

2018 Cigna-HealthSpring COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

Cigna-HealthSpring Preferred (HMO)
Cigna-HealthSpring Preferred (PPO)
Cigna-HealthSpring Preferred AR (HMO)
Cigna-HealthSpring Preferred KNX (HMO)
Cigna-HealthSpring Preferred NGA (HMO)
Cigna-HealthSpring Preferred SMS (HMO)
Cigna-HealthSpring Preferred Plus (HMO)
Cigna-HealthSpring Premier (HMO-POS)
Cigna-HealthSpring PreventiveCare (HMO)



This drug list was updated in July 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Preferred (HMO), Cigna-HealthSpring Preferred (PPO), Cigna-HealthSpring Preferred AR (HMO), Cigna-HealthSpring Preferred KNX (HMO), Cigna-HealthSpring Preferred NGA (HMO), Cigna-HealthSpring Preferred SMS (HMO), Cigna-HealthSpring Preferred Plus (HMO), Cigna-HealthSpring Premier (HMO-POS), Cigna-HealthSpring PreventiveCare (HMO).

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

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

What is the Cigna-HealthSpring Comprehensive Drug List?

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

Can the Drug List (formulary) change?

Generally, if you are taking a drug on our 2018 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic equivalent of the drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money on the generic equivalent or we can ensure your safety.

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

a refill of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of July 2018. To get updated information about the drugs covered by Cigna-HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 14. 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 14. 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 58. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Next to your drug, you will see the page number where you can find coverage information.

Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

Cigna-HealthSpring covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna-HealthSpring requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover. For example, Cigna-HealthSpring allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna-HealthSpring requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna-HealthSpring Drug List?" on page 3 for information about how to request an exception.

Options for Maintenance Medications

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

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- 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-HealthSpring coverage.

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

What if my drug is not in the Drug List?

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

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

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

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- 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-HealthSpring will only approve your request for an exception if the alternative drugs included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, 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-HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring's Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 58.

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

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

Some Cigna-HealthSpring plans offer additional prescription drug coverage in the coverage gap. Please refer to your

Evidence of Coverage to see if your plan has this coverage and for more information.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 14 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 for the most current Pharmacy Directory.

For more information

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

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

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

Key:

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

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-HealthSpring 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 table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Cigna-HealthSpring has pharmacies with preferred cost-shares. See your Pharmacy Directory or visit www.CignaHealthSpring.com for information on which stores with preferred cost-shares are near you.

Service Area: Alabama H0150-024-001, H0150-024-002 Cigna-HealthSpring Preferred (HMO) Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$1	\$6 / \$12 / \$6	\$6 / \$12 / \$6
Tier 2: Generic Drugs	\$7 / \$14 / \$7	\$12 / \$24 / \$12	\$12 / \$24 / \$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$45 / \$90 / \$135
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	29% (30-day supply only)	29% (30-day supply only)	29% (30-day supply only)
Service Area: Arkansas H4454-033 Cigna-HealthSpring Preferred AR (HMO) Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$7.50	\$10 / \$20 / \$30	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$15 / \$30 / \$37.50	\$20 / \$40 / \$60	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	28% (30-day supply only)	28% (30-day supply only)	28% (30-day supply only)

Service Area: Florida H5410-018 Cigna-HealthSpring Premier (HMO-POS) Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$1	\$6 / \$12 / \$6	\$6 / \$12 / \$6
Tier 2: Generic Drugs	\$9 / \$18 / \$9	\$15 / \$30 / \$15	\$15 / \$30 / \$15
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	31% (30-day supply only)	31% (30-day supply only)	31% (30-day supply only)

Service Area: Georgia H0439-003-001, H0439-003-002 Cigna-HealthSpring Preferred (HMO) Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton and White, Georgia	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$10 / \$20 / \$20	\$10 / \$20 / \$20
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$19 / \$38 / \$38	\$19 / \$38 / \$38
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Illinois H1415-021 Cigna-HealthSpring Premier (HMO-POS) Cook, DuPage, Kane and Will, Illinois	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$5 / \$10 / \$10	\$12 / \$24 / \$24	\$12 / \$24 / \$24
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$17 / \$34 / \$34	\$17 / \$34 / \$34
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	48%	50%	50%
Tier 5: Specialty Tier	33% (30-day supply only)	33% (30-day supply only)	33% (30-day supply only)

Service Area: Kansas City H9460-001 Cigna-HealthSpring Preferred (HMO) Clay, Jackson, Platte and Ray, Missouri; Johnson and Wyandotte, Kansas	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$0	\$7 / \$14 / \$21	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$10 / \$20 / \$30	\$10 / \$20 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30-day supply only)	31% (30-day supply only)	31% (30-day supply only)

Service Area: Maryland H2108-022 Cigna-HealthSpring Preferred (HMO) Anne Arundel, Baltimore, Baltimore City and Harford, Maryland	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$18	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$15 / \$30 / \$30	\$20 / \$40 / \$40	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Maryland H2108-033 Cigna-HealthSpring PreventiveCare (HMO) Anne Arundel, Baltimore, Baltimore City and Harford, Maryland	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$18	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$15 / \$30 / \$30	\$20 / \$40 / \$40	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	26% (30-day supply only)	26% (30-day supply only)	26% (30-day supply only)

Service Area: Mid-Atlantic H2108-028 Cigna-HealthSpring Preferred (HMO) District of Columbia; Kent, New Castle and Sussex, Delaware; Montgomery and Prince George's, Maryland	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$18	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$15 / \$30 / \$30	\$20 / \$40 / \$40	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Mid-Atlantic H2108-032 Cigna-HealthSpring PreventiveCare (HMO) District of Columbia; Kent, New Castle and Sussex, Delaware; Montgomery and Prince George's, Maryland	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$18	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$15 / \$30 / \$30	\$20 / \$40 / \$40	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	26% (30-day supply only)	26% (30-day supply only)	26% (30-day supply only)

Service Area: Mississippi H4407-025-001, H4407-025-002 Cigna-HealthSpring Preferred SMS (HMO) Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$1	\$6 / \$12 / \$6	\$6 / \$12 / \$6
Tier 2: Generic Drugs	\$8 / \$16 / \$8	\$14 / \$28 / \$14	\$14 / \$28 / \$14
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	31% (30-day supply only)	31% (30-day supply only)	31% (30-day supply only)

Service Area: North Carolina, South Carolina

H9725-001, H7020-004

Cigna-HealthSpring Preferred (HMO)

Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin, North Carolina; Cherokee, Chester, Greenville, Lancaster, Spartanburg, Union and York, South Carolina

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$3	\$10 / \$20 / \$20	\$10 / \$20 / \$20
Tier 2: Generic Drugs	\$13 / \$26 / \$26	\$20 / \$40 / \$40	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: North Georgia

H4513-030

Cigna-HealthSpring Preferred NGA (HMO)

Catoosa, Dade and Walker, Georgia

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$8 / \$16 / \$16	\$8 / \$16 / \$16
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$17 / \$34 / \$34	\$17 / \$34 / \$34
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300
Tier 5: Specialty Tier	29% (30-day supply only)	29% (30-day supply only)	29% (30-day supply only)

Service Area: Pennsylvania

H3949-028

Cigna-HealthSpring PreventiveCare (HMO)

Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$2	\$6 / \$12 / \$12	\$6 / \$12 / \$12
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$30	\$15 / \$30 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	26% (30-day supply only)	26% (30-day supply only)	26% (30-day supply only)

Service Area: Pennsylvania H3949-030 Cigna-HealthSpring Preferred (HMO) Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$2	\$6 / \$12 / \$12	\$6 / \$12 / \$12
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$30	\$15 / \$30 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Pennsylvania H3949-013 Cigna-HealthSpring Preferred Plus (HMO) Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$2	\$6 / \$12 / \$12	\$6 / \$12 / \$12
Tier 2: Generic Drugs	\$8 / \$16 / \$16	\$13 / \$26 / \$26	\$13 / \$26 / \$26
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$90 / \$180 / \$270	\$95 / \$190 / \$285	\$95 / \$190 / \$285
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Tennessee

H4454-037-001, H4454-037-002

Cigna-HealthSpring Preferred (HMO)

Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	27% (30-day supply only)	27% (30-day supply only)	27% (30-day supply only)

Service Area: Tennessee

H4454-030

Cigna-HealthSpring Premier (HMO-POS)

Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%
Tier 5: Specialty Tier	29% (30-day supply only)	29% (30-day supply only)	29% (30-day supply only)

Service Area: Tennessee H4454-031 Cigna-HealthSpring Preferred KNX (HMO) Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier and Union, Tennessee	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$8 / \$16 / \$16	\$8 / \$16 / \$16
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$17 / \$34 / \$34	\$17 / \$34 / \$34
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300
Tier 5: Specialty Tier	30% (30-day supply only)	30% (30-day supply only)	30% (30-day supply only)

Service Area: Texas H4513-025 Cigna-HealthSpring Preferred (HMO) Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy, Texas	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$5	\$5 / \$10 / \$5
Tier 2: Generic Drugs	\$4 / \$8 / \$4	\$9 / \$18 / \$9	\$9 / \$18 / \$9
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$80	\$45 / \$90 / \$90	\$45 / \$90 / \$90
Tier 4: Non-Preferred Drugs	\$80 / \$160 / \$160	\$85 / \$170 / \$170	\$85 / \$170 / \$170
Tier 5: Specialty Tier	33% (30-day supply only)	33% (30-day supply only)	33% (30-day supply only)

Service Area: Texas H4513-026, H4513-028 Cigna-HealthSpring Preferred (HMO) Bexar, Collin, Dallas, Denton, El Paso, Henderson, Hood, Johnson, Parker, Rusk, Smith, Tarrant, Upshur, Van Zandt and Wise, Texas	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$7.50	\$8 / \$16 / \$20	\$8 / \$16 / \$20
Tier 2: Generic Drugs	\$8 / \$16 / \$20	\$13 / \$26 / \$32.50	\$13 / \$26 / \$32.50
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$40 / \$80 / \$120	\$40 / \$80 / \$120
Tier 4: Non-Preferred Drugs	\$70 / \$140 / \$210	\$75 / \$150 / \$225	\$75 / \$150 / \$225
Tier 5: Specialty Tier	33% (30-day supply only)	33% (30-day supply only)	33% (30-day supply only)

Service Area: Texas
 H7787-001
Cigna-HealthSpring Preferred (PPO)
 Collin, Dallas, Denton, Johnson and Tarrant, Texas

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$12.50	\$5 / \$10 / \$12.50
Tier 2: Generic Drugs	\$4 / \$8 / \$10	\$9 / \$18 / \$22.50	\$9 / \$18 / \$22.50
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$45 / \$90 / \$135
Tier 4: Non-Preferred Drugs	\$80 / \$160 / \$240	\$85 / \$170 / \$255	\$85 / \$170 / \$255
Tier 5: Specialty Tier	29% (30-day supply only)	29% (30-day supply only)	29% (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 1-800-668-3813, 7 days a week, 8 a.m. - 8 p.m. TTY users can call 711.

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Analgesics		
Analgesics		
<i>butalbital/acetaminophen/caffeine caps</i>	3	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	3	PA QL(180/30)
<i>esgic caps</i>	3	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 400mg</i>	2	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL(60/30)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr tbec 25mg, 50mg</i>	2	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium caps 400mg</i>	2	
<i>fenoprofen calcium tabs</i>	2	
<i>flurbiprofen</i>	2	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen</i>	2	
<i>meclofenamate sodium</i>	2	
<i>meloxicam</i>	1	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen tabs 375mg, 500mg</i>	1	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj</i>	4	QL(150/30)
DURAMORPH	4	QL(180/30)
<i>fentanyl</i>	4	QL(10/30)
INFUMORPH 200	4	QL(200/30)
INFUMORPH 500	4	QL(200/30)
<i>levorphanol tartrate</i>	5	QL(120/30)
<i>methadone hcl conc</i>	2	QL(500/30)
<i>methadone hcl inj</i>	4	QL(150/30)
<i>methadone hcl intensol</i>	2	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	2	QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	2	QL(600/30)
<i>methadone hcl tabs 10mg</i>	2	QL(120/30)
<i>methadone hcl tabs 5mg</i>	2	QL(180/30)
<i>morphine sulfate er tbc</i>	3	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	4	QL(180/30)
XTAMPZA ER	3	QL(60/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine oral soln</i>	2	QL(2700/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360/30)
<i>ascomp/codeine</i>	3	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	3	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	3	PA QL(180/30)
<i>butorphanol tartrate inj 2mg/ml</i>	4	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	4	QL(480/30)
<i>butorphanol tartrate nasal soln</i>	2	QL(5/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>endocet tabs 325mg; 10mg</i>	3	QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	4	B/D PA
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	4	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	5	PA QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	3	QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	3	QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	3	QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	3	QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	3	QL(360/30)
<i>hydrocodone/ibuprofen</i>	3	QL(150/30)
<i>hydromorphone hcl dosette</i>	4	
<i>hydromorphone hcl inj</i>	4	
<i>hydromorphone hcl liq</i>	3	QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	3	QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	3	QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	3	QL(150/30)
<i>lorcet</i>	3	QL(360/30)
<i>lorcet hd</i>	3	QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML	4	
<i>morphine sulfate inj 5mg/ml</i>	4	
MORPHINE SULFATE INJ 1MG/ML	4	QL(180/30)
MORPHINE SULFATE INJ 10MG/ML	4	QL(200/30)
<i>morphine sulfate inj 10mg/ml</i>	4	QL(200/30)
MORPHINE SULFATE INJ 8MG/ML	4	QL(250/30)
<i>morphine sulfate inj 8mg/ml</i>	4	QL(250/30)
MORPHINE SULFATE INJ 4MG/ML	4	QL(630/30)
MORPHINE SULFATE INJ 2MG/ML	4	QL(1260/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(180/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700/30)
MORPHINE SULFATE TABS	3	QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	4	QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	4	QL(180/30)
<i>oxycodone hcl caps</i>	3	QL(120/30)
<i>oxycodone hcl conc</i>	3	QL(120/30)
<i>oxycodone hcl oral soln</i>	3	QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	3	QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	3	QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)
<i>oxycodone/aspirin</i>	3	QL(180/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

