO	12	<i>ophth soln 10-0.23(0.25)%</i>	82
SKYLA	61	SULFADIAZINE	10
SKYRIZI	54, 74	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SKYRIZI PEN	54	<i>400-80 mg/5ml</i>	12
<i>sm nicotine transdermal s</i>	54	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sodium chloride</i>	80, 81	<i>200-40 mg/5ml</i>	12
<i>sodium chloride (gu irrigant)</i>	94		

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<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	12
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg.....	12
SULFAMYLON	90
<i>sulfasalazine</i>	68
<i>sulindac</i>	2
<i>sumatriptan</i>	50
<i>sumatriptan succinate</i>	50
<i>sumatriptan-naproxen sodium tab 85-</i>	
500 mg	50
<i>sunitinib malate</i>	27
SUNOSI	1
SUPRAX	18
SUPREP BOWEL SOL PREP KIT	69
SUSTIVA	14
<i>syeda</i>	62
<i>symax-sl</i>	67
SYMBICORT AER 160-4.5	89
SYMBICORT AER 80-4.5	89
SYMDEKO TAB 100-150	88
SYMDEKO TAB 50-75MG	88
SYMFI LO TAB.....	16
SYMFI TAB	16
SYMLINPEN 120	55
SYMLINPEN 60.....	55
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<i>tacrolimus</i>	76
<i>tacrolimus (topical)</i>	94
<i>tadalafil</i>	70
<i>tadalafil (pulmonary hypertension)</i> ...	40
TAFINLAR.....	27
<i>take action</i>	62
TALTZ.....	75
<i>tamoxifen citrate</i>	25
<i>tamsulosin hcl</i>	70
TARGRETIN	94
<i>tazarotene</i>	92
<i>tazicef</i>	18
TAZORAC	92
<i>taztia xt</i>	37
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<i>telmisartan</i>	33
<i>telmisartan-amlodipine tab 40-10 mg</i>	
.....	32
<i>telmisartan-amlodipine tab 40-5 mg</i> .	32
<i>telmisartan-amlodipine tab 80-10 mg</i>	
.....	32
<i>telmisartan-amlodipine tab 80-5 mg</i> .	32
<i>telmisartan-hydrochlorothiazide tab 40-</i>	
12.5 mg	33
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
12.5 mg	33
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
25 mg.....	33
<i>temazepam</i>	50
TEMIXYS TAB 300-300.....	16
TEMODAR.....	22
<i>temozolomide</i>	22
<i>tencon</i>	1
TENIPOSIDE	28
TENIVAC INJ 5-2LF.....	78
<i>tenofovir disoproxil fumarate</i>	14
<i>terazosin hcl</i>	31
<i>terbinafine hcl</i>	13
<i>terbutaline sulfate</i>	87
<i>terconazole vaginal</i>	71
<i>testosterone</i>	55
<i>testosterone cypionate</i>	55
<i>testosterone enanthate</i>	55
<i>tetrabenazine</i>	51
<i>tetracycline hcl</i>	21
THALOMID	76
THEO-24	89
<i>theochron</i>	89
<i>theophylline</i>	89
<i>thioridazine hcl</i>	48
<i>thiothixene</i>	48
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<i>tiagabine hcl</i>	42	TRESIBA	57
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<i>timolol maleate</i>	36	<i>tretinoin</i>	90
<i>timolol maleate (ophth)</i>	84	<i>tretinoin (chemotherapy)</i>	28
<i>tinidazole</i>	10	<i>tretinoin microsphere</i>	90
<i>tis-u-sol</i>	84	<i>triamcinolone acetonide (mouth)</i>	94
TIVICAY	14	<i>triamcinolone acetonide (nasal)</i>	88
TIVICAY PD	16	<i>triamcinolone acetonide (topical)</i>	93
<i>tizanidine hcl</i>	53	<i>triamterene</i>	38
TOBRADEX OIN 0.3-0.1%	82	<i>triamterene & hydrochlorothiazide cap</i>	
TOBRADEX ST SUS 0.3-0.05	82	37.5-25 mg	38
<i>tobramycin</i>	1, 10	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin (ophth)</i>	83	37.5-25 mg	38
<i>tobramycin sulfate</i>	10	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin-dexamethasone ophth susp</i>		75-50 mg	38
0.3-0.1%.....	82	<i>triderm</i>	93
TODAY SPONGE	70	<i>trifluoperazine hcl</i>	48
<i>tolcapone</i>	47	<i>trifluridine</i>	83
<i>tolmetin sodium</i>	2	<i>trihexyphenidyl hcl</i>	47
<i>tolterodine tartrate</i>	71	TRIKAFTA TAB	88
<i>tolvaptan</i>	65	<i>tri-lynyah</i>	62
<i>topiramate</i>	42	<i>trimethobenzamide hcl</i>	67
<i>toposar</i>	28	<i>trimethoprim</i>	12
<i>topotecan hcl</i>	28	<i>trimipramine maleate</i>	45
<i>toremifene citrate</i>	25	<i>trinessa</i>	62
<i>toremide</i>	38	<i>tri-sprintec</i>	62
TOVIAZ	95	TRIUMEQ TAB	16
<i>tramadol hcl</i>	9	<i>tri-vit/fluoride</i>	82
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-vit/fluoride/iron</i>	82
mg	9	<i>trivora-28</i>	62
<i>trandolapril</i>	31	TRIZIVIR TAB	16
<i>trandolapril-verapamil hcl tab er 1-240</i>		TROGARZO.....	14
mg	30	<i>tropicamide</i>	84
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>tropium chloride</i>	71
mg	30	TRULICITY.....	56
<i>trandolapril-verapamil hcl tab er 2-240</i>		TRUMENBA INJ	78
mg	31	TRUVADA TAB 100-150.....	16
<i>trandolapril-verapamil hcl tab er 4-240</i>		TRUVADA TAB 133-200.....	16
mg	31	TRUVADA TAB 167-250.....	16
<i>tranexamic acid</i>	72	TRUVADA TAB 200-300.....	16
<i>tranylcypromine sulfate</i>	45	<i>tussigon</i>	87
<i>travoprost</i>	84	TUZISTRA XR SUS.....	87
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<i>ursodiol</i>	69	<i>vincristine sulfate</i>	23
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<i>valproate sodium</i>	42	VIRAMUNE	15
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	33	VITAMIN D2	82
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	33	<i>vitamins a/c/d/fluoride</i>	82
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	33	VITRAKVI.....	27
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	33	VITUZ SOL 5-4MG	87
<i>vancomycin hcl</i>	12	VIVITROL.....	54
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