

# 2016 Cigna COMPREHENSIVE DRUG LIST (Formulary)

**Please read: This document contains information about all of the drugs we cover in this plan.**

## **Plans covered**

**Cigna-HealthSpring Preferred (HMO)  
Cigna-HealthSpring Preferred Plus (HMO)  
Cigna-HealthSpring Achieve Plus (HMO SNP)**



This drug list was updated on November 1, 2016. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-627-7534 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30, or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

HPMS Approved Formulary File Submission ID 16158, Version Number 18

Y0036\_16\_32224c\_Final\_3j Approved 08102015



**Note to existing customers: This drug list has changed since last year. Please review this document to make sure that it still contains the drugs you take.**

**When this drug list (formulary) refers to “we,” “us”, or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Preferred (HMO), Cigna-HealthSpring Preferred Plus (HMO) and Cigna-HealthSpring Achieve Plus (HMO SNP).**

**This document includes a list of the drugs (formulary) for our plans, which is current as of November 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.**

**You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.**

### **What is the Cigna Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna 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. Cigna will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Drug List (formulary) change?**

Generally, if you are taking a drug on our 2016 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our drug list, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill

of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of November 2016. To get updated information about the drugs covered by Cigna, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 7. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENTS”. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 50. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List.

## What are generic drugs?

Cigna 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:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill your prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for CRESTOR. This applies to standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna 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, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna drug list?" on this page for information about how to request an exception.

## Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of

helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90 day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90 day prescriptions of these medications can ensure that you don't miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

## How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS extra help' program may offer additional financial support for your medications.
- If your medication is not covered on the Cigna drug list, talk with your doctor about alternative medications which are covered in the drug list.

## What if my drug is not in the Drug List?

If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna does not cover your drug, you have two options:

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

## How do I request an exception to the Cigna Drug List?

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined

cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a higher cost sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in the Non-Preferred Brand tier or the Generic tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the respective Preferred Brand or Preferred Generic tier instead. This would lower the amount you must pay for your drug. If your drug is contained in our Brand tier you can ask to cover it at the cost-sharing amount that applies to drugs in the respective Generic tier if all generic alternatives in the lower cost tier used to treat the same condition/disease are determined to be not as effective as the Brand. Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing customer in our plan you may be taking drugs that are not in our drug list. Or, you may be taking a drug that is on our drug list but your ability to get it is limited. For example, you may need a prior authorization from us before

you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a customer of our plan. If you need a drug that is not in our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### **Cigna's Drug List**

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 50.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 7 along with the amount dispensed per the days supplied. (For example: CRESTOR 30/30; this means the drug CRESTOR is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

 **For more information**

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

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

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

**Key:**

**B/D** – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

**HI (Home Infusion)** – This prescription drug may be covered under our medical benefit. For more information, contact Customer Service.

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

**ST** – This drug has step therapy requirements

Generally all medications in the drug list are available through mail order, except when special circumstances or situations prohibit mailing a particular medication to your home.

**Drug Tier and Cost-Share Table**

The following table represents the plan name, plan service area, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. Tier 1 is for Preferred Generic drugs. Tier 2 is for Generic drugs. Tier number 3 is for Preferred Brand drugs. Tier number 4 is for Non-Preferred Brand drugs. Tier 5 is for Specialty tier drugs. You may also refer to your Evidence of Coverage document for additional details.

Note for customers receiving Extra Help: Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

To locate your drug cost, please refer to the table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

<b>Service Area: Arizona</b> H0354-001 <b>Cigna-HealthSpring Preferred (HMO)</b> H0354-027 <b>Cigna-HealthSpring Achieve Plus (HMO SNP)</b> Maricopa county and select zip codes in Pinal county (85117, 85118, 85119, 85120, 85140, 85143, 85178), Arizona	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	<b>30/60/90 Days</b>	<b>30/90 Days</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0/\$0/\$0	\$0/\$0
<b>Tier 2: Generic Drugs</b>	\$15/\$30/\$45	\$15/\$45
<b>Tier 3: Preferred Brand Drugs</b>	\$45/\$90/\$135	\$45/\$135
<b>Tier 4: Non-Preferred Brand Drugs</b>	\$100/\$200/\$300	\$100/\$300
<b>Tier 5: Specialty Tier</b>	33%	33%

<b>Service Area: Arizona</b> H0354-023 <b>Cigna-HealthSpring Preferred Plus (HMO)</b> Maricopa county and select zip codes in Pinal county (85117, 85118, 85119, 85120, 85140, 85143, 85178), Arizona H0354-024 <b>Cigna-HealthSpring Preferred (HMO)</b> Pima County, Arizona	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	<b>30/60/90 Days</b>	<b>30/90 Days</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0/\$0/\$0	\$0/\$0
<b>Tier 2: Generic Drugs</b>	\$10/\$20/\$30	\$10/\$30
<b>Tier 3: Preferred Brand Drugs</b>	\$45/\$90/\$135	\$45/\$135
<b>Tier 4: Non-Preferred Brand Drugs</b>	\$95/\$190/\$285	\$95/\$285
<b>Tier 5: Specialty Tier</b>	33%	33%



**Service Area: Arizona**

H0354-026

**Cigna-HealthSpring Preferred Plus (HMO)**

Pima County, Arizona

	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	<b>30/60/90 Days</b>	<b>30/90 Days</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0/\$0/\$0	\$0/\$0
<b>Tier 2: Generic Drugs</b>	\$5/\$10/\$15	\$5/\$15
<b>Tier 3: Preferred Brand Drugs</b>	\$45/\$90/\$135	\$45/\$135
<b>Tier 4: Non-Preferred Brand Drugs</b>	\$95/\$190/\$285	\$95/\$285
<b>Tier 5: Specialty Tier</b>	33%	33%

**My Medications**

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-627-7534, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30. TTY users can call 711.

<b>My Medications</b>	<b>Page Number in the Drug List</b>	<b>Cost-Share through Cigna</b>	<b>Generic Available?</b>	<b>Generic Cost-Share</b>



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>butalbital/acetaminophen</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine caps</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<i>butalbital/aspirin/caffeine</i>	2	PA QL(180/30)
<i>esgic caps</i>	2	PA QL(180/30)
<i>margesic</i>	2	PA QL(180/30)
<i>marten-tab</i>	2	PA QL(180/30)
PRIALT	5	B/D PA
<i>tencon tabs 325mg; 50mg</i>	2	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
CAMBIA	4	
<i>celecoxib</i>	2	QL(60/30)
<i>choline magnesium trisalicylate liqd</i>	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium caps 400mg</i>	2	
<i>fenoprofen calcium tabs</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen lysine</i>	2	
<i>ibuprofen susp</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>ketoprofen</i>	2	
<i>ketoprofen er</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	PA QL(20/30)
<i>ketorolac tromethamine tabs</i>	2	PA QL(20/30)
<i>meclofenamate sodium</i>	2	
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
NEOPROFEN	3	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
BUTRANS	3	QL(4/28)
DURAMORPH	4	
<i>fentanyl</i>	2	QL(15/30)
INFUMORPH 200	4	
INFUMORPH 500	4	
<i>levorphanol tartrate</i>	2	QL(180/30)
<i>methadone hcl conc</i>	2	QL(500/30)
<i>methadone hcl inj</i>	2	
<i>methadone hcl intensol</i>	2	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	2	QL(2000/30)
<i>methadone hcl oral soln 5mg/5ml</i>	2	QL(4000/30)
<i>methadone hcl tabs</i>	2	QL(360/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methadone hcl tbso</i>	2	QL(90/30)
<i>methadose conc</i>	2	QL(500/30)
<i>methadose sugar-free</i>	2	QL(500/30)
<i>methadose tbso</i>	2	QL(90/30)
<i>morphine sulfate er cp24</i>	2	QL(60/30)
<i>morphine sulfate er tbcr</i>	2	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 10mg/0.7ml, 1mg/ml</i>	2	
<i>morphine sulfate supp</i>	2	
OPANA ER (CRUSH RESISTANT) T12A 40MG	5	QL(120/30)
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	3	QL(60/30)
<i>oxymorphone hydrochloride er</i>	2	QL(60/30)
<i>tramadol hcl er tb24</i>	2	QL(30/30)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine #2</i>	2	QL(360/30)
<i>acetaminophen/codeine #3</i>	2	QL(360/30)
<i>acetaminophen/codeine #4</i>	2	QL(240/30)
<i>acetaminophen/codeine oral soln</i>	2	QL(5000/30)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(240/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(240/30)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	QL(360/30)
<i>ascomp/codeine</i>	2	PA QL(180/30)
<i>aspirin-caffeine-dihydrocodeine</i>	2	QL(330/30)
<i>butalbital/aspirin/caffeine/codeine</i>	2	PA QL(180/30)
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(6/30)
CAPITAL/CODEINE	3	QL(5000/30)
<i>codeine sulfate tabs 60mg</i>	2	QL(180/30)
<i>codeine sulfate tabs 30mg</i>	2	QL(360/30)
<i>codeine sulfate tabs 15mg</i>	2	QL(720/30)
<i>endocet</i>	2	QL(360/30)
<i>fentanyl citrate inj 100mcg/2ml</i>	2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA QL(120/30)
<i>hydrocodone bitartrate/acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(5400/30)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	QL(360/30)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	2	QL(390/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(360/30)
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(150/30)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	2	QL(180/30)
<i>hydromorphone hcl dosette</i>	2	
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	2	
<i>hydromorphone hcl liqd</i>	2	QL(1200/30)
<i>hydromorphone hcl supp</i>	2	
<i>hydromorphone hcl tabs</i>	2	QL(240/30)
<i>ibudone tabs 5mg; 200mg</i>	2	QL(150/30)
LAZANDA	5	PA QL(44/28)
<i>lorcet</i>	2	QL(360/30)
<i>lorcet hd</i>	2	QL(360/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	QL(360/30)
<i>lortab tabs</i>	2	QL(360/30)
<i>morphine sulfate add-vantage</i>	2	
<i>morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(540/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(2700/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(5400/30)
<i>morphine sulfate tabs</i>	2	QL(360/30)
<i>nalbuphine hcl</i>	2	
<b>OPIUM</b>	3	
<b>OPIUM TINCTURE</b>	3	
<i>oxycodone hcl caps</i>	2	QL(240/30)
<i>oxycodone hcl conc</i>	2	QL(360/30)
<i>oxycodone hcl oral soln</i>	2	QL(1200/30)
<i>oxycodone hcl tabs</i>	2	QL(240/30)
<i>oxycodone/acetaminophen oral soln</i>	2	QL(1800/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(360/30)
<i>oxycodone/aspirin</i>	2	QL(360/30)
<i>oxycodone/ibuprofen</i>	2	QL(150/30)
<i>oxymorphone hydrochloride</i>	2	QL(180/30)
<i>reprexain tabs 10mg; 200mg</i>	2	QL(180/30)
<i>roxicet</i>	2	QL(360/30)
<b>SYNALGOS-DC</b>	3	QL(330/30)
<b>TALWIN</b>	4	
<i>tramadol hcl</i>	2	QL(240/30)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240/30)
<i>xylon</i>	2	QL(180/30)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	2	
<i>lidocaine ptch</i>	2	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	2	
<i>premium lidocaine</i>	2	
<b>SYNERA</b>	4	B/D PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
<b>VIVITROL</b>	5	PA
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl inj</i>	2	
<i>buprenorphine hcl subl</i>	2	QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
<b>SUBOXONE</b>	3	
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i>	2	
<b>NARCAN</b>	3	QL(4/30)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr tb12 150mg</i>	2	QL(60/30)
<b>CHANTIX</b>	3	QL(336/365)
<b>CHANTIX CONTINUING MONTH PAK</b>	3	QL(336/365)
<b>CHANTIX STARTING MONTH PAK</b>	3	QL(106/365)
<b>NICOTROL INHALER</b>	3	
<b>NICOTROL NS</b>	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	2	HI

CAPITALIZED = BRAND NAME DRUG

**QL** = Quantity Limits listed as (qty/days)

**PA** = Prior Authorization may be required

**HI** = Home Infusion

*Lower case italic* = Generic drug

**ST** = Step Therapy rules apply

**B/D** = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
gentak	2	
gentamicin sulfate	2	
gentamicin sulfate pediatric	2	
gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	
neomycin sulfate	2	
neomycin/polymyxin b sulfates	2	
paromomycin sulfate	2	
streptomycin sulfate	2	
tobramycin sulfate	2	
TOBEX OINT	3	
ZYLET	4	
<b>Antibacterials, Other</b>		
ALCOHOL PREP PADS	3	
ALTABAX	4	
baciim	2	
bacitracin inj	2	
bacitracin ophthalmic oint	2	
bacitracin/polymyxin b	2	
chloramphenicol sodium succinate	2	
CLEOCIN SUPP	4	
clindacin etz pledgets	2	
clindacin-p	2	
clindamax	2	
clindamycin hcl	2	
clindamycin palmitate hcl	2	
clindamycin phosphate advantage	2	HI
clindamycin phosphate crea	2	
clindamycin phosphate external soln	2	
clindamycin phosphate foam	2	
clindamycin phosphate gel	2	
clindamycin phosphate in d5w	2	HI

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml	2	HI
clindamycin phosphate lotn	2	
clindamycin phosphate pharmacy bulk package	2	HI
clindamycin phosphate swab	2	
CLINDESSE	4	
colistimethate sodium	2	
CORTISPORIN CREA	3	
CORTISPORIN OINT	3	
CUBICIN	5	HI
daptomycin	5	HI
FEM PH	4	
FLAGYL ER	4	
lansoprazole/amoxicillin/ clarithromycin	2	QL(224/30)
LINCOCIN	3	
lincomycin hcl	2	
linezolid inj 600mg/300ml	2	
linezolid susr	5	QL(1680/28)
linezolid tabs	5	QL(56/28)
methenamine hippurate	2	
methenamine mandelate	2	
METRO IV	3	HI
metronidazole caps	2	
metronidazole crea	2	
metronidazole gel	2	
metronidazole in nacl 0.79%	2	HI
metronidazole inj	2	HI
metronidazole lotn	2	
metronidazole tabs	2	
metronidazole vaginal	2	
MONUROL	4	
mupirocin	2	
neomycin/bacitracin/polymyxin	2	
neomycin/polymyxin/bacitracin/ hydrocortisone	2	
neomycin/polymyxin/gramicidin	2	
neomycin/polymyxin/ hydrocortisone	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	2	QL(90/365)
<i>nitrofurantoin monohydrate</i>	2	QL(90/365)
<i>nitrofurantoin monohydrate/ macrocrystals</i>	2	QL(90/365)
<i>polymyxin b sulfate</i>	2	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
PRIMSOL	4	
RELAGARD	4	
<i>rosadan</i>	2	
SILVER NITRATE EXTERNAL SOLN	3	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON	4	
SYNERCID	5	
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
TYGACIL	5	HI
<i>vancomycin</i>	2	HI
<i>vancomycin hcl caps 125mg</i>	5	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	5	QL(80/10)
<i>vancomycin hcl in dextrose</i>	2	HI
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 500mg, 750mg</i>	2	HI
<i>vancomycin hcl inj 5000mg</i>	2	B/D PA
<i>vandazole</i>	2	
VIBATIV INJ 250MG	4	HI
XIFAXAN TABS 200MG	5	PA QL(9/30)
XIFAXAN TABS 550MG	5	PA QL(60/30)
ZYVOX SUSR	5	QL(1680/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Beta-lactam, Cephalosporins</b>		
CEDAX CAPS	4	
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin</i>	2	HI
<i>cefazolin sodium</i>	2	HI
<i>cefazolin sodium/dextrose</i>	2	HI
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	2	
<i>cefepime</i>	2	HI
<i>cefepime/dextrose</i>	2	HI
<i>cefixime</i>	2	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium</i>	2	HI
<i>cefepodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	HI
<i>ceftazidime/dextrose</i>	2	HI
<i>ceftibuten</i>	2	
CEFTIN SUSR	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg, 75gm</i>	2	
<i>cephalexin</i>	2	
FORTAZ INJ 500MG	4	
MAXIPIME	4	HI
SPECTRACEF TABS 400MG	4	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SUPRAX CAPS	4	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef</i>	2	
TEFLARO	4	HI
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	4	HI
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	5	HI
AZACTAM INJ 1GM	4	HI
AZACTAM INJ 2GM	5	HI
<i>aztreonam</i>	2	HI
<i>cefotetan</i>	2	
DORIBAX	4	HI
<i>imipenem/cilastatin</i>	2	HI
INVANZ	4	HI
<i>meropenem</i>	2	HI
<i>meropenem/sodium chloride</i>	2	HI
MERREM	4	HI
PRIMAXIN IV	4	HI
PRIMAXIN IV ADD-VANTAGE	4	HI
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium inj 125mg, 250mg, 500mg</i>	2	
<i>ampicillin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>ampicillin-sulbactam</i>	2	HI
<i>bactocill in dextrose</i>	2	HI
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	3	HI
<i>nafcillin sodium</i>	2	HI
<i>oxacillin sodium</i>	2	HI