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

Lower case italic = Generic drug

ST = Step Therapy rules apply

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxycodone/ibuprofen</i>	3	QL(28/30)
<i>tramadol hcl</i>	2	QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	3	QL(240/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	3	QL(180/30)
<i>vicodin hp tabs 300mg; 10mg</i>	3	QL(180/30)
<i>vicodin tabs 300mg; 5mg</i>	3	QL(360/30)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj</i>	4	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	4	QL(120/30)
<i>lidocaine ptch</i>	4	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl subl</i>	4	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	3	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)
Opioid Reversal Agents		
<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Smoking Cessation Agents		
<i>bupropion hcl sr</i>	3	QL(60/30)
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)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate inj</i>	4	
<i>gentamicin sulfate oint</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	4	
<i>gentamicin sulfate pediatric</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	
<i>isotonic gentamicin</i>	4	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	4	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	2	
TOBREX OINT	3	
ZYLET	3	
Antibacterials, Other		
<i>alcohol prep pads</i>	1	
<i>baciim</i>	4	
<i>bacitracin inj</i>	4	
<i>bacitracin ophthalmic oint</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BACTROBAN NASAL	3	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate external soln</i>	2	
<i>clindamycin phosphate gel</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate lotn</i>	2	
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/sodium chloride</i>	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin</i>	5	B/D PA
<i>lincomycin hcl</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susr</i>	5	QL(1800/30)
<i>linezolid tabs</i>	5	QL(60/30)
<i>methenamine hippurate</i>	2	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole inj</i>	4	
<i>metronidazole lotn</i>	2	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	2	
<i>mupirocin crea</i>	4	
<i>mupirocin oint</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	
<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>	4	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
<i>rosadan</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
TYGACIL	5	
<i>vancomycin</i>	4	
<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>	4	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	4	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	4	
<i>vandazole</i>	2	
XIFAXAN TABS 200MG	4	PA QL(9/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XIFAXAN TABS 550MG	5	PA QL(90/30)
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefaclor er</i>	2	
<i>cefaclor susr</i>	3	
<i>cefadroxil</i>	2	
CEFAZOLIN	4	
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	4	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	4	
<i>cefdinir</i>	2	
<i>cefepime</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	
<i>ceftazidime/dextrose</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs</i>	2	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	
Beta-lactam, Other		
AZACTAM	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AZTREONAM INJ 2GM	5	
<i>cefotetan</i>	4	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	2	
INVANZ	4	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
Beta-lactam, Penicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	2	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin-sulbactam</i>	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 2gm</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin v potassium oral soln</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	2	
<i>pfizerpen inj 20mu, 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
Macrolides		
AZASITE	3	
<i>azithromycin inj</i>	4	
<i>azithromycin pack</i>	3	
<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)
<i>e.e.s. 400</i>	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 400	5	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	2	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	2	
ZMAX	3	QL(60/30)
Quinolones		
AVELOX INJ	4	
BAXDELA	4	
BESIVANCE	4	
CILOXAN OINT	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 ophthalmic soln</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	2	
<i>ciprofloxacin hcl tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin inj</i>	4	
<i>ciprofloxacin susr</i>	2	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i>	4	
<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>	4	
<i>moxifloxacin hcl ophthalmic soln</i>	3	
<i>moxifloxacin hcl tabs</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
<i>ofloxacin</i>	2	
VIGAMOX	3	
Sulfonamides		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium lotn</i>	2	
<i>sulfacetamide sodium ophthalmic soln</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate caps 75mg</i>	3	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>	2	QL(60/30)
<i>mondoxyne nl caps 75mg</i>	3	QL(60/30)
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hydrochloride</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	5	QL(30/30)
APTIOM TABS 600MG	5	QL(60/30)
BRIVIACT INJ	5	QL(600/30)
BRIVIACT ORAL SOLN	5	QL(1200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 er tb24 750mg</i>	2	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	2	QL(180/30)
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
<i>magnesium sulfate in d5w</i>	4	B/D PA
<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)
Calcium Channel Modifying Agents		
CELONTIN	3	
<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	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<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>	3	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	3	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	3	QL(40/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
GABITRIL TABS 16MG	4	QL(90/30)
GABITRIL TABS 12MG	4	QL(120/30)
ONFI SUSP	5	QL(480/30)
ONFI TABS 20MG	5	QL(60/30)
ONFI TABS 10MG	3	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 16mg</i>	4	QL(90/30)
<i>tiagabine hydrochloride tabs 12mg</i>	4	QL(120/30)
<i>tiagabine hydrochloride tabs 2mg</i>	4	QL(240/30)
<i>valproate sodium</i>	4	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine odt</i>	2	
<i>topiramate</i>	2	
TROKENDI XR CP24 200MG	5	QL(60/30)
TROKENDI XR CP24 100MG, 25MG, 50MG	4	QL(30/30)
Sodium Channel Agents		
BANZEL SUSP	5	PA QL(2400/30)
BANZEL TABS 200MG	5	PA QL(60/30)
BANZEL TABS 400MG	5	PA QL(240/30)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN CAPS 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	4	
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenytoin</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium</i>	4	
<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)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	2	PA
NAMZARIC C4PK	3	QL(56/365)
NAMZARIC CP24	3	QL(30/30)
Cholinesterase Inhibitors		
<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)

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<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>	4	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<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>	3	PA QL(30/30)
NAMENDA XR	3	PA QL(30/30)
NAMENDA XR TITRATION PACK	3	PA QL(56/365)
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er tb12 100mg, 200mg</i>	3	QL(60/30)
<i>bupropion hcl sr</i>	3	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hcl tabs 75mg</i>	3	QL(180/30)
<i>bupropion hcl xl</i>	3	QL(30/30)
<i>maprotiline hcl</i>	4	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	3	QL(60/30)
<i>trazodone hcl tabs 300mg</i>	2	
<i>trazodone hcl tabs 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30/30) ST
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tranylcypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral soln</i>	1	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL(60/30)
<i>desvenlafaxine er</i>	4	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)
<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) ST
FETZIMA TITRATION PACK	4	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine dr</i>	2	QL(4/28)
<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</i>	2	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate er</i>	2	QL(60/30)
<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>	4	QL(30/30)
<i>paroxetine hcl er tb24 12.5mg</i>	2	QL(30/30)
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	2	QL(60/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
PAXIL SUSP	3	QL(900/30) ST
PRISTIQ	4	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)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	3	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	3	PA
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	3	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	3	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	2	
<i>phenergan supp</i>	2	
<i>promethazine hcl plain</i>	2	PA
<i>promethazine hcl supp</i>	2	
<i>promethazine hcl syrup</i>	2	PA
<i>promethazine hcl tabs</i>	2	PA
<i>promethegan</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>scopolamine</i>	4	QL(10/30)
TRANSDERM-SCOP	4	QL(10/30)
Emetogenic Therapy Adjuncts		
ALOXI	5	B/D PA
<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)
<i>dronabinol</i>	4	PA QL(60/30)
EMEND SUSR	3	B/D PA QL(6/28)
<i>granisetron hcl inj</i>	4	B/D PA
<i>granisetron hcl tabs</i>	2	B/D PA QL(30/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	
<i>ondansetron hcl oral soln</i>	2	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	1	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PA QL(90/30)
<i>ondansetron odt</i>	1	B/D PA QL(90/30)
PALONOSETRON HYDROCHLORIDE	5	B/D PA
<i>palonosetron hydrochloride</i>	5	B/D PA
SANCUSO	5	QL(4/28)
Antifungals		
Antifungals		
ABELCET	5	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
CANCIDAS	5	PA
<i>caspofungin acetate</i>	5	PA
<i>ciclodan</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox sham</i>	2	
<i>ciclopirox susp</i>	2	

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<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 in dextrose inj 56mg/ml; 400mg/200ml</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr</i>	2	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	2	
<i>fluconazole tabs 150mg</i>	1	
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i>	4	PA QL(120/30)
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketoconazole tabs</i>	2	
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride</i>	2	
NAFTIN GEL	3	
NATACYN	3	
NOXAFIL SUSP	5	PA QL(600/30)
NOXAFIL TBEC	5	PA QL(96/30)
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	4	
<i>nystop</i>	2	
SPORANOX ORAL SOLN	5	PA
<i>terbinafine hcl tabs</i>	1	QL(90/365)
<i>terconazole</i>	2	
<i>voriconazole inj</i>	5	PA
<i>voriconazole susr</i>	5	PA QL(300/30)
<i>voriconazole tabs</i>	4	PA QL(90/30)
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>allopurinol sodium</i>	4	
<i>colchicine caps</i>	3	QL(60/30)
<i>colchicine tabs</i>	3	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)
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	3	QL(12/30)
<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)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	3	
REGONOL	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	3	
Antituberculars		
CAPASTAT SULFATE	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid inj</i>	4	
<i>isoniazid syrp</i>	2	
<i>isoniazid tabs 100mg</i>	2	
<i>isoniazid tabs 300mg</i>	1	
PASER	3	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	3	
SIRTURO	4	PA QL(188/365)
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
BENDEKA	5	B/D PA QL(8/21)
BICNU	4	B/D PA
<i>busulfan</i>	5	B/D PA
BUSULFEX	5	B/D PA
<i>cyclophosphamide caps</i>	3	B/D PA
<i>cyclophosphamide inj 2gm</i>	5	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
EVOMELA	5	PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide inj 1gm, 3gm</i>	4	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>melphalan hydrochloride</i>	5	B/D PA
MUSTARGEN	4	B/D PA
<i>thiotepa</i>	4	PA
TREANDA INJ 100MG	5	B/D PA
TREANDA INJ 25MG	5	B/D PA QL(8/21)
VALCHLOR	5	PA QL(60/30)
YONDELIS	5	PA
ZANOSAR	4	B/D PA
Antiandrogens		
<i>bicalutamide</i>	2	QL(30/30)
ERLEADA	5	PA QL(120/30)
<i>flutamide</i>	2	
<i>nilutamide</i>	5	QL(60/30)
XTANDI	5	PA QL(120/30)
ZYTIGA TABS 500MG	5	PA QL(60/30)
ZYTIGA TABS 250MG	5	PA QL(120/30)
Antiangiogenic Agents		
POMALYST	5	PA QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	5	PA QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	PA QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	PA QL(28/28)
THALOMID CAPS 200MG	5	PA QL(56/28)
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
Antimetabolites		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	PA
ARRANON	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
<i>cytarabine</i>	4	B/D PA
<i>cytarabine aqueous</i>	4	B/D PA
DROXIA	3	
ELITEK	5	B/D PA
<i>fluorouracil inj</i>	4	B/D PA
FOLOTYN	5	B/D PA
<i>gemcitabine</i>	4	B/D PA
<i>gemcitabine hcl inj 200mg, 2gm</i>	4	B/D PA
<i>gemcitabine hcl inj 1gm</i>	5	B/D PA
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	B/D PA
<i>hydroxyurea</i>	2	
LONSURF TABS 8.19MG; 20MG	5	PA QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	PA QL(100/28)
<i>mercaptopurine</i>	2	
NIPENT	5	B/D PA
PURIXAN	5	PA QL(300/30)
TABLOID	3	
VYXEOS	5	B/D PA
Antineoplastics, Other		
ABRAXANE	5	PA
<i>adriamycin</i>	2	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	PA
<i>bleomycin sulfate</i>	4	B/D PA
BORTEZOMIB	5	PA QL(14/21)
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	4	B/D PA
<i>cisplatin</i>	4	B/D PA
COSMEGEN	5	B/D PA
<i>dactinomycin</i>	5	B/D PA
<i>daunorubicin hcl</i>	4	B/D PA
<i>decitabine</i>	5	
<i>dexrazoxane</i>	4	B/D PA
DOCETAXEL INJ 200MG/10ML	5	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	B/D PA
ERWINAZE	5	B/D PA QL(60/28)
ETHYOL	5	B/D PA
<i>fludarabine phosphate inj 50mg</i>	4	B/D PA
FUSILEV	5	
HALAVEN	5	PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	B/D PA
<i>irinotecan</i>	4	B/D PA
<i>irinotecan hcl</i>	4	B/D PA
<i>irinotecan hydrochloride inj 40mg/2ml</i>	4	B/D PA
ISTODAX (OVERFILL)	5	PA
JEVTANA	5	PA
KISQALI	5	PA QL(63/28)
LARTRUVO	5	PA
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	4	
<i>leucovorin calcium tabs</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	PA QL(120/30)
<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	PA QL(3/28)
ODOMZO	5	PA QL(30/30)
<i>oxaliplatin inj 100mg</i>	5	B/D PA
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	4	B/D PA
PORTRAZZA	5	PA QL(100/21)
PROLEUKIN	5	B/D PA
<i>romidepsin</i>	5	PA
RUBRACA	5	PA QL(120/30)
RYDAPT	5	PA QL(224/28)
SYLATRON	5	PA QL(4/28)
SYNRIBO	5	PA QL(28/28)
TRISENOX	4	B/D PA
VELCADE	5	PA QL(14/21)
VENCLEXTA STARTING PACK	5	PA QL(84/365)
VENCLEXTA TABS 100MG	5	PA QL(120/30)
VENCLEXTA TABS 50MG	4	PA QL(30/30)
VENCLEXTA TABS 10MG	4	PA QL(60/30)
VERZENIO	5	PA QL(60/30)
<i>vinblastine sulfate</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine sulfate</i>	4	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	4	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>	3	B/D PA
KYPROLIS	5	B/D PA
<i>toposar</i>	3	B/D PA
<i>topotecan hcl inj 4mg</i>	5	
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	PA QL(56/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR DISPERZ TBSO 5MG	5	PA QL(112/28)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	PA QL(28/28)
AFINITOR TABS 10MG	5	PA 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	PA QL(30/30)
BOSULIF TABS 100MG	5	PA 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	PA QL(30/30)
CAPRELSA TABS 100MG	5	PA QL(60/30)
COMETRIQ KIT	5	PA QL(56/28)
COMETRIQ KIT 20MG	5	PA QL(84/28)
COMETRIQ KIT	5	PA QL(112/28)
COTELLIC	5	PA QL(63/28)
ERIVEDGE	5	PA QL(28/28)
FARYDAK	5	PA QL(6/21)
GILOTRIF	5	PA QL(30/30)
IBRANCE	5	PA QL(21/28)
ICLUSIG TABS 45MG	5	PA QL(30/30)
ICLUSIG TABS 15MG	5	PA QL(60/30)
IDHIFA	5	PA QL(30/30)
<i>imatinib mesylate</i>	5	PA QL(60/30)
IMBRUVICA CAPS 70MG	5	PA QL(30/30)
IMBRUVICA CAPS 140MG	5	PA QL(120/30)
IMBRUVICA TABS	5	PA QL(30/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INLYTA	5	PA QL(120/30)
IRESSA	5	PA QL(30/30)
JAKAFI	5	PA QL(60/30)
LENVIMA 10 MG DAILY DOSE	5	PA QL(30/30)
LENVIMA 14 MG DAILY DOSE	5	PA QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	PA QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	PA QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	PA QL(90/30)
LENVIMA 8 MG DAILY DOSE	5	PA QL(60/30)
LYNPARZA CAPS	5	PA QL(448/28)
MEKINIST TABS 2MG	5	PA QL(30/30)
MEKINIST TABS 0.5MG	5	PA QL(90/30)
NEXAVAR	5	PA QL(120/30)
SPRYCEL	5	PA QL(30/30)
STIVARGA	5	PA
SUTENT	5	PA QL(28/28)
TAFINLAR	5	PA QL(120/30)
TAGRISSO	5	PA QL(30/30)
TARCEVA TABS 100MG, 150MG	5	PA QL(30/30)
TARCEVA TABS 25MG	5	PA QL(60/30)
TASIGNA CAPS 150MG, 200MG	5	PA QL(112/28)
TASIGNA CAPS 50MG	5	PA QL(420/30)
TYKERB	5	PA QL(180/30)
VOTRIENT	5	PA QL(120/30)
XALKORI	5	PA QL(60/30)
ZALTRAP	5	PA QL(40/28)
ZELBORAF	5	PA QL(240/30)
ZYDELIG	5	PA QL(60/30)
ZYKADIA	5	PA QL(140/28)
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	5	PA
BAVENCIO	5	PA
BESPOUSA	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GAZYVA	5	PA
HERCEPTIN INJ 440MG	5	PA
HERCEPTIN INJ 150MG	5	B/D PA
IMFINZI	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
MYLOTARG	5	PA
OPDIVO INJ 240MG/24ML	5	PA QL(48/28)
OPDIVO INJ 100MG/10ML, 40MG/4ML	5	PA QL(80/28)
PERJETA	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
TECENTRIQ	5	PA QL(20/21)
UNITUXIN	5	PA
VECTIBIX	5	PA
YERVOY INJ 50MG/10ML	5	PA
YERVOY INJ 200MG/40ML	5	PA QL(80/21)
Retinoids		
<i>bexarotene</i>	5	
PANRETIN	5	
TARGETIN GEL	5	QL(60/30)
<i>tretinoin caps</i>	5	
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	4	
<i>ivermectin</i>	2	
<i>praziquantel</i>	4	
Antiprotozoals		
ALINIA SUSR	3	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	3	QL(24/30)
DARAPRIM	5	QL(90/30)
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NEBUPENT	3	B/D PA QL(6/28)
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i>	4	QL(42/7)
Pediculicides/Scabicides		
<i>lindane</i>	2	
<i>malathion</i>	4	
<i>permethrin</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>amantadine hcl</i>	2	
<i>entacapone</i>	4	QL(240/30)
<i>tolcapone</i>	5	
Dopamine Agonists		
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 hcl</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbidopa/levodopa/ entacapone</i>	3	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	3	QL(30/30)
<i>selegiline hcl</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	4	
<i>chlorpromazine hcl tabs</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl elix</i>	2	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol conc</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i>	1	
<i>haloperidol tabs 10mg, 20mg</i>	2	
<i>loxapine caps 25mg, 50mg</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>	4	

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<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene caps 10mg, 1mg, 5mg</i>	2	
<i>thiothixene caps 2mg</i>	1	
<i>trifluoperazine hcl</i>	2	
2nd Generation/Atypical		
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 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	4	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) ST
<i>paliperidone er tb24 6mg</i>	2	QL(60/30) ST
<i>paliperidone er tb24 9mg</i>	5	QL(30/30) ST
<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
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)
Treatment-Resistant		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	
<i>clozapine tabs 200mg</i>	3	QL(120/30)
<i>clozapine tabs 100mg</i>	3	QL(270/30)
VERSACLOZ	4	QL(540/30)

