

# 2018 Cigna-HealthSpring COMPREHENSIVE DRUG LIST (Formulary)

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

## **Plans covered**

Cigna-HealthSpring Primary (HMO)  
Cigna-HealthSpring TotalCare (HMO SNP)  
Cigna-HealthSpring TotalCare AR (HMO SNP)  
Cigna-HealthSpring TotalCare ETN (HMO SNP)  
Cigna-HealthSpring TotalCare SMS (HMO SNP)  
Cigna-HealthSpring Traditions (HMO SNP)



This drug list was updated in July 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. 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.



**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-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Primary (HMO), Cigna-HealthSpring TotalCare (HMO SNP), Cigna-HealthSpring TotalCare AR (HMO SNP), Cigna-HealthSpring TotalCare ETN (HMO SNP), Cigna-HealthSpring TotalCare SMS (HMO SNP) and Cigna-HealthSpring Traditions (HMO SNP).**

**This document includes a list of the drugs (formulary) for our plans, which is current as of July 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.**

**You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.**

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

A drug list is a list of covered drugs selected by Cigna-HealthSpring 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-HealthSpring 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-HealthSpring 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 2018 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic equivalent of the 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 on the generic equivalent 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 (FDA) 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 July 2018. To get updated information about the drugs covered by Cigna-HealthSpring, 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 10. 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 10. 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 52. 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. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

## What are generic drugs?

Cigna-HealthSpring 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-HealthSpring requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover. For example, Cigna-HealthSpring allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a 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-HealthSpring 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-HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover to only a 30-day supply at one time. A 60-day or 90-day supply of the drug is not covered for these medications.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 10. 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-HealthSpring 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-HealthSpring Drug List?" on page 3 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 help ensure that you do not miss a dose.
- 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-HealthSpring 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-HealthSpring 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-HealthSpring 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-HealthSpring. 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-HealthSpring.
- You can ask Cigna-HealthSpring 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-HealthSpring Drug List?

You can ask Cigna-HealthSpring 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-HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Cigna-HealthSpring 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 or utilization restriction exception. **When you request a drug list 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 existing 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 without a drug list exception, 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-HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

## Cigna-HealthSpring's Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 52.

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

The information in the Requirements/Limits column tells you if Cigna-HealthSpring 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 10 along with the amount dispensed per the days supplied. (For example: BYSTOLIC 10MG QL 30/30; this means the drug BYSTOLIC 10MG 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-HealthSpring prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna-HealthSpring, 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.

**NDS** – Non-extended day supply medication. This drug is only available as a 30-day supply or less.

**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. Your plan has one tier named “Covered Drugs”. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

For customers receiving Extra Help: Your Low Income Subsidy (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.

**Service Area: Alabama, Arkansas**

H0150-007

**Cigna-HealthSpring TotalCare (HMO SNP)**

Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama

H4454-034

**Cigna-HealthSpring TotalCare AR (HMO)**

Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

**Service Area: Georgia**

H0439-002

**Cigna-HealthSpring TotalCare (HMO SNP)**

Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, and White, Georgia

	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

\*Cost-sharing is based on your level of "Extra Help"

<b>Service Area: Illinois</b> H1415-024 <b>Cigna-HealthSpring Primary (HMO)</b> Cook, DuPage, Kane and Will, Illinois	Standard Retail Cost-Sharing*  <b>30, 60, 90 Days</b>	Standard Mail Order Cost-Sharing*  <b>30, 60, 90 Days</b>
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)
<b>Service Area: Florida</b> H5410-013 <b>Cigna-HealthSpring TotalCare (HMO SNP)</b> Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida	Standard Retail Cost-Sharing*  <b>30, 60, 90 Days</b>	Standard Mail Order Cost-Sharing*  <b>30, 60, 90 Days</b>
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)
<b>Service Area: Mississippi</b> H4407-004 <b>Cigna-HealthSpring TotalCare SMS (HMO SNP)</b> Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi	Standard Retail Cost-Sharing*  <b>30, 60, 90 Days</b>	Standard Mail Order Cost-Sharing*  <b>30, 60, 90 Days</b>
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

\*Cost-sharing is based on your level of "Extra Help"



<p><b>Service Area: North Carolina</b> H9725-003 <b>Cigna-HealthSpring TotalCare (HMO SNP)</b> Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin, North Carolina</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p><b>Service Area: Mid-Atlantic</b> H2108-001 <b>Cigna-HealthSpring TotalCare (HMO SNP)</b> Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George's, Maryland; District of Columbia; Kent, New Castle and Sussex, Delaware</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p><b>Service Area: Mid-Atlantic</b> H2108-020 <b>Cigna-HealthSpring Traditions (HMO SNP)</b> Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George's, Maryland; District of Columbia; Kent, New Castle and Sussex, Delaware</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>

\*Cost-sharing is based on your level of "Extra Help"

<p><b>Service Area: Pennsylvania</b> H3949-009 <b>Cigna-HealthSpring TotalCare (HMO SNP)</b> Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p><b>Service Area: Pennsylvania</b> H3949-016 <b>Cigna-HealthSpring Traditions (HMO SNP)</b> Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p><b>Service Area: Tennessee</b> H4454-020 <b>Cigna-HealthSpring TotalCare (HMO SNP)</b> Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee</p> <p>H4454-035 <b>Cigna-HealthSpring TotalCare ETN (HMO SNP)</b> Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk and Sequatchie, Tennessee</p> <p>H4454-028 <b>Cigna-HealthSpring Primary (HMO)</b> Bradley, Grundy, Hamilton, Marion and Sequatchie, Tennessee</p>	<p>Standard Retail Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>	<p>Standard Mail Order Cost-Sharing*</p> <p><b>30, 60, 90 Days</b></p>
<p><b>Tier 1: Covered Drugs</b></p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>

\*Cost-sharing is based on your level of "Extra Help"

**Service Area: Texas**

H4513-010

**Cigna-HealthSpring TotalCare (HMO SNP)**

Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591 and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy, Texas

H4513-027

**Cigna-HealthSpring TotalCare (HMO SNP)**

Henderson, Rusk, Smith, Upshur and Van Zandt, Texas

H4513-029

**Cigna-HealthSpring TotalCare (HMO SNP)**

Bexar, Collin, Dallas, Denton, El Paso, Hood, Johnson, Parker, Tarrant and Wise, Texas

	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
<b>Tier 1: Covered Drugs</b>	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

\*Cost-sharing is based on your level of "Extra Help"

**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 1-800-668-3813, 7 days a week, 8 a.m. - 8 p.m. TTY users can call 711.

My Medications	Page Number in the Drug List	Cost-Share through Cigna-HealthSpring	Generic Available?	Generic Cost-Share

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>butalbital/acetaminophen/caffeine caps</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	1	PA QL(180/30)
<i>esgic caps</i>	1	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	PA QL(180/30)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 400mg</i>	1	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	QL(60/30)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium caps 400mg</i>	1	
<i>fenoprofen calcium tabs</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	QL(30/30)
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine hcl inj</i>	1	QL(150/30)
DURAMORPH	1	QL(180/30)
<i>fentanyl</i>	1	QL(10/30)
INFUMORPH 200	1	QL(200/30)
INFUMORPH 500	1	QL(200/30)
<i>levorphanol tartrate</i>	1	NDS QL(120/30)
<i>methadone hcl conc</i>	1	QL(500/30)
<i>methadone hcl inj</i>	1	QL(150/30)
<i>methadone hcl intensol</i>	1	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	1	QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	1	QL(600/30)
<i>methadone hcl tabs 10mg</i>	1	QL(120/30)
<i>methadone hcl tabs 5mg</i>	1	QL(180/30)
<i>morphine sulfate er tbcr</i>	1	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	QL(180/30)
XTAMPZA ER	1	QL(60/30)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine oral soln</i>	1	QL(2700/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	1	QL(360/30)
<i>ascomp/codeine</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	1	PA QL(180/30)
<i>butorphanol tartrate inj 2mg/ml</i>	1	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	1	QL(480/30)
<i>butorphanol tartrate nasal soln</i>	1	QL(5/30)
<i>endocet tabs 325mg; 10mg</i>	1	QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	QL(360/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	1	B/D PA
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	1	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	1	PA NDS QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	1	QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	1	QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	1	QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	1	QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	QL(360/30)
<i>hydrocodone/ibuprofen</i>	1	QL(150/30)
<i>hydromorphone hcl dosette</i>	1	
<i>hydromorphone hcl inj</i>	1	
<i>hydromorphone hcl liqd</i>	1	QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	1	QL(150/30)
<i>lorcet</i>	1	QL(360/30)
<i>lorcet hd</i>	1	QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL(180/30)
<b>MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML</b>	1	
<i>morphine sulfate inj 5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>MORPHINE SULFATE INJ 10MG/ML</b>	1	QL(200/30)
<i>morphine sulfate inj 10mg/ml</i>	1	QL(200/30)
<b>MORPHINE SULFATE INJ 8MG/ML</b>	1	QL(250/30)
<i>morphine sulfate inj 8mg/ml</i>	1	QL(250/30)
<i>morphine sulfate inj 4mg/ml</i>	1	QL(630/30)
<i>morphine sulfate inj 2mg/ml</i>	1	QL(1260/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL(180/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL(300/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL(700/30)
<b>MORPHINE SULFATE TABS</b>	1	QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	1	QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	1	QL(180/30)
<i>oxycodone hcl caps</i>	1	QL(120/30)
<i>oxycodone hcl conc</i>	1	QL(120/30)
<i>oxycodone hcl oral soln</i>	1	QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	1	QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	1	QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	QL(360/30)
<i>oxycodone/aspirin</i>	1	QL(180/30)
<i>oxycodone/ibuprofen</i>	1	QL(28/30)
<i>tramadol hcl</i>	1	QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	1	QL(240/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	QL(180/30)
<i>vicodin hp tabs 300mg; 10mg</i>	1	QL(180/30)
<i>vicodin tabs 300mg; 5mg</i>	1	QL(360/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	1	
<i>lidocaine hcl external soln</i>	1	
<i>lidocaine hcl gel</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl mouth/throat soln</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	1	QL(120/30)
<i>lidocaine ptch</i>	1	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram</i>	1	
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl subl</i>	1	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	1	PA QL(90/30)
<i>naltrexone hcl</i>	1	
SUBOXONE	1	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	1	PA QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	1	PA QL(90/30)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl</i>	1	
NARCAN	1	QL(4/30)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr</i>	1	QL(60/30)
CHANTIX	1	QL(336/365)
CHANTIX CONTINUING MONTH PAK	1	QL(336/365)
CHANTIX STARTING MONTH PAK	1	QL(336/365)
NICOTROL INHALER	1	QL(1008/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NICOTROL NS	1	QL(30/30)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate crea</i>	1	
GENTAMICIN SULFATE INJ 10MG/ML	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint</i>	1	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin ophthalmic soln</i>	1	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	1	
<i>tobramycin sulfate ophthalmic soln</i>	1	
TOBREX OINT	1	
ZYLET	1	
<b>Antibacterials, Other</b>		
<i>alcohol prep pads</i>	1	
<i>baciim</i>	1	
<i>bacitracin inj</i>	1	
<i>bacitracin ophthalmic oint</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin hcl</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate crea</i>	1	
<i>clindamycin phosphate external soln</i>	1	
<i>clindamycin phosphate gel</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate lotn</i>	1	
<i>clindamycin phosphate swab</i>	1	
<i>clindamycin/sodium chloride</i>	1	
<i>colistimethate sodium</i>	1	
<i>daptomycin</i>	1	B/D PA NDS
<i>lincomycin hcl</i>	1	
<i>linezolid inj</i>	1	
<i>linezolid susr</i>	1	NDS QL(1800/30)
<i>linezolid tabs</i>	1	NDS QL(60/30)
<i>methenamine hippurate</i>	1	
<i>metronidazole crea</i>	1	
<i>metronidazole gel</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole inj</i>	1	
<i>metronidazole lotn</i>	1	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	1	
<i>nitrofurantoin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	1	
<i>rosadan</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SYNERCID	1	NDS
<i>tigecycline</i>	1	NDS
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
TYGACIL	1	NDS
<i>vancomycin</i>	1	
<i>vancomycin hcl caps 125mg</i>	1	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	1	QL(80/10)
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	1	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	1	
<i>vandazole</i>	1	
XIFAXAN TABS 200MG	1	PA QL(9/30)
XIFAXAN TABS 550MG	1	PA NDS QL(90/30)
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
SUPRAX SUSR 500MG/5ML	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	1	NDS
<b>Beta-lactam, Other</b>		
AZACTAM	1	
AZACTAM IN ISO-OSMOTIC DEXTROSE	1	
<i>aztreonam inj 1gm</i>	1	
<i>aztreonam inj 2gm</i>	1	NDS
<i>cefotetan</i>	1	
<i>imipenem/cilastatin</i>	1	
INVANZ	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	NDS
<i>oxacillin sodium inj 10gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen inj 20mu, 500000unit</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	
<b>Macrolides</b>		
AZASITE	1	
<i>azithromycin inj</i>	1	
<i>azithromycin pack</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	1	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	1	QL(12/28)
<i>azithromycin tabs 600mg</i>	1	QL(60/30)
<i>clarithromycin er</i>	1	QL(60/30)
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	QL(42/14)
e.e.s. 400	1	
<i>ery</i>	1	
ERY-TAB	1	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ERYPED 400	1	NDS
ERYTHROCIN LACTOBIONATE	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin external soln</i>	1	
<i>erythromycin gel</i>	1	
<i>erythromycin oint</i>	1	
<i>erythromycin pads</i>	1	
ZMAX	1	QL(60/30)
<b>Quinolones</b>		
AVELOX INJ	1	
BAXDELA	1	
BESIVANCE	1	
CILOXAN OINT	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin er tb24 500mg; 0</i>	1	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	1	QL(14/14)
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>ciprofloxacin susr</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj</i>	1	
<i>levofloxacin oral soln</i>	1	
<i>levofloxacin tabs</i>	1	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	1	
<i>moxifloxacin hcl inj</i>	1	
<i>moxifloxacin hcl ophthalmic soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>moxifloxacin hydrochloride ophthalmic soln</i>	1	
<i>ofloxacin</i>	1	
VIGAMOX	1	
<b>Sulfonamides</b>		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>sodium sulfacetamide ophthalmic soln</i>	1	
<i>sulfacetamide sodium lotn</i>	1	
<i>sulfacetamide sodium ophthalmic soln</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	1	QL(60/30)
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxylene nl</i>	1	QL(60/30)
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hydrochloride</i>	1	

