

# 2018 Cigna COMPREHENSIVE DRUG LIST (Formulary)

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

## **Plans covered**

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



This drug list was updated in July 2018. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-627-7534 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30, or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.

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

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

A drug list is a list of covered drugs selected by Cigna in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Cigna will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Generally, if you are taking a drug on our 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, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

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

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

#### **Medical Condition**

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

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 54. 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 covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill your prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for 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 requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.

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

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

## Options for Maintenance Medications

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As a new or 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 will allow a one-time 31-day supply (unless the prescription is written for fewer days).

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

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 54.

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 has any special requirements for coverage of your drug.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 7 along with the amount dispensed per the days supplied. (For example: 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).

## What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred

agreement with your plan. You will receive a Pharmacy Directory in your Welcome Kit after you enroll, or you can visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com) for the most current Pharmacy Directory.

### For more information

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

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

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

### Key:

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

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

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

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

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

## Drug Tier and Cost-Share Table

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

Cigna is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4, or Tier 5. Keep in mind that

the name “Tier 3: Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

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 tables on the following page to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Cigna has pharmacies with preferred cost-shares. See your Pharmacy Directory or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com) for information on which stores with preferred cost-shares are near you.

<b>Service Area: Arizona</b> <b>Cigna-HealthSpring Preferred (HMO)</b> H0354-001 <b>Cigna-HealthSpring Achieve Plus (HMO SNP)</b> H0354-027 Maricopa and Pinal (Apache Junction and Queen Creek: 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220), Arizona	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$2 / \$4 / \$5	\$7 / \$14 / \$21	\$7 / \$14 / \$21
<b>Tier 2: Generic Drugs</b>	\$10 / \$20 / \$25	\$15 / \$30 / \$45	\$15 / \$30 / \$45
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	29% (30-day supply only)	29% (30-day supply only)	29% (30-day supply only)
<b>Service Area: Arizona</b> <b>Cigna-HealthSpring Preferred (HMO)</b> H0354-024 Pima, Arizona	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$2 / \$4 / \$5	\$7 / \$14 / \$21	\$7 / \$14 / \$21
<b>Tier 2: Generic Drugs</b>	\$10 / \$20 / \$25	\$15 / \$30 / \$45	\$15 / \$30 / \$45
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	33% (30-day supply only)	33% (30-day supply only)	33% (30-day supply only)

## My Medications

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

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



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine caps</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	2	PA QL(180/30)
<i>esgic caps</i>	2	PA QL(180/30)
PRIALT	5	B/D PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 400mg</i>	2	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL(60/30)
<i>choline magnesium trisalicylate liqd</i>	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	2	PA QL(20/30)
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	PA QL(40/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ketorolac tromethamine tabs</i>	2	PA QL(20/30)
<i>meloxicam</i>	2	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine hcl inj</i>	2	QL(150/30)
<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr</i>	3	QL(4/28)
BUTRANS PTWK 7.5MCG/HR	3	QL(4/28)
DURAMORPH	4	QL(180/30)
<i>fentanyl</i>	3	QL(10/30)
INFUMORPH 200	4	QL(200/30)
INFUMORPH 500	4	QL(200/30)
<i>levorphanol tartrate</i>	5	QL(120/30)
<i>morphine sulfate er cp24</i>	4	QL(60/30)
<i>morphine sulfate er tbcr</i>	2	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	2	QL(180/30)
<i>morphine sulfate supp</i>	2	
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(60/30)
OPANA ER (CRUSH RESISTANT) T12A 40MG	5	QL(120/30)
XTAMPZA ER	3	QL(60/30)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine oral soln</i>	2	QL(2700/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

HI = Home Infusion drug

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

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

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
acetaminophen/codeine tabs 300mg; 60mg	2	QL(180/30)
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	QL(360/30)
butorphanol tartrate inj 2mg/ml	2	QL(240/30)
butorphanol tartrate inj 1mg/ml	2	QL(480/30)
butorphanol tartrate nasal soln	2	QL(5/30)
codeine sulfate	3	QL(180/30)
endocet tabs 325mg; 10mg	3	QL(180/30)
endocet tabs 325mg; 7.5mg	3	QL(240/30)
endocet tabs 325mg; 2.5mg, 325mg; 5mg	3	QL(360/30)
fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml	2	B/D PA
fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg	4	PA QL(120/30)
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg	5	PA QL(120/30)
hydrocodone bitartrate/acetaminophen oral soln	2	QL(2700/30)
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	2	QL(360/30)
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg	2	QL(180/30)
hydrocodone/acetaminophen tabs 325mg; 5mg	2	QL(360/30)
hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg	3	QL(150/30)
hydrocodone/ibuprofen tabs 10mg; 200mg	3	QL(180/30)
hydromorphone hcl dosette	3	
hydromorphone hcl inj	3	
hydromorphone hcl liqd	3	QL(1200/30)
hydromorphone hcl supp	3	
hydromorphone hcl tabs 8mg	3	QL(120/30)
hydromorphone hcl tabs 2mg, 4mg	3	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ibudone tabs 5mg; 200mg	3	QL(150/30)
lorcet	2	QL(360/30)
lorcet hd	2	QL(180/30)
lorcet plus tabs 325mg; 7.5mg	2	QL(180/30)
morphine sulfate inj 150mg/30ml, 50mg/ml, 5mg/ml	2	
morphine sulfate inj 1mg/ml	2	QL(180/30)
morphine sulfate inj 10mg/ml	2	QL(200/30)
morphine sulfate inj 8mg/ml	2	QL(250/30)
morphine sulfate inj 4mg/ml	2	QL(630/30)
morphine sulfate inj 2mg/ml	2	QL(1260/30)
morphine sulfate oral soln 100mg/5ml	2	QL(180/30)
morphine sulfate oral soln 20mg/5ml	2	QL(300/30)
morphine sulfate oral soln 10mg/5ml	2	QL(700/30)
morphine sulfate tabs	2	QL(120/30)
nalbuphine hcl inj 20mg/ml	2	QL(90/30)
nalbuphine hcl inj 10mg/ml	2	QL(180/30)
OPIUM	3	
OPIUM TINCTURE	3	
oxycodone hcl caps	4	QL(120/30)
oxycodone hcl conc	2	QL(120/30)
oxycodone hcl oral soln	2	QL(1200/30)
oxycodone hcl tabs 30mg	2	QL(90/30)
oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg	2	QL(120/30)
oxycodone/acetaminophen oral soln	3	QL(1800/30)
oxycodone/acetaminophen tabs 325mg; 10mg	3	QL(180/30)
oxycodone/acetaminophen tabs 325mg; 7.5mg	3	QL(240/30)
oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg	3	QL(360/30)
oxycodone/aspirin	3	QL(180/30)
tramadol hcl	2	QL(240/30)
tramadol hydrochloride/acetaminophen	2	QL(240/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	4	QL(120/30)
<i>lidocaine ptch</i>	3	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	4	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
VIVITROL	5	PA
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl subl</i>	2	QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	2	PA QL(90/30)
<i>naltrexone hcl</i>	2	
SUBOXONE	3	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	3	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	3	PA QL(90/30)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr</i>	2	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CHANTIX	3	QL(336/365)
CHANTIX CONTINUING MONTH PAK	3	QL(336/365)
CHANTIX STARTING MONTH PAK	3	QL(336/365)
NICOTROL INHALER	4	QL(1008/90)
NICOTROL NS	4	QL(30/30)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	2	HI
<i>gentak</i>	2	
<i>gentamicin sulfate</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	
<i>isotonic gentamicin</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	2	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate inj 1.2gm, 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	2	
<i>tobramycin sulfate ophthalmic soln</i>	2	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	
TOBREX OINT	3	
ZYLET	4	
<b>Antibacterials, Other</b>		
<i>alcohol prep pads</i>	2	
<i>baciim</i>	2	
<i>bacitracin inj</i>	2	
<i>bacitracin ophthalmic oint</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bacitracin/polymyxin b</i>	2	
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN SUPP	4	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	2	HI
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate external soln</i>	2	
<i>clindamycin phosphate foam</i>	2	
<i>clindamycin phosphate gel</i>	2	
<i>clindamycin phosphate in d5w</i>	2	HI
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	HI
<i>clindamycin phosphate lotn</i>	2	
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/sodium chloride</i>	2	HI
<i>colistimethate sodium</i>	2	
CORTISPORIN CREA	3	
CORTISPORIN OINT	3	
<i>daptomycin</i>	5	HI
FEM PH	4	
<i>lincomycin hcl</i>	2	
<i>linezolid inj</i>	2	HI
<i>linezolid susr</i>	5	QL(1800/30)
<i>linezolid tabs</i>	5	QL(60/30)
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
METRO IV	3	HI
<i>metronidazole caps</i>	2	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	HI
<i>metronidazole inj</i>	2	HI
<i>metronidazole lotn</i>	2	
<i>metronidazole tabs</i>	2	
<i>metronidazole vaginal</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MONUROL	4	
<i>mupirocin crea</i>	4	
<i>mupirocin oint</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
<i>nitrofurantoin</i>	3	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate</i>	2	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
RELAGARD	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SYNERCID	5	HI
<i>tigecycline</i>	5	HI
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
TYGACIL	5	HI
<i>vancomycin</i>	2	HI
<i>vancomycin hcl caps 125mg</i>	4	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	4	QL(80/10)
<i>vancomycin hcl in dextrose</i>	2	HI
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 500mg, 750mg</i>	2	HI
<i>vancomycin hcl inj 5000mg</i>	2	B/D PA
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	2	HI
<i>vandazole</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XIFAXAN TABS 550MG	5	PA QL(90/30)
XIFAXAN TABS 200MG	4	PA QL(9/30)
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps</i>	2	
<i>cefaclor er</i>	2	
<i>cefaclor susr</i>	3	
<i>cefadroxil</i>	2	
<i>cefazolin</i>	2	HI
<i>cefazolin sodium inj 100gm, 10gm, 1gm, 1gm/50ml; 4%, 20gm, 300gm, 500mg</i>	2	HI
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime</i>	2	HI
<i>cefepime/dextrose</i>	2	HI
<i>cefixime</i>	3	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium</i>	2	HI
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	HI
<i>ceftazidime/dextrose</i>	2	HI
CEFTIN	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cefuroxime/dextrose</i>	2	
<i>cephalexin</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SUPRAX CAPS	4	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	HI
TEFLARO	5	HI
<b>Beta-lactam, Other</b>		
AZACTAM	4	HI
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	HI
<i>aztreonam</i>	2	HI
<i>cefotetan</i>	2	
<i>doripenem</i>	4	HI
<i>imipenem/cilastatin</i>	2	HI
INVANZ	4	HI
<i>meropenem</i>	4	HI
<i>meropenem/sodium chloride inj 500mg/50ml; 0.9%</i>	4	HI
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	5	HI
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium inj 125mg, 250mg, 500mg</i>	2	
<i>ampicillin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>ampicillin-sulbactam</i>	2	HI
<i>bactocill in dextrose</i>	2	HI
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	3	HI
<i>nafcillin sodium</i>	2	HI

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<i>oxacillin sodium inj 10gm, 2gm</i>	2	HI
<i>penicillin g potassium</i>	2	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	HI
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>pfizerpen inj 20mu, 5000000unit</i>	2	HI
<i>piperacillin sodium/tazobactam sodium</i>	2	HI
<i>piperacillin/tazobactam</i>	2	HI
<b>Macrolides</b>		
AZASITE	3	
<i>azithromycin inj</i>	2	HI
<i>azithromycin pack</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	2	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	2	QL(12/28)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin er</i>	2	QL(60/30)
<i>clarithromycin susr</i>	2	
<i>clarithromycin tabs</i>	2	QL(42/14)
DIFICID	5	PA QL(20/10)
<i>e.e.s. 400</i>	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 400	5	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocine stearate</i>	2	
<i>erythromycin</i>	2	
<i>erythromycin base</i>	3	
<i>erythromycin ethylsuccinate</i>	3	
PCE	3	
ZMAX	4	QL(60/30)
<b>Quinolones</b>		
AVELOX INJ	4	
BAXDELA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	QL(14/14)
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	HI
<i>ciprofloxacin inj</i>	2	HI
<i>ciprofloxacin susr</i>	2	
<i>gatifloxacin</i>	2	QL(2.5/25)
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj</i>	2	HI
<i>levofloxacin ophthalmic soln</i>	2	
<i>levofloxacin oral soln</i>	2	
<i>levofloxacin tabs</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hcl inj</i>	2	
<i>moxifloxacin hcl ophthalmic soln</i>	2	
<i>moxifloxacin hcl tabs</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride ophthalmic soln</i>	2	
<i>ofloxacin</i>	2	
VIGAMOX	3	
<b>Sulfonamides</b>		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium lotn</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl caps 100mg, 50mg</i>	3	QL(60/30)
<i>morgidox 1x50mg</i>	2	
<i>tetracycline hydrochloride</i>	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTOM TABS 200MG, 400MG, 800MG	5	QL(30/30)
APTOM TABS 600MG	5	QL(60/30)
BRIVIACT INJ	5	QL(600/30)
BRIVIACT ORAL SOLN	5	QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	QL(60/30)
BRIVIACT TABS 100MG	5	QL(120/30)
FYCOMPA SUSP	4	QL(720/30)
FYCOMPA TABS	4	QL(30/30)
<i>levetiracetam</i>	2	
<i>levetiracetam er tb24 750mg</i>	2	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	2	QL(180/30)
<i>magnesium sulfate in d5w</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>roweepra</i>	2	
<i>roweepra xr tb24 750mg</i>	2	QL(120/30)
<i>roweepra xr tb24 500mg</i>	2	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	4	
<i>ethosuximide</i>	2	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	2	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	2	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	2	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	2	QL(90/30)
<i>clonazepam tabs 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	2	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	2	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	2	QL(40/30)
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)

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<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
ONFI SUSP	4	QL(480/30)
ONFI TABS 10MG	4	QL(60/30)
ONFI TABS 20MG	5	QL(60/30)
<i>phenobarbital elix</i>	2	QL(1500/30)
<i>phenobarbital tabs</i>	2	QL(120/30)
<i>primidone</i>	2	
SABRIL PACK	5	PA QL(200/30)
SABRIL TABS	5	PA QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	4	
<i>tiagabine hydrochloride tabs 2mg</i>	4	QL(60/30)
<i>tiagabine hydrochloride tabs 16mg</i>	4	QL(90/30)
<i>tiagabine hydrochloride tabs 12mg</i>	4	QL(120/30)
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA QL(200/30)
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	2	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>topiramate</i>	2	
<b>Sodium Channel Agents</b>		
BANZEL SUSP	5	QL(2400/30)
BANZEL TABS 200MG	5	QL(60/30)
BANZEL TABS 400MG	5	QL(240/30)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>epitol</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
VIMPAT INJ	4	QL(1200/30)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS	4	QL(60/30)
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	2	PA
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
<i>rivastigmine tartrate</i>	3	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl tabs 10mg</i>	2	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	2	PA QL(90/30)
<i>memantine hcl titration pak</i>	2	PA QL(49/28)
<i>memantine hydrochloride</i>	2	PA QL(300/30)
<i>memantine hydrochloride er</i>	4	PA QL(30/30)
NAMENDA XR	4	PA QL(30/30)
NAMENDA XR TITRATION PACK	4	PA QL(56/365)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	4	QL(30/30)
<i>bupropion hcl er tb12 150mg, 200mg</i>	2	QL(60/30)
<i>bupropion hcl sr</i>	2	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	2	QL(120/30)
<i>bupropion hcl tabs 75mg</i>	2	QL(180/30)
<i>bupropion hcl xl</i>	2	QL(30/30)
<i>maprotiline hcl</i>	3	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	2	QL(60/30)
<i>trazodone hcl</i>	2	
TRINTELLIX	4	QL(30/30)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral soln</i>	2	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	2	
<i>citalopram hydrobromide tabs 40mg</i>	2	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	2	QL(60/30)
<i>desvenlafaxine er</i>	3	QL(30/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	2	QL(90/30)
<i>escitalopram oxalate oral soln</i>	2	QL(600/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>escitalopram oxalate tabs 5mg</i>	2	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	2	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	2	QL(90/30)
FETZIMA	4	QL(30/30)
FETZIMA TITRATION PACK	4	QL(56/365)
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl caps 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	2	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl oral soln</i>	2	QL(600/30)
<i>fluoxetine hcl tabs 10mg, 60mg</i>	2	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	2	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	2	QL(90/30)
<i>olanzapine/fluoxetine</i>	3	QL(30/30)
<i>paroxetine hcl tabs 10mg</i>	2	QL(30/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
<i>paroxetine hcl tabs 20mg</i>	2	QL(90/30)
PAXIL SUSP	4	QL(900/30)
PRISTIQ	3	QL(30/30)
<i>sertraline hcl conc</i>	2	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(120/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	4	QL(30/30)
<i>venlafaxine hcl er tb24 150mg</i>	4	QL(60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIIBRYD	3	QL(30/30)
VIIBRYD STARTER PACK	3	QL(30/30)
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	PA
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>dimenhydrinate inj</i>	2	
<i>droperidol</i>	2	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	2	PA
<i>phenergan supp</i>	2	PA
<i>promethazine hcl supp</i>	2	PA
<i>promethegan</i>	2	PA
<i>scopolamine</i>	4	QL(10/30)
TRANSDERM-SCOP	4	QL(10/30)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	3	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	3	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	3	B/D PA QL(4/28)
<i>aprepitant caps</i>	3	B/D PA QL(6/28)
CESAMET	5	B/D PA QL(60/30)
<i>dronabinol</i>	3	B/D PA QL(60/30)
EMEND SUSR	3	B/D PA QL(6/28)
<i>granisetron hcl inj</i>	2	HI
<i>granisetron hcl tabs</i>	2	B/D PA QL(30/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	B/D PA
<i>ondansetron hcl oral soln</i>	2	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ondansetron odt</i>	2	B/D PA QL(90/30)
SANCUSO	5	PA QL(4/28)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	5	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
CANCIDAS	5	HI
<i>caspofungin acetate</i>	5	HI
<i>ciclodan</i>	2	
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	2	
<i>clotrimazole lozg</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	2	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	HI
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	2	HI
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
GYNAZOLE-1	4	
<i>itraconazole</i>	3	PA QL(120/30)
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketoconazole tabs</i>	2	
<i>miconazole 3</i>	2	QL(6/30)
MYCAMINE	5	HI
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride</i>	2	
NAFTIN GEL	3	
NATACYN	4	
NOXAFIL SUSP	5	PA QL(600/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NOXAFIL TBEC	5	PA QL(96/30)
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
SPORANOX ORAL SOLN	5	PA
<i>terbinafine hcl tabs</i>	2	QL(90/365)
<i>terconazole</i>	2	
<i>voriconazole inj</i>	5	PA HI
<i>voriconazole susr</i>	5	PA QL(300/30)
<i>voriconazole tabs</i>	4	PA QL(90/30)
<i>zazole</i>	2	

### Antigout Agents

#### Antigout Agents

<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	4	
<i>colchicine caps</i>	3	QL(60/30)
<i>colchicine tabs</i>	2	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(30/30) ST

### Antimigraine Agents

#### Ergot Alkaloids

<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)
<i>ergotamine tartrate/caffeine</i>	2	QL(40/28)
<i>migergot</i>	5	QL(20/28)

#### Serotonin (5-HT) 1b/1d Receptor Agonists

<i>naratriptan hcl</i>	2	QL(9/30) ST
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	2	QL(12/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
<i>zolmitriptan</i>	2	QL(6/30)
<i>zolmitriptan odt</i>	2	QL(6/30)

### Antimyasthenic Agents

#### Parasympathomimetics

GUANIDINE HCL	3	
MESTINON SYRP	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	4	

### Antimycobacterials

#### Antimycobacterials, Other

<i>dapsone tabs</i>	3	
<i>rifabutin</i>	3	

#### Antituberculars

CAPASTAT SULFATE	3	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
RIFATER	4	
SIRTURO	4	QL(188/365)
TRECTOR	3	

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<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D PA QL(8/21)
BICNU	3	B/D PA
<i>busulfan</i>	3	B/D PA
BUSULFEX	3	B/D PA
<i>cyclophosphamide caps</i>	3	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	4	B/D PA
<i>cyclophosphamide inj 2gm</i>	5	B/D PA
<i>dacarbazine</i>	2	B/D PA
EVOMELA	5	B/D PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide inj 1gm, 3gm</i>	2	B/D PA
KISQALI FEMARA 200 DOSE	5	PA QL(49/28)
KISQALI FEMARA 400 DOSE	5	PA QL(70/28)
KISQALI FEMARA 600 DOSE	5	PA QL(91/28)
LEUKERAN	3	
MATULANE	5	
<i>melphalan hydrochloride</i>	2	B/D PA
MUSTARGEN	3	B/D PA
<i>thiotepa</i>	2	B/D PA
TREANDA INJ 100MG	5	B/D PA
TREANDA INJ 25MG	5	B/D PA QL(8/21)
VALCHLOR	5	QL(60/30)
YONDELIS	5	B/D PA
ZANOSAR	4	B/D PA
<b>Antiandrogens</b>		
<i>bicalutamide</i>	2	QL(30/30)
ERLEADA	5	QL(120/30)
<i>flutamide</i>	2	
<i>nilutamide</i>	5	QL(60/30)
XTANDI	5	QL(120/30)
ZYTIGA TABS 500MG	5	QL(60/30)
ZYTIGA TABS 250MG	5	QL(120/30)
<b>Antiangiogenic Agents</b>		
POMALYST	5	QL(21/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REVLIMID CAPS 15MG, 20MG, 25MG	5	QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	QL(28/28)
THALOMID CAPS 200MG	5	QL(56/28)
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	2	B/D PA
ALIMTA	5	PA
ARRANON	5	B/D PA
<i>cladribine</i>	5	B/D PA
<i>clofarabine</i>	5	B/D PA
<i>cytarabine aqueous</i>	2	B/D PA
<i>cytarabine inj 100mg/ml</i>	2	B/D PA
DROXIA	3	
ELITEK	5	B/D PA
<i>floxuridine</i>	3	B/D PA
<i>fluorouracil inj</i>	2	B/D PA
FOLOTYN	5	B/D PA
<i>gemcitabine hcl inj 1gm, 2gm</i>	5	B/D PA
<i>gemcitabine hcl inj 200mg</i>	2	B/D PA
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	B/D PA
<i>gemcitabine inj 1gm/26.3ml, 2gm/52.6ml</i>	5	B/D PA
<i>gemcitabine inj 200mg/5.26ml</i>	2	B/D PA
<i>hydroxyurea</i>	2	
LONSURF TABS 8.19MG; 20MG	5	QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	QL(100/28)
<i>mercaptopurine</i>	2	
NIPENT	5	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PURIXAN	5	QL(300/30)
TABLOID	4	
VYXEOS	5	B/D PA
<b>Antineoplastics, Other</b>		
ABRAXANE	5	PA
<i>adriamycin</i>	2	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	B/D PA
<i>bleomycin sulfate</i>	2	B/D PA
BORTEZOMIB	5	PA QL(14/21)
<i>carboplatin inj 150mg/15ml, 50mg/5ml</i>	2	B/D PA
<i>cisplatin</i>	2	B/D PA
COSMEGEN	5	B/D PA
<i>dactinomycin</i>	5	B/D PA
<i>daunorubicin hcl</i>	2	B/D PA
<i>decitabine</i>	5	B/D PA
<i>dexrazoxane</i>	2	B/D PA
DOCETAXEL INJ 200MG/10ML	5	B/D PA
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	B/D PA
<i>doxorubicin hcl</i>	2	B/D PA
<i>doxorubicin hcl liposome</i>	5	B/D PA
<i>epirubicin hcl inj 200mg/100ml</i>	2	B/D PA
ERWINAZE	5	B/D PA QL(60/28)
ETHYOL	5	B/D PA
<i>fludarabine phosphate inj 50mg</i>	2	B/D PA
HALAVEN	5	
<i>idarubicin hcl</i>	5	B/D PA
<i>irinotecan</i>	2	B/D PA
<i>irinotecan hcl</i>	2	B/D PA
<i>irinotecan hydrochloride inj 40mg/2ml</i>	2	B/D PA
ISTODAX (OVERFILL)	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JEVTANA	5	PA
KISQALI	5	PA QL(63/28)
LARTRUVO	5	PA
<i>leucovorin calcium</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
<i>lipodox 50</i>	5	B/D PA
LYNPARZA TABS	5	QL(120/30)
MARQIBO	5	B/D PA
<i>mesna</i>	2	B/D PA
MESNEX TABS	5	
<i>mitomycin inj 40mg</i>	5	B/D PA
<i>mitomycin inj 20mg, 5mg</i>	4	B/D PA
<i>mitoxantrone hcl</i>	2	B/D PA
NERLYNX	5	PA QL(180/30)
NINLARO	5	QL(3/28)
ODOMZO	5	QL(30/30)
<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i>	4	B/D PA
<i>paclitaxel</i>	2	B/D PA
PORTRAZZA	5	B/D PA
PROLEUKIN	5	B/D PA
<i>romidepsin</i>	5	B/D PA
RUBRACA	5	PA QL(120/30)
RYDAPT	5	PA QL(224/28)
SYLATRON	5	PA QL(4/28)
SYNRIBO	5	B/D PA QL(28/28)
TICE BCG	3	
TRISENOX	4	B/D PA
VELCADE	5	PA QL(14/21)
VENCLEXTA STARTING PACK	5	QL(84/365)
VENCLEXTA TABS 100MG	5	QL(120/30)
VENCLEXTA TABS 50MG	4	QL(30/30)