Antispasticity Agents

Antispasticity Agents

<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	

Antivirals

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	5	
FOSCAVIR	4	
<i>ganciclovir inj 500mg, 500mg/10ml</i>	4	B/D PA
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	3	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	5	QL(30/30)
BARACLUDE ORAL SOLN	3	QL(630/30)
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	3	
INTRON A INJ 10MU, 10MU/ ML, 50MU	5	
INTRON A INJ 18MU, 6000000UNIT/ML	4	
<i>lamivudine tabs 100mg</i>	2	

Anti-hepatitis C (HCV) Agents, Direct Acting Agents

EPCLUSA	5	PA QL(28/28)
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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HARVONI	5	PA QL(28/28)
VOSEVI	5	PA QL(30/30)

Anti-hepatitis C (HCV) Agents, Other

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>	4	QL(168/28)
<i>ribavirin tabs</i>	4	QL(168/28)

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

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)
ODEFSEY	5	QL(30/30)
RESCRIPTOR TABS 200MG	3	QL(180/30)
RESCRIPTOR TABS 100MG	3	QL(270/30)
STRIBILD	5	QL(30/30)

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Covered Drugs By Category

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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)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir oral soln</i>	3	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60/30)
<i>abacavir tabs</i>	4	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	3	QL(30/30)
EMTRIVA ORAL SOLN	3	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>	4	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	3	QL(960/30)
<i>zidovudine caps</i>	2	QL(180/30)
<i>zidovudine syrp</i>	2	QL(1680/28)
<i>zidovudine tabs</i>	2	QL(60/30)
Anti-HIV Agents, Other		
ATRIPLA	5	QL(30/30)
FUZEON	5	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
Anti-HIV Agents, Protease Inhibitors		
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)
KALETRA ORAL SOLN	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)
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
Anti-influenza Agents		
<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)
Antitherpetic Agents		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	4	QL(30/30)
<i>acyclovir sodium</i>	4	B/D PA
<i>acyclovir susp</i>	2	
<i>acyclovir tabs</i>	2	
DENAVIR	5	QL(5/30)
<i>famciclovir</i>	2	QL(60/30)
<i>trifluridine</i>	2	
<i>valacyclovir hcl</i>	2	QL(30/30)
ZOVIRAX CREA	4	QL(5/30)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 10mg, 5mg</i>	1	
<i>bupirone hcl tabs 15mg, 30mg, 7.5mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxepin hcl</i>	3	PA
Benzodiazepines		
<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 inj 5mg/ml</i>	2	
<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 2mg/ml, 4mg/ml</i>	4	
<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)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 150mg, 600mg</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate tabs</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	QL(90/30)
BYDUREON	3	QL(4/28)
BYDUREON BCISE	3	QL(4/28)
BYDUREON PEN	3	QL(4/28)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BYETTA INJ 5MCG/0.02ML	3	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	3	QL(2.4/30)
CYCLOSET	4	QL(180/30)
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 1000mg, 500mg, (generic for Fortamet)</i>	1	QL(60/30)
<i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)

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>	2	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	5	PA QL(10.8/28)
SYMLINPEN 60	3	PA 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)
Glycemic Agents		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
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	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
SOLIQUA 100/33	3	QL(18/30) ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST

Blood Products/Modifiers/Volume Expanders

Anticoagulants

COUMADIN	4	
ELIQUIS STARTER PACK	4	QL(74/30)
ELIQUIS TABS 2.5MG	4	QL(60/30)
ELIQUIS TABS 5MG	4	QL(74/30)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	4	QL(30/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>jantoven</i>	1	
PRADAXA	3	QL(60/30)
SAVAYSA	4	QL(30/30)
<i>warfarin sodium</i>	1	
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)

Blood Formation Modifiers

<i>anagrelide hydrochloride</i>	2	
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)
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA QL(1/21)

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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)
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	4	PA QL(12/28)
PROMACTA	5	PA QL(30/30)
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	QL(30/28)
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	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)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<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 0.3mg</i>	2	
<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	1	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prazosin hcl</i>	2	
Angiotensin II Receptor Antagonists		
BENICAR	4	QL(30/30) ST
BENICAR HCT	4	QL(30/30) ST
<i>candesartan cilexetil</i>	2	QL(30/30)
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	QL(30/30)
EDARBI	4	ST
EDARBYCLOR	4	ST
ENTRESTO	3	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)
<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>telmisartan</i>	2	QL(30/30)
<i>telmisartan/amlodipine</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	2	QL(30/30)
<i>valsartan</i>	2	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	2	QL(30/30)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	QL(60/30)
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	2	QL(30/30)
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	QL(60/30)
<i>captopril tabs 100mg, 50mg</i>	2	
<i>captopril tabs 12.5mg, 25mg</i>	2	QL(90/30)
<i>captopril/hydrochlorothiazide</i>	2	
<i>enalapril maleate</i>	2	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enalapril maleate/hydrochlorothiazide</i>	2	QL(60/30)
<i>fosinopril sodium</i>	2	QL(60/30)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	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>	2	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	2	QL(30/30)
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 25mg; 15mg</i>	2	QL(60/30)
<i>perindopril erbumine</i>	1	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	2	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	2	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg</i>	2	QL(30/30)
<i>trandolapril tabs 2mg, 4mg</i>	2	QL(60/30)
Antiarrhythmics		
<i>amiodarone hcl inj</i>	4	
<i>amiodarone hcl tabs</i>	2	
<i>dofetilide</i>	3	QL(60/30)
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	2	
<i>propafenone hcl</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propafenone hcl er</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	
<i>sotalol hydrochloride tabs 120mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
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>	1	
<i>carvedilol phosphate</i>	3	QL(30/30)
COREG CR	3	QL(30/30)
<i>labetalol hcl inj</i>	4	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	1	QL(60/30)
<i>metoprolol tartrate inj</i>	4	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol</i>	3	
<i>nadolol/bendroflumethiazide</i>	3	QL(30/30)
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	3	
<i>propranolol hcl inj</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propranolol hcl oral soln</i>	2	
<i>propranolol hcl tabs 60mg</i>	2	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>propranolol hydrochloride</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs</i>	4	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	3	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/olmesartan medoxomil</i>	4	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
AZOR	4	QL(30/30) ST
<i>cartia xt</i>	2	
<i>dilt-xr</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>diltiazem hcl inj</i>	4	
<i>diltiazem hcl tabs</i>	2	
<i>felodipine er</i>	2	QL(60/30)
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	2	
<i>nicardipine hcl inj</i>	4	
<i>nifedipine er tb24 90mg</i>	3	QL(30/30)
<i>nifedipine er tb24 30mg, 60mg</i>	3	QL(60/30)
<i>nimodipine</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nisoldipine er tb24 20mg, 30mg, 40mg</i>	2	
<i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i>	2	QL(30/30)
<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>	4	
<i>verapamil hcl sr cp24 360mg</i>	2	QL(30/30)
<i>verapamil hcl tabs 40mg</i>	2	
<i>verapamil hcl tabs 120mg, 80mg</i>	1	
Cardiovascular Agents, Other		
<i>atropine sulfate inj 0.5mg/5ml</i>	4	
CORLANOR	4	PA QL(60/30)
DEMSE	5	
<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>	4	PA
<i>digoxin tabs 125mcg</i>	2	QL(30/30)
<i>digoxin tabs 250mcg</i>	2	PA
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	3	QL(30/30)
TEKTURNA HCT	3	QL(30/30)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
Diuretics, Loop		
<i>bumetanide inj</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bumetanide tabs 0.5mg, 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	2	
<i>ethacrynate sodium</i>	4	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>toremide</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 100mg, 50mg</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<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>	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fenofibrate tabs 48mg, 54mg</i>	4	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)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	4	QL(30/30) ST
LIVALO	3	QL(30/30) ST
<i>lovastatin tabs 40mg</i>	2	QL(60/30)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(30/30)
<i>pravastatin sodium</i>	1	QL(30/30)
<i>rosuvastatin calcium</i>	2	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
Dyslipidemics, Other		
<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)
<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
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydralazine hcl tabs</i>	2	
<i>minoxidil</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	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)
<i>nitroglycerin inj</i>	4	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin subl</i>	2	
<i>nitroglycerin transdermal</i>	2	QL(30/30)
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<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)
<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, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 5mg; 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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<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>	3	QL(90/30)
<i>methylphenidate hcl er tb24 27mg, 54mg</i>	3	QL(30/30)
<i>methylphenidate hcl er tb24 36mg</i>	3	QL(60/30)
<i>methylphenidate hcl er tb24 18mg</i>	3	QL(120/30)
<i>methylphenidate hcl er tbc 10mg, 27mg, 54mg</i>	3	QL(30/30)
<i>methylphenidate hcl er tbc 36mg</i>	3	QL(60/30)
<i>methylphenidate hcl er tbc 20mg</i>	3	QL(90/30)
<i>methylphenidate hcl er tbc 18mg</i>	3	QL(120/30)
<i>methylphenidate hcl tabs</i>	3	QL(90/30)
Central Nervous System, Other		
HETLIOZ	5	PA QL(30/30)
NUEDEXTA	3	QL(60/30)
<i>riluzole</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	5	PA QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	PA QL(120/30)
Fibromyalgia Agents		
LYRICA CR TB24 330MG	3	QL(60/30)
LYRICA CR TB24 165MG, 82.5MG	3	QL(90/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Multiple Sclerosis Agents		
AMPYRA	5	PA QL(60/30)
AVONEX	5	PA QL(4/28)
AVONEX PEN	5	PA QL(4/28)
BETASERON	5	PA QL(14/28)
COPAXONE INJ 40MG/ML	5	PA QL(12/28)
COPAXONE INJ 20MG/ML	5	PA QL(30/30)
GILENYA CAPS 0.5MG	5	PA QL(30/30)
REBIF	5	PA QL(6/28)
REBIF REBIDOSE	5	PA QL(6/28)
REBIF REBIDOSE TITRATION PACK	5	PA QL(4.2/28)
REBIF TITRATION PACK	5	PA QL(4.2/28)
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>chlorhexidine gluconate mouth/throat soln</i>	1	
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hcl tabs</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	

Dermatological Agents

Dermatological Agents

<i>acitretin</i>	4	PA
<i>ammonium lactate</i>	2	
<i>amnesteem</i>	2	
<i>avita</i>	2	PA QL(45/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	4	QL(60/30)
<i>calcipotriene oint</i>	4	QL(120/30)
<i>calcitrene</i>	4	QL(120/30)
<i>calcitriol oint</i>	3	QL(800/30)
<i>claravis</i>	2	
<i>curity gauze pads 2"x2"</i>	2	
<i>diclofenac sodium gel 1%</i>	3	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	4	QL(1050/30)
<i>doxepin hydrochloride</i>	2	
ELIDEL	3	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluorouracil crea 5%</i>	3	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln</i>	2	
<i>imiquimod</i>	2	QL(12/30)
<i>isotretinoin</i>	2	
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
PICATO GEL 0.05%	4	QL(2/56)
PICATO GEL 0.015%	4	QL(3/56)
<i>podofilox</i>	2	
REGANEX	5	PA QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	2	QL(100/90)
<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

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Covered Drugs By Category

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zenatane	2	
ZYCLARA	5	QL(56/30)
ZYCLARA PUMP CREA 2.5%	5	QL(15/30)
ZYCLARA PUMP CREA 3.75%	5	QL(56/30)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN	4	B/D PA
AMINOSYN 7%/ ELECTROLYTES	4	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN II	4	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN M	4	B/D PA
AMINOSYN-HBC	4	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	4	B/D PA
AMINOSYN-RF	4	B/D PA
CARBAGLU	5	PA
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D PA
CLINIMIX 5%/DEXTROSE 15%	4	B/D PA
CLINIMIX 5%/DEXTROSE 20%	4	B/D PA
CLINIMIX 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	4	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX N14G30E	4	B/D PA
CLINIMIX N9G15E	4	B/D PA
CLINISOL SF 15%	4	B/D PA
dextrose 10%/nacl 0.45%	4	B/D PA
dextrose 5% /electrolyte #48 viaflex	4	B/D PA
DEXTROSE 10%	4	B/D PA
dextrose 10%/nacl 0.2%	4	B/D PA
dextrose 2.5%/nacl 0.45%	4	B/D PA
DEXTROSE 20%	4	B/D PA
DEXTROSE 25%	4	B/D PA
DEXTROSE 30%	4	B/D PA
DEXTROSE 40%	4	B/D PA
DEXTROSE 5%	4	
dextrose 5%/lactated ringers	4	B/D PA
dextrose 5%/nacl 0.2%	4	
dextrose 5%/nacl 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.33%	4	
dextrose 5%/nacl 0.45%	4	
dextrose 5%/nacl 0.9%	4	
DEXTROSE 50%	4	B/D PA
DEXTROSE 70%	4	
fluoride chew 0.25mg	1	
fluoritab chew 0.5mg, 1mg	1	
FREAMINE HBC 6.9%	4	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D PA
HEPATAMINE	4	B/D PA
KABIVEN	4	B/D PA
kcl 0.075%/d5w/nacl 0.45%	4	B/D PA
kcl 0.15%/d5w/nacl 0.2%	4	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>kcl 0.15%/d5w/nacl 0.225%</i>	4	B/D PA
<i>kcl 0.15%/d5w/nacl 0.45%</i>	4	B/D PA
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	B/D PA
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	B/D PA
<i>kcl 0.3%/d5w/nacl 0.9%</i>	4	B/D PA
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	B/D PA
LACTATED RINGERS VIAFLEX	4	B/D PA
<i>ludent</i>	1	
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML	4	B/D PA
<i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	4	B/D PA
NEPHRAMINE	4	B/D PA
NORMOSOL -R	4	B/D PA
NORMOSOL-M IN D5W	4	B/D PA
NORMOSOL-R	4	B/D PA
NORMOSOL-R IN D5W	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride cr</i>	1	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr</i>	1	
<i>potassium chloride inj</i> 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	B/D PA
<i>potassium chloride oral soln</i>	2	
<i>potassium chloride sr</i>	1	
<i>potassium chloride/dextrose</i>	4	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L	4	B/D PA
<i>potassium chloride/dextrose/ lactated ringers inj 3meq/l;</i> 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	4	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	4	B/D PA
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	B/D PA
<i>potassium citrate er</i>	2	
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>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</i>	4	B/D PA
PROCALAMINE	4	B/D PA
PROSOL	4	B/D PA
<i>ringers injection</i>	4	B/D PA
<i>sodium bicarbonate inj</i>	4	
<i>sodium bicarbonate partial fill</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	4	
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
SODIUM LACTATE INJ 5MEQ/ ML	4	B/D PA
TPN ELECTROLYTES	4	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	4	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CUPRIMINE	5	
DEPEN TITRATABS	5	
JADENU	5	
JADENU SPRINKLE	5	
<i>kionex</i>	3	
SAMSCA TABS 15MG	5	PA QL(30/30)
SAMSCA TABS 30MG	5	PA QL(60/30)
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	3	
<i>sps</i>	3	
SYPRINE	5	
<i>trientine hydrochloride</i>	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VELTASSA	3	
Phosphate Binders		
AURYXIA	4	QL(360/30)
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
RENVELA PACK	3	QL(180/30)
RENVELA TABS	3	QL(540/30)
VELPHORO	4	QL(180/30)
Vitamins		
<i>multivitamin with fluoride chew</i>	2	
VP-PNV-DHA	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	4	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl oral soln</i>	2	
<i>dicyclomine hcl tabs</i>	1	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<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	
Gastrointestinal Agents, Other		
<i>cromolyn sodium conc</i>	2	
<i>diphenoxylate/atropine</i>	2	
GATTEX	5	PA QL(30/30)
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl inj</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoclopramide hcl oral soln</i>	2	
<i>metoclopramide hcl tabs</i>	2	
OSMOPREP	3	
RELISTOR INJ 8MG/0.4ML	5	PA QL(11.2/28)
RELISTOR INJ 12MG/0.6ML	5	PA QL(16.8/28)
TRULANCE	4	QL(30/30)
<i>ursodiol</i>	3	

Histamine2 (H2) Receptor Antagonists

<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	4	
<i>famotidine premixed</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl caps</i>	2	
<i>ranitidine hcl inj</i>	4	
<i>ranitidine hcl syrp</i>	2	
<i>ranitidine hcl tabs</i>	1	

Irritable Bowel Syndrome Agents

<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
<i>alosetron hydrochloride tabs 1mg</i>	5	PA QL(60/30)
AMITIZA	3	QL(60/30)
LINZESS	3	QL(30/30)
VIBERZI	4	PA QL(60/30)