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<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM TABS 200MG, 400MG, 800MG	1	NDS QL(30/30)
APTIOM TABS 600MG	1	NDS QL(60/30)
BRIVIACT INJ	1	NDS QL(600/30)
BRIVIACT ORAL SOLN	1	NDS QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	1	NDS QL(60/30)
BRIVIACT TABS 100MG	1	NDS QL(120/30)
FYCOMPA SUSP	1	QL(720/30)
FYCOMPA TABS	1	QL(30/30)
<i>levetiracetam</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	1	QL(180/30)
<i>magnesium sulfate in d5w</i>	1	B/D PA
<i>roweepira</i>	1	
<i>roweepira xr tb24 750mg</i>	1	QL(120/30)
<i>roweepira xr tb24 500mg</i>	1	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	1	QL(60/30)
SPRITAM TB3D 750MG	1	QL(120/30)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	1	
<i>ethosuximide</i>	1	
LYRICA CAPS 225MG, 300MG	1	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	1	QL(90/30)
LYRICA ORAL SOLN	1	QL(900/30)
<i>zonisamide</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	1	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	1	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	1	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	1	QL(90/30)
<i>clonazepam tabs 1mg</i>	1	QL(120/30)
<i>clonazepam tabs 2mg</i>	1	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	1	QL(20/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DIASTAT ACUDIAL GEL 20MG	1	QL(40/30)
DIASTAT PEDIATRIC	1	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	1	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	1	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	1	QL(40/30)
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin caps 100mg</i>	1	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	1	QL(270/30)
<i>gabapentin oral soln</i>	1	QL(2160/30)
<i>gabapentin tabs 800mg</i>	1	
<i>gabapentin tabs 600mg</i>	1	QL(180/30)
GABITRIL TABS 16MG	1	QL(90/30)
GABITRIL TABS 12MG	1	QL(120/30)
ONFI SUSP	1	NDS QL(480/30)
ONFI TABS 10MG	1	QL(60/30)
ONFI TABS 20MG	1	NDS QL(60/30)
<i>phenobarbital elix</i>	1	QL(1500/30)
<i>phenobarbital tabs</i>	1	QL(120/30)
<i>primidone</i>	1	
SABRIL PACK	1	PA NDS QL(200/30)
SABRIL TABS	1	PA NDS QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	1	
<i>tiagabine hydrochloride tabs 16mg</i>	1	QL(90/30)
<i>tiagabine hydrochloride tabs 12mg</i>	1	QL(120/30)
<i>tiagabine hydrochloride tabs 2mg</i>	1	QL(240/30)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin</i>	1	PA NDS QL(200/30)
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp</i>	1	NDS
<i>felbamate tabs</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine odt</i>	1	
<i>topiramate</i>	1	
TROKENDI XR CP24 100MG, 25MG, 50MG	1	QL(30/30)
TROKENDI XR CP24 200MG	1	NDS QL(60/30)
<b>Sodium Channel Agents</b>		
BANZEL SUSP	1	PA NDS QL(2400/30)
BANZEL TABS 200MG	1	PA NDS QL(60/30)
BANZEL TABS 400MG	1	PA NDS QL(240/30)
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN CAPS 30MG	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
VIMPAT INJ	1	QL(1200/30)
VIMPAT ORAL SOLN	1	QL(1200/30)
VIMPAT TABS	1	QL(60/30)
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	PA
NAMZARIC C4PK	1	QL(56/365)
NAMZARIC CP24	1	QL(30/30)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tabs 23mg, 5mg</i>	1	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	1	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	1	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>donepezil hydrochloride tabs 5mg</i>	1	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	1	QL(60/30)
<i>galantamine hydrobromide er</i>	1	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	1	QL(200/30)
<i>galantamine hydrobromide tabs</i>	1	QL(60/30)
<i>rivastigmine tartrate</i>	1	QL(60/30)
<i>rivastigmine transdermal system</i>	1	QL(30/30)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl tabs 10mg</i>	1	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	1	PA QL(90/30)
<i>memantine hcl titration pak</i>	1	PA QL(49/28)
<i>memantine hydrochloride</i>	1	PA QL(300/30)
<i>memantine hydrochloride er</i>	1	PA QL(30/30)
NAMENDA XR	1	PA QL(30/30)
NAMENDA XR TITRATION PACK	1	PA QL(56/365)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl er tb12 100mg, 200mg</i>	1	QL(60/30)
<i>bupropion hcl sr</i>	1	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	1	QL(120/30)
<i>bupropion hcl tabs 75mg</i>	1	QL(180/30)
<i>bupropion hcl xl</i>	1	QL(30/30)
<i>maprotiline hcl</i>	1	QL(90/30)
<i>mirtazapine</i>	1	QL(30/30)
<i>mirtazapine odt</i>	1	QL(30/30)
<i>nefazodone hcl</i>	1	QL(60/30)
<i>trazodone hcl</i>	1	
TRINTELLIX	1	QL(30/30) ST

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## Covered Drugs By Category

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<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	1	NDS QL(30/30)
MARPLAN	1	QL(180/30)
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral soln</i>	1	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL(60/30)
<i>desvenlafaxine er</i>	1	QL(30/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	1	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	1	QL(90/30)
<i>escitalopram oxalate oral soln</i>	1	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	1	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	1	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	1	QL(90/30)
FETZIMA	1	QL(30/30) ST
FETZIMA TITRATION PACK	1	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	1	QL(30/30)
<i>fluoxetine caps 20mg</i>	1	QL(120/30)
<i>fluoxetine dr</i>	1	QL(4/28)
<i>fluoxetine hcl caps 10mg</i>	1	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	1	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	1	QL(120/30)
<i>fluoxetine hcl oral soln</i>	1	QL(600/30)
<i>fluoxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	1	QL(120/30)
<i>fluvoxamine maleate er</i>	1	QL(60/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL(90/30)
<i>olanzapine/fluoxetine</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
PAXIL SUSP	1	QL(900/30) ST
PRISTIQ	1	QL(30/30)
<i>sertraline hcl conc</i>	1	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	1	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	1	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	1	QL(120/30)
<i>venlafaxine hcl</i>	1	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL(90/30)
VIIBRYD	1	QL(30/30) ST
VIIBRYD STARTER PACK	1	QL(30/30) ST
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	PA
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	PA
<i>desipramine hcl</i>	1	
<i>imipramine hcl</i>	1	PA
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	PA
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl tabs</i>	1	
<i>phenadoz</i>	1	
<i>phenergan supp</i>	1	
<i>promethazine hcl plain</i>	1	PA
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrup</i>	1	PA
<i>promethazine hcl tabs</i>	1	PA
<i>promethegan</i>	1	
<i>scopolamine</i>	1	QL(10/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRANSDERM-SCOP	1	QL(10/30)
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI	1	B/D PA NDS
<i>aprepitant caps 40mg</i>	1	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	1	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	1	B/D PA QL(4/28)
<i>aprepitant caps</i>	1	B/D PA QL(6/28)
<i>dronabinol</i>	1	PA QL(60/30)
EMEND SUSR	1	B/D PA QL(6/28)
<i>granisetron hcl inj</i>	1	B/D PA
<i>granisetron hcl tabs</i>	1	B/D PA QL(30/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	1	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PA QL(90/30)
<i>ondansetron odt</i>	1	B/D PA QL(90/30)
<i>palonosetron hydrochlori de</i>	1	B/D PA NDS
<i>palonosetron hydrochloride</i>	1	B/D PA NDS
SANCUSO	1	NDS QL(4/28)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	1	PA NDS
AMBISOME	1	PA NDS
<i>amphotericin b</i>	1	PA
CANCIDAS	1	PA NDS
<i>caspofungin acetate</i>	1	PA NDS
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox susp</i>	1	
<i>clotrimazole external crea</i>	1	
<i>clotrimazole external soln</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clotrimazole lozg</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	PA QL(120/30)
<i>ketoconazole crea</i>	1	
<i>ketoconazole sham</i>	1	
<i>ketoconazole tabs</i>	1	
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride</i>	1	
NAFTIN GEL	1	
NATACYN	1	
NOXAFIL SUSP	1	PA NDS QL(600/30)
NOXAFIL TBEC	1	PA NDS QL(96/30)
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
SPORANOX ORAL SOLN	1	PA NDS
<i>terbinafine hcl tabs</i>	1	QL(90/365)
<i>terconazole</i>	1	
<i>voriconazole inj</i>	1	PA NDS
<i>voriconazole susr</i>	1	PA NDS QL(300/30)
<i>voriconazole tabs</i>	1	PA QL(90/30)
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	