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VENCLEXTA TABS 10MG	4	QL(60/30)
VERZENIO	5	PA QL(60/30)
<i>vinblastine sulfate</i>	2	B/D PA
<i>vincasar pfs</i>	2	B/D PA
<i>vincristine sulfate</i>	2	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	B/D PA
ZEJULA	5	PA QL(90/30)
ZOLINZA	5	QL(120/30)

### Aromatase Inhibitors, 3rd Generation

<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	2	QL(60/30)
<i>letrozole</i>	2	QL(30/30)

### Enzyme Inhibitors

<i>etoposide inj</i>	2	B/D PA
KYPROLIS	5	B/D PA
<i>toposar</i>	2	B/D PA
<i>topotecan hcl</i>	5	B/D PA

### Molecular Target Inhibitors

AFINITOR DISPERZ TBSO 2MG, 3MG	5	QL(56/28)
AFINITOR DISPERZ TBSO 5MG	5	QL(112/28)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	QL(28/28)
AFINITOR TABS 10MG	5	QL(56/28)
ALECENSA	5	PA QL(240/30)
ALIQOPA	5	PA QL(3/28)
ALUNBRIG TABS 180MG, 90MG	5	PA QL(30/30)
ALUNBRIG TABS 30MG	5	PA QL(180/30)
ALUNBRIG TBPK	5	PA QL(60/365)
BOSULIF TABS 400MG, 500MG	5	QL(30/30)
BOSULIF TABS 100MG	5	QL(120/30)
CABOMETYX TABS 20MG, 60MG	5	PA QL(30/30)
CABOMETYX TABS 40MG	5	PA QL(60/30)
CALQUENCE	5	PA QL(60/30)
CAPRELSA TABS 300MG	5	QL(30/30)
CAPRELSA TABS 100MG	5	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COMETRIQ KIT	5	QL(56/28)
COMETRIQ KIT 20MG	5	QL(84/28)
COMETRIQ KIT	5	QL(112/28)
COTELLIC	5	QL(63/28)
ERIVEDGE	5	QL(28/28)
FARYDAK	5	QL(6/21)
GILOTRIF	5	QL(30/30)
IBRANCE	5	QL(21/28)
ICLUSIG TABS 45MG	5	QL(30/30)
ICLUSIG TABS 15MG	5	QL(60/30)
IDHIFA	5	PA QL(30/30)
<i>imatinib mesylate</i>	5	PA QL(60/30)
IMBRUVICA CAPS 70MG	5	QL(30/30)
IMBRUVICA CAPS 140MG	5	QL(120/30)
IMBRUVICA TABS	5	QL(30/30)
INLYTA	5	QL(120/30)
IRESSA	5	
JAKAFI	5	QL(60/30)
LENVIMA 10 MG DAILY DOSE	5	QL(30/30)
LENVIMA 14 MG DAILY DOSE	5	QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	QL(90/30)
LENVIMA 8 MG DAILY DOSE	5	QL(60/30)
LYNPARZA CAPS	5	QL(448/28)
MEKINIST TABS 2MG	5	QL(30/30)
MEKINIST TABS 0.5MG	5	QL(90/30)
NEXAVAR	5	QL(120/30)
SPRYCEL	5	QL(30/30)
STIVARGA	5	
SUTENT	5	QL(28/28)
TAFINLAR	5	QL(120/30)
TAGRISSO	5	QL(30/30)
TARCEVA TABS 100MG, 150MG	5	QL(30/30)
TARCEVA TABS 25MG	5	QL(60/30)
TASIGNA CAPS 150MG, 200MG	5	QL(112/28)
TASIGNA CAPS 50MG	5	QL(420/30)
TYKERB	5	QL(180/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VOTRIENT	5	QL(120/30)
XALKORI	5	QL(60/30)
ZALTRAP	5	B/D PA QL(40/28)
ZELBORAF	5	QL(240/30)
ZYDELIG	5	QL(60/30)
ZYKADIA	5	QL(140/28)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
AVASTIN	5	PA
BAVENCIO	5	B/D PA
BESPARON	5	PA
CYRAMZA	5	B/D PA
DARZALEX	5	B/D PA
EMPLICITI	5	B/D PA
ERBITUX	5	PA
GAZYVA	5	B/D PA
HERCEPTIN INJ 440MG	5	PA
HERCEPTIN INJ 150MG	5	B/D PA
IMFINZI	5	PA
KADCYLA	5	B/D PA
KEYTRUDA	5	B/D PA
MYLOTARG	5	PA
OPDIVO INJ 240MG/24ML	5	B/D PA QL(48/28)
OPDIVO INJ 100MG/10ML, 40MG/4ML	5	B/D PA QL(80/28)
PERJETA	5	B/D PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
TECENTRIQ	5	PA QL(20/21)
UNITUXIN	5	B/D PA
VECTIBIX	5	PA
YERVOY INJ 50MG/10ML	5	PA
YERVOY INJ 200MG/40ML	5	PA QL(80/21)
<b>Retinoids</b>		
<i>bexarotene</i>	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PANRETIN	5	
TARGRETIN GEL	5	QL(60/30)
<i>tretinoin caps</i>	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	4	
BILTRICIDE	4	
<i>ivermectin</i>	2	
<i>praziquantel</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSR	4	QL(150/30)
ALINIA TABS	5	QL(20/30)
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	QL(24/30)
DARAPRIM	5	QL(90/30)
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D PA QL(6/28)
PENTAM 300	4	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	2	PA QL(42/7)
<b>Pediculicides/Scabicides</b>		
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
SKLICE	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	2	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trihexyphenidyl hcl</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl</i>	2	
<i>entacapone</i>	2	QL(240/30)
<i>tolcapone</i>	5	
<b>Dopamine Agonists</b>		
APOKYN	5	PA QL(60/30)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	4	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	4	QL(90/30)
<i>ropinirole er tb24 2mg, 4mg, 6mg, 8mg</i>	2	QL(30/30)
<i>ropinirole er tb24 12mg</i>	2	QL(60/30)
<i>ropinirole hcl</i>	2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/ entacapone</i>	2	
RYTARY	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate</i>	3	QL(30/30)
<i>selegiline hcl</i>	2	
ZELAPAR	5	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>haloperidol lactate</i>	2	
<i>loxapine caps 10mg, 5mg</i>	2	QL(120/30)
<i>loxapine succinate caps 25mg, 50mg</i>	2	
<i>loxapine succinate caps 10mg, 5mg</i>	2	QL(120/30)
<i>perphenazine</i>	2	
<i>pimozide</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	QL(1/28)
<i>aripiprazole odt</i>	5	QL(60/30)
<i>aripiprazole oral soln</i>	3	QL(900/30)
<i>aripiprazole tabs</i>	3	QL(30/30)
ARISTADA INJ 441MG/1.6ML	5	QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	5	QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	5	QL(3.2/30)
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9/60)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	5	QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	5	QL(0.88/90)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA TRINZA INJ 410MG/1.315ML	5	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL(30/30) ST
LATUDA TABS 80MG	5	QL(60/30) ST
NUPLAZID	5	PA QL(60/30)
<i>olanzapine inj</i>	2	QL(30/30)
<i>olanzapine odt</i>	3	QL(30/30)
<i>olanzapine tabs</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL(30/30)
<i>paliperidone er tb24 6mg</i>	2	QL(60/30)
<i>paliperidone er tb24 9mg</i>	5	QL(30/30)
<i>quetiapine fumarate</i>	2	QL(60/30)
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL(60/30)
REXULTI	5	QL(30/30)
RISPERDAL CONSTA INJ 50MG	5	QL(2/28)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	4	QL(2/28)
<i>risperidone m-tab</i>	3	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	3	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	3	QL(120/30)
<i>risperidone oral soln</i>	2	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	4	QL(60/30)
VRAYLAR CAPS	5	QL(30/30) ST

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VRAYLAR CPPK	4	QL(14/365) ST
<i>ziprasidone hcl</i>	3	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	QL(2/28)
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	
<i>clozapine odt tbdp 150mg</i>	4	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	4	QL(270/30)
<i>clozapine odt tbdp 200mg</i>	5	QL(120/30)
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL(120/30)
<i>clozapine tabs 100mg</i>	2	QL(270/30)
VERSACLOZ	4	QL(540/30)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl caps</i>	4	
<i>tizanidine hcl tabs</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg, 500mg/10ml</i>	2	B/D PA
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochlorde</i>	5	
ZIRGAN	4	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(30/30)

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BARACLUDE ORAL SOLN	4	QL(630/30)
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	4	
INTRON A INJ 18MU	4	
INTRON A INJ 10MU, 10MU/ML, 50MU, 6000000UNIT/ML	5	
<i>lamivudine tabs 100mg</i>	2	
<b>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</b>		
EPCLUSA	5	PA QL(28/28)
HARVONI	5	PA QL(28/28)
VOSEVI	5	PA QL(30/30)
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
PEGASYS INJ 180MCG/0.5ML	5	PA QL(2/28)
PEGASYS INJ 180MCG/ML	5	PA QL(4/28)
PEGASYS PROCLICK	5	PA QL(2/28)
<i>ribavirin caps</i>	3	QL(168/28)
<i>ribavirin tabs</i>	3	QL(168/28)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL(30/30)
GENVOYA	5	QL(30/30)
ISENTRESS CHEW 100MG	5	QL(180/30)
ISENTRESS CHEW 25MG	3	QL(180/30)
ISENTRESS PACK	5	QL(180/30)
ISENTRESS TABS	5	QL(60/30)
JULUCA	5	QL(30/30)
TIVICAY TABS 50MG	5	QL(60/30)
TIVICAY TABS 10MG, 25MG	4	QL(60/30)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	QL(30/30)
EDURANT	5	QL(30/30)
<i>efavirenz caps 200mg</i>	3	QL(60/30)
<i>efavirenz caps 50mg</i>	3	QL(90/30)
<i>efavirenz tabs</i>	5	QL(30/30)
INTELENCE TABS 100MG, 200MG	5	QL(60/30)
INTELENCE TABS 25MG	4	QL(120/30)
<i>nevirapine</i>	2	QL(60/30)
<i>nevirapine er tb24 400mg</i>	2	QL(30/30)
<i>nevirapine er tb24 100mg</i>	2	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ODEFSEY	5	QL(30/30)
RESCRIPTOR TABS 200MG	4	QL(180/30)
RESCRIPTOR TABS 100MG	4	QL(270/30)
STRIBILD	5	QL(30/30)
SUSTIVA CAPS 200MG	5	QL(60/30)
SUSTIVA CAPS 50MG	3	QL(90/30)
SUSTIVA TABS	5	QL(30/30)
SYMFI	5	QL(30/30)
SYMFI LO	5	QL(30/30)
VIRAMUNE SUSP	4	QL(1200/30)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral soln</i>	3	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60/30)
<i>abacavir tabs</i>	2	QL(60/30)
<i>abacavir/lamivudine</i>	5	QL(30/30)
CIMDUO	5	QL(30/30)
DESCOVY	5	QL(30/30)
<i>didanosine</i>	2	QL(30/30)
EMTRIVA CAPS	4	QL(30/30)
EMTRIVA ORAL SOLN	4	QL(680/28)
<i>lamivudine oral soln</i>	2	QL(900/30)
<i>lamivudine tabs 300mg</i>	2	QL(30/30)
<i>lamivudine tabs 150mg</i>	2	QL(60/30)
<i>lamivudine/zidovudine</i>	2	QL(60/30)
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	QL(60/30)
<i>tenofovir disoproxil fumarate</i>	5	QL(30/30)
TRIUMEQ	5	QL(30/30)
TRUVADA	5	QL(30/30)
VIDEX EC CPDR 125MG	4	QL(30/30)
VIDEX PEDIATRIC	3	QL(1200/30)
VIREAD POWD	5	QL(240/30)
VIREAD TABS	5	QL(30/30)
ZERIT ORAL SOLN	3	QL(2400/30)
ZIAGEN ORAL SOLN	4	QL(960/30)
<i>zidovudine caps</i>	2	QL(180/30)
<i>zidovudine syr</i>	2	QL(1680/28)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zidovudine tabs</i>	2	QL(60/30)
<b>Anti-HIV Agents, Other</b>		
ATRIPLA	5	QL(30/30)
FUZEON	5	QL(60/30)
ISENTRESS HD	5	QL(60/30)
SELZENTRY ORAL SOLN	5	QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	QL(60/30)
SELZENTRY TABS 300MG	5	QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
TROGARZO	5	B/D PA
TYBOST	3	QL(30/30)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS	5	QL(120/30)
APTIVUS ORAL SOLN	5	QL(285/28)
<i>atazanavir caps 300mg</i>	5	QL(30/30)
<i>atazanavir caps 200mg</i>	5	QL(60/30)
<i>atazanavir caps 150mg</i>	4	QL(30/30)
<i>atazanavir sulfate caps 150mg</i>	4	QL(30/30)
<i>atazanavir sulfate caps 300mg</i>	5	QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	5	QL(60/30)
CRIXIVAN CAPS 400MG	3	QL(180/30)
CRIXIVAN CAPS 200MG	3	QL(270/30)
EVOTAZ	5	QL(30/30)
<i>fosamprenavir calcium</i>	5	QL(120/30)
INVIRASE CAPS	5	QL(300/30)
INVIRASE TABS	5	QL(120/30)
<i>kaletra oral soln</i>	4	QL(480/30)
KALETRA TABS 100MG; 25MG	4	QL(300/30)
KALETRA TABS 200MG; 50MG	5	QL(120/30)
LEXIVA SUSP	4	QL(1575/28)
LEXIVA TABS	5	QL(120/30)
<i>lopinavir/ritonavir</i>	4	QL(480/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NORVIR CAPS	4	QL(360/30)
NORVIR ORAL SOLN	4	QL(480/30)
NORVIR PACK	4	QL(360/30)
NORVIR TABS	4	QL(360/30)
PREZCOBIX	5	QL(30/30)
PREZISTA SUSP	5	QL(400/30)
PREZISTA TABS 800MG	5	QL(30/30)
PREZISTA TABS 600MG	5	QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
REYATAZ CAPS 150MG, 300MG	5	QL(30/30)
REYATAZ CAPS 200MG	5	QL(60/30)
REYATAZ PACK	5	QL(180/30)
<i>ritonavir</i>	4	QL(360/30)
VIRACEPT TABS 625MG	5	QL(120/30)
VIRACEPT TABS 250MG	5	QL(270/30)
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL(56/365)
<i>oseltamivir phosphate caps 30mg</i>	3	QL(112/365)
<i>oseltamivir phosphate susr</i>	3	QL(700/365)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 45MG, 75MG	4	QL(56/365)
TAMIFLU CAPS 30MG	4	QL(112/365)
TAMIFLU SUSR	3	QL(700/365)
<b>Antihherpetic Agents</b>		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	4	QL(30/30)
<i>acyclovir sodium</i>	2	B/D PA
<i>acyclovir susp</i>	2	
<i>acyclovir tabs</i>	2	
<i>famciclovir</i>	2	QL(60/30)
<i>trifluridine</i>	2	

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<i>valacyclovir hcl</i>	2	QL(30/30)
ZOVIRAX CREA	4	QL(5/30)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl</i>	2	
<i>doxepin hcl</i>	2	PA
<b>Benzodiazepines</b>		
<i>alprazolam intensol</i>	2	QL(300/30)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	3	QL(180/30)
<i>diazepam conc</i>	2	QL(240/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL(240/30)
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	2	QL(150/30)
<i>lorazepam inj</i>	2	
<i>lorazepam intensol</i>	2	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>oxazepam</i>	2	QL(120/30)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	2	QL(90/30)
AVANDIA	4	QL(60/30) ST

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BYDUREON	3	QL(4/28)
BYDUREON BCISE	3	QL(4/28)
BYDUREON PEN	3	QL(4/28)
BYETTA INJ 5MCG/0.02ML	3	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	3	QL(2.4/30)
FARXIGA	3	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	4	QL(30/30)
INVOKAMET	3	QL(60/30)
INVOKAMET XR	3	QL(60/30)
INVOKANA	3	QL(30/30)
JANUMET	3	QL(60/30)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JARDIANCE	4	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
<i>metformin hcl er tb24 750mg (generic Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	QL(90/30)
<i>nateglinide</i>	2	QL(90/30)
OZEMPIC	3	QL(3/28)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	3	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL(120/30)
<i>repaglinide tabs 2mg</i>	2	QL(240/30)
RIOMET	3	QL(750/30)
SYMLINPEN 120	4	QL(10.8/28)
SYMLINPEN 60	4	QL(6/30)
SYNJARDY	4	QL(60/30)
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	4	QL(30/30)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	4	QL(60/30)
TRADJENTA	3	QL(30/30)
TRULICITY	3	QL(2/28)
VICTOZA	3	QL(9/30)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG	3	QL(30/30)
XIGDUO XR TB24 5MG; 1000MG	3	QL(60/30)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
<b>Insulins</b>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	4	ST
NOVOLIN 70/30 RELION	4	ST
NOVOLIN N	4	ST
NOVOLIN N RELION	4	ST
NOVOLIN R	4	ST
NOVOLIN R INNOLET	4	ST
NOVOLIN R RELION	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST
NOVOLOG PENFILL	4	ST
SOLIQUA 100/33	3	QL(18/30) ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN	4	
ELIQUIS STARTER PACK	3	QL(74/30)
ELIQUIS TABS 2.5MG	3	QL(60/30)
ELIQUIS TABS 5MG	3	QL(74/30)
<i>enoxaparin sodium</i>	3	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL(12/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL(18/90)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL(24/90)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL(9/30) ST
FRAGMIN INJ 12500UNIT/0.5ML	5	QL(15/30) ST
FRAGMIN INJ 15000UNIT/0.6ML	5	QL(18/30) ST
FRAGMIN INJ 18000UNIT/0.72ML	5	QL(21.6/30) ST
FRAGMIN INJ 95000UNIT/3.8ML	5	QL(22.8/30) ST
FRAGMIN INJ 10000UNIT/ML	5	QL(30/30) ST
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL(6/30) ST
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>jantoven</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRADAXA	4	QL(60/30)
SAVAYSA	4	QL(30/30)
<i>warfarin sodium</i>	2	
XARELTO STARTER PACK	3	QL(102/365)
XARELTO TABS 20MG	3	QL(30/30)
XARELTO TABS 15MG	3	QL(60/30)
XARELTO TABS 10MG	3	QL(90/90)
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	4	PA QL(4/28)
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL(9.6/30)
PROCRIT INJ 40000UNIT/ML	5	PA QL(6/28)
PROCRIT INJ 20000UNIT/ML	5	PA QL(12/28)
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(12/28)
PROMACTA	5	PA QL(30/30)
ZARXIO	5	
<b>Hemostasis Agents</b>		
<i>aminocaproic acid</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	QL(30/28)
<b>Platelet Modifying Agents</b>		
AGGRENOX	4	QL(60/30) ST
<i>aspirin/dipyridamole</i>	3	QL(60/30)
BRILINTA	3	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(2/365)
<i>clopidogrel tabs 75mg</i>	2	QL(30/30)
<i>prasugrel</i>	4	QL(30/30)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	2	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	QL(8/28)
<i>clonidine hcl tabs</i>	1	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	4	QL(30/30) ST
BENICAR HCT	4	QL(30/30) ST
EDARBI	4	ST
EDARBYCLOR	4	ST
ENTRESTO	3	PA 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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>olmesartan medoxomil</i>	4	QL(30/30)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	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>	3	
<i>captopril tabs 12.5mg, 25mg</i>	3	QL(90/30)
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/hydrochlorothiazide</i>	1	QL(60/30)
<i>enalaprilat</i>	2	
<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)

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## Covered Drugs By Category

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<i>perindopril erbumine</i>	2	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<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)
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	QL(30/30)
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	2	QL(60/30)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl</i>	2	
<i>dofetilide</i>	4	QL(60/30)
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	2	
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	
<i>sotalol hydrochloride tabs 120mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	2	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL(30/30)
BYSTOLIC TABS 20MG	3	QL(60/30)
BYVALSON	3	QL(30/30)
<i>carvedilol</i>	2	
<i>carvedilol phosphate</i>	4	QL(30/30)
COREG CR	4	QL(30/30)
<i>labetalol hcl</i>	2	
<i>metoprolol succinate er</i>	2	QL(60/30)
<i>metoprolol tartrate inj</i>	2	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide</i>	3	QL(30/30)
<i>pindolol</i>	2	
<i>propranolol hcl er cp24 160mg</i>	3	
<i>propranolol hcl er cp24 120mg, 60mg, 80mg</i>	2	
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln</i>	2	
<i>propranolol hcl tabs</i>	1	
<i>propranolol hydrochloride</i>	1	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs</i>	4	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	2	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>	2	QL(30/30)
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	2	QL(60/30)
<i>amlodipine besylate/valsartan</i>	2	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
CARDENE IV	4	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cartia xt</i>	2	
<i>dilt-cd cp24 180mg, 240mg</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	2	
<i>diltiazem hcl er tb24</i>	2	
<i>felodipine er</i>	2	QL(60/30)
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifedipine er tb24 90mg</i>	2	QL(30/30)
<i>nifedipine er tb24 30mg, 60mg</i>	2	QL(60/30)
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	QL(30/30)
<i>verapamil hcl er cp24 200mg</i>	2	QL(60/30)
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl inj</i>	2	
<i>verapamil hcl sr cp24</i>	2	QL(30/30)
<i>verapamil hcl tabs</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>atropine sulfate inj 0.5mg/5ml</i>	2	
CORLANOR	4	PA QL(60/30)
DEMSE	3	
<i>digitek tabs 0.125mg</i>	2	QL(30/30)
<i>digitek tabs 0.25mg</i>	2	PA
<i>digox tabs 125mcg</i>	2	QL(30/30)
<i>digox tabs 250mcg</i>	2	PA
<i>digoxin inj</i>	2	PA
<i>digoxin oral soln</i>	2	PA QL(150/30)
<i>digoxin tabs 125mcg</i>	2	QL(30/30)
<i>digoxin tabs 250mcg</i>	2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LANOXIN TABS 62.5MCG	4	QL(30/30)
LANOXIN TABS 187.5MCG	4	PA QL(30/30)
NORTHERA CAPS 100MG	5	PA QL(90/30)
NORTHERA CAPS 200MG, 300MG	5	PA QL(180/30)
<i>pentoxifylline er</i>	2	
PRALUENT	5	PA
RANEXA	3	QL(60/30)
TEKTURNA	4	QL(30/30)
TEKTURNA HCT	4	QL(30/30)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	2	
<i>methazolamide</i>	4	
<b>Diuretics, Loop</b>		
<i>bumetanide</i>	2	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>torseamide</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone</i>	1	
<i>spironolactone/ hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide caps</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	