Laxatives

<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	
<i>lactulose</i>	2	
MOVIPREP	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>polyethylene glycol 3350 powd</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	

Protectants

CARAFATE SUSP	4	
<i>misoprostol</i>	3	
<i>sucralfate</i>	2	

Proton Pump Inhibitors

<i>esomeprazole magnesium</i>	3	QL(60/30)
<i>esomeprazole sodium</i>	4	
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	1	QL(60/30)

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL TABS	5	PA
CEREZYME	5	B/D PA
CREON	3	
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	PA
FABRAZYME	5	B/D PA
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	QL(90/30)
NAGLAZYME	5	PA
ORFADIN	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium phenylbutyrate</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	QL(90/30)
ZENPEP	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL(30/30)
ENABLEX	4	QL(30/30) ST
<i>flavoxate hcl</i>	2	
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>	1	QL(600/30)
<i>oxybutynin chloride tabs</i>	1	QL(120/30)
<i>tolterodine tartrate</i>	3	QL(60/30)
<i>tolterodine tartrate er</i>	3	QL(30/30)
VESICARE	4	QL(30/30)
Benign Prostatic Hypertrophy Agents		
<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)
<i>tamsulosin hcl</i>	2	QL(60/30)
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	QL(60/30)
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
ELMIRON	4	
<i>phenazopyridine hydrochloride</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-methapred</i>	4	
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate crea</i>	2	
<i>betamethasone valerate foam</i>	3	
<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 crea</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 oint</i>	2	
<i>clobetasol propionate sham</i>	2	
<i>clodan</i>	2	
<i>cortisone acetate</i>	4	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide lotn</i>	2	
<i>desonide oint</i>	2	
<i>desoximetasone</i>	4	
<i>dexamethasone elix</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral soln</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 4mg</i>	1	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide crea</i>	2	
<i>fluocinolone acetonide external soln</i>	1	
<i>fluocinolone acetonide oint</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 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>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone rectal crea</i>	1	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	2	
MEDROL TABS 2MG	3	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone dose pack</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	4	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
<i>prednicarbate oint</i>	2	
<i>prednisolone</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral soln</i>	2	
<i>prednisone tabs 50mg</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>prednisone tbpk</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF	4	
TEXACORT	3	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>trianex</i>	5	
<i>triderm crea 0.1%</i>	1	
TRIPTODUR	5	PA QL(1/168)

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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate inj</i>	4	
<i>desmopressin acetate nasal soln</i>	4	QL(15/30)
<i>desmopressin acetate tabs</i>	2	
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
INCRELEX	4	PA
NOVAREL	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
STIMATE	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	5	PA
<i>oxandrolone tabs 10mg</i>	5	PA QL(60/30)
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)
Androgens		
<i>danazol caps 100mg, 200mg</i>	4	
<i>danazol caps 50mg</i>	3	
<i>testosterone cypionate</i>	4	
<i>testosterone enanthate</i>	4	QL(5/30)
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA QL(300/30)
<i>testosterone pump</i>	4	PA QL(300/30)
Estrogens		
ALORA	3	PA QL(8/28)
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amethia</i>	2	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
<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 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	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	QL(91/91)
DELESTROGEN INJ 10MG/ML	4	
<i>delyla</i>	2	
DEPO-ESTRADIOL	4	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estradiol pttw</i>	2	PA QL(8/28)
<i>estradiol ptwk</i>	2	PA QL(4/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	2	PA
<i>estradiol tabs 10mcg</i>	4	QL(18/28)
<i>estradiol valerate</i>	4	
ESTRING	3	QL(1/90)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	2	
<i>falmina</i>	2	
FEMRING	3	QL(1/90)
<i>femynor</i>	2	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	3	PA
<i>introvale</i>	2	QL(91/91)
<i>isibloom</i>	2	
<i>jevantage lo</i>	3	PA
<i>jolessa</i>	2	QL(91/91)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL(91/91)
<i>levora 0.15/30-28</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	3	PA
MENOSTAR	3	PA QL(4/28)
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
MINIVELLE	3	PA QL(8/28)
<i>mono-linyah</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	3	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</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	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtree</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREMARIN TABS	3	PA QL(30/30)
<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	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>yuvafem</i>	4	QL(18/28)
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Progesterone Agonists/Antagonists		
ELLA	3	
MAKENA	5	PA
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	QL(10/28)
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	PA
<i>jencycla</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	QL(1/90)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	3	PA
<i>megestrol acetate tabs</i>	3	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	2	QL(30/30)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	3	
<i>liothyronine sodium inj</i>	4	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	3	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<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>	4	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	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA QL(0.5/28)
SOMAVERT	5	PA QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SYNAREL	5	PA
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA QL(100/30)
FIRAZYR	5	PA QL(18/30)
RUCONEST	5	PA QL(8/30)
Immune Suppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	4	PA
ASTAGRAF XL CP24 5MG	5	PA
AZASAN	3	PA
<i>azathioprine inj</i>	4	PA
<i>azathioprine tabs</i>	2	PA
<i>cyclosporine</i>	4	PA
<i>cyclosporine modified</i>	4	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>	4	PA

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HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	PA QL(2/28)
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>	4	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps</i>	2	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA
<i>mycophenolate mofetil tabs</i>	2	PA
<i>mycophenolic acid dr</i>	2	PA
NULOJIX	5	PA QL(150/30)
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA
REMICADE	5	PA
RENFLEXIS	5	PA
SANDIMMUNE ORAL SOLN	4	PA
<i>sirolimus</i>	4	PA
<i>tacrolimus caps</i>	2	PA
TORISEL	5	B/D PA QL(4/28)
XATMEP	4	PA
ZORTRESS TABS 0.25MG, 0.75MG	5	PA QL(60/30)
ZORTRESS TABS 0.5MG	5	PA QL(120/30)
Immunizing Agents, Passive		
ATGAM	4	PA
GAMMAKED INJ 1GM/10ML	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	5	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D PA
GAMUNEX-C INJ 1GM/10ML	4	B/D PA
THYMOGLOBULIN	3	B/D PA
Immunomodulators		
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>	2	QL(30/30)
RIDAURA	4	
SIMULECT	5	B/D PA
SYNAGIS	5	PA
Vaccines		
ACTHIB	4	
ADACEL	4	QL(0.5/365)
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	4	QL(0.5/365)
DAPTACEL	4	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGERIX-B INJ 10MCG/0.5ML	4	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	4	B/D PA QL(8/365)
GARDASIL 9	4	QL(1.5/365)
HAVRIX	4	
HEPLISAV-B	4	B/D PA QL(3/365)
HIBERIX	4	
IMOVAX RABIES (H.D.C.V.)	4	B/D PA
INFANRIX	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IPOL INACTIVATED IPV	4	
IXIARO	4	
KINRIX	4	
M-M-R II	4	QL(2/365)
MENACTRA	4	
MENVEO	4	
PEDIARIX	4	
PEDVAX HIB	4	
PROQUAD	4	QL(2/365)
QUADRACEL	4	
RABAVERT	4	B/D PA
RECOMBIVAX HB	4	B/D PA QL(3/365)
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	4	QL(2/999)
STAMARIL	4	QL(1/999)
TENIVAC	4	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	4	
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	QL(1/365)
VARIZIG	4	QL(12/30)
VAXCHORA	4	
YF-VAX	4	
ZOSTAVAX	4	QL(1/999)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	2	
LIALDA	3	QL(120/30)
<i>mesalamine</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Glucocorticoids		
<i>budesonide cpep</i>	4	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	
Sulfonamides		
<i>sulfasalazine</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
BINOSTO	4	
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	4	
<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 tabs</i>	3	QL(1/28)
MIACALCIN	5	
<i>pamidronate disodium</i>	4	B/D PA
<i>paricalcitol caps 4mcg</i>	4	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	2	QL(90/30)
PROLIA	4	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	3	QL(1/30)
<i>risedronate sodium tabs 35mg</i>	3	QL(4/28)
<i>risedronate sodium tabs 30mg, 5mg</i>	3	QL(30/30)
SENSIPAR TABS 30MG	3	QL(60/30)

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SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)
XGEVA	5	PA QL(1.7/28)
zoledronic acid inj 4mg/5ml	4	B/D PA QL(15/21)
zoledronic acid inj 5mg/100ml	4	B/D PA QL(100/365)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
bd eclipse syringe/1ml/30gx1/2"	2	QL(200/30)
bd insulin syringe safetyglide/1ml/29g x 1/2"	2	QL(200/30)
bd insulin syringe ultrafine/0.3ml/31g x 5/16"	2	QL(200/30)
bd insulin syringe ultrafine/0.5ml/30g x 1/2"	2	QL(200/30)
bd insulin syringe ultrafine/1ml/31g x 5/16"	2	QL(200/30)
bd pen needle/mini/ ultrafine/31g x 3/16"	2	QL(200/30)
bd pen needle/nano/ultra fine/32g x 4mm	2	QL(200/30)
bd pen needle/ultrafine/29g x 12.7mm	2	QL(200/30)
bd safetyglide 27g x 5/8"	2	QL(200/30)
CARNITOR INJ	4	B/D PA
FERRIPROX	5	PA
fomepizole	5	
INTRALIPID	4	B/D PA
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	4	
levocarnitine	2	
LIPOSYN III	4	B/D PA
NATPARA	5	PA QL(2/28)
novofine 31	2	QL(200/30)
novofine 32gx6mm	2	QL(200/30)
novofine autocover 30gx8mm	2	QL(200/30)
novotwist 32gx5mm	2	QL(200/30)
NUTRILIPID	4	B/D PA
PHYSIOLYTE	4	
physiosol irrigation	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RINGERS IRRIGATION	4	
sodium chloride 0.9%	4	
sodium chloride 0.9%	4	
sterile water irrigation	4	
sterile water irrigation plastic bottle	4	
techlite pen needles/31g x 6 mm	2	QL(200/30)
techlite pen needles/31g x 8mm	2	QL(200/30)
techlite pen needles/32g x 4mm	2	QL(200/30)
techlite pen needles/32g x 6mm	2	QL(200/30)
techlite pen needles/32g x 8mm	2	QL(200/30)
TIS-U-SOL	4	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic soln	2	QL(5/30)
COMBIGAN	3	
latanoprost	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)
Ophthalmic Agents, Other		
atropine sulfate ophthalmic soln	2	
CYSTARAN	5	PA QL(60/28)
LACRISERT	3	
proparacaine hcl	2	
RESTASIS	3	QL(60/30)
tropicamide	2	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	
azelastine hcl ophthalmic soln	2	
cromolyn sodium ophthalmic soln	2	
epinastine hcl	2	
olopatadine hcl ophthalmic soln	2	QL(5/30)
olopatadine hydrochloride	2	QL(2.5/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PAZEO	3	QL(2.5/30)
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	
PROLENSA	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl</i>	2	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dorzolamide hcl/timolol maleate</i>	2	QL(10/30)
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	3	
SIMBRINZA	4	
<i>timolol maleate ophthalmic soln</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
COLY-MYCIN S	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT	3	QL(30/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp</i>	4	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>	1	QL(50/30)

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<i>fluticasone propionate susp</i>	2	QL(16/30)
<i>mometasone furoate susp</i>	2	QL(34/30)
NASONEX	4	QL(34/30) ST
Antihistamines		
<i>azelastine hcl nasal soln</i>	2	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
Antileukotrienes		
<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	2	QL(60/30)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(25.8/30)
COMBIVENT RESPIMAT	3	QL(8/30)
INCRUSE ELLIPTA	3	QL(30/30)
<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)
Bronchodilators, Sympathomimetic		
<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>	1	
<i>albuterol sulfate tabs</i>	1	
ANORO ELLIPTA	3	QL(60/30)
<i>epinephrine</i>	2	QL(2/30)
<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	4	
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>levalbuterol tartrate hfa</i>	3	QL(30/30)
<i>metaproterenol sulfate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PERFORMIST	3	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
SEREVENT DISKUS	3	QL(60/30)
<i>terbutaline sulfate</i>	4	
VENTOLIN HFA	4	QL(36/30)
Cystic Fibrosis Agents		
CAYSTON	5	PA 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)
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	4	
DALIRESP TABS 500MCG	4	PA QL(30/30)
DALIRESP TABS 250MCG	4	PA QL(60/365)
THEO-24	3	
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
Pulmonary Antihypertensives		
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)
VENTAVIS	5	PA QL(270/30)
Pulmonary Fibrosis Agents		
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP	4	B/D PA
PROLASTIN-C	5	B/D 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
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	3	PA QL(90/30)
<i>methocarbamol tabs</i>	2	PA
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(30/30)
<i>zolpidem tartrate tabs</i>	3	PA QL(30/30)
Sleep Disorders, Other		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil</i>	4	PA QL(30/30)
ROZEREM	3	QL(30/30)
SILENOR	3	QL(30/30)
XYREM	5	PA QL(540/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