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	HI
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	2	HI
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	2	HI
<i>piperacillin sodium/ tazobactam sodium</i>	2	HI
<i>piperacillin sodium/tazobactam sodium</i>	2	HI
<i>piperacillin/tazobactam</i>	2	HI
UNASYN	3	HI
UNASYN BULK PACK	3	HI
ZOSYN	3	HI
<b>Macrolides</b>		
AZASITE	3	
<i>azithromycin inj</i>	2	HI
<i>azithromycin pack</i>	2	
<i>azithromycin susr</i>	2	
<i>azithromycin tabs</i>	2	
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	2	
DIFICID	5	PA QL(20/30)
<i>e.e.s. 400</i>	2	
E.E.S. GRANULES	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	2	
<i>erythromycin</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>ilotycin</i>	2	
KETEK	4	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PCE	3	
ZMAX	4	QL(60/30)
<b>Quinolones</b>		
AVELOX INJ	3	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	2	HI
<i>ciprofloxacin inj 400mg/40ml</i>	2	HI
<i>ciprofloxacin susr</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj</i>	2	HI
<i>levofloxacin ophthalmic soln</i>	2	
<i>levofloxacin oral soln</i>	2	
<i>levofloxacin tabs</i>	2	QL(30/30)
MOXEZA	3	
<i>moxifloxacin hcl inj</i>	2	
<i>moxifloxacin hcl tabs</i>	2	QL(30/30)
<i>ofloxacin</i>	2	
VIGAMOX	3	
<b>Sulfonamides</b>		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium susp</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfamethoxazole/trimethoprim</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfatrim pediatric</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline caps 150mg, 75mg</i>	2	
<i>doxycycline hyclate</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	2	
<i>doxycycline monohydrate</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxylene nl</i>	2	
<i>tetracycline hcl</i>	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM TABS 200MG, 400MG, 800MG	4	QL(30/30)
APTIOM TABS 600MG	4	QL(60/30)
BRIVIACT INJ	5	QL(600/30)
BRIVIACT ORAL SOLN	5	QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	QL(60/30)
BRIVIACT TABS 100MG	5	QL(120/30)
FYCOMPA	4	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
POTIGA TABS 50MG	4	QL(90/30)
POTIGA TABS 200MG, 300MG, 400MG	5	QL(90/30)
<i>roweepra</i>	2	
SPRITAM	4	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	4	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ethosuximide</i>	2	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(150/30)
<i>clonazepam odt tbdp 2mg</i>	2	QL(300/30)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(150/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
<i>diazepam gel</i>	2	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin</i>	2	
ONFI SUSP	4	QL(480/30)
ONFI TABS 10MG	4	QL(60/30)
ONFI TABS 20MG	4	QL(120/30)
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
SABRIL PACK	5	QL(200/30)
SABRIL TABS	5	QL(180/30)
<i>tiagabine hydrochloride</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	2	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>topiramate</i>	2	
<b>Sodium Channel Agents</b>		
BANZEL SUSP	5	
BANZEL TABS 400MG	5	
BANZEL TABS 200MG	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>epitol</i>	2	
EQUETRO	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
PEGANONE	4	
PHENYTEK	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
TEGRETOL-XR TB12 100MG	4	
VIMPAT INJ	3	
VIMPAT ORAL SOLN	3	QL(1200/30)
VIMPAT TABS	3	QL(60/30)
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	2	PA
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
EXELON PT24	3	QL(30/30)
<i>galantamine hydrobromide cp24</i>	2	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	2	QL(200/30)
<i>galantamine hydrobromide tabs</i>	2	QL(60/30)
<i>rivastigmine tartrate</i>	2	QL(60/30)
<i>rivastigmine transdermal system</i>	2	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl tabs 10mg</i>	2	QL(60/30)
<i>memantine hcl tabs 5mg</i>	2	QL(90/30)
<i>memantine hcl titration pak</i>	2	QL(49/28)
<i>memantine hydrochloride</i>	2	QL(300/30)
NAMENDA ORAL SOLN	3	QL(300/30)
NAMENDA TABS 10MG	3	QL(60/30)
NAMENDA TABS 5MG	3	QL(90/30)
NAMENDA TITRATION PAK	3	QL(49/28)
NAMENDA XR	3	QL(30/30)
NAMENDA XR TITRATION PACK	3	QL(28/28)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	4	QL(30/30)
<i>bupropion hcl</i>	2	
<i>bupropion hcl er tb12 100mg</i>	2	QL(60/30)
<i>bupropion hcl er tb12 150mg</i>	2	QL(90/30)
<i>bupropion hcl sr tb12 100mg, 200mg</i>	2	QL(60/30)
<i>bupropion hcl sr tb12 150mg</i>	2	QL(90/30)
<i>bupropion hcl xl tb24 300mg</i>	2	QL(30/30)
<i>bupropion hcl xl tb24 150mg</i>	2	QL(90/30)
<i>maprotiline hcl</i>	2	
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	2	
<i>nefazodone hcl</i>	2	
<i>trazodone hcl</i>	2	
TRINTELLIX	4	QL(30/30)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral soln</i>	2	QL(600/30)
<i>citalopram hydrobromide tabs 40mg</i>	2	QL(30/30)
<i>citalopram hydrobromide tabs 10mg, 20mg</i>	2	QL(60/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	2	QL(90/30)
<i>escitalopram oxalate oral soln</i>	2	QL(600/30)
<i>escitalopram oxalate tabs</i>	2	QL(60/30)
FETZIMA	4	QL(30/30)
FETZIMA TITRATION PACK	4	QL(28/28)
<i>fluoxetine</i>	2	
<i>fluoxetine hcl</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>olanzapine/fluoxetine</i>	2	QL(30/30)
<i>paroxetine hcl tabs 10mg</i>	2	QL(30/30)
<i>paroxetine hcl tabs 20mg, 30mg, 40mg</i>	2	QL(60/30)
PAXIL SUSP	4	QL(900/30)
PRISTIQ	3	QL(30/30)
<i>sertraline hcl conc</i>	2	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(90/30)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
VENLAFAXINE HCL ER TB24 150MG, 225MG, 37.5MG	4	QL(30/30)
VENLAFAXINE HCL ER TB24 75MG	4	QL(90/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIIBRYD	3	QL(30/30)
VIIBRYD STARTER PACK	3	QL(30/30)
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	PA
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i>	2	PA
<i>imipramine hcl</i>	2	PA
<i>imipramine pamoate</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	2	PA
<i>protriptyline hcl</i>	2	
SURMONTIL	4	PA
<i>trimipramine maleate</i>	2	PA
<b>Antiemetics</b>		
<b>Antiemetics</b>		
<i>granisetron hcl inj</i>	2	HI
<b>Antiemetics, Other</b>		
<i>dimenhydrinate inj</i>	2	
<i>droperidol</i>	2	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	2	PA
<i>phenergan supp</i>	2	PA
<i>promethazine hcl</i>	2	PA
<i>promethazine hcl plain</i>	2	PA
<i>promethegan</i>	2	PA
TRANSDERM-SCOP	4	
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI	4	B/D PA
ANZEMET	4	B/D PA QL(5/30)
CESAMET	5	B/D PA
<i>dronabinol</i>	2	B/D PA
EMEND CAPS 40MG	3	B/D PA QL(2/30)
EMEND CAPS 125MG	3	B/D PA QL(4/30)
EMEND CAPS 80MG	3	B/D PA QL(8/30)
EMEND CAPS	3	B/D PA QL(12/30)
EMEND SUSR	3	B/D PA QL(6/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>granisetron hcl inj</i>	2	HI
<i>granisetron hcl tabs</i>	2	B/D PA QL(60/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	B/D PA
<i>ondansetron hcl oral soln</i>	2	B/D PA QL(900/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)
<i>ondansetron odt</i>	2	B/D PA QL(90/30)
SANCUSO	5	PA QL(4/30)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	5	B/D PA
AMBISOME	5	B/D PA
<i>amphotericin b</i>	2	B/D PA
BENSAL HP	3	
CANCIDAS	5	HI
<i>ciclodan</i>	2	
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox treatment</i>	2	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	2	
<i>clotrimazole troc</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	2	
ERAXIS	5	
ERTACZO	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	HI
<i>fluconazole in nacl inj 100mg/50ml; 0.9%, 200mg/100ml; 0.9%</i>	2	HI
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketoconazole tabs</i>	2	
<i>miconazole 3</i>	2	
MYCAMINE	5	HI
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride</i>	2	
NAFTIN	3	
NATACYN	4	
NOXAFIL SUSP	5	
NOXAFIL TBEC	5	
<i>nyamyc</i>	2	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT	4	
SPORANOX ORAL SOLN	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole inj</i>	2	
<i>voriconazole susr</i>	5	
<i>voriconazole tabs</i>	5	
<i>zazole crea</i>	2	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol</i>	2	
ALOPRIM	4	
<i>colchicine</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COLCRYS	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(30/30) ST
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
CAFERGOT	4	
<i>dihydroergotamine mesylate inj</i>	2	
<i>dihydroergotamine mesylate nasal soln</i>	2	QL(8/30)
ERGOMAR	4	
<i>migergot</i>	2	
MIGRANAL	5	QL(8/30)
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<i>almotriptan malate tabs 12.5mg</i>	2	QL(12/30) ST
<i>almotriptan malate tabs 6.25mg</i>	2	QL(18/30) ST
AXERT TABS 12.5MG	4	QL(12/30) ST
AXERT TABS 6.25MG	4	QL(18/30) ST
FROVA	4	QL(18/30) ST
<i>frovatriptan succinate</i>	2	QL(18/30) ST
<i>naratriptan hcl</i>	2	QL(9/30) ST
RELPAX TABS 40MG	4	QL(6/30) ST
RELPAX TABS 20MG	4	QL(12/30) ST
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	2	QL(12/30)
<i>sumatriptan succinate inj</i>	2	QL(8/30)
<i>sumatriptan succinate refill</i>	2	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL(6/30)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL(12/30)
<i>zolmitriptan tabs 5mg</i>	2	QL(6/30)
<i>zolmitriptan tabs 2.5mg</i>	2	QL(12/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL	3	
MESTINON SYRP	3	
MESTINON TIMESPAN	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone</i>	2	
<i>rifabutin</i>	2	
<b>Antituberculars</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
PASER	4	
<i>pyrazinamide</i>	2	
RIFAMATE	4	
<i>rifampin</i>	2	
RIFATER	4	
SIRTURO	5	
TRECTOR	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D PA
BICNU	3	B/D PA
BUSULFEX	3	B/D PA
<i>cyclophosphamide</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA
EVOMELA	5	B/D PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide</i>	2	B/D PA
LEUKERAN	3	
MATULANE	5	
<i>melphalan hydrochloride</i>	2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MUSTARGEN	3	B/D PA
<i>thiotepa</i>	2	B/D PA
TREANDA	5	B/D PA
VALCHLOR	5	
YONDELIS	5	B/D PA
ZANOSAR	4	B/D PA
<b>Antiandrogens</b>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	5	
<i>nilutamide</i>	5	
XTANDI	5	
ZYTIGA	5	
<b>Antiangiogenic Agents</b>		
POMALYST	5	
REVLIMID	5	QL(28/28)
THALOMID	5	
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	5	
FASLODEX	5	B/D PA
SOLTAMOX	4	
<i>tamoxifen citrate</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	2	B/D PA
ALIMTA	5	B/D PA
ARRANON	5	B/D PA
<i>cladribine</i>	5	B/D PA
CLOLAR	5	B/D PA
<i>cytarabine aqueous</i>	2	B/D PA
<i>cytarabine inj 100mg/ml</i>	2	B/D PA
DROXIA	3	
ELITEK	5	B/D PA
<i>floxuridine</i>	2	
<i>fluorouracil inj</i>	2	B/D PA
FOLOTYN	5	B/D PA
<i>gemcitabine</i>	2	B/D PA
<i>gemcitabine hcl</i>	2	B/D PA
<i>hydroxyurea</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LONSURF TABS 8.19MG; 20MG	5	QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	QL(100/28)
<i>mercaptopurine</i>	2	
NIPENT	5	B/D PA
PURIXAN	4	
TABLOID	4	
<b>Antineoplastics, Other</b>		
ABRAXANE	5	B/D PA
<i>amifostine</i>	5	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	B/D PA
<i>bleomycin sulfate</i>	2	B/D PA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	2	B/D PA
<i>cisplatin</i>	2	B/D PA
COSMEGEN	5	B/D PA
<i>daunorubicin hcl</i>	2	B/D PA
<i>decitabine</i>	5	B/D PA
<i>dexrazoxane</i>	2	B/D PA
DOCEFREZ INJ 20MG	5	B/D PA
<i>docetaxel</i>	5	B/D PA
<i>doxorubicin hcl</i>	2	B/D PA
<i>doxorubicin hcl liposome</i>	5	B/D PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	2	B/D PA
ERWINAZE	5	B/D PA
<i>fludarabine phosphate</i>	2	B/D PA
HALAVEN	5	
IBRANCE	5	QL(21/28)
<i>idarubicin hcl</i>	5	B/D PA
<i>irinotecan</i>	2	B/D PA
ISTODAX	5	B/D PA
IXEMPRA KIT	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JEVTANA	5	B/D PA
<i>leucovorin calcium</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 250mg/25ml</i>	5	
LYNPARZA	5	QL(480/30)
MARQIBO	5	B/D PA
<i>mesna</i>	2	B/D PA
MESNEX TABS	5	
<i>mitomycin</i>	2	B/D PA
<i>mitoxantrone hcl</i>	2	B/D PA
NINLARO	5	QL(3/28)
ODOMZO	5	QL(30/30)
ONCASPAR	5	B/D PA
<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i>	5	B/D PA
<i>paclitaxel</i>	2	B/D PA
PHOTOFRIN	5	
PORTRAZZA	5	B/D PA
PROLEUKIN	5	B/D PA
SYLATRON	5	PA
SYNRIBO	5	B/D PA
<i>teniposide</i>	2	B/D PA
THERACYS	4	
TICE BCG	3	
TRISENOX	4	B/D PA
VELCADE	5	B/D PA
VENCLEXTA STARTING PACK	5	QL(84/365)
VENCLEXTA TABS 50MG	4	QL(30/30)
VENCLEXTA TABS 10MG	4	QL(60/30)
VENCLEXTA TABS 100MG	5	QL(120/30)
<i>vinblastine sulfate</i>	2	B/D PA
<i>vincasar pfs</i>	2	B/D PA
<i>vincristine sulfate</i>	2	B/D PA
<i>vinorelbine tartrate</i>	2	B/D PA
ZOLINZA	5	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<b>Enzyme Inhibitors</b>		
ETOPOPHOS	4	B/D PA
<i>etoposide inj</i>	2	B/D PA
<i>toposar</i>	2	B/D PA
<i>topotecan hcl</i>	5	B/D PA
ZYDELIG	5	QL(60/30)
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	QL(60/30)
AFINITOR DISPERZ TBSO 5MG	5	QL(120/30)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	QL(30/30)
AFINITOR TABS 10MG	5	QL(60/30)
ALECENSA	5	QL(240/30)
BOSULIF	5	
CABOMETYX TABS 20MG, 60MG	5	PA QL(30/30)
CABOMETYX TABS 40MG	5	PA QL(60/30)
CAPRELSA	5	
COMETRIQ	5	
COTELLIC	5	QL(63/28)
ERIVEDGE	5	
FARYDAK	5	QL(9/28)
GILOTRIF	5	
GLEEVEC	5	
ICLUSIG	5	
<i>imatinib mesylate</i>	5	
IMBRUVICA	5	
INLYTA	5	
IRESSA	5	
JAKAFI	5	
LENVIMA 10 MG DAILY DOSE	5	
LENVIMA 14 MG DAILY DOSE	5	
LENVIMA 18 MG DAILY DOSE	5	
LENVIMA 20 MG DAILY DOSE	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LENVIMA 24 MG DAILY DOSE	5	
LENVIMA 8 MG DAILY DOSE	5	
MEKINIST	5	
NEXAVAR	5	
SPRYCEL	5	
STIVARGA	5	
SUTENT	5	
TAFINLAR	5	
TAGRISSEO	5	QL(30/30)
TARCEVA	5	
TASIGNA	5	
TYKERB	5	
VOTRIENT	5	
XALKORI	5	
ZELBORAF	5	
ZYKADIA	5	QL(150/30)
<b>Monoclonal Antibodies</b>		
AVASTIN	5	B/D PA
CYRAMZA	5	B/D PA
DARZALEX	5	B/D PA
EMPLICITI	5	B/D PA
ERBITUX	5	B/D PA
GAZYVA	5	B/D PA
HERCEPTIN	5	B/D PA
KADCYLA	5	B/D PA
KEYTRUDA	5	B/D PA
OPDIVO	5	B/D PA
PERJETA	5	B/D PA
RITUXAN INJ 500MG/50ML	5	PA
TECENTRIQ	5	PA QL(20/21)
UNITUXIN	5	B/D PA
VECTIBIX	5	B/D PA
YERVOY	5	B/D PA
ZALTRAP	5	B/D PA
<b>Retinoids</b>		
<i>bexarotene</i>	5	
PANRETIN	5	
TARGRETIN	5	
<i>tretinoin caps</i>	5	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	4	
<i>ivermectin</i>	2	
<b>Antiprotozoals</b>		
ALINIA	4	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	QL(24/30)
DARAPRIM	4	
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D PA
PENTAM 300	4	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	2	PA
<i>tinidazole</i>	2	
<b>Pediculicides/Scabicides</b>		
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
SKLICE	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>entacapone</i>	2	
<i>tolcapone</i>	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dopamine Agonists</b>		
APOKYN	5	
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/ entacapone</i>	2	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	3	
<i>selegiline hcl</i>	2	
ZELAPAR	4	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl tabs</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
ORAP	4	
<i>perphenazine</i>	2	

CAPITALIZED = BRAND NAME DRUG  
**QL** = Quantity Limits listed as (qty/days)  
**PA** = Prior Authorization may be required  
**HI** = Home Infusion

*Lower case italic* = Generic drug  
**ST** = Step Therapy rules apply  
**B/D** = Drugs covered under Medicare Part B or Part D  
You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pimozide</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJ 300MG	5	QL(1.5/30)
ABILIFY MAINTENA INJ 400MG	5	QL(2/30)
<i>aripiprazole odt</i>	5	QL(60/30)
<i>aripiprazole oral soln</i>	2	QL(900/30)
<i>aripiprazole tabs</i>	2	QL(30/30)
ARISTADA INJ 441MG/1.6ML	5	QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	5	QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	5	QL(3.2/30)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL(60/30)
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30)
FANAPT TITRATION PACK	4	QL(16/30)
GEODON INJ	4	
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	
INVEGA TB24 9MG	5	QL(30/30)
INVEGA TB24 1.5MG, 3MG	4	QL(30/30)
INVEGA TB24 6MG	4	QL(60/30)
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	3	QL(30/30)
LATUDA TABS 80MG	3	QL(60/30)
NUPLAZID	5	PA QL(60/30)
<i>olanzapine inj</i>	2	
<i>olanzapine odt</i>	2	QL(30/30)
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olanzapine tabs 2.5mg</i>	2	QL(60/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL(30/30)
<i>paliperidone er tb24 6mg</i>	2	QL(60/30)
<i>paliperidone er tb24 9mg</i>	5	QL(30/30)
<i>quetiapine fumarate</i>	2	QL(90/30)
REXULTI	5	QL(30/30)
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
<i>risperidone m-tab tbdp 0.5mg, 2mg</i>	2	QL(90/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(90/30)
<i>risperidone odt tbdp 4mg</i>	2	QL(120/30)
<i>risperidone oral soln</i>	2	QL(360/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(90/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	3	QL(60/30)
SEROQUEL XR TB24 150MG, 200MG	3	QL(30/30)
SEROQUEL XR TB24 300MG, 400MG, 50MG	3	QL(60/30)
VRAYLAR CAPS	5	QL(30/30)
VRAYLAR CPPK	4	QL(14/365)
<i>ziprasidone hcl</i>	2	QL(60/30)
ZYPREXA RELPREVV INJ 405MG	5	QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	QL(2/28)
ZYPREXA RELPREVV INJ 210MG	5	QL(2.8/28)
<b>Antipsychotics</b>		
<i>molindone hydrochloride</i>	2	
<b>Treatment-Resistant</b>		
<i>clozapine</i>	2	
<i>clozapine odt</i>	2	
FAZACLO TBDP 100MG, 12.5MG, 25MG	4	
VERSACLOZ	5	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
XEOMIN	4	PA
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
<i>ganciclovir inj</i>	2	B/D PA
VALCYTE ORAL SOLN	5	
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochlorde</i>	5	
ZIRGAN	4	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	5	
BARACLUDE ORAL SOLN	5	
<i>entecavir</i>	2	
EPIVIR HBV ORAL SOLN	4	
INTRON A	5	
INTRON A W/DILUENT	5	
<i>lamivudine</i>	2	
TYZEKA	5	
<b>Anti-hepatitis C (HCV) Agents</b>		
HARVONI	5	PA QL(28/28)
<i>moderiba 1200 dose pack</i>	5	
<i>moderiba 800 dose pack</i>	5	
<i>moderiba misc</i>	5	
<i>moderiba tabs</i>	2	
OLYSIO	5	PA QL(28/28)
PEG-INTRON REDIPEN	5	PA
PEG-INTRON REDIPEN PAK 4	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PEGINTRON	5	PA
REBETOL ORAL SOLN	5	
<i>ribasphere caps</i>	2	
<i>ribasphere ribapak</i>	5	
<i>ribasphere tabs 200mg, 400mg</i>	2	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin</i>	2	
SOVALDI	5	PA QL(28/28)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
GENVOYA	5	
ISENTRESS CHEW	3	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
TIVICAY TABS 50MG	5	
TIVICAY TABS 10MG, 25MG	4	
VITEKTA	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	
EDURANT	5	
INTELENCE TABS 100MG, 200MG	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
ODEFSEY	5	
RESCRIPTOR	4	
STRIBILD	5	
SUSTIVA CAPS 200MG	5	
SUSTIVA CAPS 50MG	3	
SUSTIVA TABS	5	
VIRAMUNE XR TB24 100MG	4	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	2	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
DESCOVY	5	QL(30/30)
<i>didanosine</i>	2	
EMTRIVA	4	
EPZICOM	5	
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	
TRUVADA	5	
VIDEX PEDIATRIC	3	
VIREAD	5	
ZIAGEN ORAL SOLN	4	
<i>zidovudine</i>	2	
<b>Anti-HIV Agents, Other</b>		
ATRIPLA	5	
FUZEON	5	
SELZENTRY	5	
TRIUMEQ	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	5	
CRIVAN	3	
EVOTAZ	5	
INVIRASE CAPS	4	
INVIRASE TABS	5	
KALETRA ORAL SOLN	5	
KALETRA TABS 200MG; 50MG	5	
KALETRA TABS 100MG; 25MG	4	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NORVIR	4	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 600MG, 800MG	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREZISTA TABS 150MG, 75MG	4	
REYATAZ	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl</i>	2	
RELENZA DISKHALER	4	QL(120/365)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 75MG	3	QL(56/365)
TAMIFLU CAPS 45MG	3	QL(60/365)
TAMIFLU CAPS 30MG	3	QL(120/365)
TAMIFLU SUSR	3	
<b>Antitherpetic Agents</b>		
<i>acyclovir</i>	2	
<i>acyclovir sodium inj 500mg, 50mg/ml</i>	2	B/D PA
DENAVIR	3	
<i>famciclovir</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hcl</i>	2	
ZOVIRAX CREA	4	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam er tb24 1mg, 2mg, 3mg</i>	2	QL(90/30)
<i>alprazolam intensol</i>	2	QL(300/30)
<i>alprazolam odt tbdp 0.25mg, 0.5mg</i>	2	QL(90/30)
<i>alprazolam odt tbdp 1mg</i>	2	QL(120/30)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL(90/30)
<i>alprazolam tabs 1mg</i>	2	QL(120/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>alprazolam xr</i>	2	QL(90/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(120/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diazepam conc</i>	2	QL(240/30)
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL(240/30)
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	2	QL(150/30)
<i>lorazepam inj 20mg/10ml, 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam intensol</i>	2	QL(150/30)
<i>lorazepam tabs</i>	2	QL(120/30)
<i>oxazepam</i>	2	QL(120/30)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	2	
AVANDIA	4	QL(60/30)
BYDUREON	3	QL(4/28)
BYDUREON PEN	3	QL(4/28)
BYETTA	3	QL(2.4/30)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLYSET	4	
INVOKAMET	3	QL(60/30)
INVOKAMET XR	3	QL(60/30)
INVOKANA	3	QL(30/30)
JANUMET	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JANUMET XR TB24 1000MG; 100MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>miglitol</i>	2	
<i>nateglinide</i>	1	
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	2	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide</i>	2	
RIOMET	3	
SYMLINPEN 120	4	QL(11/30)
SYMLINPEN 60	4	QL(6/30)
TRADJENTA	3	QL(30/30)
TRULICITY	3	QL(2/28)
VICTOZA	3	QL(9/30)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
<b>Insulins</b>		
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	4	ST
NOVOLIN 70/30 RELION	4	ST
NOVOLIN N	4	ST
NOVOLIN N RELION	4	ST
NOVOLIN R	4	ST
NOVOLIN R INNOLET	4	ST
NOVOLIN R RELION	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST
NOVOLOG PENFILL	4	ST
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN	4	
ELIQUIS TABS 2.5MG	3	QL(60/30)
ELIQUIS TABS 5MG	3	QL(74/30)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	2	QL(9/30)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	2	QL(12/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enoxaparin sodium inj 60mg/0.6ml</i>	2	QL(18/30)
<i>enoxaparin sodium inj 80mg/0.8ml</i>	2	QL(24/30)
<i>enoxaparin sodium inj 100mg/ml</i>	2	QL(30/30)
<i>enoxaparin sodium inj 300mg/3ml</i>	2	QL(90/30)
<i>enoxaparin sodium inj 120mg/0.8ml</i>	5	QL(24/30)
<i>enoxaparin sodium inj 150mg/ml</i>	5	QL(30/30)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL(12/30)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL(18/30)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL(24/30)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	QL(15/30)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL(9/30) ST
FRAGMIN INJ 12500UNIT/0.5ML	5	QL(15/30) ST
FRAGMIN INJ 15000UNIT/0.6ML	5	QL(18/30) ST
FRAGMIN INJ 18000UNIT/0.72ML	5	QL(21.6/30) ST
FRAGMIN INJ 95000UNIT/3.8ML	5	QL(22.8/30) ST
FRAGMIN INJ 10000UNIT/ML	5	QL(30/30) ST
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL(6/30) ST
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>jantoven</i>	2	
PRADAXA	3	QL(60/30)
<i>warfarin sodium</i>	2	
XARELTO STARTER PACK	3	QL(102/365)
XARELTO TABS 10MG, 20MG	3	QL(30/30)
XARELTO TABS 15MG	3	QL(60/30)
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	5	PA
EPOGEN	4	PA
GRANIX	5	
LEUKINE INJ 250MCG	5	
NEULASTA	5	
NEUPOGEN	5	
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROMACTA TABS 12.5MG, 25MG, 50MG	5	
ZARXIO	5	
<b>Coagulants</b>		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid inj</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tranexamic acid tabs</i>	2	QL(180/30)
<b>Platelet Modifying Agents</b>		
AGGRENEX	3	QL(60/30)
<i>aspirin/dipyridamole</i>	2	QL(60/30)
BRILINTA	3	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 75mg</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(1/30)
EFFIENT TABS 10MG	4	QL(36/30)
EFFIENT TABS 5MG	4	QL(42/30)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	2	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	QL(8/28)
<i>clonidine hcl tabs</i>	2	
<i>clorpres</i>	2	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLINE	3	
<i>phenoxybenzamine hydrochloride</i>	2	
<i>prazosin hcl</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	3	QL(30/30)
BENICAR HCT	3	QL(30/30)
<i>candesartan cilexetil</i>	1	QL(30/30)
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL(30/30)
ENTRESTO	3	PA QL(60/30)
<i>eprosartan mesylate</i>	2	QL(30/30)
<i>irbesartan</i>	1	QL(30/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>losartan potassium tabs 100mg</i>	1	QL(30/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>losartan potassium tabs 50mg</i>	1	QL(60/30)
<i>losartan potassium tabs 25mg</i>	1	QL(90/30)
<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)
<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>telmisartan</i>	1	QL(30/30)
<i>telmisartan/amlodipine</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>valsartan tabs 320mg</i>	1	QL(30/30)
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL(60/30)
<i>valsartan/hydrochlorothiazide</i>	1	QL(30/30)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl</i>	1	
<i>benazepril hcl/ hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/ hydrochlorothiazide</i>	1	
<i>enalaprilat</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	2	QL(60/30)
<i>trandolapril/verapamil hcl tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	QL(30/30)
<i>trandolapril/verapamil hcl tbc 4mg; 240mg</i>	2	QL(60/30)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hcl tabs</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
TIKOSYN	4	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	2	
BYSTOLIC TABS 20MG	3	QL(60/30)
BYSTOLIC TABS 2.5MG, 5MG	3	QL(90/30)
BYSTOLIC TABS 10MG	3	QL(120/30)
BYVALSON	3	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carvedilol</i>	2	
COREG CR	3	QL(30/30)
DUTOPROL	4	
<i>esmolol hcl</i>	2	
INNOPRAN XL	4	
<i>labetalol hcl</i>	2	
<i>metoprolol succinate er tb24 200mg</i>	2	QL(60/30)
<i>metoprolol succinate er tb24 100mg, 25mg, 50mg</i>	2	QL(90/30)
<i>metoprolol tartrate</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate</i>	2	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	2	
<i>amlodipine besylate tabs 10mg, 5mg</i>	2	QL(60/30)
<i>amlodipine besylate tabs 2.5mg</i>	2	QL(90/30)
<i>amlodipine besylate/ atorvastatin calcium</i>	2	QL(30/30)
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL(30/30)
<i>amlodipine besylate/valsartan</i>	2	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
CARDENE IV	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd cp24 180mg, 240mg, 300mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	2	
<i>diltiazem hcl tabs</i>	2	
<i>felodipine er</i>	2	QL(60/30)
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine er</i>	2	QL(30/30)
<i>nisoldipine tb24 30mg</i>	2	
<i>nisoldipine tb24 17mg, 20mg, 34mg, 40mg, 8.5mg</i>	2	QL(30/30)
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<b>Cardiovascular Agents, Other</b>		
DEMSEER	3	
<i>digitek tabs 0.125mg</i>	2	QL(30/30)
<i>digitek tabs 0.25mg</i>	2	PA
<i>digox tabs 125mcg</i>	2	QL(30/30)
<i>digox tabs 250mcg</i>	2	PA
<i>digoxin inj</i>	2	PA
<i>digoxin oral soln</i>	2	PA
<i>digoxin tabs 125mcg</i>	2	QL(30/30)
<i>digoxin tabs 250mcg</i>	2	PA
LANOXIN PEDIATRIC	3	PA
LANOXIN TABS 62.5MCG	4	QL(30/30)
LANOXIN TABS 187.5MCG	4	PA