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## Covered Drugs By Category

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<i>allopurinol sodium</i>	1	
<i>colchicine caps</i>	1	QL(60/30)
<i>colchicine tabs</i>	1	QL(120/30)
MITIGARE	1	QL(60/30)
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	1	QL(30/30) ST
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate inj</i>	1	QL(30/28)
<i>ergotamine tartrate/caffeine</i>	1	QL(40/28)
<i>migergot</i>	1	NDS QL(20/28)
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<i>naratriptan hcl</i>	1	QL(9/30)
<i>rizatriptan benzoate</i>	1	QL(12/30)
<i>rizatriptan benzoate odt</i>	1	QL(12/30)
<i>sumatriptan</i>	1	QL(12/30)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate tabs</i>	1	QL(9/30)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL	1	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
REGONOL	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs</i>	1	
<i>rifabutin</i>	1	
<b>Antituberculars</b>		
CAPASTAT SULFATE	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
RIFATER	1	
SIRTURO	1	PA QL(188/365)
TRECATOR	1	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	1	B/D PA NDS QL(8/21)
BICNU	1	B/D PA
<i>busulfan</i>	1	B/D PA NDS
BUSULFEX	1	B/D PA NDS
<i>cyclophosphamide caps</i>	1	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	1	B/D PA
<i>cyclophosphamide inj 2gm</i>	1	B/D PA NDS
<i>dacarbazine</i>	1	B/D PA
EVOMELA	1	PA NDS
GLEOSTINE	1	
HEXALEN	1	NDS
<i>ifosfamide inj 1gm, 3gm</i>	1	B/D PA
KISQALI FEMARA 200 DOSE	1	PA NDS QL(49/28)
KISQALI FEMARA 400 DOSE	1	PA NDS QL(70/28)
KISQALI FEMARA 600 DOSE	1	PA NDS QL(91/28)
LEUKERAN	1	
MATULANE	1	NDS
<i>melphalan hydrochloride</i>	1	B/D PA NDS
MUSTARGEN	1	B/D PA
<i>thiotepa</i>	1	PA
TREANDA INJ 100MG	1	B/D PA NDS
TREANDA INJ 25MG	1	B/D PA NDS QL(8/21)
VALCHLOR	1	PA NDS QL(60/30)
YONDELIS	1	PA NDS

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZANOSAR	1	B/D PA
<b>Antiandrogens</b>		
<i>bicalutamide</i>	1	QL(30/30)
ERLEADA	1	PA NDS QL(120/30)
<i>flutamide</i>	1	
<i>nilutamide</i>	1	NDS QL(60/30)
XTANDI	1	PA NDS QL(120/30)
ZYTIGA TABS 500MG	1	PA NDS QL(60/30)
ZYTIGA TABS 250MG	1	PA NDS QL(120/30)
<b>Antiangiogenic Agents</b>		
POMALYST	1	PA NDS QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	1	PA NDS QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	1	PA NDS QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	1	PA NDS QL(28/28)
THALOMID CAPS 200MG	1	PA NDS QL(56/28)
<b>Antiestrogens/Modifiers</b>		
EMCYT	1	
FARESTON	1	NDS QL(30/30)
FASLODEX	1	B/D PA NDS QL(30/30)
SOLTAMOX	1	NDS
<i>tamoxifen citrate</i>	1	
<b>Antimetabolites</b>		
<i>adrucil</i>	1	B/D PA
ALIMTA	1	PA NDS
ARRANON	1	
<i>cladribine</i>	1	B/D PA
<i>clofarabine</i>	1	B/D PA
<i>cytarabine</i>	1	B/D PA
<i>cytarabine aqueous</i>	1	B/D PA
DROXIA	1	
ELITEK	1	B/D PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluorouracil inj</i>	1	B/D PA
FOLOTYN	1	B/D PA NDS
<i>gemcitabine</i>	1	B/D PA
<i>gemcitabine hcl inj 200mg, 2gm</i>	1	B/D PA
<i>gemcitabine hcl inj 1gm</i>	1	B/D PA NDS
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	1	B/D PA NDS
<i>hydroxyurea</i>	1	
LONSURF TABS 8.19MG; 20MG	1	PA NDS QL(80/28)
LONSURF TABS 6.14MG; 15MG	1	PA NDS QL(100/28)
<i>mercaptopurine</i>	1	
NIPENT	1	B/D PA NDS
PURIXAN	1	PA NDS QL(300/30)
TABLOID	1	
VYXEOS	1	B/D PA NDS
<b>Antineoplastics, Other</b>		
ABRAXANE	1	PA NDS
<i>adriamycin</i>	1	B/D PA
<i>azacitidine</i>	1	B/D PA NDS
BELEODAQ	1	PA NDS
<i>bleomycin sulfate</i>	1	B/D PA
BORTEZOMIB	1	PA NDS QL(14/21)
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	1	B/D PA
<i>cisplatin</i>	1	B/D PA
COSMEGEN	1	B/D PA NDS
<i>dactinomycin</i>	1	B/D PA NDS
<i>daunorubicin hcl</i>	1	B/D PA
<i>decitabine</i>	1	NDS
<i>dexrazoxane</i>	1	B/D PA
DOCETAXEL INJ 200MG/10ML	1	B/D PA NDS

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<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	B/D PA NDS
<i>doxorubicin hcl</i>	1	B/D PA
<i>doxorubicin hcl liposome</i>	1	B/D PA NDS
<i>epirubicin hcl inj 200mg/100ml</i>	1	B/D PA
ERWINAZE	1	B/D PA NDS QL(60/28)
ETHYOL	1	B/D PA NDS
<i>fludarabine phosphate inj 50mg</i>	1	B/D PA
FUSILEV	1	NDS
HALAVEN	1	PA NDS
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D PA NDS
<i>irinotecan</i>	1	B/D PA
<i>irinotecan hcl</i>	1	B/D PA
<i>irinotecan hydrochloride inj 40mg/2ml</i>	1	B/D PA
ISTODAX (OVERFILL)	1	PA NDS
JEVTANA	1	PA NDS
KISQALI	1	PA NDS QL(63/28)
LARTRUVO	1	PA NDS
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	1	
<i>leucovorin calcium tabs</i>	1	
<i>levoleucovorin calcium</i>	1	NDS
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	1	NDS
<i>lipodox 50</i>	1	B/D PA NDS
LYNPARZA TABS	1	PA NDS QL(120/30)
<i>mesna</i>	1	B/D PA
MESNEX TABS	1	NDS
<i>mitomycin inj 20mg, 5mg</i>	1	B/D PA
<i>mitomycin inj 40mg</i>	1	B/D PA NDS
MITOXANTRONE HCL INJ 2MG/ML	1	B/D PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D PA
NERLYNX	1	PA NDS QL(180/30)
NINLARO	1	PA NDS QL(3/28)
ODOMZO	1	PA NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	1	B/D PA
<i>oxaliplatin inj 100mg</i>	1	B/D PA NDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1	B/D PA
PORTRAZZA	1	PA NDS QL(100/21)
PROLEUKIN	1	B/D PA NDS
<i>romidepsin</i>	1	PA NDS
RUBRACA	1	PA NDS QL(120/30)
RYDAPT	1	PA NDS QL(224/28)
SYLATRON	1	PA NDS QL(4/28)
SYNRIBO	1	PA NDS QL(28/28)
TRISENOX	1	B/D PA
VELCADE	1	PA NDS QL(14/21)
VENCLEXTA STARTING PACK	1	PA NDS QL(84/365)
VENCLEXTA TABS 50MG	1	PA QL(30/30)
VENCLEXTA TABS 10MG	1	PA QL(60/30)
VENCLEXTA TABS 100MG	1	PA NDS QL(120/30)
VERZENIO	1	PA NDS QL(60/30)
<i>vinblastine sulfate</i>	1	B/D PA
<i>vincasar pfs</i>	1	B/D PA
<i>vincristine sulfate</i>	1	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	B/D PA
ZEJULA	1	PA NDS QL(90/30)
ZOLINZA	1	NDS QL(120/30)

### Aromatase Inhibitors, 3rd Generation

<i>anastrozole</i>	1	QL(30/30)
<i>exemestane</i>	1	QL(60/30)
<i>letrozole</i>	1	QL(30/30)

### Enzyme Inhibitors

<i>etoposide inj</i>	1	B/D PA
KYPROLIS	1	B/D PA NDS
<i>toposar</i>	1	B/D PA
<i>topotecan hcl inj 4mg</i>	1	NDS

### Molecular Target Inhibitors

AFINITOR DISPERZ TBSO 2MG, 3MG	1	PA NDS QL(56/28)
AFINITOR DISPERZ TBSO 5MG	1	PA NDS QL(112/28)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR TABS 2.5MG, 5MG, 7.5MG	1	PA NDS QL(28/28)
AFINITOR TABS 10MG	1	PA NDS QL(56/28)
ALECENSA	1	PA NDS QL(240/30)
ALIQOPA	1	PA NDS QL(3/28)
ALUNBRIG TABS 180MG, 90MG	1	PA NDS QL(30/30)
ALUNBRIG TABS 30MG	1	PA NDS QL(180/30)
ALUNBRIG TBPk	1	PA NDS QL(60/365)
BOSULIF TABS 400MG, 500MG	1	PA NDS QL(30/30)
BOSULIF TABS 100MG	1	PA NDS QL(120/30)
CABOMETYX TABS 20MG, 60MG	1	PA NDS QL(30/30)
CABOMETYX TABS 40MG	1	PA NDS QL(60/30)
CALQUENCE	1	PA NDS QL(60/30)
CAPRELSA TABS 300MG	1	PA NDS QL(30/30)
CAPRELSA TABS 100MG	1	PA NDS QL(60/30)
COMETRIQ KIT	1	PA NDS QL(56/28)
COMETRIQ KIT 20MG	1	PA NDS QL(84/28)
COMETRIQ KIT	1	PA NDS QL(112/28)
COTELLIC	1	PA NDS QL(63/28)
ERIVEDGE	1	PA NDS QL(28/28)
FARYDAK	1	PA NDS QL(6/21)
GILOTRIF	1	PA NDS QL(30/30)
IBRANCE	1	PA NDS QL(21/28)
ICLUSIG TABS 45MG	1	PA NDS QL(30/30)
ICLUSIG TABS 15MG	1	PA NDS QL(60/30)
IDHIFA	1	PA NDS QL(30/30)
<i>imatinib mesylate</i>	1	PA NDS QL(60/30)
IMBRUVICA CAPS 70MG	1	PA NDS QL(30/30)
IMBRUVICA CAPS 140MG	1	PA NDS QL(120/30)
IMBRUVICA TABS	1	PA NDS QL(30/30)
INLYTA	1	PA NDS QL(120/30)
IRESSA	1	PA NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JAKAFI	1	PA NDS QL(60/30)
LENVIMA 10 MG DAILY DOSE	1	PA NDS QL(30/30)
LENVIMA 14 MG DAILY DOSE	1	PA NDS QL(60/30)
LENVIMA 18 MG DAILY DOSE	1	PA NDS QL(90/30)
LENVIMA 20 MG DAILY DOSE	1	PA NDS QL(60/30)
LENVIMA 24 MG DAILY DOSE	1	PA NDS QL(90/30)
LENVIMA 8 MG DAILY DOSE	1	PA NDS QL(60/30)
LYNPARZA CAPS	1	PA NDS QL(448/28)
MEKINIST TABS 2MG	1	PA NDS QL(30/30)
MEKINIST TABS 0.5MG	1	PA NDS QL(90/30)
NEXAVAR	1	PA NDS QL(120/30)
SPRYCEL	1	PA NDS QL(30/30)
STIVARGA	1	PA NDS
SUTENT	1	PA NDS QL(28/28)
TAFINLAR	1	PA NDS QL(120/30)
TAGRISSO	1	PA NDS QL(30/30)
TARCEVA TABS 100MG, 150MG	1	PA NDS QL(30/30)
TARCEVA TABS 25MG	1	PA NDS QL(60/30)
TASIGNA CAPS 150MG, 200MG	1	PA NDS QL(112/28)
TASIGNA CAPS 50MG	1	PA NDS QL(420/30)
TYKERB	1	PA NDS QL(180/30)
VOTRIENT	1	PA NDS QL(120/30)
XALKORI	1	PA NDS QL(60/30)
ZALTRAP	1	PA NDS QL(40/28)
ZELBORAF	1	PA NDS QL(240/30)
ZYDELIG	1	PA NDS QL(60/30)
ZYKADIA	1	PA NDS QL(140/28)