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

Lower case italic = Generic drug

ST = Step Therapy rules apply

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

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		ADVAIR HFA	55	<i>alprazolam tabs 2mg</i>	33
<i>abacavir/lamivudine</i>	32	<i>afeditab cr</i>	38	<i>altavera</i>	48
<i>abacavir oral soln</i>	32	AFINITOR DISPERZ TBSO 2MG, 3MG	27	ALUNBRIG TABS 30MG	27
<i>abacavir sulfate/ lamivudine/zidovudine</i>	32	AFINITOR DISPERZ TBSO 5MG	27	ALUNBRIG TABS 180MG, 90MG	27
<i>abacavir tabs</i>	32	AFINITOR TABS 2.5MG, 5MG, 7.5MG	27	ALUNBRIG TBPK	27
ABELCET	23	AFINITOR TABS 10MG	27	<i>alyacen 1/35</i>	48
ABILIFY MAINTENA	30	<i>ala-cort crea 1%</i>	46	<i>alyacen 7/7/7</i>	48
ABRAXANE	26	ALBENZA	28	<i>amantadine hcl</i>	29
<i>acamprosate calcium dr.</i>	16	<i>albuterol sulfate er.</i>	56	AMBISOME	23
<i>acarbose</i>	33	<i>albuterol sulfate nebu 0.5%</i>	56	<i>a-methapred</i>	46
<i>acebutolol hcl</i>	37	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	56	<i>amethia</i>	48
<i>acetaminophen/codeine oral soln</i>	14	<i>albuterol sulfate syrup</i>	56	<i>amethia lo.</i>	48
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	14	<i>albuterol sulfate tabs</i>	56	<i>amikacin sulfate</i>	16
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	14	<i>alclometasone dipropionate</i>	46	<i>amiloride hcl</i>	39
<i>acetazolamide</i>	38	<i>alcohol prep pads</i>	16	<i>amiloride/hydrochlorothiazide</i>	39
<i>acetazolamide er.</i>	55	ALDURAZYME	45	<i>aminophylline</i>	56
<i>acetazolamide sodium</i>	38	ALECENSA	27	AMINOSYN	42
<i>acetic acid</i>	55	<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	53	AMINOSYN 7%/ELECTROLYTES	42
<i>acetylcysteine inhalation soln</i>	57	<i>alendronate sodium tabs 35mg, 70mg.</i>	53	AMINOSYN 8.5%/ ELECTROLYTES	42
<i>acitretin</i>	41	<i>alfuzosin hcl er.</i>	46	AMINOSYN-HBC	42
ACTEMRA INJ 162MG/0.9ML	52	ALIMTA	25	AMINOSYN II	42
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	52	ALINIA SUSR	28	AMINOSYN II 8.5%/ ELECTROLYTES	42
ACTHIB	52	ALINIA TABS	28	AMINOSYN M	42
ACTIMMUNE	52	ALIQOPA	27	AMINOSYN-PF	42
<i>acyclovir caps</i>	33	<i>allopurinol</i>	24	AMINOSYN-PF 7%	42
<i>acyclovir oint</i>	33	<i>allopurinol sodium</i>	24	AMINOSYN-RF	42
<i>acyclovir sodium</i>	33	ALOCRIIL	54	<i>amiodarone hcl inj</i>	37
<i>acyclovir susp</i>	33	ALORA	48	<i>amiodarone hcl tabs</i>	37
<i>acyclovir tabs</i>	33	<i>alose tron hydrochloride tabs 0.5mg.</i>	45	AMITIZA	45
ADACEL	52	<i>alose tron hydrochloride tabs 1mg.</i>	45	<i>amitriptyline hcl</i>	23
ADAGEN	45	ALOXI	23	<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	38
<i>adefovir dipivoxil.</i>	31	<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg.</i>	33	<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	38
ADEMPAS	56	<i>alprazolam odt tbdp 2mg.</i>	33	<i>amlodipine besylate tabs 2.5mg</i>	38
<i>adriamycin</i>	26	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg.</i>	33	<i>amlodipine besylate tabs 5mg</i>	38
<i>adrucil</i>	25				
ADVAIR DISKUS	55				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amlodipine besylate tabs 10mg</i>	38	APOKYN	29	ARISTADA INJ 882MG/3.2ML	30
<i>amlodipine besylate/valsartan</i>	38	<i>apraclonidine</i>	55	ARISTADA INJ 1064MG/3.9ML	30
<i>amlodipine/olmesartan medoxomil</i>	38	<i>aprepitant caps</i>	23	<i>armodafinil</i>	57
<i>amlodipine/valsartan/hctz</i>	38	<i>aprepitant caps 40mg</i>	23	ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT	55
<i>ammonium lactate</i>	41	<i>aprepitant caps 80mg</i>	23	ARRANON	25
<i>amnesteem</i>	41	<i>aprepitant caps 125mg</i>	23	<i>ascomp/codeine</i>	14
<i>amoxapine</i>	23	<i>apri</i>	48	<i>ashlyna</i>	48
<i>amoxicillin caps</i>	18	APRISO	53	<i>aspirin/dipyridamole</i>	36
<i>amoxicillin chew</i>	18	APTIOM TABS 200MG, 400MG, 800MG	20	ASTAGRAF XL CP24 0.5MG, 1MG	51
<i>amoxicillin/clavulanate potassium</i>	18	APTIOM TABS 600MG	20	ASTAGRAF XL CP24 5MG	51
<i>amoxicillin/clavulanate potassium er</i>	18	APTIVUS CAPS	32	<i>atazanavir caps 150mg</i>	32
<i>amoxicillin susr</i>	18	APTIVUS ORAL SOLN	32	<i>atazanavir caps 200mg</i>	32
<i>amoxicillin tabs</i>	18	ARALAST NP	57	<i>atazanavir caps 300mg</i>	32
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	40	<i>aranelle</i>	48	<i>atazanavir sulfate caps 150mg</i>	32
<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>	40	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	35	<i>atazanavir sulfate caps 200mg</i>	32
<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, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	40	ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	35	<i>atazanavir sulfate caps 300mg</i>	32
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	40	ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	35	<i>atenolol</i>	37
<i>amphotericin b</i>	23	ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	35	<i>atenolol/chlorthalidone</i>	37
<i>ampicillin</i>	18	ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	35	ATGAM	52
<i>ampicillin sodium</i>	18	ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	36	<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	40
<i>ampicillin-sulbactam</i>	18	ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	36	<i>atomoxetine caps 100mg, 60mg, 80mg</i>	40
AMPYRA	41	ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	36	<i>atorvastatin calcium</i>	39
ANADROL-50	48	ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	36	<i>atovaquone</i>	28
<i>anagrelide hydrochloride</i>	35	ARANESP ALBUMIN FREE INJ 500MCG/ML	35	<i>atovaquone/proguanil hcl</i>	28
<i>anaspaz</i>	44	ARCALYST	52	ATRIPLA	32
<i>anastrozole</i>	27	<i>aripiprazole odt</i>	30	<i>atropine sulfate inj 0.5mg/5ml</i>	38
ANORO ELLIPTA	56	<i>aripiprazole oral soln</i>	30	<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	44
		<i>aripiprazole tabs</i>	30	<i>atropine sulfate ophthalmic soln</i>	54
		ARISTADA INJ 441MG/1.6ML	30	ATROVENT HFA	56
		ARISTADA INJ 662MG/2.4ML	30	<i>aubra</i>	48
				<i>augmented betamethasone dipropionate</i>	46
				AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	18
				AURYXIA	44
				AVASTIN	28
				AVELOX INJ	19

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>aviane</i>	48	BAVENCIO.....	28	<i>betaxolol hcl</i>	37
<i>avita</i>	41	BAXDELA.....	19	<i>betaxolol hcl</i>	55
AVONEX.....	41	BCG VACCINE.....	52	<i>bethanechol chloride</i>	46
AVONEX PEN.....	41	<i>bd eclipse syringe/1ml/30gx1/2"</i>	54	<i>bexarotene</i>	28
<i>azacitidine</i>	26	<i>bd insulin syringe safetyglide/ 1ml/29g x 1/2"</i>	54	BEXSERO	52
AZACTAM	18	<i>bd insulin syringe ultrafine/ 0.3ml/31g x 5/16"</i>	54	<i>bicalutamide</i>	25
AZACTAM IN ISO-OSMOTIC DEXTROSE.....	18	<i>bd insulin syringe ultrafine/ 0.5ml/30g x 1/2"</i>	54	BICILLIN L-A.....	18
AZASAN.....	51	<i>bd insulin syringe ultrafine/ 1ml/31g x 5/16"</i>	54	BICNU.....	25
AZASITE.....	19	<i>bd pen needle/mini/ultrafine/ 31g x 3/16"</i>	54	BIDIL	40
<i>azathioprine inj</i>	51	<i>bd pen needle/nano/ultra fine/ 32g x 4mm</i>	54	BIKTARVY	31
<i>azathioprine tabs</i>	51	<i>bd pen needle/ultrafine/ 29g x 12.7mm</i>	54	BILTRICIDE.....	28
<i>azelastine hcl nasal soln</i>	56	<i>bd safetyglide 27g x 5/8"</i>	54	<i>bimatoprost ophthalmic soln</i>	54
<i>azelastine hcl ophthalmic soln</i>	54	<i>bekyree</i>	48	BINOSTO	53
<i>azithromycin inj</i>	19	BELEODAQ.....	26	<i>bisoprolol fumarate</i>	37
<i>azithromycin pack</i>	19	<i>benazepril hcl</i>	36	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	37
<i>azithromycin susr 100mg/5ml</i>	19	<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	36	<i>bleomycin sulfate</i>	26
<i>azithromycin susr 200mg/5ml</i>	19	<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	36	BLEPHAMIDE.....	19
<i>azithromycin tabs 250mg, 500mg</i>	19	BENDEKA	25	BLEPHAMIDE S.O.P.....	19
<i>azithromycin tabs 600mg</i>	19	BENICAR.....	36	<i>blisovi fe 1.5/30</i>	48
AZOPT	55	BENICAR HCT.....	36	<i>blisovi fe 1/20</i>	48
AZOR.....	38	BENLYSTA INJ 120MG	52	BOOSTRIX	52
<i>aztreonam inj 1gm</i>	18	BENLYSTA INJ 400MG	52	BORTEZOMIB	26
AZTREONAM INJ 2GM.....	18	<i>benztropine mesylate inj</i>	29	BOSULIF TABS 100MG.....	27
B		<i>benztropine mesylate tabs</i>	29	BOSULIF TABS 400MG, 500MG	27
<i>baciim</i>	16	BESIVANCE	19	BREO ELLIPTA	55
<i>bacitracin inj</i>	16	BESPONSA.....	28	<i>briellyn</i>	48
<i>bacitracin ophthalmic oint</i>	16	<i>betamethasone dipropionate</i>	46	BRILINTA	36
<i>bacitracin/polymyxin b</i>	16	<i>betamethasone valerate crea</i>	46	<i>brimonidine tartrate ophthalmic soln 0.2%</i>	55
<i>baclofen tabs 10mg</i>	31	<i>betamethasone valerate foam</i>	46	<i>brimonidine tartrate ophthalmic soln 0.15%</i>	55
<i>baclofen tabs 20mg</i>	31	<i>betamethasone valerate lotn</i>	46	BRIVIACT INJ	20
BACTROBAN NASAL	16	<i>betamethasone valerate oint</i>	46	BRIVIACT ORAL SOLN	20
<i>balsalazide disodium</i>	53	BETASERON	41	BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	20
<i>balziva</i>	48			BRIVIACT TABS 100MG.....	20
BANZEL SUSP	21			<i>bromfenac</i>	55
BANZEL TABS 200MG	21			<i>bromocriptine mesylate</i>	29
BANZEL TABS 400MG	21			<i>budesonide cpep</i>	53
BARACLUDE ORAL SOLN	31				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE	
<i>budesonide susp</i>	55	C	<i>cabergoline</i>	51	<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	26
<i>bumetanide inj</i>	38		CABOMETYX TABS 20MG, 60MG	27	CARNITOR INJ	54
<i>bumetanide tabs 0.5mg, 1mg</i>	39		CABOMETYX TABS 40MG	27	<i>carteolol hcl</i>	55
<i>bumetanide tabs 2mg</i>	39		<i>calcipotriene crea</i>	41	<i>cartia xt</i>	38
BUPHENYL TABS	45		<i>calcipotriene external soln</i>	41	<i>carvedilol</i>	37
<i>buprenorphine hcl inj</i>	14		<i>calcipotriene oint</i>	41	<i>carvedilol phosphate</i>	37
<i>buprenorphine hcl/naloxone hcl</i>	16		<i>calcitonin-salmon</i>	53	<i>caspofungin acetate</i>	23
<i>buprenorphine hcl subl</i>	16		<i>calcitrene</i>	41	CAYSTON	56
<i>bupropion hcl er tb12 100mg, 200mg</i>	22		<i>calcitriol caps</i>	53	<i>caziant</i>	48
<i>bupropion hcl sr</i>	16		<i>calcitriol inj</i>	53	<i>cefaclor caps</i>	18
<i>bupropion hcl sr</i>	22		<i>calcitriol oint</i>	41	<i>cefaclor er</i>	18
<i>bupropion hcl tabs 75mg</i>	22		<i>calcitriol oral soln</i>	53	<i>cefaclor susr</i>	18
<i>bupropion hcl tabs 100mg</i>	22		<i>calcium acetate caps</i>	44	<i>cefadroxil</i>	18
<i>bupropion hcl xl</i>	22		<i>calcium acetate tabs 667mg</i>	44	CEFAZOLIN	18
<i>buspirone hcl tabs 10mg, 5mg</i>	33		CALQUENCE	27	<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	18
<i>buspirone hcl tabs 15mg, 30mg, 7.5mg</i>	33		<i>camila</i>	50	<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	18
<i>busulfan</i>	25		<i>camrese</i>	48	<i>cefdinir</i>	18
BUSULFEX	25		<i>camrese lo</i>	48	<i>cefepime</i>	18
<i>butalbital/acetaminophen/caffeine caps</i>	14		CANCIDAS	23	<i>cefepime/dextrose</i>	18
<i>butalbital/acetaminophen/caffeine/codeine</i>	14		<i>candesartan cilexetil</i>	36	<i>cefixime</i>	18
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	14		<i>candesartan cilexetil/hydrochlorothiazide</i>	36	<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	18
<i>butalbital/aspirin/caffeine caps</i>	14		CAPASTAT SULFATE	24	<i>cefotetan</i>	18
<i>butalbital/aspirin/caffeine/codeine</i>	14		CAPRELSA TABS 100MG	27	<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	18
<i>butorphanol tartrate inj 1mg/ml</i>	14		CAPRELSA TABS 300MG	27	<i>cefpodoxime proxetil</i>	18
<i>butorphanol tartrate inj 2mg/ml</i>	14		<i>captopril/hydrochlorothiazide</i>	36	<i>cefprozil</i>	18
<i>butorphanol tartrate nasal soln</i>	14		<i>captopril tabs 12.5mg, 25mg</i>	36	<i>ceftazidime</i>	18
BYDUREON	33		<i>captopril tabs 100mg, 50mg</i>	36	<i>ceftazidime/dextrose</i>	18
BYDUREON BCISE	33		CARAFATE SUSP	45	<i>ceftriaxone in iso-osmotic dextrose</i>	18
BYDUREON PEN	33	CARBAGLU	42	<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	18	
BYETTA INJ 5MCG/0.02ML	34	<i>carbamazepine</i>	21	<i>cefuroxime axetil</i>	18	
BYETTA INJ 10MCG/0.04ML	34	<i>carbamazepine er</i>	21	<i>cefuroxime sodium</i>	18	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	37	<i>carbidopa</i>	29	<i>celecoxib caps 100mg, 200mg, 50mg</i>	14	
BYSTOLIC TABS 20MG	37	<i>carbidopa/levodopa</i>	29	<i>celecoxib caps 400mg</i>	14	
BYVALSON	37	<i>carbidopa/levodopa/entacapone</i>	29	CELONTIN	20	
		<i>carbidopa/levodopa er</i>	29			
		<i>carbidopa/levodopa odt</i>	29			

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>cephalexin caps 250mg, 500mg</i>	18	<i>ciprofloxacin hcl tabs</i>		CLINIMIX 5%/DEXTROSE 15%	42
<i>cephalexin susr</i>	18	<i>100mg, 750mg</i>	19	CLINIMIX 5%/DEXTROSE 20%	42
<i>cephalexin tabs</i>	18	<i>ciprofloxacin hcl tabs</i>		CLINIMIX 5%/DEXTROSE 25%	42
CEREZYME	45	<i>250mg, 500mg</i>	19	CLINIMIX E 2.75%/	
<i>cesia</i>	48	<i>ciprofloxacin inj</i>	19	DEXTROSE 10%	42
CHANTIX	16	<i>ciprofloxacin i.v.-in d5w</i>	19	CLINIMIX E 4.25%/	
CHANTIX CONTINUING		<i>ciprofloxacin susr</i>	19	DEXTROSE 10%	42
MONTH PAK	16	CIPRO HC	19	CLINIMIX E 4.25%/	
CHANTIX STARTING		<i>cisplatin</i>	26	DEXTROSE 25%	42
MONTH PAK	16	<i>citalopram hydrobromide oral soln</i>	22	CLINIMIX E 5%/DEXTROSE 25%	42
<i>chateal</i>	48	<i>citalopram hydrobromide</i>		CLINIMIX N9G15E	42
CHEMET	44	<i>tabs 10mg</i>	22	CLINIMIX N14G30E	42
<i>chloramphenicol sodium succinate</i>	17	<i>citalopram hydrobromide</i>		CLINISOL SF 15%	42
<i>chlorhexidine gluconate</i>		<i>tabs 20mg</i>	22	<i>clobetasol propionate crea</i>	46
<i>mouth/throat soln</i>	41	<i>citalopram hydrobromide</i>		<i>clobetasol propionate e</i>	46
<i>chloroquine phosphate</i>	28	<i>tabs 40mg</i>	22	<i>clobetasol propionate</i>	
<i>chlorothiazide</i>	39	<i>cladribine</i>	26	<i>emollient crea</i>	46
<i>chlorothiazide sodium</i>	39	<i>claravis</i>	41	<i>clobetasol propionate</i>	
<i>chlorpromazine hcl inj</i>	29	<i>clarithromycin er</i>	19	<i>emollient foam</i>	46
<i>chlorpromazine hcl tabs</i>	29	<i>clarithromycin susr</i>	19	<i>clobetasol propionate</i>	
<i>chlorthalidone</i>	39	<i>clarithromycin tabs</i>	19	<i>external soln</i>	46
<i>cholestyramine</i>	39	<i>clindacin etz pledgets</i>	17	<i>clobetasol propionate foam</i>	46
<i>cholestyramine light</i>	39	<i>clindacin-p</i>	17	<i>clobetasol propionate gel</i>	46
<i>chorionic gonadotropin</i>	48	<i>clindamycin</i>	17	<i>clobetasol propionate oint</i>	46
<i>ciclodan</i>	23	<i>clindamycin hcl</i>	17	<i>clobetasol propionate sham</i>	46
<i>ciclopirox nail lacquer</i>	23	<i>clindamycin phosphate crea</i>	17	<i>clodan</i>	46
<i>ciclopirox olamine</i>	23	<i>clindamycin phosphate</i>		<i>clofarabine</i>	26
<i>ciclopirox sham</i>	23	<i>external soln</i>	17	<i>clomipramine hcl</i>	23
<i>ciclopirox susp</i>	23	<i>clindamycin phosphate gel</i>	17	<i>clonazepam odt tbdp</i>	
<i>cidofovir</i>	31	<i>clindamycin phosphate in d5w</i>	17	<i>0.125mg, 0.25mg, 0.5mg</i>	20
<i>cilostazol</i>	36	<i>clindamycin phosphate inj</i>		<i>clonazepam odt tbdp 1mg</i>	20
CILOXAN OINT	19	<i>150mg/ml, 300mg/2ml,</i>		<i>clonazepam odt tbdp 2mg</i>	20
CIMDUO	32	<i>600mg/4ml, 900mg/6ml</i>	17	<i>clonazepam tabs 0.5mg</i>	20
<i>cimetidine</i>	45	<i>clindamycin phosphate lotn</i>	17	<i>clonazepam tabs 1mg</i>	20
<i>cimetidine hcl</i>	45	<i>clindamycin phosphate swab</i>	17	<i>clonazepam tabs 2mg</i>	20
CINRYZE	51	<i>clindamycin/sodium chloride</i>	17	<i>clonidine hcl er</i>	40
CIPRODEX	19	CLINIMIX 2.75%/DEXTROSE 5%	42	<i>clonidine hcl ptwk</i>	
<i>ciprofloxacin er tb24 500mg; 0</i>	19	CLINIMIX 4.25%/DEXTROSE 5%	42	<i>0.1mg/24hr, 0.2mg/24hr</i>	36
<i>ciprofloxacin er tb24 1000mg; 0</i>	19	CLINIMIX 4.25%/DEXTROSE 10%	42	<i>clonidine hcl ptwk 0.3mg/24hr</i>	36
<i>ciprofloxacin hcl ophthalmic soln</i>	19	CLINIMIX 4.25%/DEXTROSE 20%	42	<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	36
		CLINIMIX 4.25%/DEXTROSE 25%	42	<i>clonidine hcl tabs 0.3mg</i>	36