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<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate caps 130mg, 150mg</i>	4	QL(30/30)
<i>fenofibrate caps 43mg, 50mg</i>	4	QL(60/30)
<i>fenofibrate micronized caps 134mg, 200mg</i>	2	QL(30/30)
<i>fenofibrate micronized caps 67mg</i>	2	QL(60/30)
<i>fenofibrate tabs 145mg, 160mg</i>	2	QL(30/30)
<i>fenofibrate tabs 48mg, 54mg</i>	2	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	4	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	4	QL(60/30)
<i>gemfibrozil</i>	2	QL(60/30)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	4	QL(30/30) ST
LIVALO	3	QL(30/30) ST
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(30/30)
<i>lovastatin tabs 40mg</i>	1	QL(60/30)
<i>pravastatin sodium</i>	1	QL(30/30)
<i>rosuvastatin calcium</i>	1	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)
<i>niacin er tbc 500mg</i>	2	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	2	QL(60/30)
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prevalite</i>	2	
REPATHA	5	PA QL(3/30)
REPATHA PUSHTRONEX SYSTEM	5	PA QL(3.5/30)
REPATHA SURECLICK	5	PA QL(3/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
WELCHOL	3	
ZETIA	4	QL(30/30) ST
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl</i>	2	
<i>minoxidil</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	4	QL(180/30)
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	QL(30/30)
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	QL(30/30)
<i>nitroglycerin</i>	2	
<i>nitroglycerin lingual</i>	3	
<i>nitroglycerin transdermal</i>	2	QL(30/30)
RECTIV	4	QL(30/30)
<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>	3	QL(30/30)
<i>amphetamine/ dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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, 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>	2	QL(60/30)
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg</i>	2	QL(90/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	2	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL(180/30)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
<i>clonidine hcl er</i>	4	QL(120/30)
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	4	QL(90/30)
<i>methylphenidate hcl cd</i>	4	QL(30/30)
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	3	QL(90/30)
<i>methylphenidate hcl chew 10mg</i>	3	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate hcl er cp24</i>	4	QL(30/30)
<i>methylphenidate hcl er cpcr 20mg, 30mg, 40mg</i>	4	QL(30/30)
<i>methylphenidate hcl er tb24 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hcl er tb24 36mg</i>	4	QL(60/30)
<i>methylphenidate hcl er tb24 18mg</i>	4	QL(120/30)
<i>methylphenidate hcl er tbcr 10mg, 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hcl er tbcr 36mg</i>	4	QL(60/30)
<i>methylphenidate hcl er tbcr 20mg</i>	4	QL(90/30)
<i>methylphenidate hcl er tbcr 18mg</i>	4	QL(120/30)
<i>methylphenidate hcl tabs</i>	3	QL(90/30)
<i>methylphenidate hydrochloride oral soln</i>	3	QL(900/30)
<b>Central Nervous System, Other</b>		
<i>HETLIOZ</i>	5	PA QL(30/30)
<i>HORIZANT</i>	4	
<i>NUDEXTA</i>	3	QL(60/30)
<i>riluzole</i>	2	
<i>tetrabenazine tabs 12.5mg</i>	5	QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	QL(120/30)
<b>Fibromyalgia Agents</b>		
<i>LYRICA CR TB24 330MG</i>	3	QL(60/30)
<i>LYRICA CR TB24 165MG, 82.5MG</i>	3	QL(90/30)
<i>SAVELLA</i>	4	QL(60/30)
<i>SAVELLA TITRATION PACK</i>	4	QL(110/365)
<b>Multiple Sclerosis Agents</b>		
<i>AMPYRA</i>	5	PA QL(60/30)
<i>AVONEX</i>	5	PA QL(4/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AVONEX PEN	5	PA QL(4/28)
COPAXONE INJ 40MG/ML	5	PA QL(12/28)
COPAXONE INJ 20MG/ML	5	PA QL(30/30)
EXTAVIA	5	PA QL(15/30)
TECFIDERA CPDR 120MG	5	PA QL(14/30)
TECFIDERA CPDR 240MG	5	PA QL(60/30)
TECFIDERA STARTER PACK	5	PA QL(120/365)
TYSABRI	5	PA QL(15/28)

### Dental and Oral Agents

#### Dental and Oral Agents

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/throat soln</i>	2	
KEPIVANCE	5	
<i>oralone dental paste</i>	2	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>phos-flur</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	

### Dermatological Agents

#### Dermatological Agents

<i>acitretin</i>	4	
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
<i>amnesteem</i>	2	
AZELEX	3	
<i>calcipotriene crea</i>	2	QL(120/30)
<i>calcipotriene external soln</i>	2	QL(60/30)
<i>calcipotriene oint</i>	2	QL(120/30)
<i>calcitrene</i>	2	QL(120/30)
<i>claravis</i>	2	
<i>clindamycin phosphate/tretinoin</i>	4	
<i>clindamycin/benzoyl peroxide</i>	2	
CONDYLOX	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>curity gauze pads 2"x2"</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000/30)
<i>diclofenac sodium gel 3%</i>	5	QL(100/30)
DIFFERIN LOTN	4	
DRITHO-CREME HP	3	
ELIDEL	4	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluorouracil crea 5%</i>	3	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln</i>	2	
GORDONS UREA OINT 40%	4	
<i>imiquimod</i>	2	QL(12/30)
<i>isotretinoin</i>	2	
LEVULAN KERASTICK	3	
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	4	
<i>podocon 25 in benzoin tincture</i>	2	
<i>podofilox</i>	2	
<i>rea lo 40 crea</i>	2	
REGRANEX	5	PA QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	2	
<i>selenium sulfide sham 2.25%</i>	2	
<i>tazarotene</i>	4	QL(120/30)
TAZORAC CREA	4	QL(120/30)
TAZORAC GEL	4	QL(100/30)
<i>tretinoin crea</i>	2	PA QL(45/30)
<i>tretinoin gel</i>	2	PA QL(45/30)
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
<i>umecta mousse</i>	2	
<i>urea crea 39%, 40%, 45%, 50%</i>	2	
<i>zenatane</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN 7%/ ELECTROLYTES	3	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	3	B/D PA
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D PA
AMINOSYN M	3	B/D PA
AMINOSYN-HBC	3	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	3	B/D PA
AMINOSYN-RF	3	B/D PA
<i>calcium gluconate inj</i>	2	
CARBAGLU	5	PA
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D PA
CLINIMIX 5%/DEXTROSE 15%	3	B/D PA
CLINIMIX 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX 5%/DEXTROSE 25%	3	B/D PA
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D PA
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D PA
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D PA
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D PA
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 15%	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	3	B/D PA
CLINIMIX N14G30E	3	B/D PA
CLINIMIX N9G15E	3	B/D PA
CLINISOL SF 15%	3	B/D PA
<i>clinpro 5000</i>	2	
<i>cytra k crystals</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
DEXTROSE 10%/NACL 0.45%	3	B/D PA
DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	3	B/D PA
<i>dextrose 10%</i>	2	B/D PA
DEXTROSE 10%/NACL 0.2%	3	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	3	B/D PA
<i>dextrose 20%</i>	2	B/D PA
<i>dextrose 25%</i>	2	B/D PA
<i>dextrose 30%</i>	2	B/D PA
<i>dextrose 40%</i>	2	B/D PA
<i>dextrose 5%</i>	2	
DEXTROSE 5%/LACTATED RINGERS	3	B/D PA
DEXTROSE 5%/NACL 0.2%	3	
DEXTROSE 5%/NACL 0.225%	3	B/D PA
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>dextrose 50%</i>	2	B/D PA
<i>dextrose 70%</i>	2	
<i>effer-k tbeif 25meq</i>	2	
<i>effervescent pot chloride</i>	2	
<i>effervescent potassium</i>	2	
<i>fluoride chew 0.25mg</i>	2	
<i>fluoritab chew 0.5mg, 1mg</i>	2	
<i>fluoritab oral soln</i>	2	
<i>flura-drops</i>	2	
FREAMINE HBC 6.9%	3	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	B/D PA
HEPATAMINE	3	B/D PA
<i>hyperlyte-cr</i>	2	B/D PA
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D PA
ISOLYTE-S PH 7.4	3	B/D PA
<i>k-effervescent</i>	2	
K-PHOS	3	
K-PHOS NO 2	3	
K-TAB	3	
<i>k-vescent tbf</i>	2	
KABIVEN	4	B/D PA
<i>kcl 0.075%/d5w/nacl 0.45%</i>	3	B/D PA
KCL 0.15%/D5W/NACL 0.2%	3	B/D PA
KCL 0.15%/D5W/NACL 0.225%	3	B/D PA
KCL 0.15%/D5W/NACL 0.45%	3	B/D PA
<i>kcl 0.15%/d5w/nacl 0.9%</i>	3	B/D PA
<i>kcl 0.3%/d5w/nacl 0.45%</i>	3	B/D PA
KCL 0.3%/D5W/NACL 0.9%	3	B/D PA
<i>klor-con</i>	2	
<i>klor-con 10</i>	3	
<i>klor-con 8</i>	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
LACTATED RINGERS VIAFLEX	3	
<i>ludent</i>	2	
<i>magnesium sulfate inj</i>	2	B/D PA
NEPHRAMINE	3	B/D PA
NORMOSOL -R	3	B/D PA
NORMOSOL-M IN D5W	3	B/D PA
NORMOSOL-R	3	B/D PA
NORMOSOL-R IN D5W	3	B/D PA
PERIKABIVEN	4	B/D PA
PLASMA-LYTE A	3	B/D PA
PLASMA-LYTE-148	3	B/D PA
PLENAMINE	3	B/D PA
<i>potassium chloride cr</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride inj 0.4meq/ ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	2	B/D PA
<i>potassium chloride oral soln</i>	2	
<i>potassium chloride sr</i>	2	
POTASSIUM CHLORIDE/ DEXTROSE	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	B/D PA
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJ 20MEQ/L; 0.45%, 20MEQ/L; 0.9%, 40MEQ/L; 0.9%	3	B/D PA
<i>potassium citrate er</i>	2	
<i>potassium citrate/citric acid</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D PA
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	3	B/D PA
PROCALAMINE	3	B/D PA
PROSOL	4	B/D PA
<i>ringers injection</i>	3	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium bicarbonate inj</i>	2	B/D PA
<i>sodium bicarbonate partial fill</i>	2	B/D PA
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	
<i>sodium citrate/citric acid</i>	2	
<i>sodium fluoride chew 0.5mg, 1mg</i>	2	
<i>sodium fluoride oral soln</i>	2	
SODIUM LACTATE INJ 5MEQ/ML	3	B/D PA
TPN ELECTROLYTES	4	B/D PA
TRAVASOL	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D PA
TROPHAMINE INJ 0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	3	B/D PA
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CUPRIMINE	5	
JADENU	5	
JADENU SPRINKLE	5	
<i>kionex</i>	2	
SAMSCA TABS 15MG	5	QL(30/30)
SAMSCA TABS 30MG	5	QL(60/30)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	2	
<i>sps</i>	2	
SYPRINE	5	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trientine hydrochloride</i>	5	
VELTASSA	3	
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
REVELA PACK	3	QL(180/30)
REVELA TABS	3	QL(540/30)
VELPHORO	4	QL(180/30)
<b>Vitamins</b>		
<i>multi-vitamin/fluoride drops</i>	2	
<i>multivitamin with fluoride chew</i>	2	
<i>multivitamin with fluoride oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml</i>	2	
<i>multivitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.5mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1mg; 1.05mg; 15unit; 2500unit</i>	2	
<i>multivitamins/fluoride</i>	2	
<i>mvc-fluoride</i>	2	
<i>tl-fluorivite</i>	2	
<i>tri-vitamin/fluoride</i>	2	
VP-PNV-DHA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.25mg/5ml, 0.4mg/ml, 1mg/ml</i>	2	
<i>belladonna &amp; opium</i>	2	
<i>belladonna alkaloids &amp; opium</i>	2	
<i>dicyclomine hcl caps</i>	2	
<i>dicyclomine hcl oral soln</i>	2	
<i>dicyclomine hcl tabs</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
<i>glycopyrrolate tabs</i>	2	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate subl</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	2	
<b>Gastrointestinal Agents, Other</b>		
CHENODAL	5	
<i>cromolyn sodium conc</i>	4	
<i>diphenoxylate/atropine</i>	2	
GATTEX	5	PA QL(30/30)
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl</i>	2	
OSMOPREP	4	
PAREGORIC	3	
RELISTOR INJ 8MG/0.4ML	4	PA QL(11.2/28)
RELISTOR INJ 12MG/0.6ML	4	PA QL(16.8/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRULANCE	4	QL(30/30)
<i>ursodiol</i>	2	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl</i>	2	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride tabs 1mg</i>	5	PA QL(60/30)
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
AMITIZA	3	QL(60/30)
LINZESS	3	QL(30/30)
VIBERZI	4	PA QL(60/30)
<b>Laxatives</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i>	2	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>pegylax</i>	2	
<i>polyethylene glycol 3350</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL(60/30) ST
<i>esomeprazole magnesium</i>	3	QL(60/30)
<i>esomeprazole sodium</i>	3	
<i>lansoprazole cpdr</i>	3	QL(60/30)
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN	5	
ALDURAZYME	5	
BUPHENYL TABS	5	PA
CEREZYME	5	B/D PA
CREON	3	
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	
ELELYSO	5	
FABRAZYME	5	B/D PA
KUVAN	5	PA
LUMIZYME	5	
<i>miglustat</i>	5	QL(90/30)
NAGLAZYME	5	
ORFADIN	5	
RAVICTI	5	PA QL(525/30)
<i>sodium phenylbutyrate</i>	5	PA
VPRIV	5	B/D PA
XIAFLEX	5	PA
ZAVESCA	5	QL(90/30)
ZENPEP	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>flavoxate hcl</i>	2	
GELNIQUE	4	QL(30/30)
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 5mg</i>	2	QL(30/30)
<i>oxybutynin chloride er tb24 15mg</i>	2	QL(60/30)
<i>oxybutynin chloride syrp</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>phosphasal</i>	2	
<i>tolterodine tartrate</i>	3	QL(60/30)
<i>tolterodine tartrate er</i>	4	QL(30/30)
<i>trospium chloride</i>	2	QL(60/30)
<i>trospium chloride er</i>	3	QL(30/30)
URELLE	4	
<i>uribel</i>	2	
<i>urin d/s</i>	2	
URO-458	4	
<i>uro-mp</i>	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
VESICARE	4	QL(30/30)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 1mg, 2mg</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	2	QL(60/30)
<i>doxazosin tabs 4mg</i>	2	QL(30/30)
<i>dutasteride</i>	2	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL(30/30)
<i>finasteride tabs 5mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tamsulosin hcl</i>	2	QL(60/30)
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl caps 10mg</i>	2	QL(60/30)
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride</i>	2	
ELMIRON	4	
LITHOSTAT	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ala-cort crea 1%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate crea</i>	2	
<i>betamethasone valerate lotn</i>	2	
<i>betamethasone valerate oint</i>	2	
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate external soln</i>	2	
<i>clobetasol propionate foam</i>	4	
<i>clobetasol propionate gel</i>	2	
<i>clobetasol propionate liqd</i>	4	
<i>clobetasol propionate lotn</i>	2	
<i>clobetasol propionate oint</i>	2	

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## Covered Drugs By Category

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<i>clobetasol propionate sham</i>	4	
<i>clocortolone pivalate</i>	2	
<i>clocortolone pivalate pump</i>	2	
<i>clodan</i>	4	
CORDRAN TAPE	3	
CORTIFOAM	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	4	
<i>desonide</i>	2	
<i>desoximetasone</i>	4	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	4	
<i>fluocinonide external soln</i>	2	
<i>fluocinonide gel</i>	2	
<i>fluocinonide oint</i>	2	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate lotn</i>	2	
<i>fluticasone propionate oint</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate crea</i>	2	
<i>hydrocortisone butyrate external soln</i>	2	
<i>hydrocortisone butyrate oint</i>	2	
<i>hydrocortisone external crea</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone rectal crea</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
PANDEL	3	
<i>prednicarbate</i>	2	
<i>prednisolone</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
SOLU-CORTEF	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 2GM	3	HI
TEXACORT	3	
<i>triamcinolone acetonide aers</i>	2	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm crea 0.1%</i>	2	
TRIPTODUR	5	PA QL(1/168)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate nasal soln</i>	4	QL(15/30)
<i>desmopressin acetate tabs</i>	2	
EGRIFTA	5	PA QL(60/30)
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
H.P. ACTHAR	5	PA QL(1.5/1)
INCRELEX	4	PA
SEROSTIM	5	PA
ZORBTIVE	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	5	PA
<i>oxandrolone tabs 10mg</i>	3	PA QL(60/30)
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)
<b>Androgens</b>		
<i>danazol</i>	4	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	QL(5/30)
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL(300/30)
<i>testosterone pump</i>	3	QL(300/30)
<b>Estrogens</b>		
ALORA	4	PA QL(8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	PA
<i>amethia</i>	2	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
ANGELIQ	4	PA
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL(91/91)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL(91/91)
<i>camrese lo</i>	2	QL(91/91)
<i>caziant</i>	2	
<i>cesia</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA QL(4/28)
COMBIPATCH	4	PA QL(8/28)
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>daysee</i>	2	QL(91/91)
<i>delyla</i>	2	
DEPO-ESTRADIOL	3	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL	4	QL(30/30)
<i>drospirenone/ethinyl estradiol</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
emoquette	2	
enpresse-28	2	
enskyce	2	
ESTRACE CREA	4	
estradiol crea	4	
estradiol pttw	2	PA QL(8/28)
estradiol ptwk	2	PA QL(4/28)
estradiol tabs 0.5mg, 1mg, 2mg	2	PA
estradiol tabs 10mcg	4	QL(18/28)
estradiol/norethindrone acetate	2	PA
ESTRING	4	QL(1/90)
estropipate	2	PA
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	2	
falmina	2	
FEMRING	4	QL(1/90)
femynor	2	
fyavolv	2	PA
gianvi	2	
introvale	2	QL(91/91)
isibloom	2	
jevantique lo	2	PA
jinteli	2	PA
jolessa	2	QL(91/91)
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kimidess	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
layolis fe	2	
leena	2	
lessina	2	
levonest	2	
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL(91/91)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0	2	QL(91/91)
levora 0.15/30-28	2	
lopreeza	2	PA
loryna	2	
low-ogestrel	2	
lutera	2	
marlissa	2	
melodetta 24 fe	2	
MENEST	4	PA
MENOSTAR	4	PA QL(4/28)
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
mimvey	2	PA
mimvey lo	2	PA
mono-linyah	2	
mononessa	2	
myzilra	2	
necon 0.5/35-28	2	
necon 7/7/7	2	
nikki	2	
norethindrone & ethinyl estradiol ferrous fumarate	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	QL(1/28)
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	PA
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMARIN TABS	4	PA QL(30/30)
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	2	QL(91/91)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	QL(3/28)
<i>yuvaferm</i>	4	QL(18/28)
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
<b>Progesterone Agonists/Antagonists</b>		
MAKENA	5	PA
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	3	QL(10/28)
DEPO-SUBQ PROVERA 104	3	QL(0.65/90)
<i>errin</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	PA
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate inj</i>	2	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	2	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>megestrol acetate tabs</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	2	
<i>progesterone</i>	2	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	2	QL(30/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium inj</i>	5	
<i>levothyroxine sodium tabs</i>	2	
LEVOXYL	3	
<i>liothyronine sodium</i>	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	QL(16/28)
ELIGARD INJ 30MG	4	PA QL(1/120)
ELIGARD INJ 45MG	4	PA QL(1/180)
ELIGARD INJ 7.5MG	4	PA QL(1/30)
ELIGARD INJ 22.5MG	4	PA QL(1/90)
FIRMAGON INJ 80MG	4	B/D PA QL(1/28)
FIRMAGON INJ 120MG	5	B/D PA QL(4/365)
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT (3-MONTH)	5	PA QL(1/84)
LUPRON DEPOT (4-MONTH)	5	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	5	PA QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	5	PA QL(1/84)
<i>octreotide acetate inj 500mcg/ml</i>	5	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml</i>	4	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL(0.5/28)
SOMAVERT	5	QL(30/30)
SYNAREL	5	PA
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA QL(1/28)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT	5	PA
CINRYZE	5	PA QL(100/30)
FIRAZYR	5	PA QL(18/30)
KALBITOR	5	PA
RUCONEST	5	PA QL(8/30)
<b>Immune Suppressants</b>		
ASTAGRAF XL CP24 0.5MG, 1MG	4	PA
ASTAGRAF XL CP24 5MG	5	PA
<i>azathioprine</i>	2	PA
CELLCEPT TABS	5	PA
<i>cyclosporine caps</i>	3	PA
<i>cyclosporine inj</i>	2	PA
<i>cyclosporine modified</i>	3	PA
ENBREL INJ 25MG/0.5ML	5	PA QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	5	PA QL(8/28)
ENBREL MINI	5	PA QL(8/28)
ENBREL SURECLICK	5	PA QL(8/28)
ENVARUSUS XR TB24 4MG	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	PA
<i>gengraf</i>	3	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	PA QL(2/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	PA QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ	5	PA QL(4/365)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML, 80MG/0.8ML	5	PA QL(6/365)
HUMIRA PEN	5	PA QL(4/28)
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA QL(12/365)
HUMIRA PEN-PSORIASIS STARTER	5	PA QL(8/365)
KINERET	5	PA QL(20.1/30)
<i>methotrexate sodium</i>	2	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps</i>	2	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	2	PA
<i>mycophenolate mofetil tabs</i>	2	PA
<i>mycophenolic acid dr</i>	2	PA
MYFORTIC	3	PA
NEORAL	4	PA
NULOJIX	5	PA QL(150/30)
ORENCIA INJ 250MG	5	PA
PROGRAF CAPS 5MG	5	PA
PROGRAF CAPS 0.5MG, 1MG	4	PA
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA
REMICADE	5	PA
RENFLEXIS	5	PA
SANDIMMUNE	4	PA
<i>sirolimus</i>	4	PA
<i>tacrolimus caps</i>	2	PA
TORISEL	5	B/D PA QL(4/28)
XATMEP	4	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZORTRESS TABS 0.25MG, 0.75MG	5	PA QL(60/30)
ZORTRESS TABS 0.5MG	5	PA QL(120/30)
<b>Immunizing Agents, Passive</b>		
ATGAM	5	PA
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	5	B/D PA
GAMMAKED INJ 1GM/10ML	4	B/D PA
GAMUNEX-C INJ 1GM/10ML	4	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D PA
THYMOGLOBULIN	3	B/D PA
<b>Immunomodulators</b>		
ACTEMRA INJ 162MG/0.9ML	5	PA QL(3.6/28)
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA QL(40/28)
ACTIMMUNE	5	PA
ARCALYST	5	PA
BENLYSTA INJ 400MG	5	PA QL(9/28)
BENLYSTA INJ 120MG	5	PA QL(30/28)
ILARIS	5	PA QL(2/28)
<i>leflunomide</i>	3	QL(30/30)
RIDAURA	4	
SIMULECT	5	B/D PA
SYNAGIS	5	PA
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	QL(0.5/365)
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	QL(0.5/365)
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	3	B/D PA QL(8/365)
GARDASIL 9	3	QL(1.5/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HAVRIX	3	
HEPLISAV-B	3	B/D PA QL(3/365)
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D PA
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	QL(2/365)
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	QL(2/365)
QUADRACEL	3	
RABAVERT	3	B/D PA
RECOMBIVAX HB	3	B/D PA QL(3/365)
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL(2/999)
STAMARIL	3	QL(1/999)
TENIVAC	3	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	QL(1/365)
VARIZIG	4	QL(12/30)
VAXCHORA	3	
YF-VAX	3	
ZOSTAVAX	3	QL(1/999)

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	2	
CANASA	5	QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LIALDA	3	QL(120/30)
<i>mesalamine enema and kit</i>	2	
<i>mesalamine dr tbec 1.2gm</i>	3	QL(120/30)
<b>Glucocorticoids</b>		
<i>budesonide cpep</i>	4	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral soln</i>	2	QL(330/28)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	2	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	4	QL(90/30)
<i>doxercalciferol caps 1mcg</i>	4	QL(240/30)
<i>doxercalciferol caps 2.5mcg</i>	5	QL(120/30)
<i>doxercalciferol inj</i>	4	
<i>etidronate disodium</i>	2	
FORTEO	5	PA QL(2.4/28)
<i>ibandronate sodium inj</i>	3	QL(3/90)
<i>ibandronate sodium tabs</i>	3	QL(1/28)
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	B/D PA
<i>paricalcitol caps 4mcg</i>	4	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	4	QL(90/30)
<i>paricalcitol inj</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROLIA	4	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	3	QL(1/30)
SENSIPAR TABS 30MG	3	QL(60/30)
SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)
XGEVA	5	PA QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	2	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D PA QL(100/365)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>bd eclipse syringe/1ml/30gx1/2"</i>	2	QL(200/30)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	2	QL(200/30)
<i>bd safetyglide 27g x 5/8"</i>	2	QL(200/30)
BOTOX INJ 200UNIT	4	PA QL(1/90)
BOTOX INJ 100UNIT	4	PA QL(4/90)
CARNITOR INJ	4	B/D PA
DYSPORT	4	PA
FERRIPROX	5	
<i>fomepizole</i>	5	
INTRALIPID	3	B/D PA
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	3	
<i>levocarnitine</i>	2	
LIPOSYN III	3	B/D PA
<i>methyletergonovine maleate inj</i>	2	

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NATPARA	5	PA QL(2/28)
<i>novofine 31</i>	2	QL(200/30)
<i>novofine 32gx6mm</i>	2	QL(200/30)
<i>novofine autocover 30gx8mm</i>	2	QL(200/30)
<i>novotwist 32gx5mm</i>	2	QL(200/30)
NUTRILIPID	3	B/D PA
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
RINGERS IRRIGATION	3	
<i>sodium chloride 0.9%</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water irrigation</i>	2	
<i>sterile water irrigation plastic bottle</i>	2	
<i>techlite pen needles/31g x 6 mm</i>	2	QL(200/30)
<i>techlite pen needles/31g x 8mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 4mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 6mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 8mm</i>	2	QL(200/30)
TIS-U-SOL	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
XEOMIN INJ 200UNIT	5	PA
XEOMIN INJ 100UNIT, 50UNIT	4	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>bimatoprost ophthalmic soln</i>	2	QL(5/30)
COMBIGAN	4	
<i>latanoprost</i>	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate oint</i>	2	
<i>atropine sulfate ophthalmic soln</i>	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cyclopentolate hydrochloride</i>	2	
CYSTARAN	5	QL(60/28)
<i>homatropaire</i>	2	
<i>homatropine hbr</i>	2	
LACRISERT	4	
<i>phenylephrine hcl ophthalmic soln 10%, 2.5%</i>	2	
PROCYSBI	5	
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	QL(5/30)
<i>olopatadine hydrochloride</i>	2	QL(2.5/30)
PAZEO	3	QL(2.5/30)
<b>Ophthalmic Anti-inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
MAXIDEX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
NEVANAC	4	ST
PRED MILD	4	
PRED-G	3	
PRED-G S.O.P.	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	
PROLENSA	3	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	2	
ALPHAGAN P OPHTHALMIC SOLN 0.1%	4	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)
<i>dorzolamide hcl/timolol maleate</i>	2	QL(10/30)
IOPIDINE OPHTHALMIC SOLN 1%	4	
<i>isopto carpine</i>	2	
<i>levobunolol hcl</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic soln</i>	2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>aurodex</i>	2	
COLY-MYCIN S	4	
<i>fluocinolone acetonide</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinolone acetonide ear drops</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ASMANEX HFA	3	QL(13/30)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp</i>	2	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	3	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)
QVAR AERS 40MCG/ACT	3	QL(8.7/30)
QVAR AERS 80MCG/ACT	3	QL(17.4/30)