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NORTHERA	5	PA QL(180/30)
<i>pentoxifylline er</i>	2	
RANEXA	3	
TEKTURNA	4	QL(30/30)
TEKTURNA HCT	4	QL(30/30)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	2	
<b>Diuretics, Loop</b>		
<i>bumetanide</i>	2	
EDECRIN	3	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	2	
SODIUM EDECRIN	3	
<i>torseamide</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL	3	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate caps 130mg, 150mg, 43mg</i>	2	QL(30/30)
<i>fenofibrate caps 50mg</i>	2	QL(60/30)
<i>fenofibrate micronized</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fenofibrate tabs 145mg, 160mg</i>	2	QL(30/30)
<i>fenofibrate tabs 48mg, 54mg</i>	2	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	2	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	2	QL(60/30)
<i>gemfibrozil</i>	2	
TRIGLIDE	4	QL(30/30)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	3	QL(30/30)
<i>fluvastatin caps 20mg</i>	1	QL(30/30)
<i>fluvastatin caps 40mg</i>	1	QL(60/30)
<i>fluvastatin sodium er</i>	2	QL(30/30)
LESCOL XL	4	QL(30/30)
<i>lovastatin tabs 40mg</i>	1	QL(60/30)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(90/30)
<i>pravastatin sodium tabs 80mg</i>	1	QL(30/30)
<i>pravastatin sodium tabs 40mg</i>	1	QL(60/30)
<i>pravastatin sodium tabs 10mg, 20mg</i>	1	QL(90/30)
<i>rosuvastatin calcium</i>	2	QL(30/30)
<i>simvastatin tabs 20mg, 40mg, 80mg</i>	1	QL(30/30)
<i>simvastatin tabs 10mg, 5mg</i>	1	QL(90/30)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
JUXTAPID	5	
KYNAMRO	5	
<i>niacin er tbc 500mg</i>	2	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	2	QL(60/30)
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	QL(120/30)
<i>prevalite</i>	2	
REPATHA	5	PA QL(3/30)
REPATHA PUSHTRONEX SYSTEM	5	PA QL(3.5/30)
REPATHA SURECLICK	5	PA QL(3/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VYTORIN	4	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
WELCHOL	3	
ZETIA	3	QL(30/30)
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl</i>	2	
<i>minoxidil</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	4	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin</i>	2	
<i>nitroglycerin lingual translingual soln</i>	2	
<i>nitroglycerin transdermal</i>	2	
NITROSTAT	3	
RECTIV	4	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/ dextroamphetamine cp24</i>	2	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs</i>	2	
<i>dextroamphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>methamphetamine hcl</i>	2	PA
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>clonidine hcl er</i>	2	QL(120/30)
DAYTRANA	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexmethylphenidate hcl</i>	2	
<i>metadate er</i>	2	QL(90/30)
METHYLIN CHEW	4	
<i>methylphenidate hcl</i>	2	
<i>methylphenidate hcl cd</i>	2	
<i>methylphenidate hcl er cp24 20mg, 40mg</i>	2	
<i>methylphenidate hcl er tb24</i>	2	QL(30/30)
<i>methylphenidate hcl er tbcx 20mg</i>	2	QL(90/30)
<i>methylphenidate hcl er tbcx 10mg</i>	2	QL(180/30)
<i>methylphenidate hydrochloride</i>	2	
STRATTERA CAPS 100MG, 60MG, 80MG	3	QL(30/30)
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	3	QL(60/30)
<b>Central Nervous System, Other</b>		
HETLIOZ	5	PA QL(30/30)
HORIZANT	4	
NUEDEXTA	3	QL(60/30)
<i>riluzole</i>	2	
<i>tetrabenazine</i>	5	
XENAZINE	5	
<b>Fibromyalgia Agents</b>		
SAVELLA	3	QL(60/30)
SAVELLA TITRATION PACK	3	QL(55/30)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	PA QL(60/30)
AUBAGIO	5	PA QL(30/30)
AVONEX	5	
AVONEX PEN	5	
COPAXONE INJ 40MG/ML	5	
EXTAVIA	5	PA
GILENYA	5	PA QL(30/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glatopa</i>	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
TYSABRI	5	PA

### Dental and Oral Agents

#### Dental and Oral Agents

ARESTIN	4	
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/ throat soln</i>	2	
<i>fluoridex daily defense sensitivity relief pste</i>	2	
KEPIVANCE	5	
<i>oralone</i>	2	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide pste</i>	2	
<i>triamcinolone in orabase</i>	2	

### Dermatological Agents

#### Dermatological Agents

8-MOP	3	
<i>acitretin</i>	5	
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
AZELEX	3	
BENZAMYCINPAK	4	
<i>bpo</i>	2	
<i>calcipotriene</i>	2	
<i>calcitrene</i>	2	
CARAC	4	
<i>claravis</i>	2	
<i>clindamycin phosphate/tretinoin</i>	4	
<i>clindamycin/benzoyl peroxide</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CONDYLOX GEL	4	
CURITY GAUZE PADS 2"X2"	3	
<i>diclofenac sodium gel 3%</i>	2	
DIFFERIN LOTN	4	
<i>doxepin hydrochloride</i>	2	
<i>doxycycline cpdr</i>	2	
DRITHO-CREME HP	3	
ELIDEL	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluorouracil crea</i>	2	
<i>fluorouracil external soln</i>	2	
GORDONS UREA OINT 40%	4	
<i>imiquimod</i>	2	
<i>latrix</i>	2	
LEVULAN KERASTICK	3	
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	4	
OXSORALEN	4	
<i>podocon 25 in benzoin tincture</i>	2	
<i>podofilox</i>	2	
PRUDOXIN	3	
<i>rea lo 39</i>	2	
<i>rea lo 40 crea</i>	2	
REGRANEX	5	PA
<i>remeven</i>	2	
SANTYL	3	
<i>selenium sulfide</i>	2	
TAZORAC	4	
<i>tretinoin crea</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA
<i>tretinoin microsphere</i>	2	PA
<i>tretinoin microsphere pump</i>	2	PA
<i>umecta</i>	2	
<i>umecta mousse</i>	2	
<i>urea 40% nail film</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>urea crea 39%, 40%, 45%, 47%, 50%</i>	2	
<i>urea gel</i>	2	
<i>urea nail gel</i>	2	
<i>urea susp</i>	2	
UVADEX	3	B/D PA
VELTIN	4	
VOLTAREN GEL	3	
XERAC AC	3	
<i>zenatane</i>	2	
ZIANA	4	
ZONALON	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ADAGEN	5	
ALDURAZYME	5	
BUPHENYL TABS	5	
CEREZYME	5	B/D PA
CREON	3	
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	
ELELYSO	5	
FABRAZYME	5	B/D PA
KUVAN	5	
LUMIZYME	5	
NAGLAZYME	5	
ORFADIN	5	
RAVICTI	5	
<i>sodium phenylbutyrate</i>	5	
SUCRAID	5	
VPRIV	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XIAFLEX	5	PA
ZAVESCA	5	
ZENPEP	3	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.4mg/ml, 0.8mg/ml, 1mg/ml</i>	2	
<i>belladonna &amp; opium</i>	2	
<i>belladonna alkaloids &amp; opium</i>	2	
CUVPOSA	4	
<i>dicyclomine hcl caps</i>	2	
<i>dicyclomine hcl oral soln</i>	2	
<i>dicyclomine hcl tabs</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
<i>glycopyrrolate tabs</i>	2	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate subl</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>hyosyne</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	2	
<i>symax-sl</i>	2	
<b>Gastrointestinal Agents, Other</b>		
CHENODAL	5	
<i>cromolyn sodium conc</i>	5	
<i>diphenoxylate/atropine</i>	2	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GATTEX	5	PA
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl</i>	2	
MOTOFEN	3	
OSMOPREP	4	
PAREGORIC	3	
RELISTOR INJ	3	
<i>ursodiol</i>	2	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl</i>	2	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride</i>	5	PA
AMITIZA	3	QL(60/30)
LINZESS	4	QL(30/30)
<b>Laxatives</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i>	2	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>polyethylene glycol 3350</i>	2	
SUPREP BOWEL PREP	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trilyte</i>	2	
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL(60/30)
<i>esomeprazole magnesium</i>	2	QL(60/30)
<i>esomeprazole sodium</i>	2	
<i>lansoprazole</i>	2	QL(60/30)
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>omeprazole/sodium bicarbonate caps</i>	2	QL(60/30)
<i>omeprazole/sodium bicarbonate pack</i>	4	QL(60/30)
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
<i>rabeprazole sodium</i>	2	QL(60/30)
ZEGERID PACK	4	QL(60/30)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>azuphen mb</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE	3	QL(30/30)
HYOLEV MB	4	
MYRBETRIQ	4	QL(30/30)
<i>oxybutynin chloride</i>	2	
<i>oxybutynin chloride er tb24 5mg</i>	2	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL(60/30)
<i>phosphasal</i>	2	
<i>tolterodine tartrate</i>	2	QL(60/30)
<i>tolterodine tartrate er</i>	2	QL(30/30)
<i>trospium chloride</i>	2	QL(60/30)
<i>trospium chloride er</i>	2	QL(30/30)
<i>ur n-c</i>	2	
<i>uramit mb</i>	2	
URELLE	4	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>uribel</i>	2	
<i>urin d/s</i>	2	
<i>uro-mp</i>	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
VESICARE	3	QL(30/30)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	2	QL(30/30)
AVODART	3	QL(30/30)
CIALIS TABS 2.5MG, 5MG	3	PA QL(30/30)
<i>doxazosin</i>	2	
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	
<i>dutasteride</i>	2	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL(30/30)
<i>finasteride tabs 5mg</i>	2	
JALYN	3	QL(30/30)
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl</i>	2	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride</i>	2	
ELMIRON	4	
LITHOSTAT	4	
<i>phenazopyridine hcl</i>	2	
<b>Phosphate Binders</b>		
AURYXIA	4	
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL	5	ST
PHOSLYRA	4	
RENVELA	3	
VELPHORO	4	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-hydrocort</i>	2	
<i>ala cort</i>	2	
ALA SCALP	3	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate</i>	2	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	2	
<i>clocortolone pivalate</i>	2	
<i>clocortolone pivalate pump</i>	2	
<i>clodan</i>	2	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	2	
CORTIFOAM	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	4	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate</i>	2	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide-e</i>	2	
<i>flurandrenolide crea</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone external crea</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
<i>lokara</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg</i>	2	HI
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
PANDEL	3	
<i>prednicarbate</i>	2	
<i>prednisolone oral soln</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
SOLU-CORTEF	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 2GM	3	HI
TEXACORT	3	
<i>triamcinolone acetonide aers</i>	2	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	2	
VERDESO	4	

### Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

### Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate</i>	2	
EGRIFTA INJ 1MG	5	PA QL(60/30)
H.P. ACTHAR	5	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
SEROSTIM	5	PA
ZORBTIVE	5	PA

### Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

#### Anabolic Steroids

ANADROL-50	5	PA
<i>oxandrolone</i>	2	PA

#### Androgens

ANDRODERM	3	
ANDROGEL	3	
ANDROGEL PUMP GEL 1.62%	3	
ANDROXY	4	
<i>danazol</i>	2	
<i>methitest</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
STRIANT	4	
TESTIM	3	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<i>testosterone gel 25mg/2.5gm</i>	2	
<i>testosterone pump</i>	2	
<b>Estrogens</b>		
ALORA	4	PA
<i>altavera</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANGELIQ	4	PA
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA QL(4/28)
COMBIPATCH	4	PA
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>daysee</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>delyla</i>	2	
DEPO-ESTRADIOL	3	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM	4	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE CREA	4	
<i>estradiol ptw</i>	2	PA
<i>estradiol ptwk</i>	2	PA
<i>estradiol tabs</i>	2	PA
<i>estradiol/norethindrone acetate</i>	2	PA
ESTRING	4	
ESTROGEL	4	
<i>estropipate</i>	2	PA
<i>falmina</i>	2	
FEMRING	4	QL(1/90)
<i>fyavolv</i>	2	PA
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30</i>	2	
<i>gildess 24 fe</i>	2	
<i>introvale</i>	2	
<i>jevantique lo</i>	2	PA
<i>jinteli</i>	2	PA
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lomedica 24 fe</i>	2	
<i>lopreeza</i>	2	PA
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
MENEST	4	PA
MENOSTAR	4	PA
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mimvey</i>	2	PA
<i>mimvey lo</i>	2	PA
<i>mono-linyah</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 10/11-28</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	PA
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMARIN TABS	4	PA QL(30/30)
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
VAGIFEM	4	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zenchent</i>	2	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	PA
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEGACE ES	3	PA
<i>megestrol acetate</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	2	
<i>progesterone</i>	2	
<i>sharobel</i>	2	

### Selective Estrogen Receptor Modifying Agents

<i>raloxifene hydrochloride</i>	2	
---------------------------------	---	--

### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium inj</i>	5	
<i>levothyroxine sodium tabs</i>	2	
LEVOXYL	3	
<i>liothyronine sodium</i>	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	

### Hormonal Agents, Suppressant (Adrenal)

### Hormonal Agents, Suppressant (Adrenal)

LYSODREN	3	
----------	---	--

### Hormonal Agents, Suppressant (Parathyroid)

### Hormonal Agents, Suppressant (Parathyroid)

SENSIPAR TABS 30MG	3	QL(60/30)
SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	PA QL(1/120)
ELIGARD INJ 45MG	4	PA QL(1/180)
ELIGARD INJ 7.5MG	4	PA QL(1/30)
ELIGARD INJ 22.5MG	4	PA QL(1/90)
FIRMAGON INJ 80MG	4	B/D PA
FIRMAGON INJ 120MG	5	B/D PA
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	
SOMATULINE DEPOT	5	
SOMAVERT	5	
SYNAREL	5	PA
TRELSTAR INJ 3.75MG	5	PA QL(2/28)
TRELSTAR INJ 11.25MG	5	PA QL(2/84)
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(2/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA QL(2/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(2/84)
ZOLADEX	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema (HAE) Agents</b>		
BERINERT	5	PA
CINRYZE	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FIRAZYR	5	PA
KALBITOR	5	PA
<b>Immune Suppressants</b>		
ASTAGRAF XL	4	PA
<i>azathioprine</i>	2	PA
BENLYSTA	5	PA
CELLCEPT CAPS	4	PA
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT SUSR	5	PA
CELLCEPT TABS	5	PA
<i>cyclosporine</i>	2	PA
<i>cyclosporine modified</i>	2	PA
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR	4	PA
<i>gengraf</i>	2	PA
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
KINERET	5	PA
<i>methotrexate</i>	2	
<i>methotrexate sodium inj 1gm, 1gm/40ml, 250mg/10ml</i>	2	
<i>mycophenolate mofetil</i>	2	PA
<i>mycophenolic acid dr</i>	2	PA
MYFORTIC	3	PA
NEORAL	4	PA
NULOJIX	5	PA
ORENCIA INJ 250MG	5	PA
PROGRAF CAPS 5MG	5	PA
PROGRAF CAPS 0.5MG, 1MG	4	PA
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA
RAPAMUNE TABS 1MG, 2MG	5	PA
RAPAMUNE TABS 0.5MG	4	PA



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REMICADE	5	PA
RHEUMATREX	4	
SANDIMMUNE	3	PA
<i>sirolimus</i>	2	PA
<i>tacrolimus caps</i>	2	PA
TORISEL	5	B/D PA
TREXALL	4	
ZORTRESS TABS 0.25MG	4	B/D PA
ZORTRESS TABS 0.5MG, 0.75MG	5	B/D PA
<b>Immunizing Agents, Passive</b>		
ATGAM	5	PA
BIVIGAM	5	B/D PA
CARIMUNE NANOFILTERED	5	B/D PA
FLEBOGAMMA DIF	5	B/D PA
GAMASTAN S/D	3	B/D PA
GAMMAGARD LIQUID INJ 2.5GM/25ML, 30GM/300ML	5	B/D PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D PA
GAMMAKED INJ 1GM/10ML	5	B/D PA
GAMMAPLEX	5	B/D PA
GAMUNEX-C	5	B/D PA
HIZENTRA	5	B/D PA
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	5	B/D PA
PRIVIGEN	5	B/D PA
THYMOGLOBULIN	5	B/D PA
<b>Immunomodulators</b>		
ACTIMMUNE	5	
ARCALYST	5	PA
ILARIS	5	PA
<i>leflunomide</i>	2	
RIDAURA	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SIMULECT	5	B/D PA
SYNAGIS	5	PA
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D PA
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
I POL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABA VERT	3	
RECOMBIVAX HB	3	B/D PA

CAPITALIZED = BRAND NAME DRUG

**QL** = Quantity Limits listed as (qty/days)

**PA** = Prior Authorization may be required

**HI** = Home Infusion

*Lower case italic* = Generic drug

**ST** = Step Therapy rules apply

**B/D** = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROTARIX	3	
ROTATEQ	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG INJ 125UNIT/1.2ML	4	
YF-VAX	3	
ZOSTAVAX	3	

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

APRISO	3	
ASACOL HD	4	ST
<i>balsalazide disodium</i>	2	
CANASA	3	
DIPENTUM	3	
LIALDA	3	
<i>mesalamine</i>	2	
PENTASA	3	

#### Glucocorticoids

<i>budesonide cpep</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	

#### Sulfonamides

<i>sulfasalazine</i>	2	
----------------------	---	--

### Metabolic Bone Disease Agents

#### Metabolic Bone Disease Agents

<i>alendronate sodium</i>	2	
<i>calcitonin-salmon</i>	2	
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	2	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol</i>	2	
<i>etidronate disodium</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FORTEO	5	
FORTICAL	3	
FOSAMAX PLUS D	4	QL(4/28) ST
<i>ibandronate sodium</i>	2	
MIACALCIN INJ	4	
<i>pamidronate disodium</i>	2	B/D PA
<i>paricalcitol</i>	2	
PROLIA	4	
<i>risedronate sodium tabs 150mg</i>	2	
XGEVA	5	PA
<i>zoledronic acid</i>	2	B/D PA

### Miscellaneous Therapeutic Agents

#### Miscellaneous Therapeutic Agents

BD SAFETYGLIDE 27G X 5/8"	3	
BOTOX	4	PA
DYSPOX	4	PA
FERRIPROX	5	
<i>fomepizole</i>	5	
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	3	
<i>levocarnitine</i>	2	
<i>methylergonovine maleate</i>	2	
NATPARA	5	PA
NOVOFINE 30GX8MM	3	
NOVOFINE 31	3	
NOVOFINE 32GX6MM	3	
NOVOFINE AUTOCOVER 30GX8MM	3	
NOVOTWIST 32GX5MM	3	
PHYSIOLYTE	3	B/D PA
PHYSIOSOL IRRIGATION	3	B/D PA
RINGERS IRRIGATION	3	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water irrigation</i>	2	
V-GO 20	4	
V-GO 30	4	
V-GO 40	4	
XEOMIN	4	PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost</i>	2	QL(5/30)
COMBIGAN	3	
<i>latanoprost</i>	2	
LUMIGAN	3	QL(5/30)
TRAVATAN Z	3	QL(5/30)
<i>travoprost</i>	2	QL(5/30)
ZIOPTAN	4	QL(30/30)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate oint</i>	2	
<i>atropine sulfate ophthalmic soln</i>	2	
CYCLOGYL OPHTHALMIC SOLN 0.5%	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
CYSTARAN	5	
<i>homatropaire</i>	2	
LACRISERT	4	
<i>phenylephrine hcl ophthalmic soln 10%, 2.5%</i>	2	
<i>polycin</i>	2	
PROCYSBI	5	
<i>proparacaine hcl</i>	2	
RESTASIS	3	
<i>tropicamide</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl</i>	2	
<i>cromolyn sodium ophthalmic soln</i>	2	
EMADINE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	
PATADAY	3	
PAZEO	3	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
MAXIDEX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
NEVANAC	3	
PRED MILD	4	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate</i>	2	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
VEXOL	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	2	
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
IOPIDINE OPHTHALMIC SOLN 1%	4	
<i>isopto carpine</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>methazolamide</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	2	
SIMBRINZA	4	
<i>timolol maleate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	

### Otic Agents

#### Otic Agents

<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>acetic acid/aluminum acetate</i>	2	
<i>antipyrine/benzocaine otic soln 54mg/ml; 14mg/ml</i>	2	
<i>aurodex</i>	2	
COLY-MYCIN S	4	
<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	

### Respiratory Tract/Pulmonary Agents

#### Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	3	
---------------	---	--

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ADVAIR HFA	3	
ALVESCO	4	
ASMANEX HFA	3	
ASMANEX TWISTHALER 120 METERED DOSES	3	
ASMANEX TWISTHALER 14 METERED DOSES	3	
ASMANEX TWISTHALER 30 METERED DOSES	3	
ASMANEX TWISTHALER 60 METERED DOSES	3	
ASMANEX TWISTHALER 7 METERED DOSES	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D PA
FLOVENT DISKUS	3	
FLOVENT HFA	3	
<i>flunisolide</i>	2	
<i>fluticasone propionate</i>	2	
PULMICORT FLEXHALER	4	ST
PULMICORT SUSP 1MG/2ML	4	B/D PA
QVAR	3	
SYMBICORT	3	

### Antihistamines

<i>azelastine hcl</i>	2	
CLARINEX-D 12 HOUR	4	QL(60/30)
<i>desloratadine</i>	2	QL(30/30)
<i>desloratadine odt</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	2	
DYMISTA	3	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
<i>promethazine hcl</i>	2	PA
SEMPREX-D	4	

### Antileukotrienes

<i>montelukast sodium</i>	2	
<i>zafirlukast</i>	2	

### Bronchodilators, Anticholinergic

COMBIVENT RESPIMAT	3	
--------------------	---	--

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ipratropium bromide inhalation soln</i>	2	B/D PA
<i>ipratropium bromide nasal soln</i>	2	
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TUDORZA PRESSAIR	3	
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALIN INJ	3	
<i>albuterol</i>	2	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate nebu</i>	2	B/D PA
<i>albuterol sulfate syrp</i>	2	
<i>albuterol sulfate tabs</i>	2	
ARCAPTA NEOHALER	4	
BROVANA	4	B/D PA
<i>epinephrine</i>	2	QL(2/30)
<i>epinephrine hcl</i>	2	
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
ISUPREL	3	
<i>levalbuterol</i>	2	B/D PA
<i>levalbuterol hcl</i>	2	B/D PA
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	4	B/D PA
PROAIR HFA	3	
PROAIR RESPICLICK	3	
PROVENTIL HFA	4	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate</i>	2	
XOPENEX HFA	4	
<b>Cystic Fibrosis Agents</b>		
BETHKIS	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CAYSTON	5	
KALYDECO	5	PA QL(60/30)
PULMOZYME	5	B/D PA
TOBI PODHALER	5	
<i>tobramycin</i>	5	B/D PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	2	B/D PA
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	2	
DALIRESP	3	
ELIXOPHYLLIN	4	
THEO-24	3	
<i>theochron</i>	2	
<i>theophylline</i>	2	
<i>theophylline cr</i>	2	
<i>theophylline er</i>	2	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	5	PA QL(60/30)
ADEMPAS	5	QL(90/30)
LETAIRIS	5	
OPSUMIT	5	PA QL(30/30)
REMODULIN	5	B/D PA
<i>sildenafil tabs</i>	2	PA
TRACLEER	5	
TYVASO	5	B/D PA
VENTAVIS	5	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP INJ 500MG	5	B/D PA
ESBRIET	5	PA
GLASSIA	5	B/D PA
PROLASTIN-C	5	B/D PA