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>clopidogrel tabs 75mg</i>	36	COUMADIN.....	35	DAPTACEL	52
<i>clopidogrel tabs 300mg</i>	36	CREON.....	45	<i>daptomycin</i>	17
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	33	CRESTOR.....	39	DARAPRIM	28
<i>clorazepate dipotassium tabs 15mg</i>	33	CRIVAN CAPS 200MG	32	<i>darifenacin hydrobromide er</i>	46
<i>clotrimazole/betamethasone dipropionate</i>	24	CRIVAN CAPS 400MG	32	DARZALEX.....	28
<i>clotrimazole external crea</i>	24	<i>cromolyn sodium conc</i>	44	<i>dasetta 1/35</i>	48
<i>clotrimazole external soln</i>	24	<i>cromolyn sodium nebu</i>	56	<i>dasetta 7/7/7</i>	48
<i>clotrimazole lozg</i>	24	<i>cromolyn sodium ophthalmic soln</i> ..	54	<i>daunorubicin hcl</i>	26
<i>clozapine odt tbdp 12.5mg, 25mg</i> ..	30	<i>cryselle-28</i>	48	<i>daysee</i>	48
<i>clozapine odt tbdp 100mg</i>	31	CUPRIMINE	44	<i>deblitane</i>	50
<i>clozapine odt tbdp 150mg</i>	31	<i>curity gauze pads 2"x2"</i>	41	<i>decitabine</i>	26
<i>clozapine odt tbdp 200mg</i>	31	<i>cyclafem 1/35</i>	48	DELESTROGEN INJ 10MG/ML	48
<i>clozapine tabs 25mg, 50mg</i>	31	<i>cyclafem 7/7/7</i>	48	<i>delyla</i>	48
<i>clozapine tabs 100mg</i>	31	<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	57	<i>demeclocycline hcl</i>	20
<i>clozapine tabs 200mg</i>	31	<i>cyclophosphamide caps</i>	25	DEMSEER	38
COARTEM.....	28	<i>cyclophosphamide inj</i> <i>1gm, 500mg</i>	25	DENAVIR	33
<i>colchicine caps</i>	24	<i>cyclophosphamide inj 2gm</i>	25	DEPEN TITRATABS	44
<i>colchicine tabs</i>	24	<i>cycloserine</i>	25	DEPO-ESTRADIOL	48
<i>colestipol hcl</i>	39	CYCLOSET.....	34	DEPO-MEDROL INJ 20MG/ML....	46
<i>colistimethate sodium</i>	17	<i>cyclosporine</i>	51	DEPO-PROVERA	50
<i>colocort</i>	53	<i>cyclosporine modified</i>	51	DESCOVY	32
COLY-MYCIN S	55	CYRAMZA.....	28	<i>desipramine hcl</i>	23
COMBIGAN.....	54	<i>cyred</i>	48	<i>desloratadine</i>	56
COMBIVENT RESPIMAT	56	CYSTADANE	45	<i>desmopressin acetate inj</i>	48
COMETRIQ KIT	27	CYSTAGON.....	45	<i>desmopressin acetate nasal soln</i> ..	48
COMETRIQ KIT	27	CYSTARAN.....	54	<i>desmopressin acetate tabs</i>	48
COMETRIQ KIT 20MG	27	<i>cytarabine</i>	26	<i>desogestrel/ethinyl estradiol</i>	48
COMPLERA	31	<i>cytarabine aqueous</i>	26	<i>desonide lotn</i>	46
<i>compro</i>	29	D		<i>desonide oint</i>	46
<i>constulose</i>	45	<i>dacarbazine</i>	25	<i>desoximetasone</i>	46
COPAXONE INJ 20MG/ML.....	41	<i>dactinomycin</i>	26	<i>desvenlafaxine er</i>	22
COPAXONE INJ 40MG/ML.....	41	DALIRESP TABS 250MCG.....	56	<i>dexamethasone elix</i>	46
COREG CR	37	DALIRESP TABS 500MCG.....	56	<i>dexamethasone intensol</i>	46
CORLANOR	38	<i>danazol caps 50mg</i>	48	<i>dexamethasone oral soln</i>	46
<i>cortisone acetate</i>	46	<i>danazol caps 100mg, 200mg</i>	48	<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	46
COSMEGEN	26	<i>dantrolene sodium</i>	31	<i>dexamethasone sodium phosphate ophthalmic soln</i>	55
COTELLIC.....	27	<i>dapsone tabs</i>	24		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
dexamethasone tabs 0.5mg, 0.75mg, 4mg	47	diazepam oral soln	33	disulfiram	16
dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg	47	diazepam rectal gel gel 2.5mg	20	divalproex sodium	21
dexmethylphenidate hcl	40	diazepam rectal gel gel 10mg	20	divalproex sodium dr	21
dexrazoxane	26	diazepam rectal gel gel 20mg	20	divalproex sodium er	21
dextroamphetamine sulfate er cp24 5mg	40	diazepam tabs	33	docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml	26
dextroamphetamine sulfate er cp24 10mg	40	diclofenac potassium	14	DOCETAXEL INJ 200MG/10ML	26
dextroamphetamine sulfate er cp24 15mg	40	diclofenac sodium dr tbec 25mg, 50mg	14	dofetilide	37
dextroamphetamine sulfate oral soln	40	diclofenac sodium dr tbec 75mg	14	donepezil hcl tabs 10mg	21
dextroamphetamine sulfate tabs 5mg	40	diclofenac sodium er	14	donepezil hcl tabs 23mg, 5mg	21
dextroamphetamine sulfate tabs 10mg	40	diclofenac sodium gel 1%	41	donepezil hcl tbdp 5mg	21
dextrose 2.5%/nacl 0.45%	42	diclofenac sodium ophthalmic soln	55	donepezil hcl tbdp 10mg	21
DEXTROSE 5%	42	diclofenac sodium transdermal soln	41	donepezil hydrochloride tabs 5mg	22
dextrose5% / electrolyte #48 viaflex	42	dicloxacillin sodium	18	donepezil hydrochloride tabs 10mg	22
dextrose 5%/lactated ringers	42	dicyclomine hcl caps	44	dorzolamide hcl	55
dextrose 5%/nacl 0.2%	42	dicyclomine hcl oral soln	44	dorzolamide hcl/timolol maleate	55
DEXTROSE 5%/NACL 0.3%	42	dicyclomine hcl tabs	44	doxazosin mesylate tabs 1mg, 2mg	46
dextrose 5%/nacl 0.9%	42	didanosine	32	doxazosin mesylate tabs 8mg	46
dextrose 5%/nacl 0.33%	42	diflunisal	14	doxazosin tabs 4mg	46
dextrose 5%/nacl 0.45%	42	digitek tabs 0.25mg	38	doxepin hcl	33
dextrose 5%/nacl 0.225%	42	digitek tabs 0.125mg	38	doxepin hydrochloride	41
DEXTROSE 10%	42	digoxin inj	38	doxercalciferol caps 0.5mcg	53
dextrose 10%/nacl 0.2%	42	digoxin tabs 125mcg	38	doxercalciferol caps 1mcg	53
dextrose10%/nacl 0.45%	42	digoxin tabs 250mcg	38	doxercalciferol caps 2.5mcg	53
DEXTROSE 20%	42	digox tabs 125mcg	38	doxercalciferol inj	53
DEXTROSE 25%	42	digox tabs 250mcg	38	doxorubicin hcl	26
DEXTROSE 30%	42	dihydroergotamine mesylate inj	24	doxorubicin hcl liposome	26
DEXTROSE 40%	42	DILANTIN CAPS 30MG	21	doxy 100	20
DEXTROSE 50%	42	diltiazem hcl er cp12	38	doxycycline hyclate caps	20
DEXTROSE 70%	42	diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg	38	doxycycline hyclate tabs 20mg	20
DIASTAT ACUDIAL GEL 10MG	20	diltiazem hcl er tb24	38	doxycycline hyclate tabs 100mg	20
DIASTAT ACUDIAL GEL 20MG	20	diltiazem hcl inj	38	doxycycline monohydrate caps 75mg	20
DIASTAT PEDIATRIC	20	diltiazem hcl tabs	38	doxycycline monohydrate caps 100mg, 50mg	20
diazepam inj 5mg/ml	33	dilt-xr	38	doxycycline monohydrate tabs	20
		diphenhydramine hcl inj	56	doxycycline susr	20
		diphenoxylate/atropine	44	dronabinol	23
		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	52		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
DROXIA	26	ENABLEX	46	<i>ergoloid mesylates</i>	21
<i>duloxetine hcl cpep 20mg, 60mg</i>	22	<i>enalapril maleate</i>	36	<i>ergotamine tartrate/caffeine</i>	24
<i>duloxetine hcl cpep 30mg</i>	22	<i>enalapril maleate/ hydrochlorothiazide</i>	37	ERIVEDGE	27
DURAMORPH	14	ENBREL INJ 25MG/0.5ML	51	ERLEADA	25
DUREZOL	55	ENBREL INJ 25MG, 50MG/ML	51	<i>errin</i>	50
<i>dutasteride</i>	46	ENBREL MINI	51	ERWINAZE	26
<i>dutasteride/tamsulosin hydrochloride</i>	46	ENBREL SURECLICK	51	<i>ery</i>	19
E		<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	15	ERYPED 400	19
<i>econazole nitrate</i>	24	<i>endocet tabs 325mg; 7.5mg</i>	15	ERY-TAB	19
EDARBI	36	<i>endocet tabs 325mg; 10mg</i>	15	ERYTHROCIN LACTOBIONATE	19
EDARBYCLOR	36	ENGERIX-B INJ 10MCG/0.5ML	52	<i>erythrocin stearate</i>	19
<i>ed-spaz</i>	44	ENGERIX-B INJ 20MCG/ML	52	<i>erythromycin base</i>	19
EDURANT	31	<i>enoxaparin sodium inj 30mg/0.3ml</i>	35	<i>erythromycin/benzoyl peroxide</i>	41
<i>e.e.s. 400</i>	19	<i>enoxaparin sodium inj 40mg/0.4ml</i>	35	<i>erythromycin ethylsuccinate</i>	19
<i>efavirenz caps 50mg</i>	31	<i>enoxaparin sodium inj 60mg/0.6ml</i>	35	<i>erythromycin external soln</i>	19
<i>efavirenz caps 200mg</i>	31	<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	35	<i>erythromycin gel</i>	19
<i>efavirenz tabs</i>	31	<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	35	<i>erythromycin oint</i>	19
ELAPRASE	45	<i>enpresse-28</i>	48	<i>erythromycin pads</i>	19
ELIDEL	41	<i>enskyce</i>	48	ESBRIET CAPS	56
ELIGARD INJ 7.5MG	51	<i>entacapone</i>	29	ESBRIET TABS 267MG	56
ELIGARD INJ 22.5MG	51	<i>entecavir</i>	31	ESBRIET TABS 801MG	56
ELIGARD INJ 30MG	51	ENTRESTO	36	<i>escitalopram oxalate oral soln</i>	22
ELIGARD INJ 45MG	51	<i>enulose</i>	45	<i>escitalopram oxalate tabs 5mg</i>	22
<i>elinest</i>	48	ENVARUSUS XR TB24 0.75MG, 1MG	51	<i>escitalopram oxalate tabs 10mg</i>	22
ELIQUIS STARTER PACK	35	ENVARUSUS XR TB24 4MG	51	<i>escitalopram oxalate tabs 20mg</i>	22
ELIQUIS TABS 2.5MG	35	EPCLUSA	31	<i>esgic caps</i>	14
ELIQUIS TABS 5MG	35	<i>epinastine hcl</i>	54	<i>esomeprazole magnesium</i>	45
ELITEK	26	<i>epinephrine</i>	56	<i>esomeprazole sodium</i>	45
ELLA	50	<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	56	<i>estradiol pttw</i>	48
ELMIRON	46	EPIPEN 2-PAK	56	<i>estradiol ptwk</i>	48
EMCYT	25	EPIPEN-JR 2-PAK	56	<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	48
EMEND SUSR	23	<i>epirubicin hcl inj 200mg/100ml</i>	26	<i>estradiol tabs 10mcg</i>	48
<i>emoquette</i>	48	<i>epitol</i>	21	<i>estradiol valerate</i>	48
EMPLICITI	28	EPIVIR HBV ORAL SOLN	31	ESTRING	48
EMSAM	22	ERBITUX	28	<i>ethacrynate sodium</i>	39
EMTRIVA CAPS	32			<i>ethambutol hcl</i>	25
EMTRIVA ORAL SOLN	32			<i>ethosuximide</i>	20
				<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	49
				ETHYOL	26