### Monoclonal Antibody/Antibody-Drug Conjugate

AVASTIN	1	PA NDS
BAVENCIO	1	PA NDS
BESPONSA	1	PA NDS
CYRAMZA	1	PA NDS
DARZALEX	1	PA NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EMPLICITI	1	PA NDS
ERBITUX	1	PA NDS
GAZYVA	1	PA NDS
HERCEPTIN INJ 440MG	1	PA NDS
HERCEPTIN INJ 150MG	1	B/D PA NDS
IMFINZI	1	PA NDS
KADCYLA	1	PA NDS
KEYTRUDA	1	PA NDS
MYLOTARG	1	PA NDS
OPDIVO INJ 240MG/24ML	1	PA NDS QL(48/28)
OPDIVO INJ 100MG/10ML, 40MG/4ML	1	PA NDS QL(80/28)
PERJETA	1	PA NDS
RITUXAN	1	PA NDS
RITUXAN HYCELA	1	PA NDS
TECENTRIQ	1	PA NDS QL(20/21)
UNITUXIN	1	PA NDS
VECTIBIX	1	PA NDS
YERVOY INJ 50MG/10ML	1	PA NDS
YERVOY INJ 200MG/40ML	1	PA NDS QL(80/21)
<b>Retinoids</b>		
<i>bexarotene</i>	1	NDS
PANRETIN	1	NDS
TARGRETIN GEL	1	NDS QL(60/30)
<i>tretinoin caps</i>	1	NDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	1	
BILTRICIDE	1	
<i>ivermectin</i>	1	
<i>praziquantel</i>	1	
<b>Antiprotozoals</b>		
ALINIA SUSR	1	QL(150/30)
ALINIA TABS	1	NDS QL(20/30)
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	QL(24/30)
DARAPRIM	1	NDS QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	1	B/D PA QL(6/28)
PENTAM 300	1	
PRIMAQUINE PHOSPHATE	1	
<i>quinine sulfate</i>	1	QL(42/7)
<b>Pediculicides/Scabicides</b>		
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	PA
<i>trihexyphenidyl hcl</i>	1	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl</i>	1	
<i>entacapone</i>	1	QL(240/30)
<i>tolcapone</i>	1	NDS
<b>Dopamine Agonists</b>		
APOKYN	1	PA NDS QL(60/30)
<i>bromocriptine mesylate</i>	1	
NEUPRO	1	QL(30/30)
<i>pramipexole dihydrochloride</i>	1	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	1	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	1	QL(90/30)
<i>ropinirole hcl</i>	1	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/ entacapone</i>	1	
RYTARY	1	ST

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate</i>	1	QL(30/30)
<i>selegiline hcl</i>	1	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine caps 25mg, 50mg</i>	1	
<i>loxapine caps 10mg, 5mg</i>	1	QL(120/30)
<i>loxapine succinate caps 25mg, 50mg</i>	1	
<i>loxapine succinate caps 10mg, 5mg</i>	1	QL(120/30)
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	1	NDS QL(1/28)
<i>aripiprazole odt</i>	1	NDS QL(60/30)
<i>aripiprazole oral soln</i>	1	QL(900/30)
<i>aripiprazole tabs</i>	1	QL(30/30)
ARISTADA INJ 441MG/1.6ML	1	NDS QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	1	NDS QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	1	NDS QL(3.2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARISTADA INJ 1064MG/3.9ML	1	NDS QL(3.9/60)
FANAPT TABS 1MG, 2MG, 4MG	1	QL(60/30) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	1	NDS QL(60/30) ST
FANAPT TITRATION PACK	1	QL(16/365) ST
GEODON INJ	1	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	1	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	1	NDS QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	1	NDS QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	1	NDS QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	1	NDS QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	1	NDS QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	1	NDS QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	1	NDS QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	1	NDS QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	1	NDS QL(30/30) ST
LATUDA TABS 80MG	1	NDS QL(60/30) ST
NUPLAZID	1	PA NDS QL(60/30)
<i>olanzapine inj</i>	1	QL(30/30)
<i>olanzapine odt</i>	1	QL(30/30)
<i>olanzapine tabs</i>	1	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	1	QL(30/30) ST
<i>paliperidone er tb24 9mg</i>	1	NDS QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	1	QL(60/30) ST
<i>quetiapine fumarate</i>	1	QL(60/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	1	QL(60/30)
REXULTI	1	NDS QL(30/30)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	1	QL(2/28)
RISPERDAL CONSTA INJ 50MG	1	NDS QL(2/28)
<i>risperidone m-tab</i>	1	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	1	QL(120/30)
<i>risperidone oral soln</i>	1	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(60/30)
<i>risperidone tabs 4mg</i>	1	QL(120/30)
SAPHRIS	1	QL(60/30)
VRAYLAR CAPS	1	NDS QL(30/30) ST
VRAYLAR CPPK	1	QL(14/365) ST
<i>ziprasidone hcl</i>	1	QL(60/30)
ZYPREXA RELPREVV INJ 405MG	1	NDS QL(1/28)
ZYPREXA RELPREVV INJ 210MG	1	QL(2/28)
ZYPREXA RELPREVV INJ 300MG	1	NDS QL(2/28)
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	1	
<i>clozapine odt tbdp 200mg</i>	1	NDS QL(120/30)
<i>clozapine odt tbdp 150mg</i>	1	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	1	QL(270/30)
<i>clozapine tabs 25mg, 50mg</i>	1	
<i>clozapine tabs 200mg</i>	1	QL(120/30)
<i>clozapine tabs 100mg</i>	1	QL(270/30)
VERSACLOZ	1	QL(540/30)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg</i>	1	
<i>dantrolene sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tizanidine hcl</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	1	NDS
FOSCAVIR	1	
<i>ganciclovir inj 500mg, 500mg/10ml</i>	1	B/D PA
<i>valganciclovir</i>	1	NDS
<i>valganciclovir hydrochloride</i>	1	NDS
ZIRGAN	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	1	NDS QL(30/30)
BARACLUDGE ORAL SOLN	1	QL(630/30)
<i>entecavir</i>	1	QL(30/30)
EPIVIR HBV ORAL SOLN	1	
INTRON A INJ 18MU, 6000000UNIT/ML	1	
INTRON A INJ 10MU, 10MU/ ML, 50MU	1	NDS
<i>lamivudine tabs 100mg</i>	1	
<b>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</b>		
EPCLUSA	1	PA NDS QL(28/28)
HARVONI	1	PA NDS QL(28/28)
VOSEVI	1	PA NDS QL(30/30)
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
PEGASYS INJ 180MCG/0.5ML	1	PA NDS QL(2/28)
PEGASYS INJ 180MCG/ML	1	PA NDS QL(4/28)
PEGASYS PROCLICK	1	PA NDS QL(2/28)
<i>ribavirin caps</i>	1	QL(168/28)
<i>ribavirin tabs</i>	1	QL(168/28)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	1	NDS QL(30/30)
GENVOYA	1	NDS QL(30/30)
ISENTRESS CHEW 25MG	1	QL(180/30)
ISENTRESS CHEW 100MG	1	NDS QL(180/30)
ISENTRESS PACK	1	NDS QL(180/30)
ISENTRESS TABS	1	NDS QL(60/30)
JULUCA	1	NDS QL(30/30)
TIVICAY TABS 10MG, 25MG	1	QL(60/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TIVICAY TABS 50MG	1	NDS QL(60/30)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	1	NDS QL(30/30)
EDURANT	1	NDS QL(30/30)
<i>efavirenz caps 200mg</i>	1	QL(60/30)
<i>efavirenz caps 50mg</i>	1	QL(90/30)
<i>efavirenz tabs</i>	1	NDS QL(30/30)
INTELENCE TABS 100MG, 200MG	1	NDS QL(60/30)
INTELENCE TABS 25MG	1	QL(120/30)
<i>nevirapine</i>	1	QL(60/30)
<i>nevirapine er tb24 400mg</i>	1	QL(30/30)
<i>nevirapine er tb24 100mg</i>	1	QL(90/30)
ODEFSEY	1	NDS QL(30/30)
RESCRIPTOR TABS 200MG	1	QL(180/30)
RESCRIPTOR TABS 100MG	1	QL(270/30)
STRIBILD	1	NDS QL(30/30)
SUSTIVA CAPS 200MG	1	NDS QL(60/30)
SUSTIVA CAPS 50MG	1	QL(90/30)
SUSTIVA TABS	1	NDS QL(30/30)
SYMFI	1	NDS QL(30/30)
SYMFI LO	1	NDS QL(30/30)
VIRAMUNE SUSP	1	QL(1200/30)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral soln</i>	1	QL(960/30)
<i>abacavir sulfate/lamivudine/ zidovudine</i>	1	NDS QL(60/30)
<i>abacavir tabs</i>	1	QL(60/30)
<i>abacavir/lamivudine</i>	1	NDS QL(30/30)
CIMDUO	1	NDS QL(30/30)
DESCOVY	1	NDS QL(30/30)
<i>didanosine</i>	1	QL(30/30)
EMTRIVA CAPS	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EMTRIVA ORAL SOLN	1	QL(680/28)
<i>lamivudine oral soln</i>	1	QL(900/30)
<i>lamivudine tabs 300mg</i>	1	QL(30/30)
<i>lamivudine tabs 150mg</i>	1	QL(60/30)
<i>lamivudine/zidovudine</i>	1	QL(60/30)
RETROVIR IV INFUSION	1	
<i>stavudine</i>	1	QL(60/30)
<i>tenofovir disoproxil fumarate</i>	1	NDS QL(30/30)
TRIUMEQ	1	NDS QL(30/30)
TRUVADA	1	NDS QL(30/30)
VIDEX EC CPDR 125MG	1	QL(30/30)
VIDEX PEDIATRIC	1	QL(1200/30)
VIREAD POWD	1	NDS QL(240/30)
VIREAD TABS	1	NDS QL(30/30)
ZERIT ORAL SOLN	1	QL(2400/30)
ZIAGEN ORAL SOLN	1	QL(960/30)
<i>zidovudine caps</i>	1	QL(180/30)
<i>zidovudine syrup</i>	1	QL(1680/28)
<i>zidovudine tabs</i>	1	QL(60/30)
<b>Anti-HIV Agents, Other</b>		
ATRIPLA	1	NDS QL(30/30)
FUZEON	1	NDS QL(60/30)
ISENTRESS HD	1	NDS QL(60/30)
SELZENTRY ORAL SOLN	1	NDS QL(1610/26)
SELZENTRY TABS 150MG, 75MG	1	NDS QL(60/30)
SELZENTRY TABS 300MG	1	NDS QL(120/30)
SELZENTRY TABS 25MG	1	QL(240/30)
TROGARZO	1	B/D PA NDS
TYBOST	1	QL(30/30)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS	1	NDS QL(120/30)
APTIVUS ORAL SOLN	1	NDS QL(285/28)
<i>atazanavir caps 150mg</i>	1	QL(30/30)