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>promethazine vc plain</i>	2	PA
STIOLTO RESPIMAT	3	
TYZINE PEDIATRIC NASAL DROPS	4	
VIRAZOLE	5	B/D PA
XOLAIR	5	PA
ZEMAIRA	5	B/D PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA
<i>orphenadrine citrate er</i>	2	PA
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam</i>	2	QL(90/365)
<i>zaleplon</i>	2	QL(90/365)
<i>zolpidem tartrate tabs</i>	2	QL(90/365)
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil tabs 100mg</i>	2	PA QL(30/30)
<i>modafinil tabs 200mg</i>	2	PA QL(60/30)
NUVIGIL	4	PA QL(30/30)
ROZEREM	4	QL(30/30)
SILENOR	4	QL(30/30)
XYREM	5	
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
CHEMET	4	
CUPRIMINE	5	
DEPEN TITRATABS	3	
EXJADE	5	
JADENU	5	
<i>kionex</i>	2	
SAMSCA TABS 30MG	5	QL(60/30)
SAMSCA TABS 15MG	5	QL(90/30)
<i>sodium bicarbonate inj</i>	2	B/D PA
<i>sodium bicarbonate partial fill</i>	2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SODIUM LACTATE INJ 5MEQ/ML	3	B/D PA
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	2	
SYPRINE	5	
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN	3	B/D PA
AMINOSYN 7%/ ELECTROLYTES	3	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN II	3	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN M	3	B/D PA
AMINOSYN-HBC	3	B/D PA
AMINOSYN-PF	3	B/D PA
AMINOSYN-PF 7%	3	B/D PA
AMINOSYN-RF	3	B/D PA
<i>ammonium chloride</i>	2	
<i>calcium chloride</i>	2	
<i>calcium gluconate inj</i>	2	
CARBAGLU	5	
<i>citric acid/sodium citrate</i>	2	
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D PA
CLINIMIX 5%/DEXTROSE 15%	3	B/D PA
CLINIMIX 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX 5%/DEXTROSE 25%	3	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	3	B/D PA



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 2.75%/ DEXTROSE 5%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 5%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 15%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	3	B/D PA
CLINISOL SF 15%	3	B/D PA
<i>clinpro 5000</i>	2	
<i>cytra k crystals</i>	2	
<i>cytra-2</i>	2	
<i>cytra-3</i>	2	
<i>cytra-k</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
DEXTROSE 10%/NAACL 0.45%	3	B/D PA
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	3	B/D PA
<i>dextrose 10%</i>	2	B/D PA
DEXTROSE 10%/NAACL 0.2%	3	B/D PA
DEXTROSE 2.5%/NAACL 0.45%	3	B/D PA
<i>dextrose 20%</i>	2	B/D PA
<i>dextrose 25%</i>	2	B/D PA
<i>dextrose 30%</i>	2	B/D PA
<i>dextrose 40%</i>	2	B/D PA
<i>dextrose 5%</i>	2	B/D PA
DEXTROSE 5%/LACTATED RINGERS	3	B/D PA
DEXTROSE 5%/NAACL 0.2%	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEXTROSE 5%/NAACL 0.225%	3	B/D PA
DEXTROSE 5%/NAACL 0.3%	3	B/D PA
DEXTROSE 5%/NAACL 0.33%	3	B/D PA
DEXTROSE 5%/NAACL 0.45%	3	B/D PA
DEXTROSE 5%/NAACL 0.9%	3	B/D PA
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	3	B/D PA
<i>dextrose 50%</i>	2	B/D PA
<i>dextrose 70%</i>	2	B/D PA
<i>effer-k tbef 25meq</i>	2	
<i>effervescent pot chloride</i>	2	
<i>fluor-a-day</i>	2	
<i>fluoride chew 0.25mg, 1.1mg, 2.2mg</i>	2	
<i>fluoridex daily defense</i>	2	
<i>fluoritab chew 0.5mg, 1mg</i>	2	
<i>fluoritab oral soln</i>	2	
<i>flura-drops oral soln 0.25mg/ drop</i>	2	
FREAMINE HBC 6.9%	3	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D PA
HEPATAMINE	3	B/D PA
<i>hyperlyte-cr</i>	2	B/D PA
IONOSOL-B/DEXTROSE 5%	3	B/D PA
IONOSOL-MB/DEXTROSE 5%	3	B/D PA
ISOLYTE-P/DEXTROSE 5%	3	B/D PA

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

*Lower case italic = Generic drug*

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ISOLYTE-S	3	B/D PA
ISOLYTE-S PH 7.4	3	B/D PA
<i>k-effervescent</i>	2	
K-PHOS	3	
K-PHOS NO 2	3	
<i>k-sol</i>	2	
K-TAB TBCR 10MEQ, 20MEQ	3	
<i>k-vescent tbeF</i>	2	
KCL 0.075%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/ NACL 0.3%	3	B/D PA
KCL 0.15%/D5W/LR	3	B/D PA
KCL 0.15%/D5W/NACL 0.2%	3	B/D PA
KCL 0.15%/D5W/NACL 0.225%	3	B/D PA
KCL 0.15%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/NACL 0.9%	3	B/D PA
KCL 0.3%/D5W/LR IV LAC RING	3	B/D PA
KCL 0.3%/D5W/NACL 0.45%	3	B/D PA
KCL 0.3%/D5W/NACL 0.9%	3	B/D PA
<i>klor-con</i>	2	
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/25</i>	2	
LACTATED RINGERS VIAFLEX	3	
<i>ludent</i>	2	
<i>magnesium sulfate in d5w inj 5%; 10mg/ml</i>	2	
<i>magnesium sulfate inj</i>	2	B/D PA
MOZOBIL	5	
NEPHRAMINE	3	B/D PA
NORMOSOL -R	3	
NORMOSOL-M IN D5W	3	B/D PA
NORMOSOL-R	3	B/D PA
NORMOSOL-R IN D5W	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NUTRILYTE INJ 2.03MEQ/ ML; 0.25MEQ/ML; 1.68MEQ/ ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	4	B/D PA
<i>phospha 250 neutral</i>	2	
PLASMA-LYTE A	3	B/D PA
PLASMA-LYTE-148	3	B/D PA
PLASMA-LYTE-56/D5W	3	B/D PA
PLENAMINE	3	B/D PA
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	3	B/D PA
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	3	B/D PA
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45%	3	B/D PA
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	3	B/D PA
POTASSIUM CHLORIDE 0.15% NACL 0.9%	3	B/D PA
POTASSIUM CHLORIDE 0.15% W/NACL 0.9% VIAFLEX	3	B/D PA
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	3	B/D PA
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	3	B/D PA
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	3	B/D PA
POTASSIUM CHLORIDE 0.3%/ D5W	3	B/D PA
<i>potassium chloride cr</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride inj 0.4meq/ ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	2	B/D PA
<i>potassium chloride oral soln</i>	2	
<i>potassium chloride pack</i>	2	
<i>potassium chloride sr</i>	2	
<i>potassium citrate er</i>	2	
<i>potassium citrate-citric acid crystals</i>	2	
<i>potassium citrate/citric acid</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREMASOL	3	B/D PA
PROCALAMINE	3	B/D PA
PROSOL	4	B/D PA
RINGERS INJECTION	3	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride bacteriostatic</i>	2	
<i>sodium chloride bacteriostatic/ benzyl alcohol</i>	2	
<i>sodium chloride inj</i>	2	
<i>sodium fluoride chew 0.5mg, 1mg</i>	2	
<i>sodium fluoride oral soln</i>	2	
<i>sodium fluoride tabs</i>	2	
TPN ELECTROLYTES	3	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	3	B/D PA
<i>virt-phos 250 neutral</i>	2	
<i>virtrate-2</i>	2	
<i>virtrate-k</i>	2	

### Therapeutic Nutrients/Minerals/Electrolytes

INTRALIPID	3	B/D PA
KABIVEN	4	B/D PA
NUTRILIPID	3	B/D PA
PERIKABIVEN	4	B/D PA

### Vitamins

<i>mult-vitamin/fluoride</i>	2	
<i>multi vitamin/fluoride</i>	2	
<i>multi-vit/fluoride</i>	2	
<i>multi-vit/iron/fluoride oral soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>multi-vitamin/fluoride oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml</i>	2	
<i>multivitamin with fluoride</i>	2	
<i>multivitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit</i>	2	
<i>mvc-fluoride</i>	2	
<i>tl-fluorivite</i>	2	
<i>tri-vit/fluoride</i>	2	
<i>tri-vit/fluoride/iron</i>	2	
<i>tri-vitamin/fluoride</i>	2	
<i>triple-vitamin/fluoride</i>	2	
<i>vitamins a/c/d/fluoride</i>	2	
VP-PNV-DHA	3	

### Needles And Syringes

#### Miscellaneous Therapeutic Agents

#### Miscellaneous Therapeutic Agents

<i>bd eclipse syringe/1ml/30gx1/2"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	3	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	3	
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	3	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<b>8</b>		<i>adapalene</i> .....	32	<i>alose tron hydrochloride</i> .....	34
8-MOP .....	32	ADCIRCA .....	45	ALOXI .....	16
<b>A</b>		<i>adefovir dipivoxil</i> .....	23	ALPHAGAN P	
<i>abacavir</i> .....	23	ADEMPAS .....	45	OPHTHALMIC SOLN 0.1% .....	43
<i>abacavir sulfate/</i>		ADRENALIN INJ .....	45	<i>alprazolam er tb24</i>	
<i>lamivudine/zidovudine</i> .....	24	<i>adrucil</i> .....	18	1mg, 2mg, 3mg .....	24
ABELCET .....	16	ADVAIR DISKUS .....	44	<i>alprazolam intensol</i> .....	24
ABILIFY MAINTENA INJ 300MG ..	22	ADVAIR HFA .....	44	<i>alprazolam odt tbdp</i>	
ABILIFY MAINTENA INJ 400MG ..	22	<i>afeditab cr</i> .....	29	0.25mg, 0.5mg .....	24
ABRAXANE .....	19	AFINITOR DISPERZ		<i>alprazolam odt tbdp 1mg</i> .....	24
<i>acamprosate calcium dr</i> .....	9	TBSO 2MG, 3MG .....	20	<i>alprazolam odt tbdp 2mg</i> .....	24
<i>acarbose</i> .....	25	AFINITOR DISPERZ TBSO 5MG ..	20	<i>alprazolam tabs 0.25mg, 0.5mg</i> ..	24
<i>acebutolol hcl</i> .....	28	AFINITOR TABS		<i>alprazolam tabs 1mg</i> .....	24
<i>acetaminophen/codeine #2</i> .....	8	2.5MG, 5MG, 7.5MG .....	20	<i>alprazolam tabs 2mg</i> .....	24
<i>acetaminophen/codeine #3</i> .....	8	AFINITOR TABS 10MG .....	20	<i>alprazolam xr</i> .....	24
<i>acetaminophen/codeine #4</i> .....	8	AGGRENEX .....	27	ALTABAX .....	10
<i>acetaminophen/codeine oral soln</i> ..	8	<i>a-hydrocort</i> .....	35	<i>altavera</i> .....	37
<i>acetaminophen/codeine</i>		<i>ala cort</i> .....	35	ALVESCO .....	44
<i>phosphate tabs 300mg; 60mg</i> .....	8	ALA SCALP .....	35	<i>amantadine hcl</i> .....	24
<i>acetaminophen/codeine</i>		ALBENZA .....	21	AMBISOME .....	16
<i>tabs 300mg; 15mg</i> .....	8	<i>albuterol</i> .....	45	<i>amcinonide</i> .....	35
<i>acetaminophen/codeine</i>		<i>albuterol sulfate er</i> .....	45	<i>amethia</i> .....	37
<i>tabs 300mg; 60mg</i> .....	8	<i>albuterol sulfate nebu</i> .....	45	<i>amethyst</i> .....	37
<i>acetasol hc</i> .....	44	<i>albuterol sulfate syrup</i> .....	45	<i>amifostine</i> .....	19
<i>acetazolamide</i> .....	30	<i>albuterol sulfate tabs</i> .....	45	<i>amikacin sulfate</i> .....	9
<i>acetazolamide er</i> .....	43	<i>alclometasone dipropionate</i> .....	35	<i>amiloride hcl</i> .....	30
<i>acetazolamide sodium</i> .....	30	ALCOHOL PREP PADS .....	10	<i>amiloride/hydrochlorothiazide</i> .....	30
<i>acetic acid</i> .....	44	ALDURAZYME .....	33	<i>aminocaproic acid</i> .....	27
<i>acetic acid 0.25%</i> .....	35	ALECENSA .....	20	<i>aminophylline</i> .....	45
<i>acetic acid/aluminum acetate</i> .....	44	<i>alendronate sodium</i> .....	42	AMINOSYN .....	46
<i>acetylcysteine inhalation soln</i> .....	45	<i>alfuzosin hcl er</i> .....	35	AMINOSYN 7%/ELECTROLYTES ..	46
<i>acitretin</i> .....	32	ALIMTA .....	18	AMINOSYN 8.5%/	
ACTHIB .....	41	ALINIA .....	21	ELECTROLYTES .....	46
ACTIMMUNE .....	41	<i>allopurinol</i> .....	17	AMINOSYN-HBC .....	46
<i>acyclovir</i> .....	24	<i>almotriptan malate tabs 6.25mg</i> .....	17	AMINOSYN II .....	46
<i>acyclovir sodium inj</i>		<i>almotriptan malate tabs 12.5mg</i> .....	17	AMINOSYN II 8.5%/	
<i>500mg, 50mg/ml</i> .....	24	ALOCRIIL .....	43	ELECTROLYTES .....	46
ADACEL .....	41	ALOMIDE .....	43	AMINOSYN M .....	46
ADAGEN .....	33	ALOPRIM .....	17	AMINOSYN-PF .....	46
		ALORA .....	37	AMINOSYN-PF 7% .....	46
				AMINOSYN-RF .....	46

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amiodarone hcl inj</i> 50mg/ml, 900mg/18ml	28	ANZEMET	16	ASMANEX TWISTHALER 30 METERED DOSES	44
<i>amiodarone hcl tabs</i>	28	ALENZIN	15	ASMANEX TWISTHALER 60 METERED DOSES	44
AMITIZA	34	APOKYN	21	ASMANEX TWISTHALER 120 METERED DOSES	44
<i>amitriptyline hcl</i>	16	<i>apraclonidine</i>	44	<i>aspirin-caffeine-dihydrocodeine</i>	8
<i>amlodipine besylate/ atorvastatin calcium</i>	29	<i>apri</i>	37	<i>aspirin/dipyridamole</i>	27
<i>amlodipine besylate/ benazepril hydrochloride</i>	29	APRISO	42	ASTAGRAF XL	40
<i>amlodipine besylate tabs 2.5mg</i>	29	APTIOM TABS	13	<i>atenolol</i>	28
<i>amlodipine besylate tabs 10mg, 5mg</i>	29	200MG, 400MG, 800MG	13	<i>atenolol/chlorthalidone</i>	28
<i>amlodipine besylate/valsartan</i>	29	APTIOM TABS 600MG	13	ATGAM	41
<i>amlodipine/valsartan/hctz</i>	29	APTIVUS	24	<i>atorvastatin calcium</i>	30
<i>ammonium chloride</i>	46	ARALAST NP INJ 500MG	45	<i>atovaquone</i>	21
<i>ammonium lactate</i>	32	<i>aranelle</i>	37	<i>atovaquone/proguanil hcl</i>	21
<i>amoxapine</i>	16	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	27	ATRIPLA	24
<i>amoxicillin</i>	12	ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	27	<i>atropine sulfate inj</i> 0.05mg/ml, 0.1mg/ml, 0.4mg/ml, 0.8mg/ml, 1mg/ml	33
<i>amoxicillin/clavulanate potassium</i>	12	ARCALYST	41	<i>atropine sulfate oint</i>	43
<i>amphetamine/ dextroamphetamine cp24</i>	31	ARCAPTA NEOHALER	45	<i>atropine sulfate ophthalmic soln</i>	43
<i>amphetamine/ dextroamphetamine tabs</i>	31	ARESTIN	32	AUBAGIO	31
<i>amphotericin b</i>	16	<i>aripiprazole odt</i>	22	<i>abra</i>	37
<i>ampicillin</i>	12	<i>aripiprazole oral soln</i>	22	<i>augmented betamethasone dipropionate</i>	35
<i>ampicillin sodium inj</i> 10gm, 1gm, 2gm	12	<i>aripiprazole tabs</i>	22	<i>aurodex</i>	44
<i>ampicillin sodium inj</i> 125mg, 250mg, 500mg	12	ARISTADA INJ 441MG/1.6ML	22	AURYXIA	35
<i>ampicillin-sulbactam</i>	12	ARISTADA INJ 662MG/2.4ML	22	AVANDIA	25
AMPYRA	31	ARISTADA INJ 882MG/3.2ML	22	AVASTIN	20
ANADROL-50	36	<i>armodafinil</i>	46	AVELOX INJ	13
<i>anagrelide hydrochloride</i>	27	ARRANON	18	<i>aviane</i>	37
<i>anaspaz</i>	33	ASACOL HD	42	AVODART	35
<i>anastrozole</i>	20	<i>ascomp/codeine</i>	8	AVONEX	31
ANDRODERM	36	<i>ashlyna</i>	37	AVONEX PEN	31
ANDROGEL	36	ASMANEX HFA	44	AXERT TABS 6.25MG	17
ANDROGEL PUMP GEL 1.62%	36	ASMANEX TWISTHALER 7 METERED DOSES	44	AXERT TABS 12.5MG	17
ANDROXY	36	ASMANEX TWISTHALER 14 METERED DOSES	44	<i>azacitidine</i>	19
ANGELIQ	37			AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	12
<i>antipyrine/benzocaine otic soln</i> 54mg/ml; 14mg/ml	44			AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	12



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
AZACTAM INJ 1GM	12	BENICAR	27	<i>briellyn</i>	37
AZACTAM INJ 2GM	12	BENICAR HCT	27	BRILINTA	27
AZASITE	12	BENLYSTA	40	<i>brimonidine tartrate</i>	44
<i>azathioprine</i>	40	BENSAL HP	16	BRIVIACT INJ	13
<i>azelastine hcl</i>	43	BENZAMYCINPAK	32	BRIVIACT ORAL SOLN	13
<i>azelastine hcl</i>	44	<i>benztropine mesylate inj</i>	21	BRIVIACT TABS	
AZELEX	32	<i>benztropine mesylate tabs</i>	21	10MG, 25MG, 50MG, 75MG	13
AZILECT	21	BERINERT	40	BRIVIACT TABS 100MG	13
<i>azithromycin inj</i>	12	BESIVANCE	13	<i>bromfenac</i>	43
<i>azithromycin pack</i>	12	<i>betamethasone dipropionate</i>	35	<i>bromocriptine mesylate</i>	21
<i>azithromycin susr</i>	12	<i>betamethasone sodium phosphate/ betamethasone acetate</i>	35	BROVANA	45
<i>azithromycin tabs</i>	12	<i>betamethasone valerate</i>	35	<i>budesonide cpep</i>	42
AZOPT	44	<i>betaxolol hcl</i>	28	<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	44
<i>aztreonam</i>	12	<i>betaxolol hcl</i>	44	<i>bumetanide</i>	30
<i>azuphen mb</i>	34	<i>bethanechol chloride</i>	35	BUPHENYL TABS	33
<i>azurette</i>	37	BETHKIS	45	<i>buprenorphine hcl inj</i>	9
<b>B</b>		BETIMOL	44	<i>buprenorphine hcl/naloxone hcl</i>	9
<i>baciiim</i>	10	BETOPTIC-S	44	<i>buprenorphine hcl subl</i>	9
<i>bacitracin inj</i>	10	<i>bexarotene</i>	20	<i>bupropion hcl</i>	15
<i>bacitracin ophthalmic oint</i>	10	BEXSERO	41	<i>bupropion hcl er tb12 100mg</i>	15
<i>bacitracin/polymyxin b</i>	10	<i>bicalutamide</i>	18	<i>bupropion hcl er tb12 150mg</i>	15
<i>baclofen tabs</i>	23	BICILLIN C-R	12	<i>bupropion hcl sr tb12</i>	
<i>bactocill in dextrose</i>	12	BICILLIN L-A	12	100mg, 200mg	15
<i>balsalazide disodium</i>	42	BICNU	18	<i>bupropion hcl sr tb12 150mg</i>	9
<i>balziva</i>	37	BIDIL	31	<i>bupropion hcl sr tb12 150mg</i>	15
BANZEL SUSP	14	<i>bimatoprost</i>	43	<i>bupropion hcl xl tb24 150mg</i>	15
BANZEL TABS 200MG	14	<i>bisoprolol fumarate</i>	28	<i>bupropion hcl xl tb24 300mg</i>	15
BANZEL TABS 400MG	14	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	28	<i>buspirone hcl</i>	24
BARACLUDGE ORAL SOLN	23	BIVIGAM	41	BUSULFEX	18
BCG VACCINE	41	<i>bleomycin sulfate</i>	19	<i>butalbital/acetaminophen</i>	7
BD SAFETYGLIDE 27G X 5/8"	42	BLEPHAMIDE	13	<i>butalbital/acetaminophen/ caffeine caps</i>	7
<i>bekyree</i>	37	BLEPHAMIDE S.O.P.	13	<i>butalbital/acetaminophen/ caffeine tabs 325mg; 50mg; 40mg</i>	7
BELEODAQ	19	<i>blisovi fe 1.5/30</i>	37	<i>butalbital/aspirin/caffeine</i>	7
<i>belladonna alkaloids &amp; opium</i>	33	<i>blisovi fe 1/20</i>	37	<i>butalbital/aspirin/caffeine/codeine</i>	8
<i>belladonna &amp; opium</i>	33	BOOSTRIX	41	<i>butorphanol tartrate inj</i>	8
<i>benazepril hcl</i>	28	BOSULIF	20	<i>butorphanol tartrate nasal soln</i>	8
<i>benazepril hcl/hydrochlorothiazide</i>	28	BOTOX	42	BUTRANS	7
BENDEKA	18	<i>bpo</i>	32	BYDUREON	25