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>etidronate disodium</i>	53	<i>fenoprofen calcium tabs</i>	14	<i>fluocinolone acetonide external soln</i>	47
<i>etodolac</i>	14	<i>fentanyl</i>	14	<i>fluocinolone acetonide oil</i>	55
<i>etodolac er</i>	14	<i>fentanyl citrate inj</i> 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml	15	<i>fluocinolone acetonide oint</i>	47
<i>etoposide inj</i>	27	<i>fentanyl citrate oral transmucosal lpop</i> 200mcg, 400mcg, 600mcg	15	<i>fluocinolone acetonide scalp</i>	47
EVOMELA	25	<i>fentanyl citrate oral transmucosal lpop</i> 1200mcg, 1600mcg, 800mcg	15	<i>fluocinonide crea 0.1%</i>	47
EVOTAZ.....	32	FERRIPROX	54	<i>fluocinonide crea 0.05%</i>	47
<i>exemestane</i>	27	FETZIMA	22	<i>fluocinonide external soln</i>	47
<i>ezetimibe</i>	39	FETZIMA TITRATION PACK	22	<i>fluocinonide gel</i>	47
<i>ezetimibe/simvastatin</i>	39	<i>finasteride tabs 5mg</i>	46	<i>fluocinonide oint</i>	47
F		FIRAZYR	51	<i>fluoride chew 0.25mg</i>	42
FABRAZYME	45	FIRMAGON INJ 80MG.....	51	<i>fluoritab chew 0.5mg, 1mg</i>	42
<i>falmina</i>	49	FIRMAGON INJ 120MG	51	<i>fluorometholone</i>	55
<i>famciclovir</i>	33	<i>flavoxate hcl</i>	46	<i>fluorouracil crea 0.5%</i>	41
<i>famotidine inj</i>	45	<i>flecainide acetate</i>	37	<i>fluorouracil crea 5%</i>	41
<i>famotidine premixed</i>	45	FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	55	<i>fluorouracil external soln</i>	41
<i>famotidine tabs 20mg, 40mg</i>	45	FLOVENT DISKUS AEPB 250MCG/BLIST	55	<i>fluorouracil inj</i>	26
FANAPT TABS 1MG, 2MG, 4MG ...	30	FLOVENT HFA AERO 44MCG/ACT	55	<i>fluoxetine caps 10mg</i>	22
FANAPT TABS 10MG, 12MG, 6MG, 8MG	30	FLOVENT HFA AERO 110MCG/ACT	55	<i>fluoxetine caps 20mg</i>	22
FANAPT TITRATION PACK	30	FLOVENT HFA AERO 220MCG/ACT	55	<i>fluoxetine dr</i>	22
FARESTON	25	<i>fluconazole in dextrose inj</i> 56mg/ml; 400mg/200ml	24	<i>fluoxetine hcl caps 10mg</i>	22
FARXIGA	34	<i>fluconazole in nacl</i>	24	<i>fluoxetine hcl caps 20mg</i>	22
FARYDAK	27	<i>fluconazole susr</i>	24	<i>fluoxetine hcl caps 40mg</i>	22
FASLODEX	25	<i>fluconazole tabs</i> 100mg, 200mg, 50mg	24	<i>fluoxetine hcl oral soln</i>	22
<i>felbamate susp</i>	21	<i>fluconazole tabs 150mg</i>	24	<i>fluoxetine hcl tabs 10mg</i>	22
<i>felbamate tabs</i>	21	<i>flucytosine</i>	24	<i>fluoxetine hcl tabs 20mg</i>	22
<i>felodipine er</i>	38	<i>fludarabine phosphate inj 50mg</i>	26	<i>fluphenazine decanoate</i>	29
FEMRING.....	49	<i>fludrocortisone acetate</i>	47	<i>fluphenazine hcl conc</i>	29
<i>femynor</i>	49	<i>flunisolide</i>	55	<i>fluphenazine hcl elix</i>	29
<i>fenofibrate caps 43mg, 50mg</i>	39	<i>fluocinolone acetonide body</i>	47	<i>fluphenazine hcl inj</i>	29
<i>fenofibrate caps 130mg, 150mg</i>	39	<i>fluocinolone acetonide crea</i>	47	<i>fluphenazine hcl tabs 1mg</i>	29
<i>fenofibrate micronized caps 67mg</i>	39			<i>fluphenazine hcl tabs</i> 10mg, 2.5mg, 5mg	29
<i>fenofibrate micronized caps</i> 134mg, 200mg	39			<i>flurbiprofen</i>	14
<i>fenofibrate tabs 48mg, 54mg</i>	39			<i>flurbiprofen sodium</i>	55
<i>fenofibrate tabs 145mg, 160mg</i>	39			<i>flutamide</i>	25
<i>fenofibric acid dr cpdr 45mg</i>	39			<i>fluticasone propionate crea</i>	47
<i>fenofibric acid dr cpdr 135mg</i>	39			<i>fluticasone propionate oint</i>	47
<i>fenoprofen calcium caps 400mg</i> ...	14			<i>fluticasone propionate susp</i>	56
				<i>flvoxamine maleate er</i>	22

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>fluvoxamine maleate tabs</i> 25mg, 50mg	22	<i>gabapentin caps</i> 300mg, 400mg	21	<i>gentamicin sulfate/</i> 0.9% sodium chloride	16
<i>fluvoxamine maleate tabs</i> 100mg	22	<i>gabapentin oral soln</i>	21	<i>gentamicin sulfate crea</i>	16
FOLOTYN	26	<i>gabapentin tabs</i> 600mg	21	<i>gentamicin sulfate inj</i>	16
<i>fomepizole</i>	54	<i>gabapentin tabs</i> 800mg	21	<i>gentamicin sulfate oint</i>	16
<i>fondaparinux sodium inj</i> 2.5mg/0.5ml	35	GABITRIL TABS 12MG	21	<i>gentamicin sulfate</i> <i>ophthalmic soln</i>	16
<i>fondaparinux sodium inj</i> 5mg/0.4ml	35	GABITRIL TABS 16MG	21	<i>gentamicin sulfate pediatric</i>	16
<i>fondaparinux sodium inj</i> 7.5mg/0.6ml	35	<i>galantamine hydrobromide er</i>	22	GENVOYA	31
<i>fondaparinux sodium inj</i> 10mg/0.8ml	35	<i>galantamine hydrobromide</i> <i>oral soln</i>	22	GEODON INJ	30
FORTEO	53	<i>galantamine hydrobromide tabs</i>	22	GILENYA CAPS 0.5MG	41
<i>fosamprenavir calcium</i>	32	GAMMAKED INJ 1GM/10ML	52	GILOTRIF	27
FOSCAVIR	31	GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	52	GLEOSTINE	25
<i>fosinopril sodium</i>	37	GAMUNEX-C INJ 1GM/10ML	52	<i>glimepiride tabs</i> 1mg	34
<i>fosinopril sodium/</i> <i>hydrochlorothiazide</i>	37	GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	52	<i>glimepiride tabs</i> 2mg	34
<i>fosphenytoin sodium</i>	21	<i>ganciclovir inj</i> 500mg, 500mg/10ml	31	<i>glimepiride tabs</i> 4mg	34
FREAMINE HBC 6.9%	42	GARDASIL 9	52	<i>glipizide er tb24</i> 2.5mg	34
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	42	GATTEX	44	<i>glipizide er tb24</i> 5mg	34
<i>furosemide inj</i>	39	<i>gavilyte-c</i>	45	<i>glipizide er tb24</i> 10mg	34
<i>furosemide oral soln</i>	39	<i>gavilyte-g</i>	45	<i>glipizide/metformin hcl tabs</i> 2.5mg; 250mg	34
<i>furosemide tabs</i>	39	<i>gavilyte-n/ flavor pack</i>	45	<i>glipizide/metformin hcl tabs</i> 2.5mg; 500mg, 5mg; 500mg	34
FUSILEV	26	GAZYVA	28	<i>glipizide tabs</i> 5mg	34
FUZEON	32	<i>gemcitabine</i>	26	<i>glipizide tabs</i> 10mg	34
<i>fyavolv tabs</i> 2.5mcg; 0.5mg	49	<i>gemcitabine hcl inj</i> 1gm	26	<i>glipizide xl tb24</i> 2.5mg	34
FYCOMPA SUSP	20	<i>gemcitabine hcl inj</i> 200mg, 2gm	26	<i>glipizide xl tb24</i> 5mg	34
FYCOMPA TABS	20	<i>gemcitabine hydrochloride inj</i> 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml	26	<i>glipizide xl tb24</i> 10mg	34
G		<i>gemfibrozil</i>	39	GLUCAGEN HYPOKIT	34
<i>gabapentin caps</i> 100mg	21	<i>generlac</i>	45	GLUCAGON EMERGENCY KIT	34
		<i>gengraf</i>	51	<i>glycopyrrolate inj</i> 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	44
		GENOTROPIN	48	<i>glycopyrrolate tabs</i>	44
		GENOTROPIN MINIQUICK INJ 0.2MG	48	<i>glydo</i>	16
		GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	48	GLYXAMBI	34
		<i>gentak</i>	16	<i>granisetron hcl inj</i>	23
				<i>granisetron hcl tabs</i>	23
				<i>griseofulvin microsize</i>	24
				<i>griseofulvin ultramicrosize</i>	24
				GUANIDINE HCL	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
H					
HALAVEN.....	26	HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	52	hydrocortisone enem	53
<i>halobetasol propionate</i>	47	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ	52	hydrocortisone external crea	47
<i>haloperidol conc</i>	29	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML, 80MG/0.8ML	52	hydrocortisone lotn 2.5%	47
<i>haloperidol decanoate</i>	29	HUMIRA PEN	52	hydrocortisone oint 1%, 2.5%	47
<i>haloperidol lactate</i>	29	HUMIRA PEN-CROHNS DISEASESTARTER	52	hydrocortisone rectal crea	47
<i>haloperidol tabs</i> 0.5mg, 1mg, 2mg, 5mg	29	HUMIRA PEN-PSORIASIS STARTER.....	52	hydrocortisone tabs	47
<i>haloperidol tabs 10mg, 20mg</i>	29	HUMULIN 70/30.....	35	hydrocortisone valerate	47
HARVONI.....	31	HUMULIN 70/30 KWIKPEN	35	hydromorphone hcl dosette	15
HAVRIX.....	52	HUMULIN N.....	35	hydromorphone hcl inj	15
<i>heather</i>	50	HUMULIN N KWIKPEN	35	hydromorphone hcl liqd	15
<i>heparin sodium/d5w</i>	35	HUMULIN R.....	35	hydromorphone hcl tabs 2mg, 4mg ..	15
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	35	HUMULIN R U-500 (CONCENTRATED)	35	hydromorphone hcl tabs 8mg.....	15
<i>heparin sodium/nacl 0.9%</i>	35	HUMULIN R U-500 KWIKPEN.....	35	hydroxychloroquine sulfate.....	28
<i>heparin sodium/ nacl 0.45% inj 50unit/ml; 0.45%</i>	35	<i>hydralazine hcl inj</i>	39	hydroxyprogesterone caproate	50
<i>heparin sodium/ sodium chloride 0.9%</i>	35	<i>hydralazine hcl tabs</i>	40	hydroxyurea.....	26
<i>heparin sodium/ sodium chloride 0.9% premix</i>	35	<i>hydrochlorothiazide</i>	39	hyoscyamine sulfate elix	44
HEPATAMINE	42	<i>hydrocodone/acetaminophen tabs</i> 325mg; 5mg.....	15	hyoscyamine sulfate odt	44
HEPLISAV-B	52	<i>hydrocodone/acetaminophen tabs</i> 325mg; 10mg, 325mg; 7.5mg	15	hyoscyamine sulfate subl	44
HERCEPTIN INJ 150MG.....	28	<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	15	hyoscyamine sulfate tabs	44
HERCEPTIN INJ 440MG.....	28	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	15	hyoscyamine sulfate tbdp	44
HETLIOZ	40	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	15		
HEXALEN	25	<i>hydrocodone/ibuprofen</i>	15	I	
HIBERIX.....	52	<i>hydrocortisone/acetic acid</i>	55	<i>ibandronate sodium tabs</i>	53
HUMALOG.....	34	<i>hydrocortisone butyrate crea</i>	47	IBRANCE	27
HUMALOG JUNIOR KWIKPEN	34	<i>hydrocortisone butyrate</i> <i>external soln</i>	47	<i>ibudone tabs 5mg; 200mg</i>	15
HUMALOG KWIKPEN	34	<i>hydrocortisone butyrate (lipid)</i>	47	<i>ibuprofen susp</i>	14
HUMALOG MIX 50/50	34	<i>hydrocortisone butyrate (lipophilic)</i> ...	47	<i>ibuprofen tabs</i> 400mg, 600mg, 800mg	14
HUMALOG MIX 50/50 KWIKPEN...	34	<i>hydrocortisone butyrate oint</i>	47	<i>ibu tabs 600mg, 800mg</i>	14
HUMALOG MIX 75/25	34			ICLUSIG TABS 15MG	27
HUMALOG MIX 75/25 KWIKPEN...	34			ICLUSIG TABS 45MG	27
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	52			<i>idarubicin hcl inj 10mg/10ml</i>	26