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<i>atazanavir caps 300mg</i>	1	NDS QL(30/30)
<i>atazanavir caps 200mg</i>	1	NDS QL(60/30)
<i>atazanavir sulfate caps 150mg</i>	1	QL(30/30)
<i>atazanavir sulfate caps 300mg</i>	1	NDS QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	1	NDS QL(60/30)
CRIXIVAN CAPS 400MG	1	QL(180/30)
CRIXIVAN CAPS 200MG	1	QL(270/30)
EVOTAZ	1	NDS QL(30/30)
<i>fosamprenavir calcium</i>	1	NDS QL(120/30)
INVIRASE CAPS	1	NDS QL(300/30)
INVIRASE TABS	1	NDS QL(120/30)
KALETRA ORAL SOLN	1	QL(480/30)
KALETRA TABS 200MG; 50MG	1	NDS QL(120/30)
KALETRA TABS 100MG; 25MG	1	QL(300/30)
LEXIVA SUSP	1	QL(1575/28)
LEXIVA TABS	1	NDS QL(120/30)
<i>lopinavir/ritonavir</i>	1	QL(480/30)
NORVIR CAPS	1	QL(360/30)
NORVIR ORAL SOLN	1	QL(480/30)
NORVIR PACK	1	QL(360/30)
NORVIR TABS	1	QL(360/30)
PREZCOBIX	1	NDS QL(30/30)
PREZISTA SUSP	1	NDS QL(400/30)
PREZISTA TABS 800MG	1	NDS QL(30/30)
PREZISTA TABS 600MG	1	NDS QL(60/30)
PREZISTA TABS 150MG	1	QL(180/30)
PREZISTA TABS 75MG	1	QL(210/30)
REYATAZ CAPS 150MG, 300MG	1	NDS QL(30/30)
REYATAZ CAPS 200MG	1	NDS QL(60/30)
REYATAZ PACK	1	NDS QL(180/30)
<i>ritonavir</i>	1	QL(360/30)
VIRACEPT TABS 625MG	1	NDS QL(120/30)
VIRACEPT TABS 250MG	1	NDS QL(270/30)
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL(56/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oseltamivir phosphate caps 30mg</i>	1	QL(112/365)
<i>oseltamivir phosphate susr</i>	1	QL(700/365)
<i>rimantadine hcl</i>	1	
TAMIFLU CAPS 45MG, 75MG	1	QL(56/365)
TAMIFLU CAPS 30MG	1	QL(112/365)
TAMIFLU SUSR	1	QL(700/365)
<b>Antiherpetic Agents</b>		
<i>acyclovir caps</i>	1	
<i>acyclovir oint</i>	1	QL(30/30)
<i>acyclovir sodium</i>	1	B/D PA
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
DENAVIR	1	NDS QL(5/30)
<i>famciclovir</i>	1	QL(60/30)
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	1	QL(30/30)
ZOVIRAX CREA	1	QL(5/30)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl</i>	1	
<i>doxepin hcl</i>	1	PA
<b>Benzodiazepines</b>		
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	1	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	1	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL(90/30)
<i>alprazolam tabs 2mg</i>	1	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL(180/30)
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln</i>	1	QL(1200/30)
<i>diazepam tabs</i>	1	QL(120/30)
<i>lorazepam conc</i>	1	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	
<i>lorazepam intensol</i>	1	QL(150/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL(90/30)
<i>lorazepam tabs 2mg</i>	1	QL(150/30)
<i>oxazepam</i>	1	QL(120/30)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	QL(90/30)
BYDUREON	1	QL(4/28)
BYDUREON BCISE	1	QL(4/28)
BYDUREON PEN	1	QL(4/28)
BYETTA INJ 5MCG/0.02ML	1	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	1	QL(2.4/30)
CYCLOSET	1	QL(180/30)
FARXIGA	1	QL(30/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	1	QL(60/30)
<i>glipizide er tb24 5mg</i>	1	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	1	QL(240/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 10mg</i>	1	QL(60/30)
<i>glipizide xl tb24 5mg</i>	1	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	1	QL(240/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
GLYXAMBI	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVOKAMET	1	QL(60/30)
INVOKAMET XR	1	QL(60/30)
INVOKANA	1	QL(30/30)
JANUMET	1	QL(60/30)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	1	QL(30/30)
JANUMET XR TB24 1000MG; 50MG	1	QL(60/30)
JANUVIA	1	QL(30/30)
JARDIANCE	1	QL(30/30)
JENTADUETO	1	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	1	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	1	QL(60/30)
<i>metformin hcl er tb24 1000mg, 500mg, (generic for Fortamet)</i>	1	QL(60/30)
<i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hcl tabs 500mg</i>	1	QL(150/30)
<i>miglitol</i>	1	QL(90/30)
<i>nateglinide</i>	1	QL(90/30)
OZEMPIC	1	QL(3/28)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL(120/30)
<i>repaglinide tabs 2mg</i>	1	QL(240/30)
RIOMET	1	QL(750/30)
SYMLINPEN 120	1	PA NDS QL(10.8/28)
SYMLINPEN 60	1	PA QL(6/30)
SYNJARDY	1	QL(60/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	1	QL(30/30)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	1	QL(60/30)
TRADJENTA	1	QL(30/30)
TRULICITY	1	QL(2/28)
VICTOZA	1	QL(9/30)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG	1	QL(30/30)
XIGDUO XR TB24 5MG; 1000MG	1	QL(60/30)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	1	QL(4/30)
GLUCAGON EMERGENCY KIT	1	QL(4/30)
PROGLYCEM	1	
<b>Insulins</b>		
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR	1	
LEVEMIR FLEXTOUCH	1	
SOLIQUA 100/33	1	QL(18/30) ST
TOUJEO MAX SOLOSTAR	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TOUJEO SOLOSTAR	1	
TRESIBA FLEXTOUCH	1	
XULTOPHY 100/3.6	1	QL(15/30) ST
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN	1	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	1	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	1	QL(30/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	1	NDS QL(12/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL(15/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	1	NDS QL(18/90)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	1	NDS QL(24/90)
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
PRADAXA	1	QL(60/30)
SAVAYSA	1	QL(30/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	1	QL(102/365)
XARELTO TABS 20MG	1	QL(30/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XARELTO TABS 15MG	1	QL(60/30)
XARELTO TABS 10MG	1	QL(90/90)
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 500MCG/ML	1	PA NDS QL(1/21)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	1	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	1	PA NDS QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	1	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	1	PA NDS QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	1	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	1	PA NDS QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	1	PA NDS QL(2.4/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	1	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	1	PA NDS QL(4/28)
LEUKINE INJ 250MCG	1	PA NDS
MOZOBIL	1	NDS QL(9.6/30)
PROCRIT INJ 40000UNIT/ML	1	PA NDS QL(6/28)
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	PA QL(12/28)
PROCRIT INJ 20000UNIT/ML	1	PA NDS QL(12/28)
PROMACTA	1	PA NDS QL(30/30)
ZARXIO	1	PA NDS
<b>Hemostasis Agents</b>		
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL(30/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	1	QL(60/30)
BRILINTA	1	QL(60/30)
<i>cilostazol</i>	1	
<i>clopidogrel tabs 300mg</i>	1	QL(2/365)
<i>clopidogrel tabs 75mg</i>	1	QL(30/30)
<i>prasugrel</i>	1	QL(30/30)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	1	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	1	QL(8/28)
<i>clonidine hcl tabs</i>	1	
<i>midodrine hcl</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	1	NDS
<i>prazosin hcl</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	1	QL(30/30) ST
BENICAR HCT	1	QL(30/30) ST
<i>candesartan cilexetil</i>	1	QL(30/30)
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL(30/30)
EDARBI	1	ST
EDARBYCLOR	1	ST
ENTRESTO	1	QL(60/30)
<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)
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL(60/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)

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## Covered Drugs By Category