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
BYDUREON PEN	25	<i>carbamazepine</i>	14	<i>ceftriaxone in iso-osmotic dextrose</i>	11
BYETTA	25	<i>carbamazepine er</i>	14	<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	11
BYSTOLIC TABS 2.5MG, 5MG	28	<i>carbidopa</i>	21	<i>cefuroxime axetil</i>	11
BYSTOLIC TABS 10MG	28	<i>carbidopa/levodopa</i>	21	<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg, 75gm</i>	11
BYSTOLIC TABS 20MG	28	<i>carbidopa/levodopa/entacapone</i>	21	<i>celecoxib</i>	7
BYVALSON	28	<i>carbidopa/levodopa er</i>	21	CELLCEPT CAPS	40
<b>C</b>		<i>carbidopa/levodopa odt</i>	21	CELLCEPT INTRAVENOUS	40
<i>cabergoline</i>	40	<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	19	CELLCEPT SUSR	40
CABOMETYX TABS 20MG, 60MG	20	CARDENE IV	29	CELLCEPT TABS	40
CABOMETYX TABS 40MG	20	CARIMUNE NANOFILTERED	41	CELONTIN	13
CAFERGOT	17	<i>carteolol hcl</i>	44	<i>cephalexin</i>	11
<i>calcipotriene</i>	32	<i>cartia xt</i>	29	CEREZYME	33
<i>calcitonin-salmon</i>	42	<i>carvedilol</i>	29	CERVARIX	41
<i>calcitrene</i>	32	CAYSTON	45	CESAMET	16
<i>calcitriol caps</i>	42	<i>caziant</i>	37	<i>cevimeline hcl</i>	32
<i>calcitriol inj</i>	42	CEDAX CAPS	11	CHANTIX	9
<i>calcitriol oral soln</i>	42	<i>cefaclor</i>	11	CHANTIX CONTINUING MONTH PAK	9
<i>calcium acetate caps</i>	35	<i>cefaclor er</i>	11	CHANTIX STARTING MONTH PAK	9
<i>calcium acetate tabs 667mg</i>	35	<i>cefadroxil</i>	11	<i>chateal</i>	37
<i>calcium chloride</i>	46	<i>cefazolin</i>	11	CHEMET	46
<i>calcium gluconate inj</i>	46	<i>cefazolin sodium</i>	11	CHENODAL	33
CAMBIA	7	<i>cefazolin sodium/dextrose</i>	11	<i>chloramphenicol sodium succinate</i>	10
<i>camila</i>	39	<i>cefdinir</i>	11	<i>chlorhexidine gluconate mouth/throat soln</i>	32
<i>camrese</i>	37	<i>cefditoren pivoxil</i>	11	<i>chloroquine phosphate</i>	21
<i>camrese lo</i>	37	<i>cefepime</i>	11	<i>chlorothiazide</i>	30
CANASA	42	<i>cefepime/dextrose</i>	11	<i>chlorothiazide sodium</i>	30
CANCIDAS	16	<i>cefixime</i>	11	<i>chlorpromazine hcl inj 50mg/2ml</i>	21
<i>candesartan cilexetil</i>	27	<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	11	<i>chlorpromazine hcl tabs</i>	21
<i>candesartan cilexetil/ hydrochlorothiazide</i>	27	<i>cefotetan</i>	12	<i>chlorthalidone tabs 25mg, 50mg</i>	30
CAPASTAT SULFATE	18	<i>cefotetan/dextrose</i>	11	<i>cholestyramine</i>	30
CAPITAL/CODEINE	8	<i>cefoxitin sodium</i>	11	<i>cholestyramine light</i>	30
CAPRELSA	20	<i>cefpodoxime proxetil</i>	11	<i>choline magnesium trisalicylate liqd</i>	7
<i>captopril</i>	28	<i>cefprozil</i>	11	CIALIS TABS 2.5MG, 5MG	35
<i>captopril/hydrochlorothiazide</i>	28	<i>ceftazidime</i>	11	<i>ciclodan</i>	16
CARAC	32	<i>ceftazidime/dextrose</i>	11	<i>ciclopirox</i>	16
CARAFATE SUSP	34	<i>ceftibuten</i>	11	<i>ciclopirox nail lacquer</i>	16
CARBAGLU	46	CEFTIN SUSR	11		
		<i>ceftriaxone/dextrose</i>	11		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>ciclopirox olamine</i> .....	16	<i>clindamycin phosphate foam</i> .....	10	CLOLAR.....	18
<i>ciclopirox treatment</i> .....	16	<i>clindamycin phosphate gel</i> .....	10	<i>clomipramine hcl</i> .....	16
<i>cidofovir</i> .....	23	<i>clindamycin phosphate in d5w</i> .....	10	<i>clonazepam odt tbdp 0.125mg,</i> <i>0.25mg, 0.5mg, 1mg</i> .....	14
<i>cilostazol</i> .....	27	<i>clindamycin phosphate inj</i> <i>300mg/2ml, 600mg/4ml,</i> <i>900mg/6ml</i> .....	10	<i>clonazepam odt tbdp 2mg</i> .....	14
CILOXAN OINT .....	13	<i>clindamycin phosphate lotn</i> .....	10	<i>clonazepam tabs 0.5mg, 1mg</i> .....	14
<i>cimetidine</i> .....	34	<i>clindamycin phosphate</i> <i>pharmacy bulk package</i> .....	10	<i>clonidine hcl er</i> .....	31
<i>cimetidine hcl</i> .....	34	<i>clindamycin phosphate swab</i> .....	10	<i>clonidine hcl ptwk</i> <i>0.1mg/24hr, 0.2mg/24hr</i> .....	27
CINRYZE .....	40	<i>clindamycin phosphate/tretinoin</i> .....	32	<i>clonidine hcl ptwk 0.3mg/24hr</i> .....	27
CIPRODEX .....	13	CLINDESSE .....	10	<i>clonidine hcl tabs</i> .....	27
<i>ciprofloxacin er</i> .....	13	CLINIMIX 2.75%/DEXTROSE 5% .....	46	<i>clopidogrel tabs 75mg</i> .....	27
<i>ciprofloxacin hcl</i> .....	13	CLINIMIX 4.25%/DEXTROSE 5% .....	46	<i>clopidogrel tabs 300mg</i> .....	27
<i>ciprofloxacin inj 400mg/40ml</i> .....	13	CLINIMIX 4.25%/DEXTROSE 10% .....	46	<i>clorazepate dipotassium</i> <i>tabs 3.75mg, 7.5mg</i> .....	24
<i>ciprofloxacin i.v.-in d5w</i> .....	13	CLINIMIX 4.25%/DEXTROSE 20% .....	46	<i>clorazepate dipotassium</i> <i>tabs 15mg</i> .....	24
<i>ciprofloxacin susr</i> .....	13	CLINIMIX 4.25%/DEXTROSE 25% .....	46	<i>clorpres</i> .....	27
CIPRO HC.....	13	CLINIMIX 5%/DEXTROSE 15% .....	46	<i>clotrimazole/betamethasone</i> <i>dipropionate</i> .....	16
<i>cisplatin</i> .....	19	CLINIMIX 5%/DEXTROSE 20% .....	46	<i>clotrimazole external crea</i> .....	16
<i>citalopram hydrobromide oral soln</i> .....	15	CLINIMIX 5%/DEXTROSE 25% .....	46	<i>clotrimazole external soln</i> .....	16
<i>citalopram hydrobromide</i> <i>tabs 10mg, 20mg</i> .....	15	CLINIMIX E 2.75%/ DEXTROSE 5%.....	47	<i>clotrimazole troc</i> .....	16
<i>citalopram hydrobromide</i> <i>tabs 40mg</i> .....	15	CLINIMIX E 2.75%/ DEXTROSE 10%.....	46	<i>clozapine</i> .....	22
<i>citric acid/sodium citrate</i> .....	46	CLINIMIX E 4.25%/ DEXTROSE 5%.....	47	<i>clozapine odt</i> .....	22
<i>cladribine</i> .....	18	CLINIMIX E 4.25%/ DEXTROSE 10%.....	47	COARTEM.....	21
<i>claravis</i> .....	32	CLINIMIX E 5%/DEXTROSE 15% .....	47	<i>codeine sulfate tabs 15mg</i> .....	8
CLARINEX-D 12 HOUR.....	44	CLINIMIX E 5%/DEXTROSE 20% .....	47	<i>codeine sulfate tabs 30mg</i> .....	8
<i>clarithromycin</i> .....	12	CLINIMIX E 5%/DEXTROSE 25% .....	47	<i>codeine sulfate tabs 60mg</i> .....	8
<i>clarithromycin er</i> .....	12	CLINISOL SF 15% .....	47	<i>colchicine</i> .....	17
CLEOCIN SUPP .....	10	<i>clinpro 5000</i> .....	47	COLCRYS .....	17
CLIMARA PRO.....	37	<i>clobetasol propionate</i> .....	35	<i>colestipol hcl</i> .....	30
<i>clindacin etz pledgets</i> .....	10	<i>clobetasol propionate e</i> .....	35	<i>colistimethate sodium</i> .....	10
<i>clindacin-p</i> .....	10	<i>clobetasol propionate</i> <i>emollient foam</i> .....	35	<i>colocort</i> .....	42
<i>clindamax</i> .....	10	<i>clocortolone pivalate</i> .....	35	COLY-MYCIN S .....	44
<i>clindamycin/benzoyl peroxide</i> .....	32	<i>clocortolone pivalate pump</i> .....	35	COMBIGAN.....	43
<i>clindamycin hcl</i> .....	10	<i>clodan</i> .....	35	COMBIPATCH .....	37
<i>clindamycin palmitate hcl</i> .....	10			COMBIVENT RESPIMAT .....	44
<i>clindamycin phosphate</i> <i>add-vantage</i> .....	10			COMETRIQ.....	20
<i>clindamycin phosphate crea</i> .....	10			COMPLERA .....	23
<i>clindamycin phosphate</i> <i>external soln</i> .....	10				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>compro</i> .....	21	CYSTADANE .....	33	<i>desloratadine odt</i> .....	44
CONDYLOX GEL .....	32	CYSTAGON .....	33	<i>desmopressin acetate</i> .....	36
<i>constulose</i> .....	34	CYSTARAN .....	43	<i>desogestrel/ethinyl estradiol</i> .....	37
COPAXONE INJ 40MG/ML .....	31	<i>cytarabine aqueous</i> .....	18	DESONATE .....	35
CORDRAN TAPE .....	35	<i>cytarabine inj 100mg/ml</i> .....	18	<i>desonide</i> .....	35
COREG CR .....	29	<i>cytra-2</i> .....	47	<i>desoximetasone</i> .....	35
<i>cormax scalp application</i> .....	35	<i>cytra-3</i> .....	47	<i>dexamethasone</i> .....	35
CORTIFOAM .....	35	<i>cytra-k</i> .....	47	<i>dexamethasone intensol</i> .....	35
<i>cortisone acetate</i> .....	35	<i>cytra k crystals</i> .....	47	<i>dexamethasone sodium phosphate</i> ..	35
CORTISPORIN CREA .....	10			<i>dexamethasone sodium phosphate</i> ..	43
CORTISPORIN OINT .....	10	<b>D</b>		DEXILANT .....	34
COSMEGEN .....	19	<i>dacarbazine</i> .....	18	<i>dexmethylphenidate hcl</i> .....	31
COTELIC .....	20	DALIRESP .....	45	<i>dexrazoxane</i> .....	19
COUMADIN .....	26	<i>danazol</i> .....	36	<i>dextroamphetamine sulfate</i> .....	31
CREON .....	33	<i>dantrolene sodium</i> .....	23	<i>dextroamphetamine sulfate er</i> .....	31
CRESTOR .....	30	<i>dapsone</i> .....	18	DEXTROSE 2.5%/NACL 0.45% .....	47
CRIXIVAN .....	24	DAPTACEL .....	41	<i>dextrose 5%</i> .....	47
<i>cromolyn sodium conc</i> .....	33	<i>daptomycin</i> .....	10	DEXTROSE5% /	
<i>cromolyn sodium nebu</i> .....	45	DARAPRIM .....	21	ELECTROLYTE #48 VIAFLEX .....	47
<i>cromolyn sodium ophthalmic soln</i> ..	43	DARZALEX .....	20	DEXTROSE 5%/	
<i>cryselle-28</i> .....	37	<i>daunorubicin hcl</i> .....	19	LACTATED RINGERS .....	47
CUBICIN .....	10	<i>daysee</i> .....	37	DEXTROSE 5%/NACL 0.2% .....	47
CUPRIMINE .....	46	DAYTRANA .....	31	DEXTROSE 5%/NACL 0.3% .....	47
CURITY GAUZE PADS 2"X2" .....	32	<i>deblitane</i> .....	39	DEXTROSE 5%/NACL 0.9% .....	47
CUVPOSA .....	33	<i>decitabine</i> .....	19	DEXTROSE 5%/NACL 0.33% .....	47
<i>cyclafem 1/35</i> .....	37	<i>delyla</i> .....	37	DEXTROSE 5%/NACL 0.45% .....	47
<i>cyclafem 7/7/7</i> .....	37	<i>demeclocycline hcl</i> .....	13	DEXTROSE 5%/NACL 0.225% .....	47
<i>cyclobenzaprine hcl</i>		DENAVIR .....	29	DEXTROSE 5%/	
<i>tabs 10mg, 5mg</i> .....	46	DEMSEER .....	29	POTASSIUM CHLORIDE 0.15% .....	47
CYCLOGYL		DENAVIR .....	24	<i>dextrose 10%</i> .....	47
OPHTHALMIC SOLN 0.5% .....	43	<i>denta 5000 plus</i> .....	47	DEXTROSE 10%/NACL 0.2% .....	47
CYCLOMYDRIL .....	43	<i>dentagel</i> .....	47	DEXTROSE10%/NACL 0.45% .....	47
<i>cyclopentolate hcl</i> .....	43	DEPEN TITRATABS .....	46	<i>dextrose 20%</i> .....	47
<i>cyclopentolate hydrochloride</i> .....	43	DEPO-ESTRADIOL .....	37	<i>dextrose 25%</i> .....	47
<i>cyclophosphamide</i> .....	18	DEPO-MEDROL INJ 20MG/ML .....	35	<i>dextrose 30%</i> .....	47
<i>cycloserine</i> .....	18	DEPO-PROVERA .....	39	<i>dextrose 40%</i> .....	47
<i>cyclosporine</i> .....	40	DEPO-SUBQ PROVERA 104 .....	39	<i>dextrose 50%</i> .....	47
<i>cyclosporine modified</i> .....	40	DESCOVY .....	24	<i>dextrose 70%</i> .....	47
CYRAMZA .....	20	<i>desipramine hcl</i> .....	16	<i>diazepam conc</i> .....	25
<i>cyred</i> .....	37	<i>desloratadine</i> .....	44	<i>diazepam gel</i> .....	14