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QVAR REDIHALER AERB 40MCG/ACT	3	QL(10.6/30)
QVAR REDIHALER AERB 80MCG/ACT	3	QL(21.2/30)
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln</i>	2	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	2	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
<i>promethazine hcl inj</i>	2	PA
<i>promethazine hcl plain</i>	2	PA
<i>promethazine hcl syrup</i>	2	PA
<i>promethazine hcl tabs</i>	2	PA
<b>Antileukotrienes</b>		
<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	2	QL(60/30)
<b>Bronchodilators, Anticholinergic</b>		
COMBIVENT RESPIMAT	3	QL(8/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	2	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA QL(540/30)
SPIRIVA HANDIHALER	3	QL(30/30)
SPIRIVA RESPIMAT	3	QL(4/30)
TUDORZA PRESSAIR	4	QL(1/30)
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALIN INJ	3	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PA QL(360/30)
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate tabs</i>	2	
ANORO ELLIPTA	3	QL(60/30)
ARCAPTA NEOHALER	4	
AUVI-Q	4	QL(2/30)
BROVANA	4	B/D PA QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinephrine hcl inj 1mg/ml, 30mg/30ml</i>	2	
<i>epinephrine inj 0.15mg/0.3ml</i>	3	QL(2/30)
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	2	QL(2/30)
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>isoproterenol hydrochloride</i>	3	
ISUPREL	3	
<i>levalbuterol</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	B/D PA QL(270/30)
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	B/D PA QL(540/30)
<i>levalbuterol tartrate hfa</i>	3	QL(30/30)
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
PROVENTIL HFA	4	QL(13.4/30)
SEREVENT DISKUS	3	QL(60/30)
STRIVERDI RESPIMAT	3	QL(4/30)
<i>terbutaline sulfate</i>	3	
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	QL(84/56)
KALYDECO	5	PA QL(60/30)
ORKAMBI	5	PA QL(120/30)
PULMOZYME	5	B/D PA QL(150/30)
TOBI PODHALER	5	QL(1568/365)
<i>tobramycin nebu</i>	5	B/D PA QL(280/56)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	2	
DALIRESP TABS 500MCG	3	PA QL(30/30)
DALIRESP TABS 250MCG	3	PA QL(60/365)
THEO-24	3	
<i>theophylline</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	5	PA QL(60/30)
ADEMPAS	5	PA QL(90/30)
LETAIRIS	5	PA QL(30/30)
OPSUMIT	5	PA QL(30/30)
REMODULIN	5	B/D PA
<i>sildenafil tabs 20mg</i>	3	PA QL(90/30)
TRACLEER	5	PA QL(60/30)
TYVASO	5	B/D PA
TYVASO REFILL	5	B/D PA
TYVASO STARTER	5	B/D PA
VENTAVIS	5	PA QL(270/30)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA QL(270/30)
ESBRIET TABS 801MG	5	PA QL(90/30)
ESBRIET TABS 267MG	5	PA QL(270/30)
OFEV	5	PA QL(60/30)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP	4	B/D PA
GLASSIA	5	B/D PA
PROLASTIN-C	5	B/D PA
<i>promethazine vc plain</i>	2	PA
<i>ribavirin inhalation soln</i>	5	B/D PA
TRELEGY ELLIPTA	3	QL(60/30)
XOLAIR	5	PA QL(6/28)
ZEMAIRA	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(30/30)
<i>zolpidem tartrate tabs</i>	2	QL(30/30)
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil</i>	3	PA QL(30/30)
ROZEREM	4	QL(30/30)
SILENOR	4	QL(30/30)
XYREM	5	QL(540/30)

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# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<b>A</b>		ADRENALIN INJ .....	52	<i>alose tron hydrochloride</i>	
<i>abacavir/lamivudine</i> .....	24	<i>adriamycin</i> .....	19	<i>tabs 1mg</i> .....	40
<i>abacavir oral soln</i> .....	24	<i>adrucil</i> .....	18	ALPHAGAN P	
<i>abacavir sulfate/</i>		ADVAIR DISKUS .....	51	OPHTHALMIC SOLN 0.1% .....	51
<i>lamivudine/zidovudine</i> .....	24	ADVAIR HFA .....	51	<i>alprazolam intensol</i> .....	26
<i>abacavir tabs</i> .....	24	<i>afeditab cr</i> .....	30	<i>alprazolam odt tbdp</i>	
ABELCET.....	16	AFINITOR DISPERZ TBSO		<i>0.25mg, 0.5mg, 1mg</i> .....	26
ABILIFY MAINTENA.....	22	2MG, 3MG.....	20	<i>alprazolam odt tbdp 2mg</i> .....	26
ABRAXANE.....	19	AFINITOR DISPERZ TBSO 5MG...	20	<i>alprazolam tabs</i>	
<i>acamprosate calcium dr</i> .....	9	AFINITOR TABS		<i>0.25mg, 0.5mg, 1mg</i> .....	26
<i>acarbose</i> .....	26	2.5MG, 5MG, 7.5MG .....	20	<i>alprazolam tabs 2mg</i> .....	26
<i>acebutolol hcl</i> .....	30	AFINITOR TABS 10MG .....	20	<i>altavera</i> .....	43
<i>acetaminophen/codeine oral soln</i> ...	7	AGGRENEX .....	29	ALUNBRIG TABS 30MG .....	20
<i>acetaminophen/codeine tabs</i>		<i>ala-cort crea 1%</i> .....	41	ALUNBRIG TABS 180MG, 90MG...	20
<i>300mg; 15mg, 300mg; 30mg</i> .....	8	ALBENZA.....	21	ALUNBRIG TBPK .....	20
<i>acetaminophen/codeine tabs</i>		<i>albuterol sulfate er</i> .....	52	<i>alyacen 1/35</i> .....	43
<i>300mg; 60mg</i> .....	8	<i>albuterol sulfate nebu 0.5%</i> .....	52	<i>amabelz</i> .....	43
<i>acetazolamide</i> .....	31	<i>albuterol sulfate nebu 0.083%,</i>		<i>amantadine hcl</i> .....	22
<i>acetazolamide er</i> .....	51	<i>0.63mg/3ml, 1.25mg/3ml</i> .....	52	AMBISOME.....	16
<i>acetazolamide sodium</i> .....	31	<i>albuterol sulfate syrup</i> .....	52	<i>amethia</i> .....	43
<i>acetic acid</i> .....	51	<i>albuterol sulfate tabs</i> .....	52	<i>amethia lo</i> .....	43
<i>acetic acid 0.25%</i> .....	41	<i>alclometasone dipropionate</i> .....	41	<i>amikacin sulfate</i> .....	9
<i>acetylcysteine inhalation soln</i> .....	53	<i>alcohol prep pads</i> .....	9	<i>amiloride hcl</i> .....	31
<i>acitretin</i> .....	34	ALDURAZYME.....	40	<i>amiloride/hydrochlorothiazide</i> .....	31
ACTEMRA INJ 162MG/0.9ML .....	48	ALECENSA.....	20	<i>aminocaproic acid</i> .....	28
ACTEMRA INJ 200MG/10ML,		<i>alendronate sodium oral soln</i> .....	49	<i>aminophylline</i> .....	52
400MG/20ML, 80MG/4ML.....	48	<i>alendronate sodium tabs</i>		AMINOSYN 7%/	
ACTHIB.....	48	<i>10mg, 40mg, 5mg</i> .....	49	ELECTROLYTES.....	35
ACTIMMUNE .....	48	<i>alendronate sodium tabs</i>		AMINOSYN 8.5%/	
<i>acyclovir caps</i> .....	25	<i>35mg, 70mg</i> .....	49	ELECTROLYTES.....	35
<i>acyclovir oint</i> .....	25	<i>alfuzosin hcl er</i> .....	41	AMINOSYN-HBC.....	36
<i>acyclovir sodium</i> .....	25	ALIMTA.....	18	AMINOSYN II 8.5%/	
<i>acyclovir susp</i> .....	25	ALINIA SUSR .....	21	ELECTROLYTES.....	35
<i>acyclovir tabs</i> .....	25	ALINIA TABS .....	21		
ADACEL.....	48	ALIQOPA .....	20		
ADAGEN .....	40	<i>allopurinol</i> .....	17		
<i>adapalene</i> .....	34	<i>allopurinol sodium</i> .....	17		
ADCIRCA.....	53	ALOCRIIL .....	50		
<i>adefovir dipivoxil</i> .....	23	ALORA .....	43		
ADEMPAS .....	53	<i>alose tron hydrochloride</i>			
		<i>tabs 0.5mg</i> .....	40		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML . . . . .	35	AMINOSYN M . . . . .	36	<i>ampicillin</i> . . . . .	11
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML; 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML . . . . .	35	AMINOSYN-PF . . . . .	36	<i>ampicillin sodium inj</i> 10gm, 1gm, 2gm . . . . .	11
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML . . . . .	35	AMINOSYN-PF 7% . . . . .	36	<i>ampicillin sodium inj</i> 125mg, 250mg, 500mg . . . . .	11
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML . . . . .	36	AMINOSYN-RF . . . . .	36	<i>ampicillin-sulbactam</i> . . . . .	11
		<i>amiodarone hcl</i> . . . . .	30	AMPYRA . . . . .	33
		AMITIZA . . . . .	40	ANADROL-50 . . . . .	43
		<i>amitriptyline hcl</i> . . . . .	16	<i>anagrelide hydrochloride</i> . . . . .	28
		<i>amlodipine besylate/benazepril</i> <i>hydrochloride caps 2.5mg;</i> <i>10mg, 5mg; 10mg, 5mg;</i> <i>20mg, 5mg; 40mg</i> . . . . .	30	<i>anaspaz</i> . . . . .	39
		<i>amlodipine besylate/benazepril</i> <i>hydrochloride caps 10mg;</i> <i>20mg, 10mg; 40mg</i> . . . . .	30	<i>anastrozole</i> . . . . .	20
		<i>amlodipine besylate tabs 2.5mg</i> . . . . .	30	ANGELIQ . . . . .	43
		<i>amlodipine besylate tabs 5mg</i> . . . . .	30	ANORO ELLIPTA . . . . .	52
		<i>amlodipine besylate tabs 10mg</i> . . . . .	30	ALENZIN . . . . .	15
		<i>amlodipine besylate/valsartan</i> . . . . .	30	APOKYN . . . . .	22
		<i>amlodipine/valsartan/hctz</i> . . . . .	30	<i>apraclonidine</i> . . . . .	51
		<i>ammonium lactate</i> . . . . .	34	<i>aprepitant caps</i> . . . . .	16
		<i>amnesteam</i> . . . . .	34	<i>aprepitant caps 40mg</i> . . . . .	16
		<i>amoxapine</i> . . . . .	16	<i>aprepitant caps 80mg</i> . . . . .	16
		<i>amoxicillin</i> . . . . .	11	<i>aprepitant caps 125mg</i> . . . . .	16
		<i>amoxicillin/clavulanate potassium</i> . . . . .	11	<i>apri</i> . . . . .	43
		<i>amphetamine/dextroamphetamine</i> <i>cp24 1.25mg; 1.25mg; 1.25mg;</i> <i>1.25mg, 6.25mg; 6.25mg;</i> <i>6.25mg; 6.25mg</i> . . . . .	32	APRISO . . . . .	48
		<i>amphetamine/dextroamphetamine</i> <i>cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg,</i> <i>3.75mg; 3.75mg; 3.75mg; 3.75mg,</i> <i>5mg; 5mg; 5mg; 5mg, 7.5mg;</i> <i>7.5mg; 7.5mg; 7.5mg</i> . . . . .	32	APTIOM TABS 200MG, 400MG, 800MG . . . . .	13
		<i>amphetamine/dextroamphetamine</i> <i>tabs 1.25mg; 1.25mg; 1.25mg;</i> <i>1.25mg, 1.875mg; 1.875mg;</i> <i>1.875mg; 1.875mg, 2.5mg; 2.5mg;</i> <i>2.5mg; 2.5mg, 3.125mg; 3.125mg;</i> <i>3.125mg; 3.125mg, 3.75mg;</i> <i>3.75mg; 3.75mg; 3.75mg,</i> <i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i> . . . . .	33	APTIOM TABS 600MG . . . . .	13
		<i>amphetamine/dextroamphetamine</i> <i>tabs 5mg; 5mg; 5mg; 5mg</i> . . . . .	33	APTIVUS CAPS . . . . .	25
		<i>amphotericin b</i> . . . . .	16	APTIVUS ORAL SOLN . . . . .	25
				ARALAST NP . . . . .	53
				<i>aranelle</i> . . . . .	43
				ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML . . . . .	28
				ARANESP ALBUMIN FREE INJ 25MCG/0.42ML . . . . .	28
				ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML . . . . .	28
				ARANESP ALBUMIN FREE INJ 60MCG/0.3ML . . . . .	28
				ARANESP ALBUMIN FREE INJ 100MCG/0.5ML . . . . .	28
				ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML . . . . .	28

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	28	<i>atomoxetine caps</i> 10mg, 18mg, 25mg, 40mg	33	<b>B</b>	
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	28	<i>atomoxetine caps</i> 100mg, 60mg, 80mg	33	<i>baciim</i>	9
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	28	<i>atorvastatin calcium</i>	32	<i>bacitracin inj</i>	9
ARANESP ALBUMIN FREE INJ 500MCG/ML	28	<i>atovaquone</i>	21	<i>bacitracin ophthalmic oint</i>	9
ARCALYST	48	<i>atovaquone/proguanil hcl</i>	21	<i>bacitracin/polymyxin b</i>	10
ARCAPTA NEOHALER	52	ATRIPLA	25	<i>baclofen tabs 10mg, 20mg</i>	23
<i>aripiprazole odt</i>	22	<i>atropine sulfate inj 0.5mg/5ml</i>	31	<i>bactocill in dextrose</i>	11
<i>aripiprazole oral soln</i>	22	<i>atropine sulfate inj</i> 0.25mg/5ml, 0.4mg/ml, 1mg/ml	39	<i>balsalazide disodium</i>	48
<i>aripiprazole tabs</i>	22	<i>atropine sulfate oint</i>	50	<i>balziva</i>	43
ARISTADA INJ 441MG/1.6ML	22	<i>atropine sulfate ophthalmic soln</i>	50	BANZEL SUSP	14
ARISTADA INJ 662MG/2.4ML	22	<i>aubra</i>	43	BANZEL TABS 200MG	14
ARISTADA INJ 882MG/3.2ML	22	<i>augmented betamethasone</i> <i>dipropionate</i>	41	BANZEL TABS 400MG	14
ARISTADA INJ 1064MG/3.9ML	22	<i>aurodex</i>	51	BARACLUDE ORAL SOLN	24
<i>armodafinil</i>	53	AUVI-Q	52	BAVENCIO	21
ARRANON	18	AVANDIA	26	BAXDELA	12
<i>ashlyna</i>	43	AVASTIN	21	BCG VACCINE	48
ASMANEX HFA	51	AVELOX INJ	12	<i>bd eclipse syringe/1ml/30gx1/2"</i>	49
ASMANEX TWISTHALER 7 METERED DOSES	51	<i>aviane</i>	43	<i>bd insulin syringe safetyglide/ 1ml/29g x 1/2"</i>	49
ASMANEX TWISTHALER 30 METERED DOSES	51	AVONEX	33	<i>bd insulin syringe ultrafine/ 0.3ml/31g x 5/16"</i>	49
ASMANEX TWISTHALER 60 METERED DOSES	51	AVONEX PEN	34	<i>bd insulin syringe ultrafine/ 0.5ml/30g x 1/2"</i>	49
ASMANEX TWISTHALER 120 METERED DOSES	51	<i>azacitidine</i>	19	<i>bd insulin syringe ultrafine/ 1ml/31g x 5/16"</i>	49
<i>aspirin/dipyridamole</i>	29	AZACTAM	11	<i>bd pen needle/ultrafine/ 29g x 12.7mm</i>	49
ASTAGRAF XL CP24 0.5MG, 1MG	47	AZACTAM IN ISO-OSMOTIC DEXTROSE	11	<i>bd safetyglide 27g x 5/8"</i>	49
ASTAGRAF XL CP24 5MG	47	AZASITE	12	<i>bekyree</i>	43
<i>atazanavir caps 150mg</i>	25	<i>azathioprine</i>	47	BELEODAQ	19
<i>atazanavir caps 200mg</i>	25	<i>azelastine hcl nasal soln</i>	52	<i>belladonna alkaloids &amp; opium</i>	39
<i>atazanavir caps 300mg</i>	25	<i>azelastine hcl ophthalmic soln</i>	50	<i>belladonna &amp; opium</i>	39
<i>atazanavir sulfate caps 150mg</i>	25	AZELEX	34	<i>benazepril hcl</i>	29
<i>atazanavir sulfate caps 200mg</i>	25	<i>azithromycin inj</i>	12	<i>benazepril hcl/hydrochlorothiazide</i> <i>tabs 10mg; 12.5mg, 20mg;</i> <i>25mg, 5mg; 6.25mg</i>	29
<i>atazanavir sulfate caps 300mg</i>	25	<i>azithromycin pack</i>	12	<i>benazepril hcl/hydrochlorothiazide</i> <i>tabs 20mg; 12.5mg</i>	29
<i>atenolol</i>	30	<i>azithromycin susr 100mg/5ml</i>	12	BENDEKA	18
<i>atenolol/chlorthalidone</i>	30	<i>azithromycin susr 200mg/5ml</i>	12	BENICAR	29
ATGAM	48	<i>azithromycin tabs 250mg, 500mg</i>	12	BENICAR HCT	29
		<i>azithromycin tabs 600mg</i>	12		
		AZOPT	51		
		<i>aztreonam</i>	11		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
BENLYSTA INJ 120MG	48	BOSULIF TABS 400MG, 500MG	20	<i>butorphanol tartrate inj 2mg/ml</i>	8
BENLYSTA INJ 400MG	48	BOTOX INJ 100UNIT	49	<i>butorphanol tartrate nasal soln</i>	8
<i>benztropine mesylate inj</i>	21	BOTOX INJ 200UNIT	49	BUTRANS PTWK 7.5MCG/HR	7
<i>benztropine mesylate tabs</i>	21	BREO ELLIPTA	51	BYDUREON	26
BERINERT	47	<i>briellyn</i>	43	BYDUREON BCISE	26
BESIVANCE	12	BRILINTA	29	BYDUREON PEN	26
BESPONSA	21	<i>brimonidine tartrate</i>	51	BYETTA INJ 5MCG/0.02ML	26
<i>betamethasone dipropionate</i>	41	BRIVIACT INJ	13	BYETTA INJ 10MCG/0.04ML	26
<i>betamethasone sodium phosphate/ betamethasone acetate</i>	41	BRIVIACT ORAL SOLN	13	BYSTOLIC TABS 10MG, 2.5MG, 5MG	30
<i>betamethasone valerate crea</i>	41	BRIVIACT TABS	13	BYSTOLIC TABS 20MG	30
<i>betamethasone valerate lotn</i>	41	10MG, 25MG, 50MG, 75MG	13	BYVALSON	30
<i>betamethasone valerate oint</i>	41	BRIVIACT TABS 100MG	13		
<i>betaxolol hcl</i>	30	<i>bromocriptine mesylate</i>	22		
<i>betaxolol hcl</i>	51	BROVANA	52		
<i>bethanechol chloride</i>	41	<i>budesonide cpep</i>	49		
BETIMOL	51	<i>budesonide susp</i>	51		
BETOPTIC-S	51	<i>bumetanide</i>	31		
<i>bexarotene</i>	21	BUPHENYL TABS	40		
BEXSERO	48	<i>buprenorphine hcl inj</i>	7		
<i>bicalutamide</i>	18	<i>buprenorphine hcl/naloxone hcl</i>	9		
BICILLIN C-R	11	<i>buprenorphine hcl subl</i>	9		
BICILLIN L-A	11	<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr</i>	7		
BICNU	18	<i>bupropion hcl er tb12 150mg, 200mg</i>	15		
BIDIL	32	<i>bupropion hcl sr</i>	9		
BIKTARVY	24	<i>bupropion hcl sr</i>	15		
BILTRICIDE	21	<i>bupropion hcl tabs 75mg</i>	15		
<i>bimatoprost ophthalmic soln</i>	50	<i>bupropion hcl tabs 100mg</i>	15		
<i>bisoprolol fumarate</i>	30	<i>bupropion hcl xl</i>	15		
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	30	<i>buspirone hcl</i>	26		
<i>bleomycin sulfate</i>	19	<i>busulfan</i>	18		
BLEPHAMIDE	12	BUSULFEX	18		
BLEPHAMIDE S.O.P.	12	<i>butalbital/acetaminophen/ caffeine caps</i>	7		
<i>blisovi 24 fe</i>	43	<i>butalbital/acetaminophen/ caffeine tabs 325mg; 50mg; 40mg</i>	7		
<i>blisovi fe 1.5/30</i>	43	<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	7		
<i>blisovi fe 1/20</i>	43	<i>butalbital/aspirin/caffeine caps</i>	7		
BOOSTRIX	48	<i>butorphanol tartrate inj 1mg/ml</i>	8		
BORTEZOMIB	19				
BOSULIF TABS 100MG	20				

## C

<i>cabergoline</i>	46
CABOMETYX TABS 20MG, 60MG	20
CABOMETYX TABS 40MG	20
<i>calcipotriene crea</i>	34
<i>calcipotriene external soln</i>	34
<i>calcipotriene oint</i>	34
<i>calcitonin-salmon</i>	49
<i>calcitrene</i>	34
<i>calcitriol caps</i>	49
<i>calcitriol inj</i>	49
<i>calcitriol oral soln</i>	49
<i>calcium acetate caps</i>	39
<i>calcium acetate tabs 667mg</i>	39
<i>calcium gluconate inj</i>	36
CALQUENCE	20
<i>camila</i>	45
<i>camrese</i>	43
<i>camrese lo</i>	43
CANASA	48
CANCIDAS	16
CAPASTAT SULFATE	17
CAPRELSA TABS 100MG	20
CAPRELSA TABS 300MG	20
<i>captopril tabs 12.5mg, 25mg</i>	29
<i>captopril tabs 100mg, 50mg</i>	29