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<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>olmesartan medoxomil</i>	1	QL(30/30)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL(30/30)
<i>telmisartan</i>	1	QL(30/30)
<i>telmisartan/amlodipine</i>	1	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>valsartan</i>	1	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	1	QL(30/30)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl</i>	1	QL(60/30)
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	QL(30/30)
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	QL(60/30)
<i>captopril tabs 100mg, 50mg</i>	1	
<i>captopril tabs 12.5mg, 25mg</i>	1	QL(90/30)
<i>captopril/hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/hydrochlorothiazide</i>	1	QL(60/30)
<i>fosinopril sodium</i>	1	QL(60/30)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	QL(30/30)
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 25mg; 15mg</i>	1	QL(60/30)
<i>perindopril erbumine</i>	1	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	1	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg</i>	1	QL(30/30)
<i>trandolapril tabs 2mg, 4mg</i>	1	QL(60/30)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl</i>	1	
<i>dofetilide</i>	1	QL(60/30)
<i>flecainide acetate</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	QL(60/30)
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	
<i>sotalol hydrochloride tabs 120mg</i>	1	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	1	QL(30/30)
BYSTOLIC TABS 20MG	1	QL(60/30)
BYVALSON	1	QL(30/30)
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	QL(30/30)
COREG CR	1	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	QL(60/30)
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	QL(30/30)
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hydrochloride</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate</i>	1	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	QL(60/30)
<i>amlodipine besylate tabs 10mg</i>	1	QL(30/30)
<i>amlodipine besylate tabs 5mg</i>	1	QL(60/30)
<i>amlodipine besylate tabs 2.5mg</i>	1	QL(120/30)
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	1	QL(30/30)
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(60/30)
<i>amlodipine besylate/valsartan</i>	1	QL(30/30)
<i>amlodipine/olmesartan medoxomil</i>	1	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	1	QL(30/30)
<b>AZOR</b>	1	QL(30/30) ST
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er cp12</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er tb24</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>felodipine er</i>	1	QL(60/30)
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine er tb24 90mg</i>	1	QL(30/30)
<i>nifedipine er tb24 30mg, 60mg</i>	1	QL(60/30)
<i>nimodipine</i>	1	
<i>nisoldipine er tb24 20mg, 30mg, 40mg</i>	1	
<i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i>	1	QL(30/30)
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	QL(30/30)
<i>verapamil hcl er cp24 200mg</i>	1	QL(60/30)
<i>verapamil hcl er tbcr</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	QL(30/30)
<b>Cardiovascular Agents, Other</b>		
<i>atropine sulfate inj 0.5mg/5ml</i>	1	
<b>CORLANOR</b>	1	PA QL(60/30)
<b>DEMSEER</b>	1	NDS
<i>digitek tabs 0.125mg</i>	1	QL(30/30)
<i>digitek tabs 0.25mg</i>	1	PA
<i>digox tabs 125mcg</i>	1	QL(30/30)
<i>digox tabs 250mcg</i>	1	PA
<i>digoxin inj</i>	1	PA
<i>digoxin tabs 125mcg</i>	1	QL(30/30)
<i>digoxin tabs 250mcg</i>	1	PA
<b>NORTHERA CAPS 100MG</b>	1	PA NDS QL(90/30)
<b>NORTHERA CAPS 200MG, 300MG</b>	1	PA NDS QL(180/30)
<i>pentoxifylline er</i>	1	
<b>PRALUENT</b>	1	PA NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RANEXA	1	QL(60/30)
TEKTURNA	1	QL(30/30)
TEKTURNA HCT	1	QL(30/30)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide	1	
acetazolamide sodium	1	
methazolamide	1	
<b>Diuretics, Loop</b>		
bumetanide	1	
ethacrynate sodium	1	
furosemide	1	
toremide	1	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl	1	
amiloride/hydrochlorothiazide	1	
spironolactone	1	
spironolactone/ hydrochlorothiazide	1	
triamterene/hydrochlorothiazide	1	
<b>Diuretics, Thiazide</b>		
chlorothiazide	1	
chlorothiazide sodium	1	
chlorthalidone	1	
hydrochlorothiazide	1	
indapamide	1	
metolazone	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate caps 130mg, 150mg	1	QL(30/30)
fenofibrate caps 43mg, 50mg	1	QL(60/30)
fenofibrate micronized caps 134mg, 200mg	1	QL(30/30)
fenofibrate micronized caps 67mg	1	QL(60/30)
fenofibrate tabs 145mg, 160mg	1	QL(30/30)
fenofibrate tabs 48mg, 54mg	1	QL(60/30)
fenofibric acid dr cpdr 135mg	1	QL(30/30)
fenofibric acid dr cpdr 45mg	1	QL(60/30)
gemfibrozil	1	QL(60/30)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
atorvastatin calcium	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CRESTOR	1	QL(30/30) ST
LIVALO	1	QL(30/30) ST
lovastatin tabs 10mg, 20mg	1	QL(30/30)
lovastatin tabs 40mg	1	QL(60/30)
pravastatin sodium	1	QL(30/30)
rosuvastatin calcium	1	QL(30/30)
simvastatin	1	QL(30/30)
<b>Dyslipidemics, Other</b>		
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
ezetimibe	1	QL(30/30)
ezetimibe/simvastatin	1	QL(30/30)
niacin er tbc 500mg	1	QL(30/30)
niacin er tbc 1000mg, 750mg	1	QL(60/30)
niacor	1	
omega-3-acid ethyl esters	1	QL(120/30)
prevalite	1	
REPATHA	1	PA NDS QL(3/30)
REPATHA PUSHTRONEX SYSTEM	1	PA NDS QL(3.5/30)
REPATHA SURECLICK	1	PA NDS QL(3/30)
VASCEPA CAPS 1GM	1	QL(120/30)
VASCEPA CAPS 0.5GM	1	QL(240/30)
WELCHOL	1	
ZETIA	1	QL(30/30) ST
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl	1	
minoxidil	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	1	QL(180/30)
isosorbide dinitrate er	1	
isosorbide dinitrate tabs	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
minitran	1	QL(30/30)
nitroglycerin	1	
nitroglycerin lingual	1	
nitroglycerin transdermal	1	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/ dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg; 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg; 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(30/30)
<i>amphetamine/ dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg</i>	1	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 5mg; 5mg; 5mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	1	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	1	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	1	QL(60/30)
<i>clonidine hcl er</i>	1	QL(120/30)
<i>dexmethylphenidate hcl</i>	1	QL(60/30)
<i>metadate er</i>	1	QL(90/30)
<i>methylphenidate hcl er tb24 27mg, 54mg</i>	1	QL(30/30)
<i>methylphenidate hcl er tb24 36mg</i>	1	QL(60/30)
<i>methylphenidate hcl er tb24 18mg</i>	1	QL(120/30)
<i>methylphenidate hcl er tbc 10mg, 27mg, 54mg</i>	1	QL(30/30)
<i>methylphenidate hcl er tbc 36mg</i>	1	QL(60/30)
<i>methylphenidate hcl er tbc 20mg</i>	1	QL(90/30)
<i>methylphenidate hcl er tbc 18mg</i>	1	QL(120/30)
<i>methylphenidate hcl tabs</i>	1	QL(90/30)
<b>Central Nervous System, Other</b>		
<i>HETLIOZ</i>	1	PA NDS QL(30/30)
<i>NUDEXTA</i>	1	QL(60/30)
<i>riluzole</i>	1	
<i>tetrabenazine tabs 12.5mg</i>	1	PA NDS QL(90/30)
<i>tetrabenazine tabs 25mg</i>	1	PA NDS QL(120/30)
<b>Fibromyalgia Agents</b>		
<i>LYRICA CR TB24 330MG</i>	1	QL(60/30)
<i>LYRICA CR TB24 165MG, 82.5MG</i>	1	QL(90/30)
<b>Multiple Sclerosis Agents</b>		
<i>AMPYRA</i>	1	PA NDS QL(60/30)
<i>AVONEX</i>	1	PA NDS QL(4/28)

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AVONEX PEN	1	PA NDS QL(4/28)
BETASERON	1	PA NDS QL(14/28)
COPAXONE INJ 40MG/ML	1	PA NDS QL(12/28)
COPAXONE INJ 20MG/ML	1	PA NDS QL(30/30)
GILENYA CAPS 0.5MG	1	PA NDS QL(30/30)
REBIF	1	PA NDS QL(6/28)
REBIF REBIDOSE	1	PA NDS QL(6/28)
REBIF REBIDOSE TITRATION PACK	1	PA NDS QL(4.2/28)
REBIF TITRATION PACK	1	PA NDS QL(4.2/28)
TECFIDERA CPDR 120MG	1	PA NDS QL(14/30)
TECFIDERA CPDR 240MG	1	PA NDS QL(60/30)
TECFIDERA STARTER PACK	1	PA NDS QL(120/365)
TYSABRI	1	PA NDS QL(15/28)

### Dental and Oral Agents

#### Dental and Oral Agents

<i>chlorhexidine gluconate mouth/throat soln</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	

### Dermatological Agents

#### Dermatological Agents

<i>acitretin</i>	1	PA
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
<i>avita</i>	1	PA QL(45/30)
<i>calcipotriene crea</i>	1	QL(120/30)
<i>calcipotriene external soln</i>	1	QL(60/30)
<i>calcipotriene oint</i>	1	QL(120/30)
<i>calcitrene</i>	1	QL(120/30)
<i>calcitriol oint</i>	1	QL(800/30)
<i>claravis</i>	1	
<i>curity gauze pads 2"x2"</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diclofenac sodium gel 1%</i>	1	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	1	QL(1050/30)
<i>doxepin hydrochloride</i>	1	
ELIDEL	1	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil crea 0.5%</i>	1	NDS
<i>fluorouracil external soln</i>	1	
<i>imiquimod</i>	1	QL(12/30)
<i>isotretinoin</i>	1	
<i>methoxsalen</i>	1	NDS
<i>myorisan</i>	1	
PICATO GEL 0.05%	1	QL(2/56)
PICATO GEL 0.015%	1	QL(3/56)
<i>podofilox</i>	1	
REGANEX	1	PA NDS QL(15/30)
SANTYL	1	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	1	QL(100/90)
<i>tazarotene</i>	1	QL(120/30)
TAZORAC CREA	1	QL(120/30)
TAZORAC GEL	1	QL(100/30)
<i>tretinoin crea</i>	1	PA QL(45/30)
<i>tretinoin gel</i>	1	PA QL(45/30)
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA
<i>zenatane</i>	1	
ZYCLARA	1	NDS QL(56/30)
ZYCLARA PUMP CREA 2.5%	1	NDS QL(15/30)
ZYCLARA PUMP CREA 3.75%	1	NDS QL(56/30)

### Electrolytes/Minerals/Metals/Vitamins

#### Electrolyte/Mineral Replacement

AMINOSYN	1	B/D PA
AMINOSYN 7%/ ELECTROLYTES	1	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	1	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMINOSYN II	1	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	1	B/D PA
AMINOSYN M	1	B/D PA
AMINOSYN-HBC	1	B/D PA
AMINOSYN-PF	1	B/D PA
AMINOSYN-PF 7%	1	B/D PA
AMINOSYN-RF	1	B/D PA
CARBAGLU	1	PA NDS
CLINIMIX 2.75%/DEXTROSE 5%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	1	B/D PA
CLINIMIX 5%/DEXTROSE 15%	1	B/D PA
CLINIMIX 5%/DEXTROSE 20%	1	B/D PA
CLINIMIX 5%/DEXTROSE 25%	1	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	1	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	1	B/D PA
CLINIMIX N14G30E	1	B/D PA
CLINIMIX N9G15E	1	B/D PA
CLINISOL SF 15%	1	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	1	B/D PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	B/D PA
DEXTROSE 10%	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextrose 10%/nacl 0.2%</i>	1	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	1	B/D PA
DEXTROSE 20%	1	B/D PA
DEXTROSE 25%	1	B/D PA
DEXTROSE 30%	1	B/D PA
DEXTROSE 40%	1	B/D PA
DEXTROSE 5%	1	
<i>dextrose 5%/lactated ringers</i>	1	B/D PA
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
DEXTROSE 5%/NACL 0.3%	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 50%	1	B/D PA
DEXTROSE 70%	1	
<i>fluoride chew 0.25mg</i>	1	
<i>fluoritab chew 0.5mg, 1mg</i>	1	
FREAMINE HBC 6.9%	1	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	1	B/D PA
HEPATAMINE	1	B/D PA
KABIVEN	1	B/D PA
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	B/D PA

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<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	B/D PA
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	B/D PA
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	B/D PA
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	1	B/D PA
LACTATED RINGERS VIAFLEX	1	B/D PA
<i>ludent</i>	1	
<i>magnesium sulfate inj</i>	1	B/D PA
NEPHRAMINE	1	B/D PA
NORMOSOL -R	1	B/D PA
NORMOSOL-M IN D5W	1	B/D PA
NORMOSOL-R	1	B/D PA
NORMOSOL-R IN D5W	1	B/D PA
PERIKABIVEN	1	B/D PA
PLENAMINE	1	B/D PA
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	B/D PA
<i>potassium chloride oral soln</i>	1	
POTASSIUM CHLORIDE SR TBCR 8MEQ	1	
<i>potassium chloride sr tbc 8meq</i>	1	
POTASSIUM CHLORIDE/ DEXTROSE INJ 5%; 40MEQ/L	1	B/D PA
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	1	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	1	B/D PA
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	1	B/D PA
<i>potassium citrate er</i>	1	
PREMASOL	1	B/D PA
PROCALAMINE	1	B/D PA
PROSOL	1	B/D PA
<i>ringers injection</i>	1	B/D PA
<i>sodium bicarbonate inj</i>	1	
<i>sodium bicarbonate partial fill</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
SODIUM LACTATE INJ 5MEQ/ ML	1	B/D PA
TPN ELECTROLYTES	1	B/D PA
TRAVASOL	1	B/D PA
TROPHAMINE	1	B/D PA
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	1	NDS
CUPRIMINE	1	NDS
DEPEN TITRATABS	1	NDS
JADENU	1	NDS
JADENU SPRINKLE	1	NDS
<i>kionex</i>	1	
SAMSCA TABS 15MG	1	PA NDS QL(30/30)
SAMSCA TABS 30MG	1	PA NDS QL(60/30)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	1	
<i>sps</i>	1	
SYPRINE	1	NDS
<i>trientine hydrochloride</i>	1	NDS
VELTASSA	1	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Phosphate Binders</b>		
AURYXIA	1	QL(360/30)
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
PHOSLYRA	1	
RENVELA PACK	1	QL(180/30)
RENVELA TABS	1	QL(540/30)
VELPHORO	1	QL(180/30)
<b>Vitamins</b>		
<i>multivitamin with fluoride chew</i>	1	
VP-PNV-DHA	1	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>anaspaz</i>	1	
<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl oral soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>glycopyrrolate tabs</i>	1	
<i>hyoscyamine sulfate elix</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate sub</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>propantheline bromide</i>	1	
<b>Gastrointestinal Agents, Other</b>		
<i>cromolyn sodium conc</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diphenoxylate/atropine</i>	1	
GATTEX	1	PA NDS QL(30/30)
<i>loperamide hcl caps</i>	1	
<i>metoclopramide hcl</i>	1	
OSMOPREP	1	
RELISTOR INJ 8MG/0.4ML	1	PA NDS QL(11.2/28)
RELISTOR INJ 12MG/0.6ML	1	PA NDS QL(16.8/28)
TRULANCE	1	QL(30/30)
<i>ursodiol</i>	1	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine inj</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>ranitidine hcl</i>	1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA QL(60/30)
<i>alosetron hydrochloride tabs 1mg</i>	1	PA NDS QL(60/30)
AMITIZA	1	QL(60/30)
LINZESS CAPS 145MCG, 290MCG	1	QL(30/30)
<i>linzess caps 72mcg</i>	1	QL(30/30)
VIBERZI	1	PA QL(60/30)
<b>Laxatives</b>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flower pack</i>	1	