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>diazepam inj</i> .....	25	<i>diltiazem hcl inj</i>		<i>doxycycline hyclate dr tbec</i>	
<i>diazepam intensol</i> .....	25	100mg, 125mg/25ml,		100mg, 150mg, 75mg .....	13
<i>diazepam oral soln</i> .....	25	25mg/5ml, 50mg/10ml .....	29	<i>doxycycline monohydrate</i> .....	13
<i>diazepam tabs</i> .....	25	<i>diltiazem hcl tabs</i> .....	29	DRITHO-CREME HP .....	32
DIBENZYLINE .....	27	<i>dilt-xr</i> .....	29	<i>dronabinol</i> .....	16
<i>diclofenac potassium</i> .....	7	<i>dimenhydrinate inj</i> .....	16	<i>droperidol</i> .....	16
<i>diclofenac sodium dr.</i> .....	7	DIPENTUM .....	42	<i>drosiprenone/ethinyl estradiol</i> .....	37
<i>diclofenac sodium er.</i> .....	7	<i>diphenhydramine hcl inj</i> .....	44	DROXIA .....	18
<i>diclofenac sodium gel 3%</i> .....	32	<i>diphenoxylate/atropine</i> .....	33	<i>duloxetine hcl cpep 20mg, 60mg</i> ...	15
<i>diclofenac sodium/misoprostol.</i> .....	7	DIPHThERIA/TETANUS TOXOIDS		<i>duloxetine hcl cpep 30mg</i> .....	15
<i>diclofenac sodium ophthalmic soln.</i> ..	43	ADSORBED PEDIATRIC .....	41	DURAMORPH .....	7
<i>dicloxacillin sodium</i> .....	12	<i>disulfiram</i> .....	9	DUREZOL .....	43
<i>dicyclomine hcl caps</i> .....	33	DIURIL .....	30	<i>dutasteride</i> .....	35
<i>dicyclomine hcl oral soln</i> .....	33	<i>divalproex sodium</i> .....	14	<i>dutasteride/tamsulosin</i>	
<i>dicyclomine hcl tabs</i> .....	33	<i>divalproex sodium dr.</i> .....	14	<i>hydrochloride.</i> .....	35
<i>didanosine</i> .....	24	<i>divalproex sodium er.</i> .....	14	DUTOPROL .....	29
DIFFERIN LOTN .....	32	DIVIGEL GEL		DYMISTA .....	44
DIFICID .....	12	0.25MG/0.25GM, 0.5MG/0.5GM ...	37	DYRENIUM .....	30
<i>diflorasone diacetate</i> .....	36	DOCEFREZ INJ 20MG .....	19	DYSPORT .....	42
<i>diflunisal</i> .....	7	<i>docetaxel</i> .....	19	<b>E</b>	
<i>digitek tabs 0.25mg</i> .....	29	<i>dofetilide</i> .....	28	<i>econazole nitrate</i> .....	16
<i>digitek tabs 0.125mg</i> .....	29	<i>donepezil hcl tabs 10mg</i> .....	14	EDECRIN .....	30
<i>digoxin inj</i> .....	29	<i>donepezil hcl tabs 23mg, 5mg</i> .....	14	<i>ed-spaz</i> .....	33
<i>digoxin oral soln</i> .....	29	<i>donepezil hcl tbdp 5mg</i> .....	14	EDURANT .....	23
<i>digoxin tabs 125mcg</i> .....	29	<i>donepezil hcl tbdp 10mg</i> .....	14	<i>e.e.s. 400</i> .....	12
<i>digoxin tabs 250mcg</i> .....	29	DORIBAX .....	12	E.E.S. GRANULES .....	12
<i>digox tabs 125mcg</i> .....	29	<i>dorzolamide hcl</i> .....	44	<i>effe-k tbec 25meq</i> .....	47
<i>digox tabs 250mcg</i> .....	29	<i>dorzolamide hcl/timolol maleate</i> ...	44	<i>effervescent pot chloride</i> .....	47
<i>dihydroergotamine mesylate inj.</i> ....	17	<i>doxazosin</i> .....	35	EFFIENT TABS 5MG .....	27
<i>dihydroergotamine mesylate</i>		<i>doxazosin mesylate tabs</i>		EFFIENT TABS 10MG .....	27
<i>nasal soln</i> .....	17	1mg, 2mg, 8mg .....	35	EGRIFTA INJ 1MG .....	36
DILANTIN .....	14	<i>doxepin hcl.</i> .....	16	ELAPRASE .....	33
DILANTIN-125 .....	14	<i>doxepin hydrochloride</i> .....	32	ELELYSO .....	33
DILANTIN INFATABS .....	14	<i>doxercalciferol.</i> .....	42	ELIDEL .....	32
<i>diltiazem cd cp24</i>		<i>doxorubicin hcl</i> .....	19	ELIGARD INJ 7.5MG .....	40
180mg, 240mg, 300mg .....	29	<i>doxorubicin hcl liposome</i> .....	19	ELIGARD INJ 22.5MG .....	40
<i>diltiazem hcl cd.</i> .....	29	<i>doxy 100.</i> .....	13	ELIGARD INJ 30MG .....	40
<i>diltiazem hcl er.</i> .....	29	<i>doxycycline caps 150mg, 75mg</i> ...	13	ELIGARD INJ 45MG .....	40
		<i>doxycycline cpdr</i> .....	32	ELIQUIS TABS 2.5MG .....	26
		<i>doxycycline hyclate</i> .....	13		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ELIQUIS TABS 5MG	26	<i>epinephrine</i>	45	<i>estradiol/norethindrone acetate</i>	37
ELITEK	18	<i>epinephrine hcl</i>	45	<i>estradiol pttw</i>	37
ELIXOPHYLLIN	45	EPIPEN 2-PAK	45	<i>estradiol ptwk</i>	37
ELMIRON	35	EPIPEN-JR 2-PAK	45	<i>estradiol tabs</i>	37
EMADINE	43	<i>epirubicin hcl inj</i>		ESTRING	37
EMCYT	18	200mg/100ml, 50mg/25ml	19	ESTROGEL	37
EMEND CAPS	16	<i>epitol</i>	14	<i>estropipate</i>	37
EMEND CAPS 40MG	16	EPIVIR HBV ORAL SOLN	23	<i>ethacrynate sodium</i>	30
EMEND CAPS 80MG	16	<i>eplerenone</i>	30	<i>ethacrynic acid</i>	30
EMEND CAPS 125MG	16	EPOGEN	27	<i>ethambutol hcl</i>	18
EMEND SUSR	16	<i>eprosartan mesylate</i>	27	<i>ethosuximide</i>	14
<i>emoquette</i>	37	EPZICOM	24	<i>etidronate disodium</i>	42
EMPLICITI	20	EQUETRO	14	<i>etodolac</i>	7
EMSAM	15	ERAXIS	16	<i>etodolac er</i>	7
EMTRIVA	24	ERBITUX	20	ETOPOPHOS	20
<i>enalaprilat</i>	28	<i>ergoloid mesylates</i>	14	<i>etoposide inj</i>	20
<i>enalapril maleate</i>	28	ERGOMAR	17	EURAX	21
<i>enalapril maleate/ hydrochlorothiazide</i>	28	ERIVEDGE	20	EVOMELA	18
ENBREL	40	<i>errin</i>	39	EVOTAZ	24
ENBREL SURECLICK	40	ERTACZO	16	EXELON PT24	14
<i>endocet</i>	8	ERWINAZE	19	<i>exemestane</i>	20
ENGERIX-B	41	<i>ery</i>	12	EXJADE	46
<i>enoxaparin sodium inj 30mg/0.3ml</i>	26	ERYPED 200	12	EXTAVIA	31
<i>enoxaparin sodium inj 40mg/0.4ml</i>	26	ERYPED 400	12		
<i>enoxaparin sodium inj 60mg/0.6ml</i>	26	ERY-TAB	12	<b>F</b>	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	26	ERYTHROCIN LACTOBIONATE	12	FABRAZYME	33
<i>enoxaparin sodium inj 100mg/ml</i>	26	<i>erythrocin stearate</i>	12	<i>falminal</i>	37
<i>enoxaparin sodium inj 120mg/0.8ml</i>	26	<i>erythromycin</i>	12	<i>famciclovir</i>	24
<i>enoxaparin sodium inj 150mg/ml</i>	26	<i>erythromycin base</i>	12	<i>famotidine inj</i>	34
<i>enoxaparin sodium inj 300mg/3ml</i>	26	<i>erythromycin/benzoyl peroxide</i>	32	<i>famotidine premixed</i>	34
<i>enpresse-28</i>	37	<i>erythromycin ethylsuccinate tabs</i>	12	<i>famotidine susr</i>	34
<i>enskyce</i>	37	ESBRIET	45	<i>famotidine tabs 20mg, 40mg</i>	34
<i>entacapone</i>	21	<i>escitalopram oxalate oral soln</i>	15	FANAPT TABS 1MG, 2MG, 4MG	22
<i>entecavir</i>	23	<i>escitalopram oxalate tabs</i>	15	FANAPT TABS 10MG, 12MG, 6MG, 8MG	22
ENTRESTO	27	<i>esgic caps</i>	7	FANAPT TITRATION PACK	22
<i>enulose</i>	34	<i>esmolol hcl</i>	29	FARESTON	18
ENVARUSUS XR	40	<i>esomeprazole magnesium</i>	34	FARYDAK	20
<i>epinastine hcl</i>	43	<i>esomeprazole sodium</i>	34	FASLODEX	18
		<i>estarylla</i>	37		
		ESTRACE CREA	37		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
FAZACLO TBDP 100MG, 12.5MG, 25MG	22	<i>fluconazole in dextrose</i>	16	<i>fluvoxamine maleate</i>	15
<i>felbamate susp</i>	14	<i>fluconazole in nacl inj 100mg/50ml; 0.9%, 200mg/100ml; 0.9%</i>	16	FML	43
<i>felbamate tabs</i>	14	<i>flucytosine</i>	16	FML FORTE	43
<i>felodipine er</i>	29	<i>fludarabine phosphate</i>	19	FOLOTYN	18
FEM PH	10	<i>fludrocortisone acetate</i>	36	<i>fomepizole</i>	42
FEMRING	37	<i>flunisolide</i>	44	<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	26
<i>fenofibrate caps 50mg</i>	30	<i>fluocinolone acetonide</i>	36	<i>fondaparinux sodium inj 5mg/0.4ml</i>	26
<i>fenofibrate caps 130mg, 150mg, 43mg</i>	30	<i>fluocinolone acetonide</i>	44	<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	26
<i>fenofibrate micronized</i>	30	<i>fluocinolone acetonide body</i>	36	<i>fondaparinux sodium inj 10mg/0.8ml</i>	26
<i>fenofibrate tabs 48mg, 54mg</i>	30	<i>fluocinolone acetonide ear drops</i>	36	FORTAZ INJ 500MG	11
<i>fenofibrate tabs 145mg, 160mg</i>	30	<i>fluocinolone acetonide scalp</i>	36	FORTEO	42
<i>fenofibric acid dr cpdr 45mg</i>	30	<i>fluocinonide</i>	36	FORTICAL	42
<i>fenofibric acid dr cpdr 135mg</i>	30	<i>fluocinonide-e</i>	36	FOSAMAX PLUS D	42
<i>fenoprofen calcium caps 400mg</i>	7	<i>fluor-a-day</i>	47	<i>fosinopril sodium</i>	28
<i>fenoprofen calcium tabs</i>	7	<i>fluoride chew 0.25mg, 1.1mg, 2.2mg</i>	47	<i>fosinopril sodium/ hydrochlorothiazide</i>	28
<i>fantanyl</i>	7	<i>fluoridex daily defense</i>	47	<i>fosphenytoin sodium inj 100mg pe/2ml</i>	14
<i>fantanyl citrate inj 100mcg/2ml</i>	8	<i>fluoridex daily defense sensitivity relief pste</i>	32	FOSRENOL	35
<i>fantanyl citrate oral transmucosal lpop 200mcg</i>	8	<i>fluoritab chew 0.5mg, 1mg</i>	47	FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	26
<i>fantanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	8	<i>fluoritab oral soln</i>	47	FRAGMIN INJ 7500UNIT/0.3ML	26
FERRIPROX	42	<i>fluorometholone</i>	43	FRAGMIN INJ 10000UNIT/ML	26
FETZIMA	15	<i>fluorouracil crea</i>	32	FRAGMIN INJ 12500UNIT/0.5ML	26
FETZIMA TITRATION PACK	15	<i>fluorouracil external soln</i>	32	FRAGMIN INJ 15000UNIT/0.6ML	26
FINACEA	32	<i>fluorouracil inj</i>	18	FRAGMIN INJ 18000UNT/0.72ML	26
<i>finasteride tabs 5mg</i>	35	<i>fluoxetine</i>	15	FRAGMIN INJ 95000UNIT/3.8ML	26
FIRAZYR	40	<i>fluoxetine hcl</i>	15	FREAMINE HBC 6.9%	47
FIRMAGON INJ 80MG	40	<i>fluphenazine decanoate</i>	21	FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	47
FIRMAGON INJ 120MG	40	<i>fluphenazine hcl</i>	21		
FLAGYL ER	10	<i>flura-drops oral soln 0.25mg/drop</i>	47		
FLAREX	43	<i>flurandrenolide crea</i>	36		
<i>flavoxate hcl</i>	34	<i>flurbiprofen</i>	7		
FLEBOGAMMA DIF	41	<i>flurbiprofen sodium</i>	43		
<i>flecainide acetate</i>	28	<i>flutamide</i>	18		
FLOVENT DISKUS	44	<i>fluticasone propionate</i>	36		
FLOVENT HFA	44	<i>fluticasone propionate</i>	44		
<i>floxuridine</i>	18	<i>fluvastatin caps 20mg</i>	30		
<i>fluconazole</i>	16	<i>fluvastatin caps 40mg</i>	30		
		<i>fluvastatin sodium er</i>	30		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
FROVA	17	<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	10	<b>H</b>	
<i>frovatriptan succinate</i>	17	<i>gentamicin sulfate pediatric</i>	10	HALAVEN	19
<i>furosemide</i>	30	GENVOYA	23	<i>halobetasol propionate</i>	36
FUZEON	24	GEODON INJ	22	<i>haloperidol</i>	21
<i>fyavolv</i>	37	<i>gianvi</i>	37	<i>haloperidol decanoate</i>	21
FYCOMPA	13	<i>gildagia</i>	37	<i>haloperidol lactate</i>	21
<b>G</b>		<i>gildess 1.5/30</i>	37	HARVONI	23
<i>gabapentin</i>	14	<i>gildess 24 fe</i>	37	HAVRIX	41
<i>galantamine hydrobromide cp24</i>	14	GILENYA	31	<i>heather</i>	39
<i>galantamine hydrobromide oral soln</i>	14	GILOTRIF	20	<i>heparin sodium/d5w</i>	26
<i>galantamine hydrobromide tabs</i>	14	GLASSIA	45	<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	26
GAMASTAN S/D	41	<i>glatopa</i>	32	<i>heparin sodium/nacl 0.9%</i>	26
GAMMAGARD LIQUID INJ 2.5GM/25ML, 30GM/300ML	41	GLEEVEC	20	<i>heparin sodium/nacl 0.45%</i>	26
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	41	GLEOSTINE	18	<i>heparin sodium/ sodium chloride 0.9%</i>	26
GAMMAKED INJ 1GM/10ML	41	<i>glimepiride</i>	25	<i>heparin sodium/ sodium chloride 0.9% premix</i>	27
GAMMAPLEX	41	<i>glipizide</i>	25	HEPATAMINE	47
GAMUNEX-C	41	<i>glipizide er</i>	25	HERCEPTIN	20
<i>ganciclovir inj</i>	23	<i>glipizide/metformin hcl</i>	25	HETLIOZ	31
GARDASIL	41	<i>glipizide xl</i>	25	HEXALEN	18
GARDASIL 9	41	GLUCAGEN HYPOKIT	25	HIBERIX	41
<i>gatifloxacin</i>	13	GLUCAGON EMERGENCY KIT	25	HIZENTRA	41
GATTEX	34	<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	33	<i>homatropaire</i>	43
<i>gavilyte-c</i>	34	<i>glycopyrrolate tabs</i>	33	HORIZANT	31
<i>gavilyte-g</i>	34	<i>glydo</i>	9	H.P. ACTHAR	36
<i>gavilyte-n/ flavor pack</i>	34	GLYSET	25	HUMALOG	25
GAZYVA	20	GOLYTELY	34	HUMALOG KWIKPEN	25
GELNIQUE	34	GORDONS UREA OINT 40%	32	HUMALOG MIX 50/50	25
<i>gemcitabine</i>	18	<i>granisetron hcl inj</i>	16	HUMALOG MIX 50/50 KWIKPEN	25
<i>gemcitabine hcl</i>	18	<i>granisetron hcl inj</i>	16	HUMALOG MIX 75/25	26
<i>gemfibrozil</i>	30	<i>granisetron hcl tabs</i>	16	HUMALOG MIX 75/25 KWIKPEN	26
<i>generlac</i>	34	GRANIX	27	HUMIRA	40
<i>gengraf</i>	40	<i>griseofulvin microsize</i>	16	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	40
<i>gentak</i>	10	<i>griseofulvin ultramicrosize</i>	16	HUMIRA PEN	40
<i>gentamicin sulfate</i>	10	GUANIDINE HCL	18		
		GYNAZOLE-1	16		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
HUMIRA PEN-CROHNS DISEASESTARTER	40	<i>hydromorphone hcl tabs</i>	8	INTELENCE TABS 25MG	23
HUMIRA PEN-PSORIASIS STARTER	40	<i>hydroxychloroquine sulfate</i>	21	INTELENCE TABS 100MG, 200MG	23
HUMULIN 70/30	26	<i>hydroxyprogesterone caproate</i>	39	INTRALIPID	49
HUMULIN 70/30 KWIKPEN	26	<i>hydroxyurea</i>	18	INTRON A	23
HUMULIN N	26	HYOLEV MB	34	INTRON A W/DILUENT	23
HUMULIN N KWIKPEN	26	<i>hyoscyamine sulfate elix</i>	33	<i>introvale</i>	37
HUMULIN R	26	<i>hyoscyamine sulfate odt</i>	33	INVANZ	12
HUMULIN R U-500 (CONCENTRATED)	26	<i>hyoscyamine sulfate subl</i>	33	INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	22
HUMULIN R U-500 KWIKPEN	26	<i>hyoscyamine sulfate tabs</i>	33	INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	22
<i>hydralazine hcl</i>	31	<i>hyoscyamine sulfate tbdp</i>	33	INVEGA TB24 1.5MG, 3MG	22
<i>hydrochlorothiazide</i>	30	<i>hyosyne</i>	33	INVEGA TB24 6MG	22
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	8	<i>hyperlyte-cr</i>	47	INVEGA TB24 9MG	22
<i>hydrocodone bitartrate/acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	8	<b>I</b>		INVEGA TRINZA	22
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	8	<i>ibandronate sodium</i>	42	INVIRASE CAPS	24
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	8	IBRANCE	19	INVIRASE TABS	24
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	8	<i>ibudone tabs 5mg; 200mg</i>	8	INVOKAMET	25
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	8	<i>ibuprofen lysine</i>	7	INVOKAMET XR	25
<i>hydrocortisone/acetic acid</i>	44	<i>ibuprofen susp</i>	7	INVOKANA	25
<i>hydrocortisone butyrate</i>	36	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	7	IONOSOL-B/DEXTROSE 5%	47
<i>hydrocortisone enem</i>	42	ICLUSIG	20	IONOSOL-MB/DEXTROSE 5%	47
<i>hydrocortisone external crea</i>	36	<i>idarubicin hcl</i>	19	IOPIDINE	
<i>hydrocortisone lotn 2.5%</i>	36	<i>ifosfamide</i>	18	OPHTHALMIC SOLN 1%	44
<i>hydrocortisone oint 1%, 2.5%</i>	36	ILARIS	41	IPOL INACTIVATED IPV	41
<i>hydrocortisone tabs</i>	36	<i>ilotycin</i>	12	<i>ipratropium bromide/albuterol sulfate</i>	45
<i>hydrocortisone valerate</i>	36	<i>imatinib mesylate</i>	20	<i>ipratropium bromide inhalation soln</i>	45
<i>hydromorphone hcl dosette</i>	8	IMBRUVICA	20	<i>ipratropium bromide nasal soln</i>	45
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	8	<i>imipenem/cilastatin</i>	12	<i>irbesartan</i>	27
<i>hydromorphone hcl liqd</i>	8	<i>imipramine hcl</i>	16	<i>irbesartan/hydrochlorothiazide</i>	27
<i>hydromorphone hcl supp</i>	8	<i>imipramine pamoate</i>	16	IRESSA	20
		<i>imiquimod</i>	32	<i>irinotecan</i>	19
		IMOVAX RABIES (H.D.C.V.)	41	ISENTRESS CHEW	23
		<i>indapamide</i>	30	ISENTRESS PACK	23
		INFANRIX	41	ISENTRESS TABS	23
		INFUMORPH 200	7	ISOLYTE-P/DEXTROSE 5%	47
		INFUMORPH 500	7	ISOLYTE-S	48
		INLYTA	20		
		INNOPRAN XL	29		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ISOLYTE-S PH 7.4	48	<i>juleber</i>	37	<i>ketorolac tromethamine inj</i>	
<i>isoniazid</i>	18	<i>junel 1.5/30</i>	37	<i>15mg/ml, 30mg/ml</i>	7
<i>isopto carpine</i>	44	<i>junel 1/20</i>	37	<i>ketorolac tromethamine</i>	
<i>isosorbide dinitrate er</i>	31	<i>junel fe 1.5/30</i>	37	<i>ophthalmic soln</i>	43
<i>isosorbide dinitrate tabs</i>	31	<i>junel fe 1/20</i>	37	<i>ketorolac tromethamine tabs</i>	7
<i>isosorbide mononitrate</i>	31	<i>junel fe 24</i>	38	KEYTRUDA	20
<i>isosorbide mononitrate er</i>	31	JUXTAPID	30	<i>kimidess</i>	38
<i>isotonic gentamicin inj</i>				KINERET	40
<i>0.8mg/ml; 0.9%</i>	10	<b>K</b>		KINRIX	41
<i>isradipine</i>	29	KABIVEN	49	<i>kionex</i>	46
ISTALOL	44	KADCYLA	20	<i>klor-con</i>	48
ISTODAX	19	<i>kaitlib fe</i>	38	KLOR-CON 8	48
ISUPREL	45	KALBITOR	40	KLOR-CON 10	48
<i>itraconazole</i>	16	KALETRA ORAL SOLN	24	<i>klor-con/25</i>	48
<i>ivermectin</i>	21	KALETRA TABS 100MG; 25MG	24	<i>klor-con m10</i>	48
IXEMPRA KIT	19	KALETRA TABS 200MG; 50MG	24	<i>klor-con m15</i>	48
IXIARO	41	KALYDECO	45	<i>klor-con m20</i>	48
<b>J</b>		<i>kariva</i>	38	<i>klor-con sprinkle</i>	48
JADENU	46	KCL 0.3%/D5W/LR IV LAC RING	48	KORLYM	42
JAKAFI	20	KCL 0.3%/D5W/NACL 0.9%	48	K-PHOS	48
JALYN	35	KCL 0.3%/D5W/NACL 0.45%	48	K-PHOS NO 2	48
<i>jantoven</i>	27	KCL 0.15%/D5W/LR	48	KRISTALOSE	34
JANUMET	25	KCL 0.15%/D5W/NACL 0.2%	48	<i>k-sol</i>	48
JANUMET XR TB24		KCL 0.15%/D5W/ NACL 0.3%	48	K-TAB TBCR 10MEQ, 20MEQ	48
1000MG; 50MG, 500MG; 50MG	25	KCL 0.15%/D5W/NACL 0.9%	48	<i>kurvelo</i>	38
JANUMET XR TB24		KCL 0.15%/D5W/NACL 0.45%	48	KUVAN	33
1000MG; 100MG	25	KCL 0.15%/D5W/NACL 0.225%	48	<i>k-vescent tbeif</i>	48
JANUVIA	25	KCL 0.075%/D5W/NACL 0.45%	48	KYNAMRO	30
<i>jencycla</i>	39	<i>k-effervescent</i>	48	<b>L</b>	
JENTADUETO	25	<i>kelnor 1/35</i>	38	<i>labetalol hcl</i>	29
JENTADUETO XR TB24		KENALOG	36	LACRISERT	43
2.5MG; 1000MG	25	KEPIVANCE	32	LACTATED RINGERS	
JENTADUETO XR TB24		KETEK	12	IRRIGATION	42
5MG; 1000MG	25	<i>ketconazole crea</i>	17	LACTATED RINGERS VIAFLEX	48
<i>jevantique lo</i>	37	<i>ketconazole sham</i>	17	<i>lactulose</i>	34
JEVTANA	19	<i>ketconazole tabs</i>	17	<i>lamivudine</i>	23
<i>jinteli</i>	37	<i>ketoprofen</i>	7	<i>lamivudine</i>	24
<i>jolessa</i>	37	<i>ketoprofen er</i>	7	<i>lamivudine/zidovudine</i>	24
<i>jolivette</i>	39			<i>lamotrigine</i>	14

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>lamotrigine er</i> .....	14	LEVEMIR FLEXTOUCH .....	26	LINCOCIN .....	10
<i>lamotrigine odt</i> .....	14	<i>levetiracetam</i> .....	13	<i>lincomycin hcl</i> .....	10
LANOXIN PEDIATRIC .....	29	<i>levetiracetam er</i> .....	13	<i>lindane</i> .....	21
LANOXIN TABS 62.5MCG .....	29	<i>levobunolol hcl</i> .....	44	<i>linezolid inj 600mg/300ml</i> .....	10
LANOXIN TABS 187.5MCG .....	29	<i>levocarnitine</i> .....	42	<i>linezolid susr</i> .....	10
<i>lansoprazole</i> .....	34	<i>levocetirizine dihydrochloride</i>		<i>linezolid tabs</i> .....	10
<i>lansoprazole/amoxicillin/</i>		<i>oral soln</i> .....	44	LINZESS .....	34
<i>clarithromycin</i> .....	10	<i>levocetirizine dihydrochloride tabs</i> ..	44	<i>liothyronine sodium</i> .....	39
LANTUS .....	26	<i>levofloxacin in d5w</i> .....	13	<i>lisinopril</i> .....	28
LANTUS SOLOSTAR .....	26	<i>levofloxacin inj</i> .....	13	<i>lisinopril/hydrochlorothiazide</i> .....	28
<i>larin 1.5/30</i> .....	38	<i>levofloxacin ophthalmic soln</i> .....	13	<i>lithium</i> .....	25
<i>larin 1/20</i> .....	38	<i>levofloxacin oral soln</i> .....	13	<i>lithium carbonate</i> .....	25
<i>larin fe 1.5/30</i> .....	38	<i>levofloxacin tabs</i> .....	13	<i>lithium carbonate er</i> .....	25
<i>larin fe 1/20</i> .....	38	<i>levoleucovorin calcium</i> .....	19	LITHOSTAT .....	35
<i>larissia</i> .....	38	<i>levoleucovorin inj 250mg/25ml</i> .....	19	<i>lokara</i> .....	36
<i>latanoprost</i> .....	43	<i>levonest</i> .....	38	<i>lomedina 24 fe</i> .....	38
<i>latrix</i> .....	32	<i>levonorgestrel and</i>		LONSURF TABS 6.14MG; 15MG ..	19
LATUDA TABS 80MG .....	22	<i>ethinyl estradiol</i> .....	38	LONSURF TABS 8.19MG; 20MG ..	19
LATUDA TABS		<i>levonorgestrel/ethinyl estradiol</i> .....	38	<i>loperamide hcl caps</i> .....	34
120MG, 20MG, 40MG, 60MG .....	22	<i>levora 0.15/30-28</i> .....	38	<i>lopreeza</i> .....	38
<i>layolis fe</i> .....	38	<i>levorphanol tartrate</i> .....	7	<i>lorazepam conc</i> .....	25
LAZANDA .....	8	<i>levothyroxine sodium inj</i> .....	39	<i>lorazepam inj</i>	
<i>leflunomide</i> .....	41	<i>levothyroxine sodium tabs</i> .....	39	<i>20mg/10ml, 2mg/ml, 4mg/ml</i> .....	25
LENVIMA 8 MG DAILY DOSE .....	20	LEVOXYL .....	39	<i>lorazepam intensol</i> .....	25
LENVIMA 10 MG DAILY DOSE .....	20	LEVULAN KERASTICK .....	32	<i>lorazepam tabs</i> .....	25
LENVIMA 14 MG DAILY DOSE .....	20	LEXIVA SUSP .....	24	<i>lorcet</i> .....	8
LENVIMA 18 MG DAILY DOSE .....	20	LEXIVA TABS .....	24	<i>lorcet hd</i> .....	8
LENVIMA 20 MG DAILY DOSE .....	20	LIALDA .....	42	<i>lorcet plus tabs 325mg; 7.5mg</i> .....	8
LENVIMA 24 MG DAILY DOSE .....	20	<i>lidocaine hcl external soln</i> .....	9	<i>lortab tabs</i> .....	8
LESCOL XL .....	30	<i>lidocaine hcl gel</i> .....	9	<i>loryna</i> .....	38
<i>lessina</i> .....	38	<i>lidocaine hcl inj</i>		<i>losartan potassium/</i>	
LETAIRIS .....	45	<i>0.5%, 1%, 1.5%, 2%, 4%</i> .....	9	<i>hydrochlorothiazide tabs</i>	
<i>letrozole</i> .....	20	<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i> ..	28	<i>12.5mg; 50mg</i> .....	28
<i>leucovorin calcium</i> .....	19	<i>lidocaine hcl jelly</i> .....	9	<i>losartan potassium/</i>	
LEUKERAN .....	18	<i>lidocaine hcl mouth/throat soln</i> .....	9	<i>hydrochlorothiazide tabs</i>	
LEUKINE INJ 250MCG .....	27	<i>lidocaine hcl viscous</i> .....	9	<i>12.5mg; 100mg, 25mg; 100mg</i> .....	28
<i>leuprolide acetate</i> .....	40	<i>lidocaine oint</i> .....	9	<i>losartan potassium tabs 25mg</i> .....	28
<i>levalbuterol</i> .....	45	<i>lidocaine/prilocaine crea</i> .....	9	<i>losartan potassium tabs 50mg</i> .....	28
<i>levalbuterol hcl</i> .....	45	<i>lidocaine ptch</i> .....	9	<i>losartan potassium tabs 100mg</i> .....	27
LEVEMIR .....	26	<i>lidocaine viscous</i> .....	9	LOTEMAX .....	43
				<i>lovastatin tabs 10mg, 20mg</i> .....	30