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
CARAFATE SUSP	40	ceftazidime	11	ciclopirox olamine	16
CARBAGLU	36	ceftazidime/dextrose	11	cidofovir	23
carbamazepine	14	CEFTIN	11	cilostazol	29
carbamazepine er	14	ceftriaxone/dextrose	11	CILOXAN OINT	12
carbidopa	22	ceftriaxone in iso-osmotic dextrose	11	CIMDUO	24
carbidopa/levodopa	22	ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	11	cimetidine	40
carbidopa/levodopa/entacapone	22	cefuroxime axetil	11	cimetidine hcl	40
carbidopa/levodopa er	22	cefuroxime/dextrose	11	CINRYZE	47
carbidopa/levodopa odt	22	cefuroxime sodium	11	CIPRODEX	12
carboplatin inj 150mg/15ml, 50mg/5ml	19	celecoxib caps 100mg, 200mg, 50mg	7	ciprofloxacin er tb24 500mg; 0	12
CARDENE IV	30	celecoxib caps 400mg	7	ciprofloxacin er tb24 1000mg; 0	12
CARNITOR INJ	49	CELLCEPT TABS	47	ciprofloxacin hcl	12
carteolol hcl	51	CELONTIN	13	ciprofloxacin inj	12
cartia xt	31	cephalexin	11	ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	12
carvedilol	30	CEREZYME	40	ciprofloxacin susr	12
carvedilol phosphate	30	CESAMET	16	CIPRO HC	12
casprofungin acetate	16	cesia	43	cisplatin	19
CAYSTON	52	cevimeline hcl	34	citalopram hydrobromide oral soln	15
caziant	43	CHANTIX	9	citalopram hydrobromide tabs 10mg	15
cefaclor caps	11	CHANTIX CONTINUING MONTH PAK	9	citalopram hydrobromide tabs 20mg	15
cefaclor er	11	CHANTIX STARTING MONTH PAK	9	citalopram hydrobromide tabs 40mg	15
cefaclor susr	11	chateal	43	cladribine	18
cefadroxil	11	CHENODAL	39	claravis	34
cefazolin	11	chloramphenicol sodium succinate	10	clarithromycin er	12
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	11	chlorhexidine gluconate mouth/throat soln	34	clarithromycin susr	12
cefazolin sodium inj 100gm, 10gm, 1gm, 1gm/50ml; 4%, 20gm, 300gm, 500mg	11	chloroquine phosphate	21	clarithromycin tabs	12
cefdinir	11	chlorothiazide	32	CLEOCIN SUPP	10
cefepime	11	chlorothiazide sodium	32	CLIMARA PRO	43
cefepime/dextrose	11	chlorpromazine hcl	22	clindacin-p	10
cefixime	11	chlorthalidone	32	clindamycin	10
cefotaxime sodium inj 1gm, 2gm, 500mg	11	cholestyramine	32	clindamycin/benzoyl peroxide	34
cefotetan	11	cholestyramine light	32	clindamycin hcl	10
cefotetan/dextrose	11	choline magnesium trisalicylate liqd.	7	clindamycin palmitate hcl	10
cefoxitin sodium	11	ciclodan	16	clindamycin phosphate crea	10
cefpodoxime proxetil	11	ciclopirox	16	clindamycin phosphate external soln	10
cefprozil	11	ciclopirox nail lacquer	16		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>clindamycin phosphate foam</i> . . . . .	10	<i>clobetasol propionate gel</i> . . . . .	41	<i>codeine sulfate</i> . . . . .	8
<i>clindamycin phosphate gel</i> . . . . .	10	<i>clobetasol propionate liqd</i> . . . . .	41	<i>colchicine caps</i> . . . . .	17
<i>clindamycin phosphate in d5w</i> . . . . .	10	<i>clobetasol propionate lotn</i> . . . . .	41	<i>colchicine tabs</i> . . . . .	17
<i>clindamycin phosphate inj</i> <i>150mg/ml, 300mg/2ml,</i> <i>600mg/4ml, 900mg/6ml</i> . . . . .	10	<i>clobetasol propionate oint</i> . . . . .	41	<i>colestipol hcl</i> . . . . .	32
<i>clindamycin phosphate lotn</i> . . . . .	10	<i>clobetasol propionate sham</i> . . . . .	42	<i>colistimethate sodium</i> . . . . .	10
<i>clindamycin phosphate swab</i> . . . . .	10	<i>clocortolone pivalate</i> . . . . .	42	<i>colocort</i> . . . . .	49
<i>clindamycin phosphate/tretinoin</i> . . . . .	34	<i>clocortolone pivalate pump</i> . . . . .	42	COLY-MYCIN S . . . . .	51
<i>clindamycin/sodium chloride</i> . . . . .	10	<i>clodan</i> . . . . .	42	COMBIGAN . . . . .	50
CLINIMIX 2.75%/DEXTROSE 5% . . . . .	36	<i>clofarabine</i> . . . . .	18	COMBIPATCH . . . . .	43
CLINIMIX 4.25%/DEXTROSE 5% . . . . .	36	<i>clomipramine hcl</i> . . . . .	16	COMBIVENT RESPIMAT . . . . .	52
CLINIMIX 4.25%/DEXTROSE 10% . . . . .	36	<i>clonazepam odt tbdp</i> <i>0.125mg, 0.25mg, 0.5mg</i> . . . . .	13	COMETRIQ KIT . . . . .	20
CLINIMIX 4.25%/DEXTROSE 20% . . . . .	36	<i>clonazepam odt tbdp 1mg</i> . . . . .	13	COMETRIQ KIT . . . . .	20
CLINIMIX 4.25%/DEXTROSE 25% . . . . .	36	<i>clonazepam odt tbdp 2mg</i> . . . . .	13	COMETRIQ KIT 20MG . . . . .	20
CLINIMIX 5%/DEXTROSE 15% . . . . .	36	<i>clonazepam tabs 0.5mg</i> . . . . .	13	COMPLERA . . . . .	24
CLINIMIX 5%/DEXTROSE 20% . . . . .	36	<i>clonazepam tabs 1mg</i> . . . . .	13	<i>compro</i> . . . . .	22
CLINIMIX 5%/DEXTROSE 25% . . . . .	36	<i>clonazepam tabs 2mg</i> . . . . .	13	CONDYLOX . . . . .	34
CLINIMIX E 2.75%/ DEXTROSE 5% . . . . .	36	<i>clonidine hcl er</i> . . . . .	33	<i>constulose</i> . . . . .	40
CLINIMIX E 2.75%/ DEXTROSE 10% . . . . .	36	<i>clonidine hcl ptwk</i> <i>0.1mg/24hr, 0.2mg/24hr</i> . . . . .	29	COPAXONE INJ 20MG/ML . . . . .	34
CLINIMIX E 2.75%/ DEXTROSE 20% . . . . .	36	<i>clonidine hcl ptwk 0.3mg/24hr</i> . . . . .	29	COPAXONE INJ 40MG/ML . . . . .	34
CLINIMIX E 4.25%/ DEXTROSE 5% . . . . .	36	<i>clonidine hcl tabs</i> . . . . .	29	CORDRAN TAPE . . . . .	42
CLINIMIX E 4.25%/ DEXTROSE 10% . . . . .	36	<i>clopidogrel tabs 75mg</i> . . . . .	29	COREG CR . . . . .	30
CLINIMIX E 4.25%/ DEXTROSE 20% . . . . .	36	<i>clopidogrel tabs 300mg</i> . . . . .	29	CORLANOR . . . . .	31
CLINIMIX E 4.25%/ DEXTROSE 25% . . . . .	36	<i>clorazepate dipotassium</i> <i>tabs 3.75mg, 7.5mg</i> . . . . .	26	CORTIFOAM . . . . .	42
CLINIMIX E 5%/DEXTROSE 15% . . . . .	36	<i>clorazepate dipotassium</i> <i>tabs 15mg</i> . . . . .	26	<i>cortisone acetate</i> . . . . .	42
CLINIMIX E 5%/DEXTROSE 20% . . . . .	36	<i>clotrimazole/betamethasone</i> <i>dipropionate</i> . . . . .	16	CORTISPORIN CREA . . . . .	10
CLINIMIX E 5%/DEXTROSE 25% . . . . .	36	<i>clotrimazole external crea</i> . . . . .	16	CORTISPORIN OINT . . . . .	10
CLINIMIX N9G15E . . . . .	36	<i>clotrimazole external soln</i> . . . . .	16	COSMEGEN . . . . .	19
CLINIMIX N14G30E . . . . .	36	<i>clotrimazole lozg</i> . . . . .	16	COTELLIC . . . . .	20
CLINISOL SF 15% . . . . .	36	<i>clozapine odt tbdp 12.5mg, 25mg</i> . . . . .	23	COUMADIN . . . . .	28
<i>clinpro 5000</i> . . . . .	36	<i>clozapine odt tbdp 100mg</i> . . . . .	23	CREON . . . . .	40
<i>clobetasol propionate crea</i> . . . . .	41	<i>clozapine odt tbdp 150mg</i> . . . . .	23	CRESTOR . . . . .	32
<i>clobetasol propionate e</i> . . . . .	41	<i>clozapine odt tbdp 200mg</i> . . . . .	23	CRIXIVAN CAPS 200MG . . . . .	25
<i>clobetasol propionate</i> <i>emollient foam</i> . . . . .	41	<i>clozapine tabs 25mg, 50mg</i> . . . . .	23	CRIXIVAN CAPS 400MG . . . . .	25
<i>clobetasol propionate</i> <i>external soln</i> . . . . .	41	<i>clozapine tabs 100mg</i> . . . . .	23	<i>cromolyn sodium conc</i> . . . . .	39
<i>clobetasol propionate foam</i> . . . . .	41	<i>clozapine tabs 200mg</i> . . . . .	23	<i>cromolyn sodium nebu</i> . . . . .	52
		COARTEM . . . . .	21	<i>cromolyn sodium ophthalmic soln</i> . . . . .	50
				<i>cryselle-28</i> . . . . .	43
				CUPRIMINE . . . . .	38
				<i>curity gauze pads 2"x2"</i> . . . . .	34
				<i>cyclafem 1/35</i> . . . . .	43

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>cyclafem 7/7/7</i> .....	43	<i>demeclocycline hcl</i> .....	13	<i>dextrose 5%</i> .....	36
<i>cyclobenzaprine hcl tabs</i> <i>10mg, 5mg</i> .....	53	DEMSEK .....	31	DEXTROSE5% / ELECTROLYTE #48 VIAFLEX .....	36
CYCLOMYDRIL .....	50	<i>denta 5000 plus</i> .....	36	DEXTROSE 5%/ LACTATED RINGERS .....	36
<i>cyclopentolate hcl</i> .....	50	<i>dentagel</i> .....	36	DEXTROSE 5%/NACL 0.2% .....	36
<i>cyclopentolate hydrochloride</i> .....	50	DEPO-ESTRADIOL .....	43	DEXTROSE 5%/NACL 0.3% .....	36
<i>cyclophosphamide caps</i> .....	18	DEPO-MEDROL INJ 20MG/ML.....	42	<i>dextrose 5%/nacl 0.9%</i> .....	36
<i>cyclophosphamide inj</i> <i>1gm, 500mg</i> .....	18	DEPO-PROVERA .....	45	DEXTROSE 5%/NACL 0.33%.....	36
<i>cyclophosphamide inj 2gm</i> .....	18	DEPO-SUBQ PROVERA 104 .....	45	DEXTROSE 5%/NACL 0.45%.....	36
<i>cycloserine</i> .....	17	DESCOVY .....	24	DEXTROSE 5%/NACL 0.225%.....	36
<i>cyclosporine caps</i> .....	47	<i>desipramine hcl</i> .....	16	<i>dextrose 10%</i> .....	36
<i>cyclosporine inj</i> .....	47	<i>desloratadine</i> .....	52	DEXTROSE 10%/NACL 0.2%.....	36
<i>cyclosporine modified</i> .....	47	<i>desmopressin acetate inj</i> .....	43	DEXTROSE10%/NACL 0.45% .....	36
CYRAMZA.....	21	<i>desmopressin acetate nasal soln</i> ..	43	<i>dextrose 20%</i> .....	36
<i>cyred</i> .....	43	<i>desmopressin acetate tabs</i> .....	43	<i>dextrose 25%</i> .....	36
CYSTADANE .....	40	<i>desogestrel/ethinyl estradiol</i> .....	43	<i>dextrose 30%</i> .....	36
CYSTAGON.....	40	DESONATE.....	42	<i>dextrose 40%</i> .....	36
CYSTARAN .....	50	<i>desonide</i> .....	42	<i>dextrose 50%</i> .....	36
<i>cytarabine aqueous</i> .....	18	<i>desoximetasone</i> .....	42	<i>dextrose 70%</i> .....	36
<i>cytarabine inj 100mg/ml</i> .....	18	<i>desvenlafaxine er</i> .....	15	DIASTAT ACUDIAL GEL 10MG.....	13
<i>cytra k crystals</i> .....	36	<i>dexamethasone</i> .....	42	DIASTAT ACUDIAL GEL 20MG.....	13
		<i>dexamethasone intensol</i> .....	42	DIASTAT PEDIATRIC.....	13
		<i>dexamethasone sodium</i> <i>phosphate inj 100mg/10ml, 10mg/ml,</i> <i>120mg/30ml, 20mg/5ml, 4mg/ml</i> ....	42	<i>diazepam conc</i> .....	26
		<i>dexamethasone sodium</i> <i>phosphate ophthalmic soln</i> .....	50	<i>diazepam inj 5mg/ml</i> .....	26
<b>D</b>		DEXILANT .....	40	<i>diazepam intensol</i> .....	26
<i>dacarbazine</i> .....	18	<i>dexmethylphenidate hcl</i> .....	33	<i>diazepam oral soln</i> .....	26
<i>dactinomycin</i> .....	19	<i>dexrazoxane</i> .....	19	<i>diazepam rectal gel gel 2.5mg</i> .....	13
DALIRESP TABS 250MCG.....	52	<i>dextroamphetamine sulfate</i> <i>er cp24 5mg</i> .....	33	<i>diazepam rectal gel gel 10mg</i> .....	13
DALIRESP TABS 500MCG.....	52	<i>dextroamphetamine sulfate</i> <i>er cp24 10mg</i> .....	33	<i>diazepam rectal gel gel 20mg</i> .....	13
<i>danazol</i> .....	43	<i>dextroamphetamine sulfate</i> <i>er cp24 15mg</i> .....	33	<i>diazepam tabs</i> .....	26
<i>dantrolene sodium</i> .....	23	<i>dextroamphetamine sulfate</i> <i>oral soln</i> .....	33	<i>diclofenac potassium</i> .....	7
<i>dapsone tabs</i> .....	17	<i>dextroamphetamine sulfate</i> <i>tabs 5mg</i> .....	33	<i>diclofenac sodium dr</i> .....	7
DAPTACEL .....	48	<i>dextroamphetamine sulfate</i> <i>tabs 10mg</i> .....	33	<i>diclofenac sodium er</i> .....	7
<i>daptomycin</i> .....	10	<i>dextrose 2.5%/nacl 0.45%</i> .....	36	<i>diclofenac sodium gel 1%</i> .....	34
DARAPRIM .....	21			<i>diclofenac sodium gel 3%</i> .....	34
DARZALEX .....	21			<i>diclofenac sodium/misoprostol</i> .....	7
<i>daunorubicin hcl</i> .....	19			<i>diclofenac sodium ophthalmic soln</i> ...	50
<i>daysee</i> .....	43			<i>dicloxacillin sodium</i> .....	11
<i>deblitane</i> .....	45			<i>dicyclomine hcl caps</i> .....	39
<i>decitabine</i> .....	19				
<i>delyla</i> .....	43				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>dicyclomine hcl oral soln</i> . . . . .	39	<i>donepezil hcl tabs 10mg</i> . . . . .	14	<i>dutasteride</i> . . . . .	41
<i>dicyclomine hcl tabs</i> . . . . .	39	<i>donepezil hcl tabs 23mg, 5mg</i> . . . . .	14	<i>dutasteride/tamsulosin hydrochloride</i> . . . . .	41
<i>didanosine</i> . . . . .	24	<i>donepezil hcl tbdp 5mg</i> . . . . .	14	DYRENIUM . . . . .	31
DIFFERIN LOTN . . . . .	34	<i>donepezil hcl tbdp 10mg</i> . . . . .	14	DYSPORT . . . . .	49
DIFICID . . . . .	12	<i>donepezil hydrochloride tabs 5mg</i> . . . . .	14	<b>E</b>	
<i>diflunisal</i> . . . . .	7	<i>donepezil hydrochloride tabs 10mg</i> . . . . .	14	<i>econazole nitrate</i> . . . . .	16
<i>digitek tabs 0.25mg</i> . . . . .	31	<i>doripenem</i> . . . . .	11	EDARBI . . . . .	29
<i>digitek tabs 0.125mg</i> . . . . .	31	<i>dorzolamide hcl</i> . . . . .	51	EDARBYCLOR . . . . .	29
<i>digoxin inj</i> . . . . .	31	<i>dorzolamide hcl/timolol maleate</i> . . . . .	51	<i>ed-spaz</i> . . . . .	39
<i>digoxin oral soln</i> . . . . .	31	<i>doxazosin mesylate tabs 1mg, 2mg</i> . . . . .	41	EDURANT . . . . .	24
<i>digoxin tabs 125mcg</i> . . . . .	31	<i>doxazosin mesylate tabs 8mg</i> . . . . .	41	<i>e.e.s. 400</i> . . . . .	12
<i>digoxin tabs 250mcg</i> . . . . .	31	<i>doxazosin tabs 4mg</i> . . . . .	41	<i>efavirenz caps 50mg</i> . . . . .	24
<i>digox tabs 125mcg</i> . . . . .	31	<i>doxepin hcl</i> . . . . .	26	<i>efavirenz caps 200mg</i> . . . . .	24
<i>digox tabs 250mcg</i> . . . . .	31	<i>doxercalciferol caps 0.5mcg</i> . . . . .	49	<i>efavirenz tabs</i> . . . . .	24
<i>dihydroergotamine mesylate inj</i> . . . . .	17	<i>doxercalciferol caps 1mcg</i> . . . . .	49	<i>effer-k tbf 25meq</i> . . . . .	36
DILANTIN . . . . .	14	<i>doxercalciferol caps 2.5mcg</i> . . . . .	49	<i>effervescent potassium</i> . . . . .	36
DILANTIN-125 . . . . .	14	<i>doxercalciferol inj</i> . . . . .	49	<i>effervescent pot chloride</i> . . . . .	36
DILANTIN INFATABS . . . . .	14	<i>doxorubicin hcl</i> . . . . .	19	EGRIFTA . . . . .	43
<i>dilt-cd cp24 180mg, 240mg</i> . . . . .	31	<i>doxorubicin hcl liposome</i> . . . . .	19	ELAPRASE . . . . .	40
<i>diltiazem hcl</i> . . . . .	31	<i>doxy 100</i> . . . . .	13	ELELYSO . . . . .	40
<i>diltiazem hcl er cp12</i> . . . . .	31	<i>doxycycline hyclate caps</i> . . . . .	13	ELIDEL . . . . .	34
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i> . . . . .	31	<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i> . . . . .	13	ELIGARD INJ 7.5MG . . . . .	46
<i>diltiazem hcl er tb24</i> . . . . .	31	<i>doxycycline hyclate tabs 100mg, 20mg</i> . . . . .	13	ELIGARD INJ 22.5MG . . . . .	46
<i>dilt-xr</i> . . . . .	31	<i>doxycycline monohydrate caps 100mg, 50mg</i> . . . . .	13	ELIGARD INJ 30MG . . . . .	46
<i>dimenhydrinate inj</i> . . . . .	16	<i>doxycycline monohydrate caps 150mg</i> . . . . .	13	ELIGARD INJ 45MG . . . . .	46
<i>diphenhydramine hcl inj</i> . . . . .	52	<i>doxycycline monohydrate tabs</i> . . . . .	13	ELIQUIS STARTER PACK . . . . .	28
<i>diphenoxylate/atropine</i> . . . . .	39	<i>doxycycline susr</i> . . . . .	13	ELIQUIS TABS 2.5MG . . . . .	28
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC . . . . .	48	DRITHO-CREME HP . . . . .	34	ELIQUIS TABS 5MG . . . . .	28
<i>disulfiram</i> . . . . .	9	<i>dronabinol</i> . . . . .	16	ELITEK . . . . .	18
<i>divalproex sodium</i> . . . . .	13	<i>droperidol</i> . . . . .	16	ELMIRON . . . . .	41
<i>divalproex sodium dr</i> . . . . .	13	<i>drospirenone/ethinyl estradiol</i> . . . . .	43	EMCYT . . . . .	18
<i>divalproex sodium er</i> . . . . .	13	DROXIA . . . . .	18	EMEND SUSR . . . . .	16
DIVIGEL . . . . .	43	<i>duloxetine hcl cpep 20mg, 60mg</i> . . . . .	15	<i>emoquette</i> . . . . .	44
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i> . . . . .	19	<i>duloxetine hcl cpep 30mg</i> . . . . .	15	EMPLICITI . . . . .	21
DOCETAXEL INJ 200MG/10ML . . . . .	19	DURAMORPH . . . . .	7	EMSAM . . . . .	15
<i>dofetilide</i> . . . . .	30	DUREZOL . . . . .	50	EMTRIVA CAPS . . . . .	24
				EMTRIVA ORAL SOLN . . . . .	24