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<i>generlac</i>	1	
<i>lactulose</i>	1	
MOVIPREP	1	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	
SUPREP BOWEL PREP KIT	1	
<i>trilyte</i>	1	
<b>Protectants</b>		
CARAFATE SUSP	1	
MISOPROSTOL TABS 200MCG	1	
<i>misoprostol tabs 100mcg</i>	1	
<i>sucralfate</i>	1	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium</i>	1	QL(60/30)
ESOMEPRAZOLE SODIUM	1	
<i>omeprazole cpdr</i>	1	QL(60/30)
<i>pantoprazole sodium tbec</i>	1	QL(60/30)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN	1	PA NDS
ALDURAZYME	1	PA NDS
BUPHENYL TABS	1	PA NDS
CEREZYME	1	B/D PA NDS
CREON	1	
CYSTADANE	1	NDS
CYSTAGON	1	
ELAPRASE	1	PA NDS
FABRAZYME	1	B/D PA NDS
KUVAN	1	PA NDS
LUMIZYME	1	PA NDS
<i>miglustat</i>	1	NDS QL(90/30)
NAGLAZYME	1	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ORFADIN	1	NDS
<i>sodium phenylbutyrate</i>	1	PA NDS
VPRIV	1	PA NDS
ZAVESCA	1	NDS QL(90/30)
ZENPEP	1	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er</i>	1	QL(30/30)
ENABLEX	1	QL(30/30) ST
<i>flavoxate hcl</i>	1	
MYRBETRIQ	1	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 5mg</i>	1	QL(30/30)
<i>oxybutynin chloride er tb24 15mg</i>	1	QL(60/30)
<i>oxybutynin chloride syrp</i>	1	QL(600/30)
<i>oxybutynin chloride tabs</i>	1	QL(120/30)
<i>tolterodine tartrate</i>	1	QL(60/30)
<i>tolterodine tartrate er</i>	1	QL(30/30)
VESICARE	1	QL(30/30)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	1	QL(30/30)
<i>doxazosin mesylate tabs 1mg, 2mg</i>	1	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	1	QL(60/30)
<i>doxazosin tabs 4mg</i>	1	QL(30/30)
<i>dutasteride</i>	1	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL(30/30)
<i>finasteride tabs 5mg</i>	1	QL(30/30)
<i>tamsulosin hcl</i>	1	QL(60/30)
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	QL(60/30)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride</i>	1	
ELMIRON	1	
<i>phenazopyridine hydrochloride</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-methapred</i>	1	
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clobetasol propionate external soln</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clodan</i>	1	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinolone acetonide body</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate external soln</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone external crea</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>hydrocortisone rectal crea</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL TABS 2MG	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate external soln</i>	1	
<i>mometasone furoate oint</i>	1	
<i>prednicarbate oint</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF	1	
TEXACORT	1	
<i>triamcinolone acetonide crea</i>	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
<i>triamcinolone acetonide lotn</i>	1	
<i>triamcinolone acetonide oint</i>	1	
<i>trianex</i>	1	NDS
<i>triderm crea 0.1%</i>	1	
TRIPTODUR	1	PA NDS QL(1/168)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate inj</i>	1	
<i>desmopressin acetate nasal soln</i>	1	QL(15/30)
<i>desmopressin acetate tabs</i>	1	
GENOTROPIN	1	PA NDS
GENOTROPIN MINIQUICK INJ 0.2MG	1	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	1	PA NDS
INCRELEX	1	PA
NOVAREL	1	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	1	PA
STIMATE	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	1	PA NDS
<i>oxandrolone tabs 10mg</i>	1	PA NDS QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxandrolone tabs 2.5mg</i>	1	PA QL(120/30)
<b>Androgens</b>		
<i>danazol</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	QL(5/30)
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	1	PA QL(300/30)
<i>testosterone pump</i>	1	PA QL(300/30)
<b>Estrogens</b>		
ALORA	1	PA QL(8/28)
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	QL(91/91)
<i>amethia lo</i>	1	QL(91/91)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL(91/91)
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91/91)
<i>camrese lo</i>	1	QL(91/91)
<i>caziant</i>	1	
<i>cesia</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91/91)
DELESTROGEN INJ 10MG/ML	1	
<i>delyla</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEPO-ESTRADIOL	1	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estradiol ptw</i>	1	PA QL(8/28)
<i>estradiol ptwk</i>	1	PA QL(4/28)
<i>estradiol tabs 10mcg</i>	1	QL(18/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	1	PA
<i>estradiol valerate</i>	1	
ESTRING	1	QL(1/90)
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	
<i>falmina</i>	1	
FEMRING	1	QL(1/90)
<i>femynor</i>	1	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	1	PA
<i>introvale</i>	1	QL(91/91)
<i>isibloom</i>	1	
<i>jevantique lo</i>	1	PA
<i>jolessa</i>	1	QL(91/91)
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	1	QL(91/91)
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
MENEST	1	PA
MENOSTAR	1	PA QL(4/28)
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
MINIVELLE	1	PA QL(8/28)
<i>mono-linyah</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	1	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	1	
PREMARIN INJ	1	
PREMARIN TABS	1	PA QL(30/30)
<i>previfem</i>	1	
<i>quasense</i>	1	QL(91/91)
<i>reclipsen</i>	1	
<i>setlakin</i>	1	QL(91/91)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	QL(18/28)
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zovia 1/50e</i>	1	
<b>Progesterone Agonists/Antagonists</b>		
<i>ella</i>	1	
MAKENA	1	PA NDS
<b>Progestins</b>		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA	1	QL(10/28)
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate</i>	1	PA NDS
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyza</i>	1	
MAKENA	1	PA NDS
<i>medroxyprogesterone acetate inj</i>	1	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	1	PA
<i>megestrol acetate tabs</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	1	QL(30/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
<i>levoxy tabs 100mcg, 112mcg, 175mcg</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>liothyronine sodium</i>	1	
SYNTHROID	1	
THYROLAR-1	1	
THYROLAR-1/2	1	
THYROLAR-1/4	1	
THYROLAR-2	1	
THYROLAR-3	1	
UNITHROID	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	1	NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	QL(16/28)
ELIGARD INJ 30MG	1	PA QL(1/120)
ELIGARD INJ 45MG	1	PA QL(1/180)
ELIGARD INJ 7.5MG	1	PA QL(1/30)
ELIGARD INJ 22.5MG	1	PA QL(1/90)
FIRMAGON INJ 80MG	1	B/D PA QL(1/28)
FIRMAGON INJ 120MG	1	B/D PA NDS QL(4/365)
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT (1-MONTH)	1	PA NDS QL(1/30)
LUPRON DEPOT (3-MONTH)	1	PA NDS QL(1/84)
LUPRON DEPOT (4-MONTH)	1	PA NDS QL(1/112)
LUPRON DEPOT (6-MONTH)	1	PA NDS QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	1	PA NDS QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	1	PA NDS QL(1/84)
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate inj 500mcg/ml</i>	1	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SANDOSTATIN LAR DEPOT	1	PA NDS
SIGNIFOR	1	PA NDS QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	1	PA NDS QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	1	PA NDS QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	1	PA NDS QL(0.5/28)
SOMAVERT	1	PA NDS QL(30/30)
SYNAREL	1	PA NDS
TRELSTAR MIXJECT INJ 22.5MG	1	PA NDS QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	1	PA NDS QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	1	PA NDS QL(1/84)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE	1	PA NDS QL(100/30)
FIRAZYR	1	PA NDS QL(18/30)
RUCONEST	1	PA NDS QL(8/30)
<b>Immune Suppressants</b>		
ASTAGRAF XL CP24 0.5MG, 1MG	1	PA
ASTAGRAF XL CP24 5MG	1	PA NDS
AZASAN	1	PA
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified</i>	1	PA
ENBREL INJ 25MG/0.5ML	1	PA NDS QL(4.08/28)