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>lovastatin tabs 40mg</i> .....	30	MEKINIST .....	20	<i>methimazole</i> .....	40
<i>low-ogestrel</i> .....	38	<i>meloxicam</i> .....	7	<i>methitest</i> .....	36
<i>loxapine succinate</i> .....	21	<i>melphalan hydrochloride</i> .....	18	<i>methotrexate</i> .....	40
<i>ludent</i> .....	48	<i>memantine hcl tabs 5mg</i> .....	15	<i>methotrexate sodium inj</i> <i>1gm, 1gm/40ml, 250mg/10ml</i> .....	40
LUMIGAN .....	43	<i>memantine hcl tabs 10mg</i> .....	15	<i>methoxsalen</i> .....	32
LUMIZYME .....	33	<i>memantine hcl titration pak</i> .....	15	<i>methscopolamine bromide</i> .....	33
LUPRON DEPOT .....	40	<i>memantine hydrochloride</i> .....	15	<i>methyclothiazide</i> .....	30
LUPRON DEPOT-PED .....	40	MENACTRA .....	41	<i>methylergonovine maleate</i> .....	42
<i>lutera</i> .....	38	MENEST .....	38	METHYLIN CHEW .....	31
LYNPARZA .....	19	MENHIBRIX .....	41	<i>methylphenidate hcl</i> .....	31
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG .....	14	MENOMUNE-A/C/Y/W-135 .....	41	<i>methylphenidate hcl cd</i> .....	31
LYRICA CAPS 225MG, 300MG .....	14	MENOSTAR .....	38	<i>methylphenidate hcl er cp24</i> <i>20mg, 40mg</i> .....	31
LYRICA ORAL SOLN .....	14	MENVEO .....	41	<i>methylphenidate hcl er tb24</i> .....	31
LYSODREN .....	39	<i>mercaptopurine</i> .....	19	<i>methylphenidate hcl er tbc</i> 10mg .....	31
<i>lyza</i> .....	39	<i>meropenem</i> .....	12	<i>methylphenidate hcl er tbc</i> 20mg .....	31
<b>M</b>		<i>meropenem/sodium chloride</i> .....	12	<i>methylphenidate hydrochloride</i> .....	31
<i>magnesium sulfate in d5w inj</i> <i>5%; 10mg/ml</i> .....	48	MERREM .....	12	<i>methylprednisolone</i> .....	36
<i>magnesium sulfate inj</i> .....	48	<i>mesalamine</i> .....	42	<i>methylprednisolone acetate</i> .....	36
MAKENA .....	39	<i>mesna</i> .....	19	<i>methylprednisolone dose pack</i> .....	36
<i>malathion</i> .....	21	MESNEX TABS .....	19	<i>methylprednisolone</i> <i>sodiumsuccinate inj 125mg, 40mg</i> .....	36
<i>maprotiline hcl</i> .....	15	MESTINON SYRP .....	18	<i>methylprednisolone</i> <i>sodiumsuccinate inj 1000mg</i> .....	36
<i>margesic</i> .....	7	MESTINON TIMESPAN .....	18	<i>metipranolol</i> .....	44
<i>marlissa</i> .....	38	<i>metadate er</i> .....	31	<i>metoclopramide hcl</i> .....	34
MARPLAN .....	15	<i>metaproterenol sulfate</i> .....	45	<i>metolazone</i> .....	30
MARQIBO .....	19	<i>metformin hcl</i> .....	25	<i>metoprolol/hydrochlorothiazide</i> .....	29
<i>marten-tab</i> .....	7	<i>metformin hcl er</i> .....	25	<i>metoprolol succinate er</i> <i>tb24 100mg, 25mg, 50mg</i> .....	29
MATULANE .....	18	<i>methadone hcl conc</i> .....	7	<i>metoprolol succinate er</i> <i>tb24 200mg</i> .....	29
<i>matzim la</i> .....	29	<i>methadone hcl inj</i> .....	7	<i>metoprolol tartrate</i> .....	29
MAXIDEX .....	43	<i>methadone hcl intensol</i> .....	7	METRO IV .....	10
MAXIPIME .....	11	<i>methadone hcl oral soln 5mg/5ml</i> .....	7	<i>metronidazole caps</i> .....	10
<i>meclizine hcl tabs</i> .....	16	<i>methadone hcl oral soln 10mg/5ml</i> .....	7	<i>metronidazole crea</i> .....	10
<i>meclofenamate sodium</i> .....	7	<i>methadone hcl tabs</i> .....	7	<i>metronidazole gel</i> .....	10
MEDROL TABS 2MG .....	36	<i>methadone hcl tbso</i> .....	8	<i>metronidazole inj</i> .....	10
<i>medroxyprogesterone acetate</i> .....	39	<i>methadose conc</i> .....	8	<i>metronidazole in nacl 0.79%</i> .....	10
<i>mefloquine hcl</i> .....	21	<i>methadose sugar-free</i> .....	8	<i>metronidazole lotn</i> .....	10
MEGACE ES .....	39	<i>methadose tbso</i> .....	8		
<i>megestrol acetate</i> .....	39	<i>methamphetamine hcl</i> .....	31		
		<i>methazolamide</i> .....	44		
		<i>methenamine hippurate</i> .....	10		
		<i>methenamine mandelate</i> .....	10		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>metronidazole tabs</i> . . . . .	10	<i>mononessa</i> . . . . .	38	<i>multi-vit/iron/fluoride oral soln</i> 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml . . . . .	49
<i>metronidazole vaginal</i> . . . . .	10	<i>montelukast sodium</i> . . . . .	44	<i>mult-vitamin/fluoride</i> . . . . .	49
<i>mexiletine hcl</i> . . . . .	28	MONUROL . . . . .	10	<i>mupirocin</i> . . . . .	10
MIACALCIN INJ . . . . .	42	<i>morphine sulfate add-vantage</i> . . . . .	8	MUSTARGEN . . . . .	18
<i>miconazole 3</i> . . . . .	17	<i>morphine sulfate er cp24</i> . . . . .	8	<i>mvc-fluoride</i> . . . . .	49
<i>microgestin 1.5/30</i> . . . . .	38	<i>morphine sulfate er tbc</i> . . . . .	8	MYCAMINE . . . . .	17
<i>microgestin 1/20</i> . . . . .	38	<i>morphine sulfate inj 0.5mg/ml,</i> 10mg/0.7ml, 1mg/ml . . . . .	8	<i>mycophenolate mofetil</i> . . . . .	40
<i>microgestin fe</i> . . . . .	38	<i>morphine sulfate inj 10mg/ml,</i> 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml . . . . .	8	<i>mycophenolic acid dr</i> . . . . .	40
<i>microgestin fe 1.5/30</i> . . . . .	38	<i>morphine sulfate</i> <i>oral soln 10mg/5ml</i> . . . . .	9	MYFORTIC . . . . .	40
<i>midodrine hcl</i> . . . . .	27	<i>morphine sulfate</i> <i>oral soln 20mg/5ml</i> . . . . .	8	<i>myorisan</i> . . . . .	32
<i>migergot</i> . . . . .	17	<i>morphine sulfate</i> <i>oral soln 100mg/5ml</i> . . . . .	8	MYRBETRIQ . . . . .	34
<i>miglitol</i> . . . . .	25	<i>morphine sulfate supp</i> . . . . .	8	<i>myzilra</i> . . . . .	38
MIGRANAL . . . . .	17	<i>morphine sulfate tabs</i> . . . . .	9	<b>N</b>	
<i>mimvey</i> . . . . .	38	MOTOFEN . . . . .	34	<i>nabumetone</i> . . . . .	7
<i>mimvey lo</i> . . . . .	38	MOVIPREP . . . . .	34	<i>nadolol</i> . . . . .	29
<i>minitran</i> . . . . .	31	MOXEZA . . . . .	13	<i>nadolol/bendroflumethiazide</i> . . . . .	29
<i>minocycline hcl</i> . . . . .	13	<i>moxifloxacin hcl inj</i> . . . . .	13	NAFCILLIN . . . . .	12
<i>minoxidil</i> . . . . .	31	<i>moxifloxacin hcl tabs</i> . . . . .	13	<i>nafcillin sodium</i> . . . . .	12
<i>mirtazapine</i> . . . . .	15	MOZOBIL . . . . .	48	<i>naftifine hcl</i> . . . . .	17
<i>mirtazapine odt</i> . . . . .	15	MULTAQ . . . . .	28	<i>naftifine hydrochloride</i> . . . . .	17
<i>misoprostol</i> . . . . .	34	<i>multi vitamin/fluoride</i> . . . . .	49	NAFTIN . . . . .	17
<i>mitomycin</i> . . . . .	19	<i>multivitamin/fluoride chew</i> 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit . . . . .	49	NAGLAZYME . . . . .	33
<i>mitoxantrone hcl</i> . . . . .	19	<i>multi-vitamin/fluoride oral soln</i> 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml . . . . .	49	<i>nalbuphine hcl</i> . . . . .	9
M-M-R II . . . . .	41	<i>multivitamin with fluoride</i> . . . . .	49	<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i> . . . . .	9
<i>modafinil tabs 100mg</i> . . . . .	46	<i>multi-vit/fluoride</i> . . . . .	49	<i>naltrexone hcl</i> . . . . .	9
<i>modafinil tabs 200mg</i> . . . . .	46			NAMENDA ORAL SOLN . . . . .	15
<i>moderiba 800 dose pack</i> . . . . .	23			NAMENDA TABS 5MG . . . . .	15
<i>moderiba 1200 dose pack</i> . . . . .	23			NAMENDA TABS 10MG . . . . .	15
<i>moderiba misc</i> . . . . .	23			NAMENDA TITRATION PAK . . . . .	15
<i>moderiba tabs</i> . . . . .	23			NAMENDA XR . . . . .	15
<i>moexipril hcl</i> . . . . .	28			NAMENDA XR TITRATION PACK . . . . .	15
<i>moexipril/hydrochlorothiazide</i> . . . . .	28			<i>naproxen</i> . . . . .	7
<i>molindone hydrochloride</i> . . . . .	22			<i>naproxen dr</i> . . . . .	7
<i>mometasone furoate crea</i> . . . . .	36			<i>naproxen sodium tabs</i> 275mg, 550mg . . . . .	7
<i>mometasone furoate external soln</i> . . . . .	36				
<i>mometasone furoate oint</i> . . . . .	36				
<i>mondoxyne nl</i> . . . . .	13				
<i>mono-lynyah</i> . . . . .	38				



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>naratriptan hcl</i> .....	17	NICOTROL INHALER.....	9	<i>norgestimate/ethinyl estradiol</i> .....	38
NARCAN .....	9	NICOTROL NS.....	9	<i>norlyroc</i> .....	39
NATACYN.....	17	<i>nifedical xl</i> .....	29	NORMOSOL-M IN D5W .....	48
<i>nateglinide</i> .....	25	<i>nifedipine er</i> .....	29	NORMOSOL -R.....	48
NATPARA.....	42	<i>nikki</i> .....	38	NORMOSOL-R.....	48
NEBUPENT .....	21	NILANDRON .....	18	NORMOSOL-R IN D5W.....	48
<i>necon 0.5/35-28</i> .....	38	<i>nilutamide</i> .....	18	NORTHERA .....	30
<i>necon 1/35</i> .....	38	<i>nimodipine</i> .....	29	<i>nortrel 0.5/35 (28)</i> .....	38
<i>necon 1/50-28</i> .....	38	NINLARO .....	19	<i>nortrel 1/35</i> .....	38
<i>necon 7/7/7</i> .....	38	NIPENT.....	19	<i>nortrel 7/7/7</i> .....	38
<i>necon 10/11-28</i> .....	38	<i>nisoldipine er</i> .....	29	<i>nortriptyline hcl</i> .....	16
<i>nefazodone hcl</i> .....	15	<i>nisoldipine tb24 17mg,</i> <i>20mg, 34mg, 40mg, 8.5mg</i> .....	29	NORVIR .....	24
<i>neomycin/bacitracin/polymyxin</i> .....	10	<i>nisoldipine tb24 30mg</i> .....	29	NOVOFINE 30GX8MM .....	42
<i>neomycin/polymyxin/</i> <i>bacitracin/hydrocortisone</i> .....	10	NITRO-BID .....	31	NOVOFINE 31 .....	42
<i>neomycin/polymyxin b sulfates</i> .....	10	NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR .....	31	NOVOFINE 32GX6MM .....	42
<i>neomycin/polymyxin/</i> <i>dexamethasone</i> .....	43	<i>nitrofurantoin</i> .....	11	NOVOFINE AUTOCOVER 30GX8MM .....	42
<i>neomycin/polymyxin/gramicidin</i> .....	10	<i>nitrofurantoin macrocrystals</i> <i>caps 100mg, 50mg</i> .....	11	NOVOLIN 70/30.....	26
<i>neomycin/polymyxin/hc</i> .....	44	<i>nitrofurantoin monohydrate</i> .....	11	NOVOLIN 70/30 RELION .....	26
<i>neomycin/polymyxin/</i> <i>hydrocortisone</i> .....	10	<i>nitrofurantoin monohydrate/</i> <i>macrocrystals</i> .....	11	NOVOLIN N.....	26
<i>neomycin/polymyxin/</i> <i>hydrocortisone</i> .....	44	<i>nitroglycerin</i> .....	31	NOVOLIN N RELION .....	26
<i>neomycin sulfate</i> .....	10	<i>nitroglycerin lingual</i> <i>translingual soln</i> .....	31	NOVOLIN R.....	26
NEOPROFEN.....	7	<i>nitroglycerin transdermal</i> .....	31	NOVOLIN R INNOLET.....	26
NEORAL.....	40	NITROSTAT.....	31	NOVOLIN R RELION .....	26
NEPHRAMINE .....	48	<i>nizatidine caps</i> .....	34	NOVOLOG.....	26
<i>neuac</i> .....	32	<i>nora-be</i> .....	39	NOVOLOG FLEXPEN .....	26
NEULASTA .....	27	<i>norethindrone</i> .....	39	NOVOLOG MIX 70/30 .....	26
NEUPOGEN .....	27	<i>norethindrone acetate</i> .....	39	NOVOLOG MIX 70/30 PREFILLED FLEXPEN .....	26
NEUPRO .....	21	<i>norethindrone acetate/ethinyl</i> <i>estradiol/ferrous fumarate</i> .....	38	NOVOLOG PENFILL .....	26
NEVANAC .....	43	<i>norethindrone acetate/ethinyl</i> <i>estradiol tabs 2.5mcg; 0.5mg,</i> <i>5mcg; 1mg</i> .....	38	NOVOTWIST 32GX5MM.....	42
<i>nevirapine</i> .....	23	<i>norethindrone acetate/ethinyl</i> <i>estradiol tabs 20mcg; 1mg</i> .....	38	NOXAFIL SUSP .....	17
<i>nevirapine er</i> .....	23	<i>norethindrone &amp; ethinyl</i> <i>estradiol ferrous fumarate</i> .....	38	NOXAFIL TBEC .....	17
NEXAVAR.....	20			NUEDEXTA.....	31
<i>niacin er tbc 500mg</i> .....	30			<i>nulev</i> .....	33
<i>niacin er tbc 1000mg, 750mg</i> .....	30			NULOJIX .....	40
<i>niacor</i> .....	30			NULYTELY/FLAVOR PACKS.....	34
<i>nicardipine hcl</i> .....	29			NUPLAZID.....	22
				NUTRILIPID.....	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
NUTRILYTE INJ 2.03MEQ/ML; 0.25MEQ/ML; 1.68MEQ/ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	48	<i>olanzapine/fluoxetine</i>	15	<i>oscimin</i>	33
NUVARING	38	<i>olanzapine inj</i>	22	OSMOPREP	34
NUVIGIL	46	<i>olanzapine odt</i>	22	<i>oxacillin sodium</i>	12
<i>nyamyc</i>	17	<i>olanzapine tabs 2.5mg</i>	22	<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i>	19
NYMALIZE	29	<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	22	<i>oxandrolone</i>	36
<i>nystatin crea</i>	17	<i>olopatadine hcl ophthalmic soln</i>	43	<i>oxaprozin</i>	7
<i>nystatin oint</i>	17	OLYSIO	23	<i>oxazepam</i>	25
<i>nystatin powd 100000unit/gm</i>	17	<i>omega-3-acid ethyl esters</i>	30	<i>oxcarbazepine</i>	14
<i>nystatin susp</i>	17	<i>omeprazole cpdr</i>	34	<i>oxiconazole nitrate</i>	17
<i>nystatin tabs</i>	17	<i>omeprazole/sodium bicarbonate caps</i>	34	OXISTAT	17
<i>nystatin/triamcinolone</i>	17	<i>omeprazole/sodium bicarbonate pack</i>	34	OXSORALEN	32
<i>nystop</i>	17	ONCASPAN	19	OXTELLAR XR	14
<b>Needles and Syringes</b>		<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	16	<i>oxybutynin chloride</i>	34
<i>bd eclipse syringe/1ml/30gx1/2"</i>	49	<i>ondansetron hcl oral soln</i>	16	<i>oxybutynin chloride er tb24 5mg</i>	34
<i>bd insulin syringe safetyglide/ 1ml/29g x 1/2"</i>	49	<i>ondansetron hcl tabs 4mg, 8mg</i>	16	<i>oxybutynin chloride er tb24 10mg, 15mg</i>	34
<i>bd insulin syringe ultrafine/ 0.3ml/31g x 5/16"</i>	49	<i>ondansetron hcl tabs 24mg</i>	16	<i>oxycodone/acetaminophen oral soln</i>	9
<i>bd insulin syringe ultrafine/ 0.5ml/30g x 1/2"</i>	49	<i>ondansetron odt</i>	16	<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	9
<i>bd insulin syringe ultrafine/ 1ml/31g x 5/16"</i>	49	ONFI SUSP	14	<i>oxycodone/aspirin</i>	9
<i>bd pen needle/ultrafine/ 29g x 12.7mm</i>	49	ONFI TABS 10MG	14	<i>oxycodone hcl caps</i>	9
<b>O</b>		ONFI TABS 20MG	14	<i>oxycodone hcl conc</i>	9
<i>ocella</i>	38	OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	8	<i>oxycodone hcl oral soln</i>	9
OCTAGAM INJ 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	41	OPANA ER (CRUSH RESISTANT) T12A 40MG	8	<i>oxycodone hcl tabs</i>	9
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	40	OPDIVO	20	<i>oxycodone/ibuprofen</i>	9
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	40	OPIUM	9	<i>oxymorphone hydrochloride</i>	9
ODEFSEY	23	OPIUM TINCTURE	9	<i>oxymorphone hydrochloride er</i>	8
ODOMZO	19	OPSUMIT	45	<b>P</b>	
<i>ofloxacin</i>	13	ORACEA	32	<i>pacerone</i>	28
<i>ogestrel</i>	38	<i>oralone</i>	32	<i>paclitaxel</i>	19
		ORAP	21	<i>paliperidone er tb24 1.5mg, 3mg</i>	22
		ORENCIA INJ 250MG	40	<i>paliperidone er tb24 6mg</i>	22
		ORFADIN	33	<i>paliperidone er tb24 9mg</i>	22
		<i>orphenadrine citrate er</i>	46	<i>pamidronate disodium</i>	42
		<i>orsythia</i>	38	PANDEL	36
		ORTHO TRI-CYCLEN LO	38	PANRETIN	20

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>pantoprazole sodium inj</i>	34	<i>perphenazine</i>	21	PLASMA-LYTE A	48
<i>pantoprazole sodium tbec</i>	34	<i>perphenazine/amitriptyline</i>	16	PLENAMINE	48
PAREGORIC	34	<i>pfizerpen-g</i>	12	<i>podocon 25 in benzoin tincture</i>	32
<i>paricalcitol</i>	42	<i>phenadoz</i>	16	<i>podofilox</i>	32
<i>paroex</i>	32	<i>phenazopyridine hcl</i>	35	<i>polycin</i>	43
<i>paromomycin sulfate</i>	10	<i>phenelzine sulfate</i>	15	<i>polyethylene glycol 3350</i>	34
<i>paroxetine hcl tabs 10mg</i>	15	<i>phenergan supp</i>	16	<i>polymyxin b sulfate</i>	11
<i>paroxetine hcl tabs 20mg, 30mg, 40mg</i>	15	<i>phenobarbital</i>	14	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	11
PASER	18	<i>phenoxybenzamine hydrochloride</i>	27	POMALYST	18
PATADAY	43	<i>phenylephrine hcl ophthalmic soln 10%, 2.5%</i>	43	<i>portia-28</i>	38
PAXIL SUSP	15	PHENYTEK	14	PORTRAZZA	19
PAZEO	43	<i>phenytoin</i>	14	POTASSIUM CHLORIDE 0.3%/ D5W	48
PCE	13	<i>phenytoin sodium</i>	14	POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	48
PEDIARIX	41	<i>phenytoin sodium extended</i>	14	POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	48
PEDVAX HIB	41	PHOSLYRA	35	POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45%	48
<i>peg 3350/electrolytes</i>	34	<i>phospha 250 neutral</i>	48	POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	48
<i>peg-3350/electrolytes</i>	34	<i>phosphasal</i>	34	POTASSIUM CHLORIDE 0.15% NACL 0.9%	48
<i>peg-3350/nacl/na bicarbonate/kcl</i>	34	PHOSPHOLINE IODIDE	44	POTASSIUM CHLORIDE 0.15% / NACL 0.45% VIAFLEX	48
PEGANONE	14	PHOTOFRIN	19	POTASSIUM CHLORIDE 0.15% W/NACL 0.9% VIAFLEX	48
PEGINTRON	23	PHYSIOLYTE	42	POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	48
PEG-INTRON REDIPEN	23	PHYSIOSOL IRRIGATION	42	<i>potassium chloride cr</i>	48
PEG-INTRON REDIPEN PAK 4	23	<i>pilocarpine hcl</i>	32	<i>potassium chloride er</i>	48
<i>penicillin g potassium in iso-osmotic dextrose</i>	12	<i>pilocarpine hcl</i>	44	<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	48
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	12	<i>pilocarpine hydrochloride</i>	32	<i>potassium chloride oral soln</i>	48
<i>penicillin g procaine</i>	12	<i>pimozide</i>	22	<i>potassium chloride pack</i>	48
<i>penicillin g sodium</i>	12	<i>pimtrea</i>	38	<i>potassium chloride sr</i>	48
<i>penicillin v potassium</i>	12	<i>pindolol</i>	29	<i>potassium citrate/citric acid</i>	48
PENTACEL	41	<i>pioglitazone hcl</i>	25		
PENTAM 300	21	<i>pioglitazone hcl-glimepiride</i>	25		
PENTASA	42	<i>pioglitazone hcl/metformin hcl</i>	25		
<i>pentoxifylline er</i>	30	<i>piperacillin sodium/ tazobactam sodium</i>	12		
PERFOROMIST	45	<i>piperacillin sodium/ tazobactam sodium</i>	12		
PERIKABIVEN	49	<i>piperacillin/tazobactam</i>	12		
<i>perindopril erbumine</i>	28	<i>pirmella 1/35</i>	38		
<i>periogard</i>	32	<i>piroxicam</i>	7		
PERJETA	20	PLASMA-LYTE-56/D5W	48		
<i>permethrin</i>	21	PLASMA-LYTE-148	48		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>potassium citrate-citric acid crystals</i> .....	48	PRIMAXIN IV .....	12	<i>propafenone hcl</i> .....	28
<i>potassium citrate er</i> .....	48	PRIMAXIN IV ADD-VANTAGE.....	12	<i>propafenone hcl er</i> .....	28
POTIGA TABS 50MG .....	13	<i>primidone</i> .....	14	<i>propantheline bromide</i> .....	33
POTIGA TABS 200MG, 300MG, 400MG .....	13	PRIMSOL.....	11	<i>proparacaine hcl</i> .....	43
PRADAXA .....	27	PRISTIQ .....	15	<i>propranolol hcl</i> .....	29
<i>pramipexole dihydrochloride</i> .....	21	PRIVIGEN .....	41	<i>propranolol hcl er</i> .....	29
<i>pramipexole dihydrochloride er</i> .....	21	PROAIR HFA .....	45	<i>propranolol/hydrochlorothiazide</i> .....	29
<i>pravastatin sodium tabs 10mg, 20mg</i> .....	30	PROAIR RESPICLICK.....	45	<i>propylthiouracil</i> .....	40
<i>pravastatin sodium tabs 40mg</i> .....	30	<i>probenecid</i> .....	17	PROQUAD.....	41
<i>pravastatin sodium tabs 80mg</i> .....	30	<i>probenecid/colchicine</i> .....	17	PROSOL.....	49
<i>prazosin hcl</i> .....	27	<i>procainamide hcl</i> .....	28	<i>protriptyline hcl</i> .....	16
PRED-G .....	43	PROCALAMINE.....	49	PROVENTIL HFA.....	45
PRED-G S.O.P. ....	43	<i>prochlorperazine</i> .....	22	PRUDOXIN .....	32
PRED MILD.....	43	<i>prochlorperazine edisylate</i> .....	22	PULMICORT FLEXHALER.....	44
<i>prednicarbate</i> .....	36	<i>prochlorperazine maleate</i> .....	22	PULMICORT SUSP 1MG/2ML .....	44
<i>prednisolone acetate</i> .....	43	PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML .....	27	PULMOZYME .....	45
<i>prednisolone oral soln</i> .....	36	PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML .....	27	PURIXAN .....	19
<i>prednisolone sodium phosphate</i> .....	36	<i>procto-med hc</i> .....	36	<i>pyrazinamide</i> .....	18
<i>prednisolone sodium phosphate</i> .....	43	<i>procto-pak</i> .....	36	<i>pyridostigmine bromide</i> .....	18
<i>prednisone</i> .....	36	<i>proctosol hc</i> .....	36	<i>pyridostigmine bromide er</i> .....	18
<i>prednisone intensol</i> .....	36	<i>proctozone-hc</i> .....	36	<b>Q</b>	
PREFEST.....	38	PROCYSBI .....	43	QUADRACEL .....	41
PREMARIN CREA .....	38	<i>progesterone</i> .....	39	<i>quasense</i> .....	38
PREMARIN INJ .....	38	PROGLYCEM.....	25	<i>quetiapine fumarate</i> .....	22
PREMARIN TABS .....	38	PROGRAF CAPS 0.5MG, 1MG .....	40	<i>quinapril hcl</i> .....	28
PREMASOL.....	49	PROGRAF CAPS 5MG .....	40	<i>quinapril/hydrochlorothiazide</i> .....	28
<i>premium lidocaine</i> .....	9	PROGRAF INJ .....	40	<i>quinidine gluconate</i> .....	28
PREMPHASE.....	38	PROLASTIN-C.....	45	<i>quinidine gluconate cr</i> .....	28
PREMPRO.....	38	PROLEUKIN .....	19	<i>quinidine gluconate er</i> .....	28
<i>prevalite</i> .....	30	PROLIA.....	42	<i>quinidine sulfate</i> .....	28
<i>previfem</i> .....	38	PROMACTA TABS 12.5MG, 25MG, 50MG .....	27	<i>quinine sulfate</i> .....	21
PREZCOBIX .....	24	<i>promethazine hcl</i> .....	16	QVAR.....	44
PREZISTA SUSP .....	24	<i>promethazine hcl</i> .....	44	<b>R</b>	
PREZISTA TABS 150MG, 75MG .....	24	<i>promethazine hcl plain</i> .....	16	RABAVERT .....	41
PREZISTA TABS 600MG, 800MG .....	24	<i>promethazine vc plain</i> .....	46	<i>rabeprazole sodium</i> .....	34
PRIALT .....	7	<i>promethegan</i> .....	16	<i>raloxifene hydrochloride</i> .....	39
PRIMAQUINE PHOSPHATE .....	21			<i>ramipril</i> .....	28