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>enalaprilat</i> .....	29	<i>errin</i> .....	45	<i>etoposide inj</i> .....	20
<i>enalapril maleate</i> .....	29	ERWINAZE.....	19	EURAX.....	21
<i>enalapril maleate/ hydrochlorothiazide</i> .....	29	<i>ery</i> .....	12	EVOMELA.....	18
ENBREL INJ 25MG/0.5ML.....	47	ERYPED 400.....	12	EVOTAZ.....	25
ENBREL INJ 25MG, 50MG/ML.....	47	ERY-TAB.....	12	<i>exemestane</i> .....	20
ENBREL MINI.....	47	ERYTHROCIN LACTOBIONATE.....	12	EXTAVIA.....	34
ENBREL SURECLICK.....	47	<i>erythrocin stearate</i> .....	12	<i>ezetimibe</i> .....	32
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i> .....	8	<i>erythromycin</i> .....	12	<i>ezetimibe/simvastatin</i> .....	32
<i>endocet tabs 325mg; 7.5mg</i> .....	8	<i>erythromycin base</i> .....	12		
<i>endocet tabs 325mg; 10mg</i> .....	8	<i>erythromycin/benzoyl peroxide</i> .....	34	<b>F</b>	
ENGERIX-B INJ 10MCG/0.5ML.....	48	<i>erythromycin ethylsuccinate</i> .....	12	FABRAZYME.....	40
ENGERIX-B INJ 20MCG/ML.....	48	ESBRIET CAPS.....	53	<i>falmina</i> .....	44
<i>enoxaparin sodium</i> .....	28	ESBRIET TABS 267MG.....	53	<i>famciclovir</i> .....	25
<i>enpresse-28</i> .....	44	ESBRIET TABS 801MG.....	53	<i>famotidine inj</i> .....	40
<i>enskyce</i> .....	44	<i>escitalopram oxalate oral soln</i> .....	15	<i>famotidine premixed</i> .....	40
<i>entacapone</i> .....	22	<i>escitalopram oxalate tabs 5mg</i> .....	15	<i>famotidine susr</i> .....	40
<i>entecavir</i> .....	24	<i>escitalopram oxalate tabs 10mg</i> .....	15	<i>famotidine tabs 20mg, 40mg</i> .....	40
ENTRESTO.....	29	<i>escitalopram oxalate tabs 20mg</i> .....	15	FANAPT TABS 1MG, 2MG, 4MG.....	22
<i>enulose</i> .....	40	<i>esgic caps</i> .....	7	FANAPT TABS 10MG, 12MG, 6MG, 8MG.....	22
ENVARUSUS XR TB24 0.75MG, 1MG.....	47	<i>esomeprazole magnesium</i> .....	40	FANAPT TITRATION PACK.....	22
ENVARUSUS XR TB24 4MG.....	47	<i>esomeprazole sodium</i> .....	40	FARESTON.....	18
EPCLUSA.....	24	ESTRACE CREA.....	44	FARXIGA.....	26
<i>epinephrine hcl inj 1mg/ml, 30mg/30ml</i> .....	52	<i>estradiol crea</i> .....	44	FARYDAK.....	20
<i>epinephrine inj 0.15mg/0.3ml</i> .....	52	<i>estradiol/norethindrone acetate</i> .....	44	FASLODEX.....	18
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i> .....	52	<i>estradiol pttw</i> .....	44	<i>felbamate susp</i> .....	14
EPIPEN 2-PAK.....	52	<i>estradiol ptwk</i> .....	44	<i>felbamate tabs</i> .....	14
EPIPEN-JR 2-PAK.....	52	<i>estradiol tabs 0.5mg, 1mg, 2mg</i> .....	44	<i>felodipine er</i> .....	31
<i>epirubicin hcl inj 200mg/100ml</i> .....	19	<i>estradiol tabs 10mcg</i> .....	44	FEM PH.....	10
<i>epitol</i> .....	14	ESTRING.....	44	FEMRING.....	44
EPIVIR HBV ORAL SOLN.....	24	<i>estropipate</i> .....	44	<i>femynor</i> .....	44
<i>eplerenone</i> .....	31	<i>ethacrynate sodium</i> .....	31	<i>fenofibrate caps 43mg, 50mg</i> .....	32
ERBITUX.....	21	<i>ethacrynic acid</i> .....	31	<i>fenofibrate caps 130mg, 150mg</i> .....	32
<i>ergoloid mesylates</i> .....	14	<i>ethambutol hcl</i> .....	17	<i>fenofibrate micronized caps 67mg</i> .....	32
<i>ergotamine tartrate/caffeine</i> .....	17	<i>ethosuximide</i> .....	13	<i>fenofibrate micronized caps 134mg, 200mg</i> .....	32
ERIVEDGE.....	20	<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i> .....	44	<i>fenofibrate tabs 48mg, 54mg</i> .....	32
ERLEADA.....	18	ETHYOL.....	19	<i>fenofibrate tabs 145mg, 160mg</i> .....	32
		<i>etidronate disodium</i> .....	49	<i>fenofibric acid dr cpdr 45mg</i> .....	32
		<i>etodolac</i> .....	7	<i>fenofibric acid dr cpdr 135mg</i> .....	32
		<i>etodolac er</i> .....	7		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>fentanyl</i> .....	7	<i>fluocinolone acetonide ear drops</i> ..	51	<i>fondaparinux sodium inj</i> 2.5mg/0.5ml .....	28
<i>fentanyl citrate inj</i> 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml .....	8	<i>fluocinolone acetonide scalp</i> .....	42	<i>fondaparinux sodium inj</i> 5mg/0.4ml .....	28
<i>fentanyl citrate oral transmucosal</i> <i>lpop</i> 200mcg, 400mcg, 600mcg .....	8	<i>fluocinonide crea 0.1%</i> .....	42	<i>fondaparinux sodium inj</i> 7.5mg/0.6ml .....	28
<i>fentanyl citrate oral transmucosal</i> <i>lpop</i> 1200mcg, 1600mcg, 800mcg ..	8	<i>fluocinonide external soln</i> .....	42	<i>fondaparinux sodium inj</i> 10mg/0.8ml .....	28
FERRIPROX .....	49	<i>fluocinonide gel</i> .....	42	FORTEO .....	49
FETZIMA .....	15	<i>fluocinonide oint</i> .....	42	<i>fosamprenavir calcium</i> .....	25
FETZIMA TITRATION PACK .....	15	<i>fluoride chew 0.25mg</i> .....	36	<i>fosinopril sodium</i> .....	29
FINACEA .....	34	<i>fluoritab chew 0.5mg, 1mg</i> .....	36	<i>fosinopril sodium/</i> <i>hydrochlorothiazide</i> .....	29
<i>finasteride tabs 5mg</i> .....	41	<i>fluoritab oral soln</i> .....	36	<i>fosphenytoin sodium inj</i> 100mg pe/2ml .....	14
FIRAZYR .....	47	<i>fluorometholone</i> .....	50	FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML .....	28
FIRMAGON INJ 80MG .....	46	<i>fluorouracil crea 0.5%</i> .....	34	FRAGMIN INJ 7500UNIT/0.3ML .....	28
FIRMAGON INJ 120MG .....	46	<i>fluorouracil crea 5%</i> .....	34	FRAGMIN INJ 10000UNIT/ML .....	28
FLAREX .....	50	<i>fluorouracil external soln</i> .....	34	FRAGMIN INJ 12500UNIT/0.5ML .....	28
<i>flavoxate hcl</i> .....	41	<i>fluorouracil inj</i> .....	18	FRAGMIN INJ 15000UNIT/0.6ML .....	28
<i>flecainide acetate</i> .....	30	<i>fluoxetine caps 10mg</i> .....	15	FRAGMIN INJ 18000UNT/0.72ML .....	28
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST .....	51	<i>fluoxetine caps 20mg</i> .....	15	FRAGMIN INJ 95000UNIT/3.8ML .....	28
FLOVENT DISKUS AEPB 250MCG/BLIST .....	51	<i>fluoxetine hcl caps 10mg</i> .....	15	FREAMINE HBC 6.9% .....	36
FLOVENT HFA AERO 44MCG/ACT .....	51	<i>fluoxetine hcl caps 20mg</i> .....	15	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 .....	37
FLOVENT HFA AERO 110MCG/ACT .....	51	<i>fluoxetine hcl caps 40mg</i> .....	15	<i>furosemide inj</i> .....	31
FLOVENT HFA AERO 220MCG/ACT .....	51	<i>fluoxetine hcl oral soln</i> .....	15	<i>furosemide oral soln</i> .....	31
<i>floxuridine</i> .....	18	<i>fluoxetine hcl tabs 10mg, 60mg</i> .....	15	<i>furosemide tabs</i> .....	31
<i>fluconazole</i> .....	16	<i>fluoxetine hcl tabs 20mg</i> .....	15	FUZEON .....	25
<i>fluconazole in dextrose</i> .....	16	<i>fluphenazine decanoate</i> .....	22	<i>fyavolv</i> .....	44
<i>fluconazole in nacl inj</i> 200mg/100ml; 0.9%, 400mg/200ml; 0.9% .....	16	<i>fluphenazine hcl</i> .....	22	FYCOMPA SUSP .....	13
<i>flucytosine</i> .....	16	<i>flura-drops</i> .....	36	FYCOMPA TABS .....	13
<i>fludarabine phosphate inj 50mg</i> .....	19	<i>flurbiprofen sodium</i> .....	50		
<i>fludrocortisone acetate</i> .....	42	<i>flutamide</i> .....	18		
<i>flunisolide</i> .....	51	<i>fluticasone propionate crea</i> .....	42		
<i>fluocinolone acetonide</i> .....	42	<i>fluticasone propionate lotn</i> .....	42		
<i>fluocinolone acetonide</i> .....	51	<i>fluticasone propionate oint</i> .....	42		
<i>fluocinolone acetonide body</i> .....	42	<i>fluticasone propionate susp</i> .....	51		
		<i>fluvoxamine maleate tabs</i> 25mg, 50mg .....	15		
		<i>fluvoxamine maleate tabs 100mg</i> ..	15		
		FML .....	50		
		FML FORTE .....	50		
		FOLOTYN .....	18		
		<i>fomepizole</i> .....	49		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<b>G</b>					
<i>gabapentin caps 100mg</i> .....	13	GENOTROPIN MINIQUICK INJ 0.2MG .....	43	<i>granisetron hcl inj</i> .....	16
<i>gabapentin caps 300mg, 400mg</i> .....	13	GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG .....	43	<i>granisetron hcl tabs</i> .....	16
<i>gabapentin oral soln</i> .....	14	<i>gentak</i> .....	9	GRANIX .....	28
<i>gabapentin tabs 600mg</i> .....	14	<i>gentamicin sulfate</i> .....	9	<i>griseofulvin microsize</i> .....	16
<i>gabapentin tabs 800mg</i> .....	14	<i>gentamicin sulfate/ 0.9% sodium chloride</i> .....	9	<i>griseofulvin ultramicrosize</i> .....	16
<i>galantamine hydrobromide er</i> .....	14	<i>gentamicin sulfate/ 0.9% sodium chloride</i> .....	9	GUANIDINE HCL .....	17
<i>galantamine hydrobromide oral soln</i> .....	14	<i>gentamicin sulfate pediatric</i> .....	9	GNAZOLE-1 .....	16
<i>galantamine hydrobromide tabs</i> .....	14	GENVOYA .....	24	<b>H</b>	
GAMMAKED INJ 1GM/10ML .....	48	GEODON INJ .....	22	HALAVEN .....	19
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML .....	48	<i>gianvi</i> .....	44	<i>halobetasol propionate</i> .....	42
GAMUNEX-C INJ 1GM/10ML .....	48	GILOTRIF .....	20	<i>haloperidol</i> .....	22
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML .....	48	GLASSIA .....	53	<i>haloperidol decanoate</i> .....	22
<i>ganciclovir inj 500mg, 500mg/10ml</i> .....	23	GLEOSTINE .....	18	<i>haloperidol lactate</i> .....	22
GARDASIL 9 .....	48	<i>glimepiride tabs 1mg</i> .....	26	HARVONI .....	24
<i>gatifloxacin</i> .....	12	<i>glimepiride tabs 2mg</i> .....	26	HAVRIX .....	48
GATTEX .....	39	<i>glimepiride tabs 4mg</i> .....	26	<i>heather</i> .....	46
<i>gavilyte-c</i> .....	40	<i>glipizide er tb24 2.5mg</i> .....	26	<i>heparin sodium/d5w</i> .....	28
<i>gavilyte-g</i> .....	40	<i>glipizide er tb24 5mg</i> .....	26	<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i> .....	28
<i>gavilyte-n/ flavor pack</i> .....	40	<i>glipizide er tb24 10mg</i> .....	26	<i>heparin sodium/nacl 0.9%</i> .....	28
GAZYVA .....	21	<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i> .....	26	<i>heparin sodium/nacl 0.45%</i> .....	28
GELNIQUE .....	41	<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i> .....	26	<i>heparin sodium/ sodium chloride 0.9%</i> .....	28
<i>gemcitabine hcl inj 1gm, 2gm</i> .....	18	<i>glipizide tabs 5mg</i> .....	26	<i>heparin sodium/ sodium chloride 0.9% premix</i> .....	28
<i>gemcitabine hcl inj 200mg</i> .....	18	<i>glipizide tabs 10mg</i> .....	26	HEPATAMINE .....	37
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i> .....	18	<i>glipizide xl tb24 2.5mg</i> .....	26	HEPLISAV-B .....	48
<i>gemcitabine inj 1gm/26.3ml, 2gm/52.6ml</i> .....	18	<i>glipizide xl tb24 5mg</i> .....	26	HERCEPTIN INJ 150MG .....	21
<i>gemcitabine inj 200mg/5.26ml</i> .....	18	<i>glipizide xl tb24 10mg</i> .....	26	HERCEPTIN INJ 440MG .....	21
<i>gemfibrozil</i> .....	32	GLUCAGEN HYPOKIT .....	27	HETLIOZ .....	33
<i>generlac</i> .....	40	GLUCAGON EMERGENCY KIT .....	27	HEXALEN .....	18
<i>gengraf</i> .....	47	<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i> .....	39	HIBERIX .....	48
GENOTROPIN .....	43	<i>glycopyrrolate tabs</i> .....	39	<i>homatropaire</i> .....	50
		<i>glydo</i> .....	9	<i>homatropine hbr</i> .....	50
		GLYXAMBI .....	26	HORIZANT .....	33
		GOLYTELY .....	40	H.P. ACTHAR .....	43
		GORDONS UREA OINT 40% .....	34	HUMALOG .....	27
				HUMALOG JUNIOR KWIKPEN .....	27

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
HUMALOG KWIKPEN	27	<i>hydrocortisone butyrate crea</i>	42	<i>idarubicin hcl</i>	19
HUMALOG MIX 50/50	27	<i>hydrocortisone butyrate external soln</i>	42	IDHIFA	20
HUMALOG MIX 50/50 KWIKPEN	27	<i>hydrocortisone butyrate (lipid)</i>	42	<i>ifosfamide inj 1gm, 3gm</i>	18
HUMALOG MIX 75/25	27	<i>hydrocortisone butyrate (lipophilic)</i>	42	ILARIS	48
HUMALOG MIX 75/25 KWIKPEN	27	<i>hydrocortisone butyrate oint</i>	42	<i>imatinib mesylate</i>	20
HUMIRA INJ		<i>hydrocortisone enem</i>	49	IMBRUVICA CAPS 70MG	20
10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	47	<i>hydrocortisone external crea</i>	42	IMBRUVICA CAPS 140MG	20
HUMIRA INJ		<i>hydrocortisone lotn 2.5%</i>	42	IMBRUVICA TABS	20
40MG/0.4ML, 40MG/0.8ML	47	<i>hydrocortisone oint 1%, 2.5%</i>	42	IMFINZI	21
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ	47	<i>hydrocortisone rectal crea</i>	42	<i>imipenem/cilastatin</i>	11
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ	47	<i>hydrocortisone tabs</i>	42	<i>imipramine hcl</i>	16
40MG/0.8ML, 80MG/0.8ML	47	<i>hydrocortisone valerate</i>	42	<i>imiquimod</i>	34
HUMIRA PEN	47	<i>hydromorphone hcl dosette</i>	8	IMOVAX RABIES (H.D.C.V.)	48
HUMIRA PEN-CROHNS DISEASESTARTER	47	<i>hydromorphone hcl inj</i>	8	INCRELEX	43
HUMIRA PEN-PSORIASIS STARTER	47	<i>hydromorphone hcl liqd</i>	8	<i>indapamide</i>	32
HUMULIN 70/30	27	<i>hydromorphone hcl supp</i>	8	INFANRIX	48
HUMULIN 70/30 KWIKPEN	27	<i>hydromorphone hcl tabs 2mg, 4mg</i>	8	INFUMORPH 200	7
HUMULIN N	27	<i>hydromorphone hcl tabs 8mg</i>	8	INFUMORPH 500	7
HUMULIN N KWIKPEN	27	<i>hydroxychloroquine sulfate</i>	21	INLYTA	20
HUMULIN R	27	<i>hydroxyprogesterone caproate</i>	46	INTELENCE TABS 25MG	24
HUMULIN R U-500 (CONCENTRATED)	27	<i>hydroxyurea</i>	18	INTELENCE TABS 100MG, 200MG	24
HUMULIN R U-500 KWIKPEN	27	<i>hyoscyamine sulfate elix</i>	39	INTRALIPID	49
<i>hydralazine hcl</i>	32	<i>hyoscyamine sulfate odt</i>	39	INTRON A INJ	
<i>hydrochlorothiazide</i>	32	<i>hyoscyamine sulfate subl</i>	39	10MU, 10MU/ML, 50MU, 6000000UNIT/ML	24
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	8	<i>hyoscyamine sulfate tabs</i>	39	INTRON A INJ 18MU	24
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	8	<i>hyoscyamine sulfate tbdp</i>	39	<i>introvale</i>	44
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	8	<i>hyperlyte-cr</i>	37	INVANZ	11
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	8			INVEGA SUSTENNA INJ 39MG/0.25ML	22
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	8	<b>I</b>		INVEGA SUSTENNA INJ 78MG/0.5ML	22
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	8	<i>ibandronate sodium inj</i>	49	INVEGA SUSTENNA INJ 117MG/0.75ML	22
<i>hydrocortisone/acetic acid</i>	51	<i>ibandronate sodium tabs</i>	49	INVEGA SUSTENNA INJ 156MG/ML	22
		IBRANCE	20	INVEGA SUSTENNA INJ 234MG/1.5ML	22
		<i>ibudone tabs 5mg; 200mg</i>	8	INVEGA TRINZA INJ 273MG/0.875ML	22
		<i>ibuprofen susp</i>	7		
		<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	7		
		<i>ibu tabs 600mg, 800mg</i>	7		
		ICLUSIG TABS 15MG	20		
		ICLUSIG TABS 45MG	20		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
INVEGA TRINZA INJ 410MG/1.315ML	23	<i>isosorbide mononitrate</i>	32	<i>junel fe 24</i>	44
INVEGA TRINZA INJ 546MG/1.75ML	23	<i>isosorbide mononitrate er</i>	32	<b>K</b>	
INVEGA TRINZA INJ 819MG/2.625ML	23	<i>isotonic gentamicin</i>	9	KABIVEN	37
INVIRASE CAPS	25	<i>isotretinoin</i>	34	KADCYLA	21
INVIRASE TABS	25	<i>isradipine</i>	31	<i>kaitlib fe</i>	44
INVOKAMET	26	ISTODAX (OVERFILL)	19	KALBITOR	47
INVOKAMET XR	26	ISUPREL	52	<i>kaletra oral soln</i>	25
INVOKANA	26	<i>itraconazole</i>	16	KALETRA TABS 100MG; 25MG	25
IONOSOL-MB/DEXTROSE 5%	37	<i>ivermectin</i>	21	KALETRA TABS 200MG; 50MG	25
IOPIDINE OPHTHALMIC SOLN 1%	51	IXIARO	48	KALYDECO	52
IPOL INACTIVATED IPV	48	<b>J</b>		<i>kariva</i>	44
<i>ipratropium bromide/ albuterol sulfate</i>	52	JADENU	38	KCL 0.3%/D5W/NACL 0.9%	37
<i>ipratropium bromide inhalation soln</i>	52	JADENU SPRINKLE	38	<i>kcl 0.3%/d5w/nacl 0.45%</i>	37
<i>ipratropium bromide nasal soln</i>	52	JAKAFI	20	KCL 0.15%/D5W/NACL 0.2%	37
<i>irbesartan</i>	29	<i>jantoven</i>	28	<i>kcl 0.15%/d5w/nacl 0.9%</i>	37
<i>irbesartan/hydrochlorothiazide</i>	29	JANUMET	26	KCL 0.15%/D5W/NACL 0.45%	37
IRESSA	20	JANUMET XR TB24 1000MG; 50MG	26	KCL 0.15%/D5W/NACL 0.225%	37
<i>irinotecan</i>	19	JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	26	<i>kcl 0.075%/d5w/nacl 0.45%</i>	37
<i>irinotecan hcl</i>	19	JANUVIA	26	<i>k-effervescent</i>	37
<i>irinotecan hydrochloride inj 40mg/2ml</i>	19	JARDIANCE	26	<i>kelnor 1/35</i>	44
ISENTRESS CHEW 25MG	24	<i>jencycla</i>	46	<i>kelnor 1/50</i>	44
ISENTRESS CHEW 100MG	24	JENTADUETO	26	KENALOG	42
ISENTRESS HD	25	JENTADUETO XR TB24 2.5MG; 1000MG	26	KEPIVANCE	34
ISENTRESS PACK	24	JENTADUETO XR TB24 5MG; 1000MG	26	<i>ketoconazole crea</i>	16
ISENTRESS TABS	24	<i>jevantique lo</i>	44	<i>ketoconazole sham</i>	16
<i>isibloom</i>	44	JEVTANA	19	<i>ketoconazole tabs</i>	16
ISOLYTE-P/DEXTROSE 5%	37	<i>jinteli</i>	44	<i>ketoprofen</i>	7
ISOLYTE-S	37	<i>jolessa</i>	44	<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	7
ISOLYTE-S PH 7.4	37	<i>jolivet</i>	46	<i>ketorolac tromethamine inj 30mg/ml</i>	7
<i>isoniazid</i>	17	<i>juleber</i>	44	<i>ketorolac tromethamine ophthalmic soln</i>	50
<i>isoproterenol hydrochloride</i>	52	JULUCA	24	<i>ketorolac tromethamine tabs</i>	7
<i>isopto carpine</i>	51	<i>junel 1.5/30</i>	44	KEYTRUDA	21
<i>isosorbide dinitrate er</i>	32	<i>junel 1/20</i>	44	<i>kimidess</i>	44
<i>isosorbide dinitrate tabs</i>	32	<i>junel fe 1.5/30</i>	44	KINERET	47
		<i>junel fe 1/20</i>	44	KINRIX	48
				<i>kionex</i>	38