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ENBREL INJ 25MG, 50MG/ML	1	PA NDS QL(8/28)
ENBREL MINI	1	PA NDS QL(8/28)
ENBREL SURECLICK	1	PA NDS QL(8/28)
ENVARUSUS XR TB24 0.75MG, 1MG	1	PA
ENVARUSUS XR TB24 4MG	1	PA NDS
<i>gengraf</i>	1	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	1	PA NDS QL(2/28)
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	1	PA NDS QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ	1	PA NDS QL(4/365)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML, 80MG/0.8ML	1	PA NDS QL(6/365)
HUMIRA PEN	1	PA NDS QL(4/28)
HUMIRA PEN-CROHNS DISEASESTARTER	1	PA NDS QL(12/365)
HUMIRA PEN-PSORIASIS STARTER	1	PA NDS QL(8/365)
KINERET	1	PA NDS QL(20.1/30)
<i>methotrexate sodium</i>	1	
<i>methotrexate tabs</i>	1	
<i>mycophenolate mofetil caps</i>	1	PA
<i>mycophenolate mofetil inj</i>	1	PA
<i>mycophenolate mofetil susr</i>	1	PA NDS
<i>mycophenolate mofetil tabs</i>	1	PA
<i>mycophenolic acid dr</i>	1	PA
NULOJIX	1	PA NDS QL(150/30)
PROGRAF INJ	1	PA
RAPAMUNE ORAL SOLN	1	PA NDS
REMICADE	1	PA NDS
RENFLEXIS	1	PA NDS
SANDIMMUNE ORAL SOLN	1	PA
<i>sirolimus</i>	1	PA
<i>tacrolimus caps</i>	1	PA
TORISEL	1	B/D PA NDS QL(4/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XATMEP	1	PA
ZORTRESS TABS 0.25MG, 0.75MG	1	PA NDS QL(60/30)
ZORTRESS TABS 0.5MG	1	PA NDS QL(120/30)
<b>Immunizing Agents, Passive</b>		
ATGAM	1	PA
GAMMAKED INJ 1GM/10ML	1	B/D PA
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	1	B/D PA NDS
GAMUNEX-C INJ 1GM/10ML	1	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	1	B/D PA NDS
THYMOGLOBULIN	1	B/D PA
<b>Immunomodulators</b>		
ACTEMRA INJ 162MG/0.9ML	1	PA NDS QL(3.6/28)
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	1	PA NDS QL(40/28)
ACTIMMUNE	1	PA NDS
ARCALYST	1	PA NDS
BENLYSTA INJ 400MG	1	PA NDS QL(9/28)
BENLYSTA INJ 120MG	1	PA NDS QL(30/28)
ILARIS	1	PA NDS QL(2/28)
<i>leflunomide</i>	1	QL(30/30)
RIDAURA	1	
SIMULECT	1	B/D PA NDS
SYNAGIS	1	PA NDS
<b>Vaccines</b>		
ACTHIB	1	
ADACEL	1	QL(0.5/365)
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	QL(0.5/365)
DAPTACEL	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B INJ 10MCG/0.5ML	1	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	1	B/D PA QL(8/365)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GARDASIL 9	1	QL(1.5/365)
HAVRIX	1	
HEPLISAV-B	1	B/D PA QL(3/365)
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D PA
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXIARO	1	
KINRIX	1	
M-M-R II	1	QL(2/365)
MENACTRA	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PROQUAD	1	QL(2/365)
QUADRACEL	1	
RABAVERT	1	B/D PA
RECOMBIVAX HB	1	B/D PA QL(3/365)
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL(2/999)
STAMARIL	1	QL(1/999)
TENIVAC	1	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	QL(1/365)
VARIZIG	1	QL(12/30)
VAXCHORA	1	
YF-VAX	1	
ZOSTAVAX	1	QL(1/999)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO	1	QL(120/30)
<i>balsalazide disodium</i>	1	
LIALDA	1	QL(120/30)
<i>mesalamine</i>	1	
<b>Glucocorticoids</b>		
<i>budesonide cpep</i>	1	
<i>colocort</i>	1	
<i>hydrocortisone enem</i>	1	
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
BINOSTO	1	
<i>calcitonin-salmon</i>	1	QL(3.7/30)
<i>calcitriol caps</i>	1	
<i>calcitriol inj</i>	1	
<i>calcitriol oral soln</i>	1	
<i>doxercalciferol caps 0.5mcg</i>	1	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	1	NDS QL(120/30)
<i>doxercalciferol caps 1mcg</i>	1	QL(240/30)
<i>doxercalciferol inj</i>	1	
<i>etidronate disodium</i>	1	
FORTEO	1	PA NDS QL(2.4/28)
<i>ibandronate sodium tabs</i>	1	QL(1/28)
MIACALCIN	1	NDS
<i>pamidronate disodium</i>	1	B/D PA
<i>paricalcitol caps 4mcg</i>	1	QL(60/30)

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## Covered Drugs By Category

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<i>paricalcitol caps 1mcg, 2mcg</i>	1	QL(90/30)
PROLIA	1	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	1	QL(1/30)
<i>risedronate sodium tabs 35mg</i>	1	QL(4/28)
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL(30/30)
SENSIPAR TABS 30MG	1	QL(60/30)
SENSIPAR TABS 60MG	1	NDS QL(60/30)
SENSIPAR TABS 90MG	1	NDS QL(120/30)
XGEVA	1	PA NDS QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	1	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	1	B/D PA QL(100/365)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>bd eclipse syringe/1ml/30gx1/2"</i>	1	QL(200/30)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	QL(200/30)
<i>bd pen needle/mini/ ultrafine/31g x 3/16"</i>	1	QL(200/30)
<i>bd pen needle/nano/ultra fine/32g x 4mm</i>	1	QL(200/30)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	1	QL(200/30)
<i>bd safetyglide 27g x 5/8"</i>	1	QL(200/30)
CARNITOR INJ	1	B/D PA
FERRIPROX	1	PA NDS
<i>fomepizole</i>	1	NDS
INTRALIPID	1	B/D PA
KORLYM	1	PA NDS QL(120/30)
LACTATED RINGERS IRRIGATION	1	
<i>levocarnitine</i>	1	
LIPOSYN III	1	B/D PA
NATPARA	1	PA NDS QL(2/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>novofine 31</i>	1	QL(200/30)
<i>novofine 32gx6mm</i>	1	QL(200/30)
<i>novofine autocover 30gx8mm</i>	1	QL(200/30)
<i>novotwist 32gx5mm</i>	1	QL(200/30)
NUTRILIPID	1	B/D PA
PHYSIOLYTE	1	
<i>physiosol irrigation</i>	1	
RINGERS IRRIGATION	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	
<i>techlite pen needles/31g x 6 mm</i>	1	QL(200/30)
<i>techlite pen needles/31g x 8mm</i>	1	QL(200/30)
<i>techlite pen needles/32g x 4mm</i>	1	QL(200/30)
<i>techlite pen needles/32g x 6mm</i>	1	QL(200/30)
<i>techlite pen needles/32g x 8mm</i>	1	QL(200/30)
TIS-U-SOL	1	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic soln</i>	1	QL(5/30)
COMBIGAN	1	
<i>latanoprost</i>	1	QL(5/30)
LUMIGAN	1	QL(5/30) ST
TRAVATAN Z	1	QL(5/30)
ZIOPTAN	1	QL(30/30)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic soln</i>	1	
CYSTARAN	1	PA NDS QL(60/28)
LACRISERT	1	
<i>proparacaine hcl</i>	1	
RESTASIS	1	QL(60/30)
<i>tropicamide</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	1	
<i>azelastine hcl ophthalmic soln</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic soln</i>	1	QL(5/30)
<i>olopatadine hydrochloride</i>	1	QL(2.5/30)
PAZEO	1	QL(2.5/30)
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	1	
<i>diclofenac sodium ophthalmic soln</i>	1	
DUREZOL	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	1	
<i>ketorolac tromethamine ophthalmic soln</i>	1	
LOTEMAX	1	
<i>neomycin/polymyxin/ dexamethasone</i>	1	
PRED MILD	1	
PRED-G	1	
PRED-G S.O.P.	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	
PROLENSA	1	
TOBRADEX OINT	1	
<i>tobramycin/dexamethasone</i>	1	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>apraclonidine</i>	1	
AZOPT	1	
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl</i>	1	QL(10/30)
<i>dorzolamide hcl/timolol maleate</i>	1	QL(10/30)
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl</i>	1	
SIMBRINZA	1	
<i>timolol maleate</i>	1	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	1	
COLY-MYCIN S	1	
<i>fluocinolone acetonide</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	1	QL(60/30)
ADVAIR HFA	1	QL(12/30)
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT	1	QL(30/30)
BREO ELLIPTA	1	QL(60/30)
<i>budesonide susp</i>	1	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	1	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	1	QL(240/30)

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FLOVENT HFA AERO 44MCG/ACT	1	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	1	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	1	QL(24/30)
<i>flunisolide</i>	1	QL(50/30)
<i>fluticasone propionate susp</i>	1	QL(16/30)
<i>mometasone furoate susp</i>	1	QL(34/30)
NASONEX	1	QL(34/30) ST
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln</i>	1	QL(30/25)
<i>desloratadine</i>	1	QL(30/30)
<i>diphenhydramine hcl inj</i>	1	
<i>levocetirizine dihydrochloride oral soln</i>	1	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	1	QL(30/30)
<b>Antileukotrienes</b>		
<i>montelukast sodium</i>	1	QL(30/30)
<i>zafirlukast</i>	1	QL(60/30)
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	1	QL(25.8/30)
COMBIVENT RESPIMAT	1	QL(8/30)
INCRUSE ELLIPTA	1	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	1	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	1	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D PA QL(540/30)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate nebu 0.5%</i>	1	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D PA QL(360/30)
<i>albuterol sulfate syr</i>	1	
<i>albuterol sulfate tabs</i>	1	
ANORO ELLIPTA	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinephrine</i>	1	QL(2/30)
<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	1	
EPIPEN 2-PAK	1	QL(2/30)
EPIPEN-JR 2-PAK	1	QL(2/30)
<i>levalbuterol tartrate hfa</i>	1	QL(30/30)
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	1	B/D PA QL(120/30)
PROAIR HFA	1	QL(17/30)
PROAIR RESPICLICK	1	QL(2/30)
SEREVENT DISKUS	1	QL(60/30)
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	1	QL(36/30)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	1	PA NDS QL(84/56)
KALYDECO	1	PA NDS QL(60/30)
ORKAMBI	1	PA NDS QL(120/30)
PULMOZYME	1	B/D PA NDS QL(150/30)
TOBI PODHALER	1	NDS QL(1568/365)
<i>tobramycin nebu</i>	1	B/D PA NDS QL(280/56)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	1	B/D PA QL(240/30)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	1	
DALIRESP TABS 500MCG	1	PA QL(30/30)
DALIRESP TABS 250MCG	1	PA QL(60/365)
THEO-24	1	
<i>theophylline cr</i>	1	
<i>theophylline er tb12 300mg, 450mg</i>	1	
<i>theophylline er tb24</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	1	PA NDS QL(90/30)
LETAIRIS	1	PA NDS QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OPSUMIT	1	PA NDS QL(30/30)
REMODULIN	1	B/D PA NDS
<i>sildenafil tabs 20mg</i>	1	PA QL(90/30)
TRACLEER	1	PA NDS QL(60/30)
VENTAVIS	1	PA NDS QL(270/30)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	1	PA NDS QL(270/30)
ESBRIET TABS 801MG	1	PA NDS QL(90/30)
ESBRIET TABS 267MG	1	PA NDS QL(270/30)
OFEV	1	PA NDS QL(60/30)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	1	B/D PA
ARALAST NP	1	B/D PA
PROLASTIN-C	1	B/D PA NDS
<i>ribavirin inhalation soln</i>	1	B/D PA NDS
<i>trelegy ellipta</i>	1	QL(60/30)
XOLAIR	1	PA NDS QL(6/28)
ZEMAIRA	1	B/D PA NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	PA QL(90/30)
<i>methocarbamol tabs</i>	1	PA
<i>orphenadrine citrate er</i>	1	PA QL(60/30)
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam</i>	1	QL(60/365)
<i>zaleplon</i>	1	QL(30/30)
<i>zolpidem tartrate tabs</i>	1	PA QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	1	PA QL(30/30)
<i>modafinil</i>	1	PA QL(30/30)
ROZEREM	1	QL(30/30)
SILENOR	1	QL(30/30)
XYREM	1	PA NDS QL(540/30)

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<i>adrucil</i> .....	21	<i>0.25mg, 0.5mg, 1mg</i> .....	28	<i>hydrochloride caps 10mg;</i>	
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COPAXONE INJ 40MG/ML	36	DALIRESP TABS 500MCG	50	<i>dexamethasone sodium phosphate ophthalmic soln</i>	49
COREG CR	32	<i>danazol</i>	42	<i>dexmethylphenidate hcl</i>	35
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COSMEGEN	21	DAPTACEL	46	<i>dextroamphetamine sulfate er cp24 10mg</i>	35
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COUMADIN	30	DARAPRIM	24	<i>dextroamphetamine sulfate oral soln</i>	35
CREON	40	<i>darifenacin hydrobromide er</i>	40	<i>dextroamphetamine sulfate tabs 5mg</i>	35
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