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
RANEXA.....	30	<i>ribasphere caps</i> .....	23	<i>roxicet</i> .....	9
<i>ranitidine hcl</i> .....	34	<i>ribasphere ribapak</i> .....	23	ROZEREM.....	46
RAPAMUNE ORAL SOLN.....	40	<i>ribasphere tabs 200mg, 400mg</i> .....	23	<b>S</b>	
RAPAMUNE TABS 0.5MG.....	40	<i>ribasphere tabs 600mg</i> .....	23	SABRIL PACK.....	14
RAPAMUNE TABS 1MG, 2MG.....	40	<i>ribavirin</i> .....	23	SABRIL TABS.....	14
RAVICTI.....	33	RIDAURA.....	41	SAIZEN.....	36
<i>rea lo 39</i> .....	32	<i>rifabutin</i> .....	18	SAIZEN CLICK.EASY.....	36
<i>rea lo 40 crea</i> .....	32	RIFAMATE.....	18	<i>salsalate</i> .....	7
REBETOL ORAL SOLN.....	23	<i>rifampin</i> .....	18	SAMSCA TABS 15MG.....	46
REBIF.....	32	RIFATER.....	18	SAMSCA TABS 30MG.....	46
REBIF REBIDOSE.....	32	<i>riluzole</i> .....	31	SANCUSO.....	16
REBIF REBIDOSE TITRATION PACK.....	32	<i>rimantadine hcl</i> .....	24	SANDIMMUNE.....	41
REBIF TITRATION PACK.....	32	RINGERS INJECTION.....	49	SANDOSTATIN LAR DEPOT.....	40
<i>reclipsen</i> .....	38	RINGERS IRRIGATION.....	42	SANTYL.....	32
RECOMBIVAX HB.....	41	RIOMET.....	25	SAPHRIS.....	22
RECTIV.....	31	<i>risedronate sodium tabs 150mg</i> .....	42	SAVELLA.....	31
REGRANEX.....	32	RISPERDAL CONSTA INJ 12.5MG, 25MG.....	22	SAVELLA TITRATION PACK.....	31
RELAGARD.....	11	RISPERDAL CONSTA INJ 37.5MG, 50MG.....	22	<i>selegiline hcl</i> .....	21
RELENZA DISKHALER.....	24	<i>risperidone m-tab tbdp</i> 0.5mg, 2mg.....	22	<i>selenium sulfide</i> .....	32
RELISTOR INJ.....	34	<i>risperidone odt tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg.....	22	SELZENTRY.....	24
RELPAK TABS 20MG.....	17	<i>risperidone odt tbdp 4mg</i> .....	22	SEMPREX-D.....	44
RELPAK TABS 40MG.....	17	<i>risperidone oral soln</i> .....	22	SENSIPAR TABS 30MG.....	39
<i>remeven</i> .....	32	<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg.....	22	SENSIPAR TABS 60MG.....	39
REMICADE.....	41	<i>risperidone tabs 4mg</i> .....	22	SENSIPAR TABS 90MG.....	39
REMODULIN.....	45	RITUXAN INJ 500MG/50ML.....	20	SEREVENT DISKUS.....	45
RENVELA.....	35	<i>rivastigmine tartrate</i> .....	14	SEROQUEL XR TB24 150MG, 200MG.....	22
<i>repaglinide</i> .....	25	<i>rivastigmine transdermal system</i> .....	14	SEROQUEL XR TB24 300MG, 400MG, 50MG.....	22
REPATHA.....	30	<i>rizatriptan benzoate</i> .....	17	SEROSTIM.....	36
REPATHA PUSHTRONEX SYSTEM.....	30	<i>rizatriptan benzoate odt</i> .....	17	<i>sertraline hcl conc</i> .....	15
REPATHA SURECLICK.....	30	<i>ropinirole er</i> .....	21	<i>sertraline hcl tabs 25mg</i> .....	15
<i>reprexain tabs 10mg; 200mg</i> .....	9	<i>ropinirole hcl</i> .....	21	<i>sertraline hcl tabs 50mg</i> .....	15
RESCRIPTOR.....	23	<i>rosadan</i> .....	11	<i>sertraline hcl tabs 100mg</i> .....	15
RESTASIS.....	43	<i>rosuvastatin calcium</i> .....	30	<i>setlakin</i> .....	38
RETROVIR IV INFUSION.....	24	ROTARIX.....	42	<i>sf</i> .....	49
REVLIMID.....	18	ROTATEQ.....	42	<i>sf 5000 plus</i> .....	49
REXULTI.....	22	roweepra.....	13	<i>sharobel</i> .....	39
REYATAZ.....	24			SIGNIFOR.....	40
RHEUMATREX.....	41				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>sildenafil tabs</i> .....	45	<i>sotalol hcl (af)</i> .....	28	<i>sumatriptan</i> .....	17
SILENOR .....	46	SOVALDI .....	23	<i>sumatriptan succinate inj</i> .....	17
SILVER NITRATE EXTERNAL SOLN .....	11	SPECTRACEF TABS 400MG .....	11	<i>sumatriptan succinate refill</i> .....	17
<i>silver sulfadiazine</i> .....	11	SPIRIVA HANDIHALER .....	45	<i>sumatriptan succinate tabs</i> .....	17
SIMBRINZA .....	44	SPIRIVA RESPIMAT .....	45	SUPRAX CAPS .....	12
SIMULECT .....	41	<i>spironolactone</i> .....	30	SUPRAX CHEW .....	12
<i>simvastatin tabs 10mg, 5mg</i> .....	30	<i>spironolactone/ hydrochlorothiazide</i> .....	30	SUPRAX SUSR 500MG/5ML .....	12
<i>simvastatin tabs 20mg, 40mg, 80mg</i> .....	30	SPORANOX ORAL SOLN .....	17	SUPREP BOWEL PREP .....	34
<i>sirolimus</i> .....	41	<i>sprintec 28</i> .....	38	SURMONTIL .....	16
SIRTURO .....	18	SPRITAM .....	13	SUSTIVA CAPS 50MG .....	23
SKLICE .....	21	SPRYCEL .....	20	SUSTIVA CAPS 200MG .....	23
<i>sodium bicarbonate inj</i> .....	46	<i>sronyx</i> .....	38	SUSTIVA TABS .....	23
<i>sodium bicarbonate partial fill</i> .....	46	<i>ssd</i> .....	11	SUTENT .....	20
<i>sodium chloride 0.9%</i> .....	42	<i>stavudine</i> .....	24	SYLATRON .....	19
<i>sodium chloride 0.45%</i> .....	49	<i>sterile water irrigation</i> .....	42	<i>symax-sl</i> .....	33
<i>sodium chloride bacteriostatic</i> .....	49	STIOLTO RESPIMAT .....	46	SYMBICORT .....	44
<i>sodium chloride bacteriostatic/ benzyl alcohol</i> .....	49	STIVARGA .....	20	SYMLINPEN 60 .....	25
<i>sodium chloride inj</i> .....	49	STRATTERA CAPS 10MG, 18MG, 25MG, 40MG .....	31	SYMLINPEN 120 .....	25
SODIUM EDECRIN .....	30	STRATTERA CAPS 100MG, 60MG, 80MG .....	31	SYNAGIS .....	41
<i>sodium fluoride chew 0.5mg, 1mg</i> ..	49	<i>streptomycin sulfate</i> .....	10	SYNALGOS-DC .....	9
<i>sodium fluoride oral soln</i> .....	49	STRIANT .....	37	SYNAREL .....	40
<i>sodium fluoride tabs</i> .....	49	STRIBILD .....	23	SYNERA .....	9
SODIUM LACTATE INJ 5MEQ/ML ..	46	STRIVERDI RESPIMAT .....	45	SYNERCID .....	11
<i>sodium phenylbutyrate</i> .....	33	SUBOXONE .....	9	SYNRIBO .....	19
<i>sodium polystyrene sulfonate powd</i> .....	46	SUCRAID .....	33	SYNTHROID .....	39
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i> .....	46	<i>sucrafate</i> .....	34	SYPRINE .....	46
<i>sodium sulfacetamide ophthalmic soln</i> .....	13	<i>sulfacetamide sodium oint</i> .....	13	<b>T</b>	
SOLTAMOX .....	18	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i> ...	13	TABLOID .....	19
SOLU-CORTEF .....	36	<i>sulfacetamide sodium susp</i> .....	13	<i>tacrolimus caps</i> .....	41
SOLU-MEDROL INJ 2GM .....	36	<i>sulfadiazine</i> .....	13	TAFINLAR .....	20
SOLU-MEDROL INJ 500MG .....	36	<i>sulfamethoxazole/trimethoprim</i> .....	13	TAGRISSO .....	20
SOMATULINE DEPOT .....	40	<i>sulfamethoxazole/trimethoprim ds</i> ...	13	TALWIN .....	9
SOMAVERT .....	40	SULFAMYLON .....	11	TAMIFLU CAPS 30MG .....	24
<i>sorine</i> .....	28	<i>sulfasalazine</i> .....	42	TAMIFLU CAPS 45MG .....	24
<i>sotalol hcl</i> .....	28	<i>sulfatrim pediatric</i> .....	13	TAMIFLU CAPS 75MG .....	24
		<i>sulindac</i> .....	7	TAMIFLU SUSR .....	24
				<i>tamoxifen citrate</i> .....	18
				<i>tamsulosin hcl</i> .....	35



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TARCEVA.....	20	THERACYS.....	19	TRADJENTA.....	25
TARGRETIN.....	20	<i>thioridazine hcl</i> .....	22	<i>tramadol hcl</i> .....	9
<i>tarina fe 1/20</i> .....	38	<i>thiotepa</i> .....	18	<i>tramadol hcl er tb24</i> .....	8
TASIGNA.....	20	<i>thiothixene</i> .....	22	<i>tramadol hydrochloride/ acetaminophen</i> .....	9
<i>tazicef</i> .....	12	THYMOGLOBULIN.....	41	<i>trandolapril</i> .....	28
TAZORAC.....	32	THYROLAR-1.....	39	<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i> .....	28
<i>taztia xt</i> .....	29	THYROLAR-1/2.....	39	<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i> .....	28
TECENTRIQ.....	20	THYROLAR-1/4.....	39	<i>trandolapril/verapamil hcl tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i> .....	28
TEFLARO.....	12	THYROLAR-2.....	39	<i>trandolapril/verapamil hcl tbc 4mg; 240mg</i> .....	28
TEGRETOL-XR TB12 100MG.....	14	THYROLAR-3.....	39	<i>trandolapril/verapamil hcl tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i> .....	28
TEKTURNA.....	30	<i>tiagabine hydrochloride</i> .....	14	<i>trandolapril/verapamil hcl tbc 4mg; 240mg</i> .....	28
TEKTURNA HCT.....	30	TICE BCG.....	19	<i>tranexamic acid inj</i> .....	27
<i>telmisartan</i> .....	28	TIKOSYN.....	28	<i>tranexamic acid tabs</i> .....	27
<i>telmisartan/amlodipine</i> .....	28	<i>timolol maleate</i> .....	29	TRANSDERM-SCOP.....	16
<i>telmisartan/hydrochlorothiazide</i> .....	28	<i>timolol maleate</i> .....	44	<i>tranylcyromine sulfata</i> .....	15
<i>temazepam</i> .....	46	<i>timolol maleate ophthalmic gel forming</i> .....	44	TRAVASOL.....	49
<i>tencon tabs 325mg; 50mg</i> .....	7	<i>tinidazole</i> .....	21	TRAVATAN Z.....	43
<i>teniposide</i> .....	19	TIVICAY TABS 10MG, 25MG.....	23	<i>travoprost</i> .....	43
TENIVAC.....	42	TIVICAY TABS 50MG.....	23	<i>trazodone hcl</i> .....	15
<i>terazosin hcl</i> .....	35	<i>tizanidine hcl</i> .....	23	TREANDA.....	18
<i>terbinafine hcl tabs</i> .....	17	<i>tl-fluorivite</i> .....	49	TRECTOR.....	18
<i>terbutaline sulfate</i> .....	45	TOBI PODHALER.....	45	TRELSTAR INJ 3.75MG.....	40
<i>terconazole</i> .....	17	TOBRADEX OINT.....	43	TRELSTAR INJ 11.25MG.....	40
TESTIM.....	37	<i>tobramycin</i> .....	45	TRELSTAR MIXJECT INJ 3.75MG.....	40
<i>testosterone cypionate</i> .....	37	<i>tobramycin/dexamethasone</i> .....	43	TRELSTAR MIXJECT INJ 11.25MG.....	40
<i>testosterone enanthate</i> .....	37	<i>tobramycin sulfate</i> .....	10	TRELSTAR MIXJECT INJ 22.5MG.....	40
<i>testosterone gel 25mg/2.5gm</i> .....	37	TOBREX OINT.....	10	TRESIBA FLEXTOUCH.....	26
<i>testosterone pump</i> .....	37	<i>tolcapone</i> .....	21	<i>tretinoin caps</i> .....	20
TETANUS/DIPHThERIA		<i>tolmetin sodium</i> .....	7	<i>tretinoin crea</i> .....	32
TOXOIDS-ADSORBED.....	42	<i>tolterodine tartrate</i> .....	34	<i>tretinoin gel 0.01%, 0.025%</i> .....	32
<i>tetrabenazine</i> .....	31	<i>tolterodine tartrate er</i> .....	34	<i>tretinoin microsphere</i> .....	32
<i>tetracycline hcl</i> .....	13	<i>topiramate</i> .....	14	<i>tretinoin microsphere pump</i> .....	32
TEXACORT.....	36	<i>toposar</i> .....	20	TREXALL.....	41
THALOMID.....	18	<i>topotecan hcl</i> .....	20	<i>triamcinolone acetonide aers</i> .....	36
THEO-24.....	45	TORISEL.....	41	<i>triamcinolone acetonide crea</i> .....	36
<i>theochron</i> .....	45	<i>torseimide</i> .....	30	<i>triamcinolone acetonide lotn</i> .....	36
<i>theophylline</i> .....	45	TOUJEO SOLOSTAR.....	26		
<i>theophylline cr</i> .....	45	TPN ELECTROLYTES.....	49		
<i>theophylline/d5w inj 5%; 0.8mg/ml</i> .....	45	TRACLEER.....	45		
<i>theophylline er</i> .....	45				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>triamcinolone acetonide oint</i>	36	TUDORZA PRESSAIR	45	VALCHLOR	18
<i>triamcinolone acetonide pste</i>	32	TWINRIX	42	VALCYTE ORAL SOLN	23
<i>triamcinolone in orabase</i>	32	TYBOST	24	<i>valganciclovir</i>	23
<i>triamterene/hydrochlorothiazide</i>	30	TYGACIL	11	<i>valganciclovir hydrochloride</i>	23
<i>trianex</i>	36	TYKERB	20	<i>valproate sodium</i>	14
<i>triderm</i>	36	TYPHIM VI	42	<i>valproic acid</i>	14
<i>tri-estarylla</i>	38	TYSABRI	32	<i>valsartan/hydrochlorothiazide</i>	28
<i>trifluoperazine hcl</i>	22	TYVASO	45	<i>valsartan tabs</i>	
<i>trifluridine</i>	24	TYZEKA	23	160mg, 40mg, 80mg	28
TRIGLIDE	30	TYZINE PEDIATRIC		<i>valsartan tabs 320mg</i>	28
<i>trihexyphenidyl hcl</i>	21	NASAL DROPS	46	<i>vancomycin</i>	11
<i>tri-legest fe</i>	38	<b>U</b>		<i>vancomycin hcl caps 125mg</i>	11
<i>tri-linyah</i>	38	ULORIC	17	<i>vancomycin hcl caps 250mg</i>	11
<i>tri-lo-estarylla</i>	38	<i>umecta</i>	32	<i>vancomycin hcl in dextrose</i>	11
<i>tri-lo-marzia</i>	39	<i>umecta mousse</i>	32	<i>vancomycin hcl inj</i>	
<i>tri-lo-sprintec</i>	39	UNASYN	12	0.9%; 1gm/200ml, 1000mg,	
<i>trilyte</i>	34	UNASYN BULK PACK	12	10gm, 500mg, 750mg	11
<i>trimethoprim</i>	11	UNITUXIN	20	<i>vancomycin hcl inj 5000mg</i>	11
<i>trimethoprim sulfate/</i>		<i>uramit mb</i>	34	<i>vandazole</i>	11
<i>polymyxin b sulfate</i>	11	<i>urea 40% nail film</i>	32	VAQTA	42
<i>trimipramine maleate</i>	16	<i>urea crea</i>		VARIVAX	42
<i>trinessa</i>	39	39%, 40%, 45%, 47%, 50%	33	VARIZIG INJ 125UNIT/1.2ML	42
<i>trinessa lo</i>	39	<i>urea gel</i>	33	VASCEPA CAPS 1GM	30
TRINTELLIX	15	<i>urea nail gel</i>	33	VECTIBIX	20
<i>triple-vitamin/fluoride</i>	49	<i>urea susp</i>	33	VELCADE	19
<i>tri-previfem</i>	39	URELLE	34	<i>velivet</i>	39
TRISENOX	19	<i>uribel</i>	35	VELPHORO	35
<i>tri-sprintec</i>	39	<i>urin d/s</i>	35	VELTIN	33
TRIUMEQ	24	<i>ur n-c</i>	34	VENCLEXTA STARTING PACK	19
<i>tri-vitamin/fluoride</i>	49	<i>uro-mp</i>	35	VENCLEXTA TABS 10MG	19
<i>tri-vit/fluoride</i>	49	<i>ursodiol</i>	34	VENCLEXTA TABS 50MG	19
<i>tri-vit/fluoride/iron</i>	49	<i>ustell</i>	35	VENCLEXTA TABS 100MG	19
<i>trivora-28</i>	39	<i>utira-c</i>	35	<i>venlafaxine hcl</i>	15
TROPHAMINE	49	UVADEX	33	<i>venlafaxine hcl er cp24 75mg</i>	15
<i>tropicamide</i>	43	<b>V</b>		<i>venlafaxine hcl er cp24</i>	
<i>tropium chloride</i>	34	VAGIFEM	39	150mg, 37.5mg	15
<i>tropium chloride er</i>	34	<i>valacyclovir hcl</i>	24	VENLAFAXINE HCL ER	
TRULICITY	25			TB24 75MG	15
TRUMENBA	42			VENLAFAXINE HCL ER	
TRUVADA	24			TB24 150MG, 225MG, 37.5MG	15
				VENTAVIS	45

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>verapamil hcl</i> .....	29	VOTRIENT.....	20	<b>Z</b>	
<i>verapamil hcl er</i> .....	29	VP-PNV-DHA.....	49	<i>zafirlukast</i> .....	44
<i>verapamil hcl sr cp24</i> .....	29	VPRIV.....	33	<i>zaleplon</i> .....	46
VERDESO.....	36	VRAYLAR CAPS.....	22	ZALTRAP.....	20
VERSACLOZ.....	22	VRAYLAR CPPK.....	22	ZANOSAR.....	18
VESICARE.....	35	<i>vyfemla</i> .....	39	ZARXIO.....	27
<i>vestura</i> .....	39	VYTORIN.....	30	ZAVESCA.....	33
VEXOL.....	43	<b>W</b>		<i>zazole crea</i> .....	17
V-GO 20.....	42	<i>warfarin sodium</i> .....	27	<i>zebutal caps 325mg; 50mg; 40mg</i> ... 7	
V-GO 30.....	42	WELCHOL.....	31	ZEGERID PACK.....	34
V-GO 40.....	42	<i>wymzya fe</i> .....	39	ZELAPAR.....	21
VIBATIV INJ 250MG.....	11	<b>X</b>		ZELBORAF.....	20
VICTOZA.....	25	XALKORI.....	20	ZEMAIRA.....	46
VIDEX PEDIATRIC.....	24	XARELTO STARTER PACK.....	27	<i>zenatane</i> .....	33
<i>vienva</i> .....	39	XARELTO TABS 10MG, 20MG.....	27	<i>zenchent</i> .....	39
VIGAMOX.....	13	XARELTO TABS 15MG.....	27	<i>zenchent fe</i> .....	39
VIIBRYD.....	16	XENAZINE.....	31	ZENPEP.....	33
VIIBRYD STARTER PACK.....	16	XEOMIN.....	23	ZETIA.....	31
VIMPAT INJ.....	14	XEOMIN.....	42	ZIAGEN ORAL SOLN.....	24
VIMPAT ORAL SOLN.....	14	XERAC AC.....	33	ZIANA.....	33
VIMPAT TABS.....	14	XGEVA.....	42	<i>zidovudine</i> .....	24
<i>vinblastine sulfate</i> .....	19	XIAFLEX.....	33	ZIOPTAN.....	43
<i>vincasar pfs</i> .....	19	XIFAXAN TABS 200MG.....	11	<i>ziprasidone hcl</i> .....	22
<i>vincristine sulfate</i> .....	19	XIFAXAN TABS 550MG.....	11	ZIRGAN.....	23
<i>vinorelbine tartrate</i> .....	19	XOLAIR.....	46	ZMAX.....	13
<i>viorele</i> .....	39	XOPENEX HFA.....	45	ZOLADEX.....	40
VIRACEPT.....	24	XTANDI.....	18	<i>zoledronic acid</i> .....	42
VIRAMUNE XR TB24 100MG.....	23	<i>xulane</i> .....	39	ZOLINZA.....	19
VIRAZOLE.....	46	<i>xylon</i> .....	9	<i>zolmitriptan odt tbdp 2.5mg</i> .....	17
VIREAD.....	24	XYREM.....	46	<i>zolmitriptan odt tbdp 5mg</i> .....	17
<i>virt-phos 250 neutral</i> .....	49	<b>Y</b>		<i>zolmitriptan tabs 2.5mg</i> .....	17
<i>virtrate-2</i> .....	49	YERVOY.....	20	<i>zolmitriptan tabs 5mg</i> .....	17
<i>virtrate-k</i> .....	49	YF-VAX.....	42	<i>zolpidem tartrate tabs</i> .....	46
<i>vitamins a/c/d/fluoride</i> .....	49	YONDELIS.....	18	ZONALON.....	33
VITEKTA.....	23			<i>zonisamide</i> .....	14
VIVITROL.....	9			ZORBTIVE.....	36
VOLTAREN GEL.....	33			ZORTRESS TABS	
<i>voriconazole inj</i> .....	17			0.5MG, 0.75MG.....	41
<i>voriconazole susr</i> .....	17			ZORTRESS TABS 0.25MG.....	41
<i>voriconazole tabs</i> .....	17				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ZOSTAVAX .....	42				
ZOSYN .....	12				
<i>zovia 1/35e</i> .....	39				
<i>zovia 1/50e</i> .....	39				
ZOVIRAX CREA .....	24				
ZYCLARA.....	33				
ZYCLARA PUMP.....	33				
ZYDELIG .....	20				
ZYKADIA .....	20				
ZYLET.....	10				
ZYPREXA RELPREVV INJ 210MG .....	22				
ZYPREXA RELPREVV INJ 300MG .....	22				
ZYPREXA RELPREVV INJ 405MG .....	22				
ZYTIGA.....	18				
ZYVOX SUSR .....	11				





**1-800-627-7534 (TTY 711)**

7 days a week, 8 a.m. – 8 p.m., hours apply  
Monday – Friday, February 15 – September 30



**CignaHealthSpring.com**

This drug list was updated on November 1, 2016. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-627-7534 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30, or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). This information is available for free in other languages. Please call our customer service number at 1-800-627-7534 (TTY 711), 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30. Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro servicio al cliente al 1-800-627-7534 (TTY 711), los 7 días de la semana, de 8 a.m. a 8 p.m. Del 15 de febrero al 30 de septiembre, llame de lunes a viernes. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2016 Cigna