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
KISQALI	19	<i>lansoprazole cpdr</i>	40	<i>levobunolol hcl</i>	51
KISQALI FEMARA 200 DOSE	18	LANTUS	27	<i>levocarnitine</i>	49
KISQALI FEMARA 400 DOSE	18	LANTUS SOLOSTAR	27	<i>levocetirizine dihydrochloride oral soln</i>	52
KISQALI FEMARA 600 DOSE	18	<i>larin 1.5/30</i>	44	<i>levocetirizine dihydrochloride tabs</i>	52
<i>klor-con</i>	37	<i>larin 1/20</i>	44	<i>levofloxacin in d5w</i>	12
<i>klor-con 8</i>	37	<i>larin 24 fe</i>	44	<i>levofloxacin inj</i>	12
<i>klor-con 10</i>	37	<i>larin fe 1.5/30</i>	44	<i>levofloxacin ophthalmic soln</i>	12
<i>klor-con/ef</i>	37	<i>larin fe 1/20</i>	44	<i>levofloxacin oral soln</i>	12
<i>klor-con m10</i>	37	<i>larissia</i>	44	<i>levofloxacin tabs</i>	12
<i>klor-con m15</i>	37	LARTRUVO	19	<i>levoleucovorin calcium</i>	19
<i>klor-con m20</i>	37	<i>latanoprost</i>	50	<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	19
<i>klor-con sprinkle</i>	37	LATUDA TABS 80MG	23	<i>levonest</i>	44
KORLYM	49	LATUDA TABS 120MG, 20MG, 40MG, 60MG	23	<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	44
K-PHOS	37	LAYOLIS FE	44	<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	44
K-PHOS NO 2	37	<i>leena</i>	44	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	44
KRISTALOSE	40	<i>leflunomide</i>	48	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	44
K-TAB	37	LENVIMA 8 MG DAILY DOSE	20	<i>levora 0.15/30-28</i>	44
<i>kurvelo</i>	44	LENVIMA 10 MG DAILY DOSE	20	<i>levorphanol tartrate</i>	7
KUVAN	40	LENVIMA 14 MG DAILY DOSE	20	<i>levothyroxine sodium inj</i>	46
<i>k-vescent tbef</i>	37	LENVIMA 18 MG DAILY DOSE	20	<i>levothyroxine sodium tabs</i>	46
KYPROLIS	20	LENVIMA 20 MG DAILY DOSE	20	LEVOXYL	46
		LENVIMA 24 MG DAILY DOSE	20	LEVULAN KERASTICK	34
<b>L</b>		<i>lessina</i>	44	LEXIVA SUSP	25
<i>labetalol hcl</i>	30	LETAIRIS	53	LEXIVA TABS	25
LACRISERT	50	<i>letrozole</i>	20	LIALDA	49
LACTATED RINGERS IRRIGATION	49	<i>leucovorin calcium</i>	19	<i>lidocaine hcl external soln</i>	9
LACTATED RINGERS VIAFLEX	37	LEUKERAN	18	<i>lidocaine hcl gel</i>	9
<i>lactulose</i>	40	LEUKINE INJ 250MCG	28	<i>lidocaine hcl inj</i>	9
<i>lamivudine oral soln</i>	24	<i>leuprolide acetate</i>	46	<i>lidocaine hcl inj</i>	30
<i>lamivudine tabs 100mg</i>	24	<i>levalbuterol</i>	52	<i>lidocaine hcl jelly</i>	9
<i>lamivudine tabs 150mg</i>	24	<i>levalbuterol hcl nebu 0.31mg/3ml</i>	52	<i>lidocaine hcl mouth/throat soln</i>	9
<i>lamivudine tabs 300mg</i>	24	<i>levalbuterol hcl nebu 0.63mg/3ml</i>	52	<i>lidocaine hcl viscous</i>	9
<i>lamivudine/zidovudine</i>	24	<i>levalbuterol hcl nebu 1.25mg/3ml</i>	52	<i>lidocaine oint</i>	9
<i>lamotrigine</i>	14	<i>levalbuterol tartrate hfa</i>	52	<i>lidocaine/prilocaine crea</i>	9
<i>lamotrigine er</i>	14	LEVEMIR	27		
<i>lamotrigine odt</i>	14	LEVEMIR FLEXTOUCH	27		
LANOXIN TABS 62.5MCG	31	<i>levetiracetam</i>	13		
LANOXIN TABS 187.5MCG	31	<i>levetiracetam er tb24 500mg</i>	13		
		<i>levetiracetam er tb24 750mg</i>	13		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>lidocaine ptch</i> .....	9	<i>losartan potassium tabs</i>		<i>malathion</i> .....	21
<i>lidocaine viscous</i> .....	9	<i>25mg, 50mg</i> .....	29	<i>maprotiline hcl</i> .....	15
<i>lincomycin hcl</i> .....	10	<i>losartan potassium tabs 100mg</i> .....	29	<i>marlissa</i> .....	44
<i>lindane</i> .....	21	LOTEMAX .....	50	MARPLAN .....	15
<i>linezolid inj</i> .....	10	<i>lovastatin tabs 10mg, 20mg</i> .....	32	MARQIBO .....	19
<i>linezolid susr</i> .....	10	<i>lovastatin tabs 40mg</i> .....	32	MATULANE .....	18
<i>linezolid tabs</i> .....	10	<i>low-ogestrel</i> .....	44	<i>matzim la</i> .....	31
LINZESS .....	40	<i>loxapine caps 10mg, 5mg</i> .....	22	MAXIDEX .....	50
<i>liothyronine sodium</i> .....	46	<i>loxapine succinate caps</i>		<i>meclizine hcl tabs</i> .....	16
<i>lipodox 50</i> .....	19	<i>10mg, 5mg</i> .....	22	MEDROL TABS 2MG .....	42
LIPOSYN III .....	49	<i>loxapine succinate caps</i>		<i>medroxyprogesterone acetate inj</i> ...	46
<i>lisinopril</i> .....	29	<i>25mg, 50mg</i> .....	22	<i>medroxyprogesterone</i>	
<i>lisinopril/hydrochlorothiazide tabs</i>		<i>ludent</i> .....	37	<i>acetate tabs</i> .....	46
<i>12.5mg; 10mg, 25mg; 20mg</i> .....	29	LUMIGAN .....	50	<i>mefloquine hcl</i> .....	21
<i>lisinopril/hydrochlorothiazide tabs</i>		LUMIZYME .....	40	<i>megestrol acetate susp 40mg/ml</i> ...	46
<i>12.5mg; 20mg</i> .....	29	LUPRON DEPOT (1-MONTH) .....	46	<i>megestrol acetate susp</i>	
<i>lithium</i> .....	26	LUPRON DEPOT (3-MONTH) .....	46	<i>625mg/5ml</i> .....	46
<i>lithium carbonate</i> .....	26	LUPRON DEPOT (4-MONTH) .....	46	<i>megestrol acetate tabs</i> .....	46
<i>lithium carbonate er</i> .....	26	LUPRON DEPOT (6-MONTH) .....	46	MEKINIST TABS 0.5MG .....	20
LITHOSTAT .....	41	LUPRON DEPOT-PED		MEKINIST TABS 2MG .....	20
LIVALO .....	32	(1-MONTH) .....	46	<i>melodetta 24 fe</i> .....	44
LONSURF TABS 6.14MG; 15MG ...	18	LUPRON DEPOT-PED		<i>meloxicam</i> .....	7
LONSURF TABS 8.19MG; 20MG ...	18	(3-MONTH) .....	46	<i>melphalan hydrochloride</i> .....	18
<i>loperamide hcl caps</i> .....	39	<i>lutura</i> .....	44	<i>memantine hcl tabs 5mg</i> .....	14
<i>lopinavir/ritonavir</i> .....	25	LYNPARZA CAPS .....	20	<i>memantine hcl tabs 10mg</i> .....	14
<i>lopreeza</i> .....	44	LYNPARZA TABS .....	19	<i>memantine hcl titration pak</i> .....	14
<i>lorazepam conc</i> .....	26	LYRICA CAPS		<i>memantine hydrochloride</i> .....	14
<i>lorazepam inj</i> .....	26	100MG, 150MG, 200MG,		<i>memantine hydrochloride er</i> .....	14
<i>lorazepam intensol</i> .....	26	25MG, 50MG, 75MG .....	13	MENACTRA .....	48
<i>lorazepam tabs 0.5mg, 1mg</i> .....	26	LYRICA CAPS 225MG, 300MG .....	13	MENEST .....	44
<i>lorazepam tabs 2mg</i> .....	26	LYRICA CR TB24 165MG, 82.5MG ...	33	MENOSTAR .....	44
<i>lorcet</i> .....	8	LYRICA CR TB24 330MG .....	33	MENVEO .....	48
<i>lorcet hd</i> .....	8	LYRICA ORAL SOLN .....	13	<i>mercaptopurine</i> .....	18
<i>lorcet plus tabs 325mg; 7.5mg</i> .....	8	LYSODREN .....	46	<i>meropenem</i> .....	11
<i>loryna</i> .....	44	<i>lyza</i> .....	46	<i>meropenem/sodium chloride inj</i>	
<i>losartan potassium/</i>		<b>M</b>		<i>1gm/50ml; 0.9%</i> .....	11
<i>hydrochlorothiazide tabs</i>		<i>magnesium sulfate in d5w</i> .....	13	<i>meropenem/sodium chloride inj</i>	
<i>12.5mg; 50mg</i> .....	29	<i>magnesium sulfate inj</i> .....	37	<i>500mg/50ml; 0.9%</i> .....	11
<i>losartan potassium/</i>		MAKENA .....	45	<i>mesalamine dr tbec 1.2gm</i> .....	49
<i>hydrochlorothiazide tabs</i>		MAKENA .....	46	<i>mesalamine enema and kit</i> .....	49
<i>12.5mg; 100mg, 25mg; 100mg</i> .....	29				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
mesna	19	methylprednisolone acetate	42	MITIGARE	17
MESNEX TABS	19	methylprednisolone dose pack	42	mitomycin inj 20mg, 5mg	19
MESTINON SYRP	17	methylprednisolone	42	mitomycin inj 40mg	19
metadate er	33	sodiumsuccinate	42	mitoxantrone hcl	19
metaproterenol sulfate	52	methylprednisolone tabs	42	M-M-R II	48
metformin hcl er tb24 500mg (generic for Glucophage XR)	26	metipranolol	51	modafinil	53
metformin hcl er tb24 750mg (generic Glucophage XR)	26	metoclopramide hcl	39	moexipril hcl	29
metformin hcl tabs 500mg	27	metolazone	32	moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg	29
metformin hcl tabs 850mg	27	metoprolol/hydrochlorothiazide	30	moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 25mg; 15mg	29
metformin hcl tabs 1000mg	27	metoprolol succinate er	30	mometasone furoate crea	42
methazolamide	31	metoprolol tartrate inj	30	mometasone furoate external soln	42
methenamine hippurate	10	metoprolol tartrate tabs	30	mometasone furoate oint	42
methenamine mandelate	10	METRO IV	10	mondoxyne nl caps 100mg, 50mg	13
methimazole	47	metronidazole caps	10	mono-lynyah	44
methotrexate sodium	47	metronidazole crea	10	mononessa	44
methotrexate tabs	47	metronidazole gel	10	montelukast sodium	52
methoxsalen	34	metronidazole inj	10	MONUROL	10
methscopolamine bromide	39	metronidazole in nacl 0.79%	10	morgidox 1x50mg	13
methylclothiazide	32	metronidazole lotn	10	morphine sulfate er cp24	7
methylergonovine maleate inj	49	metronidazole tabs	10	morphine sulfate er tbc	7
methylphenidate hcl cd	33	metronidazole vaginal	10	morphine sulfate inj 0.5mg/ml, 1mg/ml	7
methylphenidate hcl chew 2.5mg, 5mg	33	mexiletine hcl	30	morphine sulfate inj 1mg/ml	8
methylphenidate hcl chew 10mg	33	mibelas 24 fe	44	morphine sulfate inj 2mg/ml	8
methylphenidate hcl er cp24	33	miconazole 3	16	morphine sulfate inj 4mg/ml	8
methylphenidate hcl er cpcr 20mg, 30mg, 40mg	33	microgestin 1.5/30	44	morphine sulfate inj 8mg/ml	8
methylphenidate hcl er tb24 18mg	33	microgestin 1/20	44	morphine sulfate inj 10mg/ml	8
methylphenidate hcl er tb24 27mg, 54mg	33	microgestin fe	44	morphine sulfate inj 150mg/30ml, 50mg/ml, 5mg/ml	8
methylphenidate hcl er tb24 36mg	33	microgestin fe 1.5/30	44	morphine sulfate oral soln 10mg/5ml	8
methylphenidate hcl er tbc 10mg, 27mg, 54mg	33	midodrine hcl	29	morphine sulfate oral soln 20mg/5ml	8
methylphenidate hcl er tbc 18mg	33	migergot	17	morphine sulfate oral soln 100mg/5ml	8
methylphenidate hcl er tbc 20mg	33	miglitol	27	morphine sulfate supp	7
methylphenidate hcl er tbc 36mg	33	miglustat	40	morphine sulfate tabs	8
methylphenidate hcl tabs	33	mimvey	44	MOVIPREP	40
methylphenidate hydrochloride oral soln	33	mimvey lo	44		
		minitrans	32		
		minocycline hcl	13		
		minoxidil	32		
		mirtazapine	15		
		mirtazapine odt	15		
		misoprostol	40		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>moxifloxacin hcl inj</i> .....	12	MYRBETRIQ .....	41	<i>neomycin/polymyxin/ hydrocortisone</i> .....	10
<i>moxifloxacin hcl ophthalmic soln</i> .....	12	<i>myzilra</i> .....	44	<i>neomycin/polymyxin/ hydrocortisone</i> .....	51
<i>moxifloxacin hcl tabs</i> .....	12	<b>N</b>		<i>neomycin sulfate</i> .....	9
<i>moxifloxacin hydrochloride ophthalmic soln</i> .....	12	<i>nabumetone</i> .....	7	<i>neo-polycin</i> .....	10
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i> .....	12	<i>nadolol</i> .....	30	<i>neo-polycin hc</i> .....	10
MOZOBIL .....	28	<i>nadolol/bendroflumethiazide</i> .....	30	NEORAL .....	47
MULTAQ .....	30	NAFCILLIN .....	11	NEPHRAMINE .....	37
<i>multivitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.5mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1mg; 1.05mg; 15unit; 2500unit</i> .....	39	<i>naftifine hcl</i> .....	16	NERLYNX .....	19
<i>multi-vitamin/fluoride drops</i> .....	39	<i>naftifine hydrochloride</i> .....	16	<i>neuac</i> .....	34
<i>multivitamins/fluoride</i> .....	39	NAFTIN GEL .....	16	NEUPRO .....	22
<i>multivitamin with fluoride chew</i> .....	39	NAGLAZYME .....	40	NEVANAC .....	50
<i>multivitamin with fluoride oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml</i> .....	39	<i>nalbuphine hcl inj 10mg/ml</i> .....	8	<i>nevirapine</i> .....	24
<i>mupirocin crea</i> .....	10	<i>nalbuphine hcl inj 20mg/ml</i> .....	8	<i>nevirapine er tb24 100mg</i> .....	24
<i>mupirocin oint</i> .....	10	<i>naloxone hcl</i> .....	9	<i>nevirapine er tb24 400mg</i> .....	24
MUSTARGEN .....	18	<i>naltrexone hcl</i> .....	9	NEXAVAR .....	20
<i>mvc-fluoride</i> .....	39	NAMENDA XR .....	14	<i>niacin er tbc 500mg</i> .....	32
MYCAMINE .....	16	NAMENDA XR TITRATION PACK .....	14	<i>niacin er tbc 1000mg, 750mg</i> .....	32
<i>mycophenolate mofetil caps</i> .....	47	<i>naproxen</i> .....	7	<i>niacor</i> .....	32
<i>mycophenolate mofetil inj</i> .....	47	<i>naproxen dr</i> .....	7	<i>nicardipine hcl</i> .....	31
<i>mycophenolate mofetil susr</i> .....	47	<i>naproxen sodium tabs 275mg, 550mg</i> .....	7	NICOTROL INHALER .....	9
<i>mycophenolate mofetil tabs</i> .....	47	<i>naratriptan hcl</i> .....	17	NICOTROL NS .....	9
<i>mycophenolic acid dr</i> .....	47	NARCAN .....	9	<i>nifedipine er tb24 30mg, 60mg</i> .....	31
MYFORTIC .....	47	NATACYN .....	16	<i>nifedipine er tb24 90mg</i> .....	31
MYLOTARG .....	21	<i>nateglinide</i> .....	27	<i>nikki</i> .....	44
<i>myorisan</i> .....	34	NATPARA .....	50	<i>nilutamide</i> .....	18
		NEBUPENT .....	21	NINLARO .....	19
		<i>necon 0.5/35-28</i> .....	44	NIPENT .....	18
		<i>necon 7/7/7</i> .....	44	NITRO-BID .....	32
		<i>nefazodone hcl</i> .....	15	NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR .....	32
		<i>neomycin/bacitracin/polymyxin</i> .....	10	<i>nitrofurantoin</i> .....	10
		<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i> .....	10	<i>nitrofurantoin macrocrystals</i> .....	10
		<i>neomycin/polymyxin b sulfates</i> .....	9	<i>nitrofurantoin monohydrate</i> .....	10
		<i>neomycin/polymyxin/ dexamethasone</i> .....	50	<i>nitrofurantoin monohydrate/ macrocrystals</i> .....	10
		<i>neomycin/polymyxin/gramicidin</i> .....	10	<i>nitroglycerin</i> .....	32
		<i>neomycin/polymyxin/hc</i> .....	51	<i>nitroglycerin lingual</i> .....	32
				<i>nitroglycerin transdermal</i> .....	32



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>nizatidine caps</i> .....	40	NOVOLIN R RELION .....	27	<i>olopatadine hcl ophthalmic soln</i> ....	50
<i>nora-be</i> .....	46	NOVOLOG.....	27	<i>olopatadine hydrochloride</i> .....	50
<i>norethindrone</i> .....	46	NOVOLOG FLEXPEN .....	27	<i>omega-3-acid ethyl esters</i> .....	32
<i>norethindrone acetate</i> .....	46	NOVOLOG MIX 70/30 .....	27	<i>omeprazole cpdr</i> .....	40
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i> .....	45	NOVOLOG MIX 70/30 PREFILLED FLEXPEN .....	27	<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i> .....	16
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i> .....	45	NOVOLOG PENFILL .....	27	<i>ondansetron hcl oral soln</i> .....	16
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i> .....	45	<i>novotwist 32gx5mm</i> .....	50	<i>ondansetron hcl tabs 4mg, 8mg</i> ....	16
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i> .....	44	NOXAFIL SUSP .....	16	<i>ondansetron hcl tabs 24mg</i> .....	16
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i> .....	45	NOXAFIL TBEC .....	17	<i>ondansetron odt</i> .....	16
<i>norgestimate/ethinyl estradiol</i> .....	45	NUEDEXTA.....	33	ONFI SUSP .....	14
<i>norlyroc</i> .....	46	<i>nulev</i> .....	39	ONFI TABS 10MG .....	14
NORMOSOL-M IN D5W .....	37	NULOJIX .....	47	ONFI TABS 20MG .....	14
NORMOSOL -R .....	37	NULYTELY/FLAVOR PACKS.....	40	OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG .....	7
NORMOSOL-R.....	37	NUPLAZID.....	23	OPANA ER (CRUSH RESISTANT) T12A 40MG .....	7
NORMOSOL-R IN D5W.....	37	NUTRILIPID.....	50	OPDIVO INJ 100MG/10ML, 40MG/4ML.....	21
NORTHERA CAPS 100MG .....	31	NUVARING .....	45	OPDIVO INJ 240MG/24ML.....	21
NORTHERA CAPS 200MG, 300MG .....	31	<i>nyamyc</i> .....	17	OPIUM .....	8
<i>nortrel 0.5/35 (28)</i> .....	45	<i>nystatin</i> .....	17	OPIUM TINCTURE .....	8
<i>nortrel 1/35</i> .....	45	<i>nystatin/triamcinolone</i> .....	17	OPSUMIT.....	53
<i>nortrel 7/7/7</i> .....	45	<i>nystop</i> .....	17	ORACEA .....	34
<i>nortriptyline hcl</i> .....	16	<b>O</b>		<i>oralone dental paste</i> .....	34
NORVIR CAPS .....	25	<i>ocella</i> .....	45	ORENCIA INJ 250MG .....	47
NORVIR ORAL SOLN .....	25	<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i> .....	46	ORFADIN .....	40
NORVIR PACK .....	25	<i>octreotide acetate inj 500mcg/ml</i> ..	46	ORKAMBI.....	52
NORVIR TABS .....	25	<i>octreotide acetate inj 1000mcg/ml</i> ..	46	<i>orphenadrine citrate er</i> .....	53
<i>novofine 31</i> .....	50	ODEFSEY .....	24	<i>orsythia</i> .....	45
<i>novofine 32gx6mm</i> .....	50	ODOMZO.....	19	ORTHO TRI-CYCLEN LO.....	45
<i>novofine autocover 30gx8mm</i> .....	50	OFEV.....	53	<i>oscimin</i> .....	39
NOVOLIN 70/30 .....	27	<i>ofloxacin</i> .....	12	<i>oseltamivir phosphate caps 30mg</i> ..	25
NOVOLIN 70/30 RELION .....	27	<i>ogestrel</i> .....	45	<i>oseltamivir phosphate caps 45mg, 75mg</i> .....	25
NOVOLIN N.....	27	<i>olanzapine/fluoxetine</i> .....	15	<i>oseltamivir phosphate susr</i> .....	25
NOVOLIN N RELION .....	27	<i>olanzapine inj</i> .....	23	OSMOPREP .....	39
NOVOLIN R.....	27	<i>olanzapine odt</i> .....	23	<i>oxacillin sodium inj 10gm, 2gm</i> .....	12
NOVOLIN R INNOLET.....	27	<i>olanzapine tabs</i> .....	23	<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i> .....	19
		<i>olmesartan medoxomil</i> .....	29		
		<i>olmesartan medoxomil/ hydrochlorothiazide</i> .....	29		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>oxandrolone tabs 2.5mg</i>	43	<i>paroex</i>	34	<i>phenobarbital elix</i>	14
<i>oxandrolone tabs 10mg</i>	43	<i>paromomycin sulfate</i>	9	<i>phenobarbital tabs</i>	14
<i>oxazepam</i>	26	<i>paroxetine hcl tabs 10mg</i>	15	<i>phenoxybenzamine hydrochloride</i>	29
<i>oxcarbazepine</i>	14	<i>paroxetine hcl tabs 20mg</i>	15	<i>phenylephrine hcl</i>	
<i>oxybutynin chloride er tb24 10mg, 5mg</i>	41	<i>paroxetine hcl tabs 30mg, 40mg</i>	15	<i>ophthalmic soln 10%, 2.5%</i>	50
<i>oxybutynin chloride er tb24 15mg</i>	41	PASER	17	<i>phenytoin</i>	14
<i>oxybutynin chloride syrup</i>	41	PAXIL SUSP	15	<i>phenytoin sodium</i>	14
<i>oxybutynin chloride tabs</i>	41	PAZEO	50	<i>phenytoin sodium extended</i>	14
<i>oxycodone/acetaminophen oral soln</i>	8	PCE	12	<i>phos-flur</i>	34
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	8	PEDIARIX	48	PHOSLYRA	39
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	8	PEDVAX HIB	48	<i>phosphasal</i>	41
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	8	<i>peg 3350/electrolytes</i>	40	PHOSPHOLINE IODIDE	51
<i>oxycodone/aspirin</i>	8	<i>peg-3350/electrolytes</i>	40	PHYSIOLYTE	50
<i>oxycodone hcl caps</i>	8	<i>peg-3350/nacl/na bicarbonate/kcl</i>	40	PHYSIOSOL IRRIGATION	50
<i>oxycodone hcl conc</i>	8	PEGANONE	14	<i>pilocarpine hcl</i>	34
<i>oxycodone hcl oral soln</i>	8	PEGASYS INJ 180MCG/0.5ML	24	<i>pilocarpine hcl</i>	51
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	8	PEGASYS INJ 180MCG/ML	24	<i>pilocarpine hydrochloride</i>	34
<i>oxycodone hcl tabs 30mg</i>	8	PEGASYS PROCLICK	24	<i>pimozide</i>	22
OZEMPIC	27	<i>pegylax</i>	40	<i>pimtrea</i>	45
<b>P</b>		<i>penicillin g potassium</i>	12	<i>pindolol</i>	30
<i>pacerone</i>	30	<i>penicillin g potassium in iso-osmotic dextrose</i>	12	<i>pioglitazone hcl</i>	27
<i>paclitaxel</i>	19	<i>penicillin g procaine</i>	12	<i>pioglitazone hcl-glimepiride</i>	27
<i>paliperidone er tb24 1.5mg, 3mg</i>	23	<i>penicillin g sodium</i>	12	<i>pioglitazone hcl/metformin hcl</i>	27
<i>paliperidone er tb24 6mg</i>	23	<i>penicillin v potassium</i>	12	<i>piperacillin sodium/tazobactam sodium</i>	12
<i>paliperidone er tb24 9mg</i>	23	PENTACEL	48	<i>piperacillin/tazobactam</i>	12
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	49	PENTAM 300	21	<i>pirmella 1/35</i>	45
PANDEL	42	<i>pentoxifylline er</i>	31	<i>piroxicam</i>	7
PANRETIN	21	PERFOROMIST	52	PLASMA-LYTE-148	37
<i>pantoprazole sodium tbec</i>	40	PERIKABIVEN	37	PLASMA-LYTE A	37
PAREGORIC	39	<i>perindopril erbumine</i>	30	PLENAMINE	37
<i>paricalcitol caps 1mcg, 2mcg</i>	49	<i>perio gard</i>	34	<i>podocon 25 in benzoin tincture</i>	34
<i>paricalcitol caps 4mcg</i>	49	PERJETA	21	<i>podofilox</i>	34
<i>paricalcitol inj</i>	49	<i>permethrin</i>	21	<i>polycin</i>	10
		<i>perphenazine</i>	22	<i>polyethylene glycol 3350</i>	40
		<i>perphenazine/amitriptyline</i>	16	<i>polymyxin b sulfate</i>	10
		<i>pfizerpen inj 20mu, 5000000unit</i>	12	<i>polymyxin b sulfate/trimethoprim sulfate</i>	10
		<i>phenadoz</i>	16	POMALYST	18
		<i>phenelzine sulfate</i>	15	<i>portia-28</i>	45
		<i>phenergan supp</i>	16		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
PORTRAZZA	19	<i>prednisone</i>	42	<i>probenecid</i>	17
<i>potassium chloride cr</i>	37	<i>prednisone intensol</i>	42	<i>probenecid/colchicine</i>	17
POTASSIUM CHLORIDE/ DEXTROSE	37	PREFEST	45	<i>procainamide hcl</i>	30
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	37	PREMARIN CREA	45	PROCALAMINE	38
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	37	PREMARIN INJ	45	<i>prochlorperazine</i>	22
<i>potassium chloride er</i>	37	PREMARIN TABS	45	<i>prochlorperazine edisylate</i>	22
<i>potassium chloride inj</i> 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml	37	PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	38	<i>prochlorperazine maleate</i>	22
<i>potassium chloride oral soln</i>	37	PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	38	PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	28
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 20MEQ/L; 0.45%, 20MEQ/L; 0.9%, 40MEQ/L; 0.9%	37	PREMASE	45	PROCRIT INJ 20000UNIT/ML	28
<i>potassium chloride sr</i>	37	PREMPRO	45	PROCRIT INJ 40000UNIT/ML	28
<i>potassium citrate/citric acid</i>	37	<i>prevalite</i>	32	<i>procto-med hc</i>	42
<i>potassium citrate er</i>	37	<i>previfem</i>	45	<i>procto-pak</i>	42
PRADAXA	28	PREZCOBIX	25	<i>proctosol hc</i>	42
PRALUENT	31	PREZISTA SUSP	25	<i>proctozone-hc</i>	42
<i>pramipexole dihydrochloride</i>	22	PREZISTA TABS 75MG	25	PROCYSBI	50
<i>pramipexole dihydrochloride er</i> tb24 0.375mg, 0.75mg, 1.5mg	22	PREZISTA TABS 150MG	25	<i>progesterone</i>	46
<i>pramipexole dihydrochloride er</i> tb24 2.25mg, 3.75mg, 3mg, 4.5mg	22	PREZISTA TABS 600MG	25	PROGLYCEM	27
<i>prasugrel</i>	29	PREZISTA TABS 800MG	25	PROGRAF CAPS 0.5MG, 1MG	47
<i>pravastatin sodium</i>	32	PRIALT	7	PROGRAF CAPS 5MG	47
<i>praziquantel</i>	21	PRIFTIN	17	PROGRAF INJ	47
<i>prazosin hcl</i>	29	PRIMAQUINE PHOSPHATE	21	PROLASTIN-C	53
PRED-G	50	<i>primidone</i>	14	PROLENSA	51
PRED-G S.O.P.	50	PRISTIQ	15	PROLEUKIN	19
PRED MILD	50	PROAIR HFA	52	PROLIA	49
<i>prednicarbate</i>	42	PROAIR RESPICLICK	52	PROMACTA	28
<i>prednisolone</i>	42			<i>promethazine hcl inj</i>	52
<i>prednisolone acetate</i>	51			<i>promethazine hcl plain</i>	52
<i>prednisolone sodium phosphate</i> <i>ophthalmic soln</i>	51			<i>promethazine hcl supp</i>	16
<i>prednisolone sodium phosphate</i> <i>oral soln 15mg/5ml,</i> <i>25mg/5ml, 5mg/5ml</i>	42			<i>promethazine hcl syrp</i>	52
				<i>promethazine hcl tabs</i>	52
				<i>promethazine hcl tabs</i>	52
				<i>promethazine vc plain</i>	53
				<i>promethegan</i>	16
				<i>propafenone hcl</i>	30
				<i>propafenone hcl er</i>	30
				<i>propantheline bromide</i>	39
				<i>proparacaine hcl</i>	50
				<i>propranolol hcl er cp24</i> 120mg, 60mg, 80mg	30

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>propranolol hcl er cp24 160mg</i>	30	<b>R</b>	REYATAZ PACK	25	
<i>propranolol hcl inj</i>	30		<i>ribavirin caps</i>	24	
<i>propranolol hcl oral soln</i>	30		<i>ribavirin inhalation soln</i>	53	
<i>propranolol hcl tabs</i>	30		<i>ribavirin tabs</i>	24	
<i>propranolol hydrochloride</i>	30		RIDAURA	48	
<i>propranolol/hydrochlorothiazide</i>	30		<i>rifabutin</i>	17	
<i>propylthiouracil</i>	47		<i>rifampin</i>	17	
PROQUAD	48		RIFATER	17	
PROSOL	38		<i>riluzole</i>	33	
<i>protriptyline hcl</i>	16		<i>rimantadine hcl</i>	25	
PROVENTIL HFA	52		<i>ringers injection</i>	38	
PULMOZYME	52		RINGERS IRRIGATION	50	
PURIXAN	19		RIOMET	27	
<i>pyrazinamide</i>	17		<i>risedronate sodium tabs 150mg</i>	49	
<i>pyridostigmine bromide</i>	17		RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	23	
<i>pyridostigmine bromide er</i>	17		RISPERDAL CONSTA INJ 50MG	23	
<b>Q</b>	QUADRACEL		48	<i>risperidone m-tab</i>	23
	<i>quasense</i>		45	<i>risperidone odt tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg	23
	<i>quetiapine fumarate</i>		23	<i>risperidone odt tbdp 4mg</i>	23
	<i>quetiapine fumarate er tb24</i> 150mg, 200mg		23	<i>risperidone oral soln</i>	23
	<i>quetiapine fumarate er tb24</i> 300mg, 400mg, 50mg		23	<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg	23
	<i>quinapril hcl</i>		30	<i>risperidone tabs 4mg</i>	23
	<i>quinapril/hydrochlorothiazide tabs</i> 12.5mg; 10mg		30	<i>ritonavir</i>	25
	<i>quinapril/hydrochlorothiazide tabs</i> 12.5mg; 20mg, 25mg; 20mg	30	RITUXAN	21	
	<i>quinidine sulfate</i>	30	RITUXAN HYCELA	21	
	<i>quinine sulfate</i>	21	<i>rivastigmine tartrate</i>	14	
	QVAR AERS 40MCG/ACT	51	<i>rivastigmine transdermal system</i>	14	
	QVAR AERS 80MCG/ACT	51	<i>rizatriptan benzoate</i>	17	
	QVAR REDIHALER AERB 40MCG/ACT	52	<i>rizatriptan benzoate odt</i>	17	
	QVAR REDIHALER AERB 80MCG/ACT	52	<i>romidepsin</i>	19	
			<i>ropinirole er tb24</i> 2mg, 4mg, 6mg, 8mg	22	
			<i>ropinirole er tb24 12mg</i>	22	
			<i>ropinirole hcl</i>	22	
			<i>rosuvastatin calcium</i>	32	
			ROTARIX	48	
			ROTATEQ	48	
			RABAVERT	48	
			<i>raloxifene hydrochloride</i>	46	
			<i>ramipril</i>	30	
		RANEXA	31		
		<i>ranitidine hcl</i>	40		
		RAPAMUNE ORAL SOLN	47		
		<i>rasagiline mesylate</i>	22		
		RAVICTI	40		
		<i>rea lo 40 crea</i>	34		
		<i>reclipsen</i>	45		
		RECOMBIVAX HB	48		
		RECTIV	32		
		REGRANEX	34		
		RELAGARD	10		
		RELISTOR INJ 8MG/0.4ML	39		
		RELISTOR INJ 12MG/0.6ML	39		
		REMICADE	47		
		REMODULIN	53		
		RENFLEXIS	47		
		REVELA PACK	39		
		REVELA TABS	39		
		<i>repaglinide tabs 0.5mg, 1mg</i>	27		
		<i>repaglinide tabs 2mg</i>	27		
		REPATHA	32		
		REPATHA			
		PUSHTRONEX SYSTEM	32		
		REPATHA SURECLICK	32		
		RESCRIPTOR TABS 100MG	24		
		RESCRIPTOR TABS 200MG	24		
		RESTASIS	50		
		RETROVIR IV INFUSION	24		
		REVLIMID CAPS 10MG, 2.5MG, 5MG	18		
		REVLIMID CAPS 15MG, 20MG, 25MG	18		
		REXULTI	23		
		REYATAZ CAPS 150MG, 300MG	25		
		REYATAZ CAPS 200MG	25		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>roweepra</i> .....	13	<i>sertraline hcl tabs 100mg</i> .....	15	SOMATULINE DEPOT INJ 90MG/0.3ML .....	46
<i>roweepra xr tb24 500mg</i> .....	13	<i>setlakin</i> .....	45	SOMATULINE DEPOT INJ 120MG/0.5ML .....	46
<i>roweepra xr tb24 750mg</i> .....	13	<i>sf</i> .....	38	SOMAVERT.....	46
ROZEREM.....	53	<i>sf 5000 plus</i> .....	38	<i>sorine</i> .....	30
RUBRACA.....	19	<i>sharobel</i> .....	46	<i>sotalol hcl (af)</i> .....	30
RUCONEST .....	47	SHINGRIX.....	48	<i>sotalol hcl tabs</i> 160mg, 240mg, 80mg.....	30
RYDAPT.....	19	SIGNIFOR.....	46	<i>sotalol hydrochloride (af)</i> <i>tabs 80mg</i> .....	30
RYTARY .....	22	<i>sildenafil tabs 20mg</i> .....	53	<i>sotalol hydrochloride tabs 120mg</i> ..	30
<b>S</b>		SILENOR .....	53	SPIRIVA HANDIHALER.....	52
SABRIL PACK .....	14	<i>silver sulfadiazine</i> .....	10	SPIRIVA RESPIMAT.....	52
SABRIL TABS .....	14	SIMBRINZA.....	51	<i>spironolactone</i> .....	31
<i>salsalate</i> .....	7	SIMULECT.....	48	<i>spironolactone/hydrochlorothiazide</i> ..	31
SAMSCA TABS 15MG.....	38	<i>simvastatin</i> .....	32	SPORANOX ORAL SOLN .....	17
SAMSCA TABS 30MG.....	38	<i>sirolimus</i> .....	47	<i>sprintec 28</i> .....	45
SANCUSO.....	16	SIRTURO.....	17	SPRITAM TB3D 750MG .....	13
SANDIMMUNE.....	47	SKLICE.....	21	SPRITAM TB3D 1000MG, 250MG, 500MG.....	13
SANDOSTATIN LAR DEPOT.....	46	<i>sodium bicarbonate inj</i> .....	38	SPRYCEL .....	20
SANTYL .....	34	<i>sodium bicarbonate partial fill</i> .....	38	<i>sps</i> .....	38
SAPHRIS .....	23	<i>sodium chloride 0.9%</i> .....	50	<i>sronyx</i> .....	45
SAVAYSA.....	28	<i>sodium chloride 0.9%</i> .....	50	<i>ssd</i> .....	10
SAVELLA.....	33	<i>sodium chloride 0.45%</i> .....	38	STAMARIL.....	48
SAVELLA TITRATION PACK .....	33	<i>sodium chloride inj</i> 0.9%, 2.5meq/ml, 3%, 5%.....	38	<i>stavudine</i> .....	24
<i>scopolamine</i> .....	16	<i>sodium citrate/citric acid</i> .....	38	<i>sterile water irrigation</i> .....	50
<i>selegiline hcl</i> .....	22	<i>sodium fluoride chew 0.5mg, 1mg</i> ..	38	<i>sterile water irrigation plastic bottle</i> ..	50
<i>selenium sulfide lotn</i> .....	34	<i>sodium fluoride oral soln</i> .....	38	STIVARGA.....	20
<i>selenium sulfide sham 2.25%</i> .....	34	SODIUM LACTATE INJ 5MEQ/ML ..	38	<i>streptomycin sulfate</i> .....	9
SELZENTRY ORAL SOLN .....	25	<i>sodium phenylbutyrate</i> .....	40	STRIBILD.....	24
SELZENTRY TABS 25MG .....	25	<i>sodium polystyrene</i> <i>sulfonate powd</i> .....	38	STRIVERDI RESPIMAT.....	52
SELZENTRY TABS 150MG, 75MG ..	25	<i>sodium polystyrene sulfonate</i> <i>susp 15gm/60ml, 30gm/120ml</i> .....	38	SUBOXONE .....	9
SELZENTRY TABS 300MG .....	25	<i>sodium sulfacetamide</i> <i>ophthalmic soln</i> .....	12	<i>sucralfate</i> .....	40
SENSIPAR TABS 30MG .....	49	SOLQUA 100/33 .....	27	<i>sulfacetamide sodium lotn</i> .....	12
SENSIPAR TABS 60MG .....	49	SOLTAMOX.....	18	<i>sulfacetamide sodium oint</i> .....	12
SENSIPAR TABS 90MG .....	49	SOLU-CORTEF.....	42	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i> ....	12
SEREVENT DISKUS .....	52	SOLU-MEDROL INJ 2GM.....	42	<i>sulfadiazine</i> .....	12
SEROSTIM .....	43	SOLU-MEDROL INJ 500MG .....	42	<i>sulfamethoxazole/trimethoprim</i> .....	12
<i>sertraline hcl conc</i> .....	15	SOMATULINE DEPOT INJ 60MG/0.2ML .....	46		
<i>sertraline hcl tabs 25mg</i> .....	15				
<i>sertraline hcl tabs 50mg</i> .....	15				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>sulfamethoxazole/trimethoprim ds</i> . . . . .	12	TAFINLAR . . . . .	20	<i>testosterone enanthate</i> . . . . .	43
<i>sulfasalazine</i> . . . . .	49	TAGRISSO . . . . .	20	<i>testosterone gel</i> <i>25mg/2.5gm, 50mg/5gm</i> . . . . .	43
<i>sulindac</i> . . . . .	7	TAMIFLU CAPS 30MG . . . . .	25	<i>testosterone pump</i> . . . . .	43
<i>sumatriptan</i> . . . . .	17	TAMIFLU CAPS 45MG, 75MG . . . . .	25	TETANUS/DIPHThERIA TOXOIDS-ADSORBED . . . . .	48
<i>sumatriptan succinate</i> <i>inj 4mg/0.5ml</i> . . . . .	17	TAMIFLU SUSR . . . . .	25	<i>tetrabenazine tabs 12.5mg</i> . . . . .	33
<i>sumatriptan succinate</i> <i>inj 6mg/0.5ml</i> . . . . .	17	<i>tamoxifen citrate</i> . . . . .	18	<i>tetrabenazine tabs 25mg</i> . . . . .	33
<i>sumatriptan succinate</i> <i>refill inj 4mg/0.5ml</i> . . . . .	17	<i>tamsulosin hcl</i> . . . . .	41	<i>tetracycline hydrochloride</i> . . . . .	13
<i>sumatriptan succinate</i> <i>refill inj 6mg/0.5ml</i> . . . . .	17	TARCEVA TABS 25MG . . . . .	20	TEXACORT . . . . .	42
<i>sumatriptan succinate tabs</i> . . . . .	17	TARCEVA TABS 100MG, 150MG . . . . .	20	THALOMID CAPS 100MG, 150MG, 50MG . . . . .	18
SUPRAX CAPS . . . . .	11	TARGETIN GEL . . . . .	21	THALOMID CAPS 200MG . . . . .	18
SUPRAX CHEW . . . . .	11	<i>tarina fe 1/20</i> . . . . .	45	THEO-24 . . . . .	52
SUPRAX SUSR 500MG/5ML . . . . .	11	TASIGNA CAPS 50MG . . . . .	20	<i>theophylline</i> . . . . .	52
SUPREP BOWEL PREP KIT . . . . .	40	TASIGNA CAPS 150MG, 200MG . . . . .	20	<i>theophylline cr</i> . . . . .	53
SUSTIVA CAPS 50MG . . . . .	24	<i>tazarotene</i> . . . . .	34	<i>theophylline er tb12</i> <i>300mg, 450mg</i> . . . . .	53
SUSTIVA CAPS 200MG . . . . .	24	<i>tazicef inj 1gm, 2gm, 6gm</i> . . . . .	11	<i>theophylline er tb24</i> . . . . .	53
SUSTIVA TABS . . . . .	24	TAZORAC CREA . . . . .	34	<i>thioridazine hcl</i> . . . . .	22
SUTENT . . . . .	20	TAZORAC GEL . . . . .	34	<i>thiotepa</i> . . . . .	18
SYLATRON . . . . .	19	<i>taztia xt cp24</i> <i>120mg, 180mg, 240mg, 300mg</i> . . . . .	31	<i>thiothixene</i> . . . . .	22
SYMFI . . . . .	24	TECENTRIQ . . . . .	21	THYMOGLOBULIN . . . . .	48
SYMFI LO . . . . .	24	TECFIDERA CPDR 120MG . . . . .	34	THYROLAR-1 . . . . .	46
SYMLINPEN 60 . . . . .	27	TECFIDERA CPDR 240MG . . . . .	34	THYROLAR-1/2 . . . . .	46
SYMLINPEN 120 . . . . .	27	TECFIDERA STARTER PACK . . . . .	34	THYROLAR-1/4 . . . . .	46
SYNAGIS . . . . .	48	<i>teclite pen needles/31g x 6 mm</i> . . . . .	50	THYROLAR-2 . . . . .	46
SYNAREL . . . . .	46	<i>teclite pen needles/31g x 8mm</i> . . . . .	50	THYROLAR-3 . . . . .	46
SYNERCID . . . . .	10	<i>teclite pen needles/32g x 4mm</i> . . . . .	50	<i>tiagabine hydrochloride tabs 2mg</i> . . . . .	14
SYNJARDY . . . . .	27	<i>teclite pen needles/32g x 6mm</i> . . . . .	50	<i>tiagabine hydrochloride tabs 4mg</i> . . . . .	14
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG . . . . .	27	<i>teclite pen needles/32g x 8mm</i> . . . . .	50	<i>tiagabine hydrochloride tabs 12mg</i> . . . . .	14
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG . . . . .	27	TEFLARO . . . . .	11	<i>tiagabine hydrochloride tabs 16mg</i> . . . . .	14
SYNRIBO . . . . .	19	TEKTURNA . . . . .	31	TICE BCG . . . . .	19
SYNTHROID . . . . .	46	TEKTURNA HCT . . . . .	31	<i>tigecycline</i> . . . . .	10
SYPRINE . . . . .	38	<i>temazepam</i> . . . . .	53	<i>tilia fe</i> . . . . .	45
<b>T</b>		TENIVAC . . . . .	48	<i>timolol maleate ophthalmic soln</i> . . . . .	51
TABLOID . . . . .	19	<i>tenofovir disoproxil fumarate</i> . . . . .	24	<i>timolol maleate tabs</i> . . . . .	30
<i>tacrolimus caps</i> . . . . .	47	<i>terazosin hcl caps 1mg, 2mg, 5mg</i> . . . . .	41	TIS-U-SOL . . . . .	50
		<i>terazosin hcl caps 10mg</i> . . . . .	41	TIVICAY TABS 10MG, 25MG . . . . .	24
		<i>terbinafine hcl tabs</i> . . . . .	17	TIVICAY TABS 50MG . . . . .	24
		<i>terbutaline sulfate</i> . . . . .	52		
		<i>terconazole</i> . . . . .	17		
		<i>testosterone cypionate</i> . . . . .	43		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>tizanidine hcl caps</i> .....	23	<i>tranylcypromine sulfate</i> .....	15	<i>trilyte</i> .....	40
<i>tizanidine hcl tabs</i> .....	23	TRAVASOL .....	38	<i>trimethoprim</i> .....	10
<i>tl-fluorivite</i> .....	39	TRAVATAN Z .....	50	<i>trimethoprim sulfate/ polymyxin b sulfate</i> .....	10
TOBI PODHALER .....	52	<i>trazodone hcl</i> .....	15	<i>trimipramine maleate</i> .....	16
TOBRADEX OINT .....	51	TREANDA INJ 25MG .....	18	<i>trinessa</i> .....	45
<i>tobramycin/dexamethasone</i> .....	51	TREANDA INJ 100MG .....	18	<i>trinessa lo</i> .....	45
<i>tobramycin nebu</i> .....	52	TRECTOR .....	17	TRINTELLIX .....	15
<i>tobramycin ophthalmic soln</i> .....	9	TRELEGY ELLIPTA .....	53	<i>tri-previfem</i> .....	45
<i>tobramycin sulfate inj 1.2gm, 1.2gm/30ml, 10mg/ml, 80mg/2ml</i> .....	9	TRELSTAR MIXJECT INJ 3.75MG ..	46	TRIPTODUR .....	42
<i>tobramycin sulfate ophthalmic soln</i> ..	9	TRELSTAR MIXJECT INJ 11.25MG ..	47	TRISENOX .....	19
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i> .....	9	TRELSTAR MIXJECT INJ 22.5MG ..	46	<i>tri-sprintec</i> .....	45
TOBREX OINT .....	9	TRESIBA FLEXTOUCH .....	28	TRIUMEQ .....	24
<i>tolcapone</i> .....	22	<i>tretinoin caps</i> .....	21	<i>tri-vitamin/fluoride</i> .....	39
<i>tolmetin sodium</i> .....	7	<i>tretinoin crea</i> .....	34	<i>trivora-28</i> .....	45
<i>tolterodine tartrate</i> .....	41	<i>tretinoin gel</i> .....	34	<i>tri-vylibra</i> .....	45
<i>tolterodine tartrate er</i> .....	41	<i>tretinoin microsphere</i> .....	34	TROGARZO .....	25
<i>topiramate</i> .....	14	<i>tretinoin microsphere pump gel 0.1%</i> .....	34	TROPHAMINE INJ 0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML .....	38
<i>toposar</i> .....	20	<i>triamcinolone acetonide aers</i> .....	42	TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML .....	38
<i>topotecan hcl</i> .....	20	<i>triamcinolone acetonide dental paste</i> .....	34	<i>tropicamide</i> .....	50
TORISEL .....	47	<i>triamcinolone acetonide inj 40mg/ml</i> .....	42	<i>trospium chloride</i> .....	41
<i>torse mide</i> .....	31	<i>triamcinolone acetonide lotn</i> .....	42	<i>trospium chloride er</i> .....	41
TOUJEO MAX SOLOSTAR .....	27	<i>triamcinolone acetonide oint</i> .....	42	TRULANCE .....	40
TOUJEO SOLOSTAR .....	27	<i>triamterene/ hydrochlorothiazide caps</i> .....	31	TRULICITY .....	27
TPN ELECTROLYTES .....	38	<i>triamterene/ hydrochlorothiazide tabs</i> .....	31		
TRACLEER .....	53	<i>triderm crea 0.1%</i> .....	42		
TRADJENTA .....	27	<i>trientine hydrochloride</i> .....	39		
<i>tramadol hcl</i> .....	8	<i>tri-estarylla</i> .....	45		
<i>tramadol hydrochloride/ acetaminophen</i> .....	8	<i>trifluoperazine hcl</i> .....	22		
<i>trandolapril tabs 1mg</i> .....	30	<i>trifluridine</i> .....	25		
<i>trandolapril tabs 2mg, 4mg</i> .....	30	<i>trihexyphenidyl hcl</i> .....	22		
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i> .....	30	<i>tri-legest fe</i> .....	45		
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i> .....	30	<i>tri-linyah</i> .....	45		
<i>tranexamic acid inj</i> .....	29	<i>tri-lo-estarylla</i> .....	45		
<i>tranexamic acid tabs</i> .....	29	<i>tri-lo-marzia</i> .....	45		
TRANSDERM-SCOP .....	16	<i>tri-lo-sprintec</i> .....	45		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TRUMENBA	48	<i>vancomycin hcl caps 250mg</i>	10	VERZENIO	20
TRUVADA	24	<i>vancomycin hcl in dextrose</i>	10	VESICARE	41
TUDORZA PRESSAIR	52	<i>vancomycin hcl inj</i>		<i>vestura</i>	45
TWINRIX	48	<i>0.9%; 1gm/200ml, 1000mg,</i>		V-GO 20	50
TYBOST	25	<i>10gm, 500mg, 750mg</i>	10	V-GO 30	50
<i>tydemy</i>	45	<i>vancomycin hcl inj 5000mg</i>	10	V-GO 40	50
TYGACIL	10	<i>vancomycin hydrochloride/sodium</i>		VIBERZI	40
TYKERB	20	<i>chloride inj 0.9%; 750mg/150ml</i>	10	VICTOZA	27
TYPHIM VI	48	<i>vandazole</i>	10	VIDEX EC CPDR 125MG	24
TYSABRI	34	VAQTA	48	VIDEX PEDIATRIC	24
TYVASO	53	VARIVAX	48	<i>vienna</i>	45
TYVASO REFILL	53	VARIZIG	48	<i>vigabatrin</i>	14
TYVASO STARTER	53	VASCEPA CAPS 0.5GM	32	VIGAMOX	12
		VASCEPA CAPS 1GM	32	VIIBRYD	16
<b>U</b>		VAXCHORA	48	VIIBRYD STARTER PACK	16
ULORIC	17	VECTIBIX	21	VIMPAT INJ	14
<i>umecta mousse</i>	34	VELCADE	19	VIMPAT ORAL SOLN	14
UNITUXIN	21	<i>velivet</i>	45	VIMPAT TABS	14
<i>urea crea 39%, 40%, 45%, 50%</i>	34	VELPHORO	39	<i>vinblastine sulfate</i>	20
URELLE	41	VELTASSA	39	<i>vincasar pfs</i>	20
<i>uribel</i>	41	VENCLEXTA STARTING PACK	19	<i>vincristine sulfate</i>	20
<i>urin d/s</i>	41	VENCLEXTA TABS 10MG	20	<i>vinorelbine tartrate inj 50mg/5ml</i>	20
URO-458	41	VENCLEXTA TABS 50MG	19	<i>viorele</i>	45
<i>uro-mp</i>	41	VENCLEXTA TABS 100MG	19	VIRACEPT TABS 250MG	25
<i>ursodiol</i>	40	<i>venlafaxine hcl</i>	15	VIRACEPT TABS 625MG	25
<i>ustell</i>	41	<i>venlafaxine hcl er cp24 37.5mg</i>	15	VIRAMUNE SUSP	24
<i>utira-c</i>	41	<i>venlafaxine hcl er cp24 75mg</i>	15	VIREAD POWD	24
		<i>venlafaxine hcl er cp24 150mg</i>	15	VIREAD TABS	24
		<i>venlafaxine hcl er tb24 150mg</i>	15	VIVITROL	9
		<i>venlafaxine hcl er tb24</i>		<i>voriconazole inj</i>	17
<i>valacyclovir hcl</i>	26	<i>225mg, 37.5mg, 75mg</i>	15	<i>voriconazole susr</i>	17
VALCHLOR	18	VENTAVIS	53	<i>voriconazole tabs</i>	17
<i>valganciclovir</i>	23	<i>verapamil hcl er cp24</i>		VOSEVI	24
<i>valganciclovir hydrochlorde</i>	23	<i>100mg, 120mg, 180mg,</i>		VOTRIENT	21
<i>valproate sodium</i>	14	<i>240mg, 300mg</i>	31	VP-PNV-DHA	39
<i>valproic acid</i>	14	<i>verapamil hcl er cp24 200mg</i>	31	VPRIV	40
<i>valsartan</i>	29	<i>verapamil hcl er tbc</i>	31	VRAYLAR CAPS	23
<i>valsartan/hydrochlorothiazide</i>	29	<i>verapamil hcl inj</i>	31	VRAYLAR CPPK	23
<i>vancomycin</i>	10	<i>verapamil hcl sr cp24</i>	31	<i>vyfemla</i>	45
<i>vancomycin hcl caps 125mg</i>	10	<i>verapamil hcl tabs</i>	31	<i>vylibra</i>	45
		VERSACLOZ	23		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
VYXEOS.....	19	<b>Z</b>		<i>zovia 1/35e</i> .....	45
<b>W</b>		<i>zafirlukast</i> .....	52	<i>zovia 1/50e</i> .....	45
<i>warfarin sodium</i> .....	28	<i>zaleplon</i> .....	53	ZOVIRAX CREA .....	26
WELCHOL.....	32	ZALTRAP .....	21	ZUBSOLV SUBL 0.7MG; 0.18MG ...	9
<i>wymzya fe</i> .....	45	ZANOSAR.....	18	ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG .....	9
<b>X</b>		<i>zarah</i> .....	45	ZYDELIG .....	21
XALKORI .....	21	ZARXIO .....	28	ZYKADIA .....	21
XARELTO STARTER PACK.....	28	ZAVESCA.....	40	ZYLET.....	9
XARELTO TABS 10MG .....	28	<i>zazole</i> .....	17	ZYPREXA RELPREVV INJ 210MG.....	23
XARELTO TABS 15MG .....	28	<i>zebutal caps 325mg; 50mg; 40mg</i> ...	7	ZYPREXA RELPREVV INJ 300MG.....	23
XARELTO TABS 20MG .....	28	ZEJULA .....	20	ZYPREXA RELPREVV INJ 405MG.....	23
XATMEP.....	47	ZELAPAR.....	22	ZYTIGA TABS 250MG .....	18
XEOMIN INJ 100UNIT, 50UNIT.....	50	ZELBORAF.....	21	ZYTIGA TABS 500MG .....	18
XEOMIN INJ 200UNIT.....	50	ZEMAIRA.....	53		
XGEVA .....	49	<i>zenatane</i> .....	34		
XIAFLEX.....	40	<i>zenchent</i> .....	45		
XIFAXAN TABS 200MG.....	11	ZENPEP .....	40		
XIFAXAN TABS 550MG.....	11	ZERIT ORAL SOLN .....	24		
XIGDUO XR TB24 5MG; 1000MG ..	27	ZETIA .....	32		
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG ...	27	ZIAGEN ORAL SOLN .....	24		
XOLAIR.....	53	<i>zidovudine caps</i> .....	24		
XTAMPZA ER.....	7	<i>zidovudine syrp</i> .....	24		
XTANDI.....	18	<i>zidovudine tabs</i> .....	25		
<i>xulane</i> .....	45	ZIOPTAN .....	50		
XULTOPHY 100/3.6 .....	28	<i>ziprasidone hcl</i> .....	23		
XYREM.....	53	ZIRGAN .....	23		
<b>Y</b>		ZMAX.....	12		
YERVOY INJ 50MG/10ML .....	21	<i>zoledronic acid inj 4mg/5ml</i> .....	49		
YERVOY INJ 200MG/40ML .....	21	<i>zoledronic acid inj 5mg/100ml</i> .....	49		
YF-VAX.....	48	ZOLINZA .....	20		
YONDELIS.....	18	<i>zolmitriptan</i> .....	17		
<i>yuvafem</i> .....	45	<i>zolmitriptan odt</i> .....	17		
		<i>zolpidem tartrate tabs</i> .....	53		
		<i>zonisamide</i> .....	13		
		ZORBTIVE.....	43		
		ZORTRESS TABS 0.5MG.....	48		
		ZORTRESS TABS 0.25MG, 0.75MG .....	48		
		ZOSTAVAX .....	48		

**Notes**

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