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
IMBRUVICA TABS	27	INVEGA TRINZA INJ		IXIARO	53
IMFINZI	28	819MG/2.625ML	30	J	
<i>imipenem/cilastatin inj</i>		INVIRASE CAPS	32	JADENU	44
250mg; 250mg	18	INVIRASE TABS	32	JADENU SPRINKLE	44
<i>imipenem/cilastatin inj</i>		INVOKAMET	34	JAKAFI	28
500mg; 500mg	18	INVOKAMET XR	34	<i>jantoven</i>	35
<i>imipramine hcl</i>	23	INVOKANA	34	JANUMET	34
<i>imiquimod</i>	41	IPOL INACTIVATED IPV	53	JANUMET XR TB24	
IMOYX RABIES (H.D.C.V.)	52	<i>ipratropium bromide/</i>		1000MG; 50MG	34
INCRELEX	48	<i>albuterol sulfate</i>	56	JANUMET XR TB24	
INCRUSE ELLIPTA	56	<i>ipratropium bromide</i>		1000MG; 100MG, 500MG; 50MG	34
<i>indapamide</i>	39	<i>inhalation soln</i>	56	JANUVIA	34
INFANRIX	52	<i>ipratropium bromide nasal soln</i>	56	JARDIANCE	34
INFUMORPH 200	14	<i>irbesartan</i>	36	<i>jencycla</i>	50
INFUMORPH 500	14	<i>irbesartan/hydrochlorothiazide</i>	36	JENTADUETO	34
INLYTA	28	IRESSA	28	JENTADUETO XR	
INTELENCE TABS 25MG	31	<i>irinotecan</i>	26	TB24 2.5MG; 1000MG	34
INTELENCE TABS		<i>irinotecan hcl</i>	26	JENTADUETO XR	
100MG, 200MG	31	<i>irinotecan hydrochloride inj</i>		TB24 5MG; 1000MG	34
INTRALIPID	54	40mg/2ml	26	<i>jevantique lo</i>	49
INTRON A INJ		ISENTRESS CHEW 25MG	31	JEVTANA	26
10MU, 10MU/ML, 50MU	31	ISENTRESS CHEW 100MG	31	<i>jolessa</i>	49
INTRON A INJ		ISENTRESS HD	32	<i>jolivette</i>	50
18MU, 6000000UNIT/ML	31	ISENTRESS PACK	31	<i>juleber</i>	49
<i>introvale</i>	49	ISENTRESS TABS	31	JULUCA	31
INVANZ	18	<i>isibloom</i>	49	<i>junel 1.5/30</i>	49
INVEGA SUSTENNA INJ		<i>isoniazid inj</i>	25	<i>junel 1/20</i>	49
39MG/0.25ML	30	<i>isoniazid syrup</i>	25	<i>junel fe 1.5/30</i>	49
INVEGA SUSTENNA INJ		<i>isoniazid tabs 100mg</i>	25	<i>junel fe 1/20</i>	49
78MG/0.5ML	30	<i>isoniazid tabs 300mg</i>	25	K	
INVEGA SUSTENNA INJ		<i>isosorbide dinitrate er</i>	40	KABIVEN	42
117MG/0.75ML	30	<i>isosorbide dinitrate tabs</i>	40	KADCYLA	28
INVEGA SUSTENNA INJ		<i>isosorbide mononitrate</i>	40	KALETRA ORAL SOLN	32
156MG/ML	30	<i>isosorbide mononitrate er</i>	40	KALETRA TABS 100MG; 25MG	32
INVEGA SUSTENNA INJ		<i>isotonic gentamicin</i>	16	KALETRA TABS 200MG; 50MG	32
234MG/1.5ML	30	<i>isotretinoin</i>	41	KALYDECO	56
INVEGA TRINZA INJ		<i>isradipine</i>	38	<i>kariva</i>	49
273MG/0.875ML	30	ISTODAX (OVERFILL)	26	<i>kcl 0.3%/d5w/nacl 0.9%</i>	43
INVEGA TRINZA INJ		<i>itraconazole</i>	24		
410MG/1.315ML	30	<i>ivermectin</i>	28		
INVEGA TRINZA INJ					
546MG/1.75ML	30				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>kcl 0.3%/d5w/nacl 0.45%</i>	43	LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	43	LEUKINE INJ 250MCG	36
<i>kcl 0.15%/d5w/nacl 0.2%</i>	42	LACTATED RINGERS IRRIGATION	54	<i>leuprolide acetate</i>	51
<i>kcl 0.15%/d5w/nacl 0.9%</i>	43	LACTATED RINGERS VIAFLEX	43	<i>levabuterol tartrate hfa</i>	56
<i>kcl 0.15%/d5w/nacl 0.45%</i>	43	<i>lactulose</i>	45	LEVEMIR	35
<i>kcl 0.15%/d5w/nacl 0.225%</i>	43	<i>lamivudine oral soln</i>	32	LEVEMIR FLEXTOUCH	35
<i>kcl 0.075%/d5w/nacl 0.45%</i>	42	<i>lamivudine tabs 100mg</i>	31	<i>levetiracetam er tb24 500mg</i>	20
<i>kelnor 1/35</i>	49	<i>lamivudine tabs 150mg</i>	32	<i>levetiracetam er tb24 750mg</i>	20
<i>kelnor 1/50</i>	49	<i>lamivudine tabs 300mg</i>	32	<i>levetiracetam inj</i>	20
<i>ketoconazole crea</i>	24	<i>lamivudine/zidovudine</i>	32	<i>levetiracetam oral soln</i>	20
<i>ketoconazole sham</i>	24	<i>lamotrigine</i>	21	<i>levetiracetam tabs</i>	20
<i>ketoconazole tabs</i>	24	<i>lamotrigine er</i>	21	<i>levobunolol hcl</i>	55
<i>ketoprofen</i>	14	<i>lamotrigine odt</i>	21	<i>levocarnitine</i>	54
<i>ketorolac tromethamine ophthalmic soln</i>	55	LANTUS	35	<i>levocetirizine dihydrochloride oral soln</i>	56
KEYTRUDA	28	LANTUS SOLOSTAR	35	<i>levocetirizine dihydrochloride tabs</i> ..	56
<i>kimidess</i>	49	<i>larin 1.5/30</i>	49	<i>levofloxacin in d5w</i>	19
KINERET	52	<i>larin 1/20</i>	49	<i>levofloxacin inj</i>	19
KINRIX	53	<i>larin fe 1.5/30</i>	49	<i>levofloxacin oral soln</i>	19
<i>kionex</i>	44	<i>larin fe 1/20</i>	49	<i>levofloxacin tabs</i>	19
KISQALI	26	<i>larissia</i>	49	<i>levoleucovorin calcium</i>	26
KISQALI FEMARA 200 DOSE	25	LARTRUVO	26	<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	26
KISQALI FEMARA 400 DOSE	25	<i>latanoprost</i>	54	<i>levonest</i>	49
KISQALI FEMARA 600 DOSE	25	LATUDA TABS 80MG	30	<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	49
<i>klor-con</i>	43	LATUDA TABS 120MG, 20MG, 40MG, 60MG	30	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	49
<i>klor-con 8</i>	43	<i>leflunomide</i>	52	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	49
<i>klor-con 10</i>	43	LENVIMA 8 MG DAILY DOSE	28	<i>levora 0.15/30-28</i>	49
<i>klor-con m10</i>	43	LENVIMA 10 MG DAILY DOSE	28	<i>levorphanol tartrate</i>	14
<i>klor-con m20</i>	43	LENVIMA 14 MG DAILY DOSE	28	<i>levothyroxine sodium tabs</i>	50
<i>klor-con sprinkle</i>	43	LENVIMA 18 MG DAILY DOSE	28	<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	50
KORLYM	54	LENVIMA 20 MG DAILY DOSE	28	LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG ..	50
<i>kurvelo</i>	49	LENVIMA 24 MG DAILY DOSE	28	LEXIVA SUSP	32
KUVAN	45	<i>lessina</i>	49	LEXIVA TABS	32
KYPROLIS	27	LETAIRIS	56	LIALDA	53
L		<i>letrozole</i>	27	<i>lidocaine hcl external soln</i>	16
<i>labetalol hcl inj</i>	37	<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	26		
<i>labetalol hcl tabs</i>	37	<i>leucovorin calcium tabs</i>	26		
LACRISERT	54	LEUKERAN	25		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>lidocaine hcl gel</i>	16	<i>lorcet</i>	15	LYRICA ORAL SOLN	20
<i>lidocaine hcl inj</i>	16	<i>lorcet hd</i>	15	LYSODREN	51
<i>lidocaine hcl inj</i>	37	<i>lorcet plus tabs 325mg; 7.5mg</i>	15	<i>lyza</i>	50
<i>lidocaine hcl jelly</i>	16	<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 50mg</i>	36	M	
<i>lidocaine hcl mouth/throat soln</i>	16	<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	36	<i>magnesium sulfate in d5w</i>	20
<i>lidocaine hcl viscous</i>	16	<i>losartan potassium tabs 25mg, 50mg</i>	36	MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML	43
<i>lidocaine oint</i>	16	<i>losartan potassium tabs 100mg</i>	36	<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	43
<i>lidocaine/prilocaine crea</i>	16	LOTEMAX	55	MAKENA	50
<i>lidocaine ptch</i>	16	<i>lovastatin tabs 10mg, 20mg</i>	39	MAKENA	50
<i>lidocaine viscous</i>	16	<i>lovastatin tabs 40mg</i>	39	<i>malathion</i>	29
<i>lincomycin hcl</i>	17	<i>low-ogestrel</i>	49	<i>maprotiline hcl</i>	22
<i>lindane</i>	29	<i>loxapine caps 10mg, 5mg</i>	29	<i>marlissa</i>	49
<i>linezolid inj</i>	17	<i>loxapine caps 25mg, 50mg</i>	29	MARPLAN	22
<i>linezolid susr</i>	17	<i>loxapine succinate caps 10mg, 5mg</i>	29	MATULANE	25
<i>linezolid tabs</i>	17	<i>loxapine succinate caps 25mg, 50mg</i>	29	<i>matzim la</i>	38
LINZESS	45	<i>ludent</i>	43	<i>meclizine hcl tabs</i>	23
<i>liothyronine sodium inj</i>	50	LUMIGAN	54	<i>meclofenamate sodium</i>	14
<i>liothyronine sodium tabs</i>	50	LUMIZYME	45	MEDROL TABS 2MG	47
<i>lipodox 50</i>	26	LUPRON DEPOT (1-MONTH)	51	<i>medroxyprogesterone acetate inj 150mg/ml</i>	50
LIPOSYN III	54	LUPRON DEPOT (3-MONTH)	51	<i>medroxyprogesterone acetate inj 150mg/ml</i>	50
<i>lisinopril</i>	37	LUPRON DEPOT (4-MONTH)	51	<i>medroxyprogesterone acetate tabs</i>	50
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	37	LUPRON DEPOT (6-MONTH)	51	<i>mefloquine hcl</i>	28
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	37	LUPRON DEPOT-PED (1-MONTH)	51	<i>megestrol acetate susp 40mg/ml</i>	50
<i>lithium carbonate caps 150mg, 600mg</i>	33	LUPRON DEPOT-PED (3-MONTH)	51	<i>megestrol acetate tabs</i>	50
<i>lithium carbonate caps 300mg</i>	33	<i>lutera</i>	49	MEKINIST TABS 0.5MG	28
<i>lithium carbonate er</i>	33	LYNPARZA CAPS	28	MEKINIST TABS 2MG	28
<i>lithium carbonate tabs</i>	33	LYNPARZA TABS	26	<i>melodetta 24 fe</i>	49
LIVALO	39	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	20	<i>meloxicam</i>	14
LONSURF TABS 6.14MG; 15MG	26	LYRICA CAPS 225MG, 300MG	20	<i>melfalan hydrochloride</i>	25
LONSURF TABS 8.19MG; 20MG	26	LYRICA CR TB24 165MG, 82.5MG	40	<i>memantine hcl tabs 5mg</i>	22
<i>loperamide hcl caps</i>	44	LYRICA CR TB24 330MG	40	<i>memantine hcl tabs 10mg</i>	22
<i>lopinavir/ritonavir</i>	32			<i>memantine hcl titration pak</i>	22
<i>lorazepam conc</i>	33				
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	33				
<i>lorazepam intensol</i>	33				
<i>lorazepam tabs 0.5mg, 1mg</i>	33				
<i>lorazepam tabs 2mg</i>	33				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>memantine hydrochloride</i>	22	<i>methylphenidate hcl</i>		<i>miglustat</i>	45
<i>memantine hydrochloride er</i>	22	<i>er tb24 27mg, 54mg</i>	40	<i>minitran</i>	40
MENACTRA	53	<i>methylphenidate hcl er tb24 36mg</i>	40	MINIVELLE	49
MENEST	49	<i>methylphenidate hcl</i>		<i>minocycline hcl</i>	20
MENOSTAR	49	<i>er tbc 10mg, 27mg, 54mg</i>	40	<i>minoxidil</i>	40
MENVEO	53	<i>methylphenidate hcl er tbc 18mg</i>	40	<i>mirtazapine</i>	22
<i>mercaptapurine</i>	26	<i>methylphenidate hcl er tbc 20mg</i>	40	<i>mirtazapine odt</i>	22
<i>meropenem</i>	18	<i>methylphenidate hcl er tbc 36mg</i>	40	<i>misoprostol</i>	45
<i>meropenem/sodium chloride</i>	18	<i>methylphenidate hcl tabs</i>	40	MITIGARE	24
<i>mesalamine</i>	53	<i>methylprednisolone acetate</i>	47	<i>mitomycin inj 20mg, 5mg</i>	26
<i>mesna</i>	26	<i>methylprednisolone dose pack</i>	47	<i>mitomycin inj 40mg</i>	26
MESNEX TABS	26	<i>methylprednisolone</i>		<i>mitoxantrone hcl</i>	26
<i>metadate er</i>	40	<i>sodiumsuccinate inj 125mg, 40mg</i>	47	M-M-R II	53
<i>metaproterenol sulfate</i>	56	<i>methylprednisolone tabs</i>	47	<i>modafinil</i>	57
<i>metformin hcl er tb24 500mg</i>		<i>metipranolol</i>	55	<i>moexipril hcl</i>	37
<i>(generic for Glucophage XR)</i>	34	<i>metoclopramide hcl inj</i>	44	<i>moexipril/hydrochlorothiazide tabs</i>	
<i>metformin hcl er tb24 750mg</i>		<i>metoclopramide hcl oral soln</i>	45	<i>12.5mg; 7.5mg</i>	37
<i>(generic for Glucophage XR)</i>	34	<i>metoclopramide hcl tabs</i>	45	<i>moexipril/hydrochlorothiazide tabs</i>	
<i>metformin hcl er tb24 1000mg,</i>		<i>metolazone</i>	39	<i>12.5mg; 15mg, 25mg; 15mg</i>	37
<i>500mg, (generic for Fortamet)</i>	34	<i>metoprolol/hydrochlorothiazide</i>	37	<i>mometasone furoate crea</i>	47
<i>metformin hcl tabs 500mg</i>	34	<i>metoprolol succinate er</i>	37	<i>mometasone furoate external soln</i>	47
<i>metformin hcl tabs 850mg</i>	34	<i>metoprolol tartrate inj</i>	37	<i>mometasone furoate oint</i>	47
<i>metformin hcl tabs 1000mg</i>	34	<i>metoprolol tartrate tabs</i>	37	<i>mometasone furoate susp</i>	56
<i>methadone hcl conc</i>	14	<i>metronidazole crea</i>	17	<i>mondoxyne nl caps 75mg</i>	20
<i>methadone hcl inj</i>	14	<i>metronidazole gel</i>	17	<i>mondoxyne nl caps 100mg, 50mg</i>	20
<i>methadone hcl intensol</i>	14	<i>metronidazole inj</i>	17	<i>mono-lynyah</i>	49
<i>methadone hcl oral soln 5mg/5ml</i>	14	<i>metronidazole in nacl 0.79%</i>	17	<i>montelukast sodium</i>	56
<i>methadone hcl oral soln 10mg/5ml</i>	14	<i>metronidazole lotn</i>	17	<i>morgidox 1x50mg</i>	20
<i>methadone hcl tabs 5mg</i>	14	<i>metronidazole tabs</i>	17	<i>morgidox 1x100mg caps</i>	20
<i>methadone hcl tabs 10mg</i>	14	<i>metronidazole vaginal</i>	17	<i>morgidox 2x100mg caps</i>	20
<i>methazolamide</i>	38	<i>mexiletine hcl</i>	37	<i>morphine sulfate er tbc</i>	14
<i>methenamine hippurate</i>	17	MIACALCIN	53	<i>morphine sulfate inj</i>	
<i>methimazole</i>	51	<i>mibelas 24 fe</i>	49	<i>0.5mg/ml, 1mg/ml</i>	14
<i>methocarbamol tabs</i>	57	<i>microgestin 1.5/30</i>	49	MORPHINE SULFATE INJ 1MG/ML	15
<i>methotrexate sodium</i>	52	<i>microgestin 1/20</i>	49	MORPHINE SULFATE INJ 2MG/ML	15
<i>methotrexate tabs</i>	52	<i>microgestin fe</i>	49	MORPHINE SULFATE INJ 4MG/ML	15
<i>methoxsalen</i>	41	<i>microgestin fe 1.5/30</i>	49	<i>morphine sulfate inj 5mg/ml</i>	15
<i>methscopolamine bromide</i>	44	<i>midodrine hcl</i>	36	MORPHINE SULFATE INJ 8MG/ML	15
<i>methylphenidate hcl er tb24 18mg</i>	40	<i>migergot</i>	24	<i>morphine sulfate inj 8mg/ml</i>	15
		<i>miglitol</i>	34		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
MORPHINE SULFATE INJ 10MG/ML	15	<i>nafcillin sodium inj</i> 10gm, 1gm, 2gm	18	<i>neomycin/polymyxin/ hydrocortisone</i>	55
<i>morphine sulfate inj 10mg/ml</i>	15	<i>naftifine hcl</i>	24	<i>neomycin sulfate</i>	16
MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML	15	<i>naftifine hydrochloride</i>	24	<i>neo-polycin</i>	17
<i>morphine sulfate oral soln 10mg/5ml</i>	15	NAFTIN GEL	24	<i>neo-polycin hc</i>	17
<i>morphine sulfate oral soln 20mg/5ml</i>	15	NAGLAZYME	45	NEPHRAMINE	43
<i>morphine sulfate oral soln 100mg/5ml</i>	15	<i>nalbuphine hcl inj 10mg/ml</i>	15	NERLYNX	26
MORPHINE SULFATE TABS	15	<i>nalbuphine hcl inj 20mg/ml</i>	15	NEUPRO	29
MOVIPREP	45	<i>naloxone hcl</i>	16	<i>nevirapine</i>	31
<i>moxifloxacin hcl inj</i>	19	<i>naltrexone hcl</i>	16	<i>nevirapine er tb24 100mg</i>	31
<i>moxifloxacin hcl ophthalmic soln</i>	19	NAMENDA XR	22	<i>nevirapine er tb24 400mg</i>	31
<i>moxifloxacin hcl tabs</i>	19	NAMENDA XR TITRATION PACK	22	NEXAVAR	28
<i>moxifloxacin hydrochloride ophthalmic soln</i>	19	NAMZARIC C4PK	21	<i>niacin er tbc 500mg</i>	39
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	19	NAMZARIC CP24	21	<i>niacin er tbc 1000mg, 750mg</i>	39
MOZOBIL	36	<i>naproxen dr</i>	14	<i>niacor</i>	39
MULTAQ	37	<i>naproxen sodium tabs 275mg, 550mg</i>	14	<i>nicardipine hcl caps</i>	38
<i>multivitamin with fluoride chew</i>	44	<i>naproxen susp</i>	14	<i>nicardipine hcl inj</i>	38
<i>mupirocin crea</i>	17	<i>naproxen tabs 250mg</i>	14	NICOTROL INHALER	16
<i>mupirocin oint</i>	17	<i>naproxen tabs 375mg, 500mg</i>	14	NICOTROL NS	16
MUSTARGEN	25	<i>naratriptan hcl</i>	24	<i>nifedipine er tb24 30mg, 60mg</i>	38
<i>mycophenolate mofetil caps</i>	52	NARCAN	16	<i>nifedipine er tb24 90mg</i>	38
<i>mycophenolate mofetil inj</i>	52	NASONEX	56	<i>nilutamide</i>	25
<i>mycophenolate mofetil susr</i>	52	NATACYN	24	<i>nimodipine</i>	38
<i>mycophenolate mofetil tabs</i>	52	<i>nateglinide</i>	34	NINLARO	26
<i>mycophenolic acid dr</i>	52	NATPARA	54	NIPENT	26
MYLOTARG	28	NEBUPENT	29	<i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i>	38
<i>myorisan</i>	41	<i>necon 0.5/35-28</i>	49	<i>nisoldipine er tb24 20mg, 30mg, 40mg</i>	38
MYRBETRIQ	46	<i>necon 7/7/7</i>	49	<i>nitrofurantoin</i>	17
<i>myzilra</i>	49	<i>nefazodone hcl</i>	22	<i>nitrofurantoin macrocrystals</i>	17
N		<i>neomycin/bacitracin/polymyxin</i>	17	<i>nitrofurantoin monohydrate</i>	17
<i>nabumetone</i>	14	<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	17	<i>nitrofurantoin monohydrate/ macrocrystals</i>	17
<i>nadolol</i>	37	<i>neomycin/polymyxin b sulfates</i>	16	<i>nitroglycerin inj</i>	40
<i>nadolol/bendroflumethiazide</i>	37	<i>neomycin/polymyxin/ dexamethasone</i>	55	<i>nitroglycerin lingual</i>	40
<i>nafcillin sodium inj 2gm</i>	18	<i>neomycin/polymyxin/gramicidin</i>	17	<i>nitroglycerin subl</i>	40
		<i>neomycin/polymyxin/hc</i>	55	<i>nitroglycerin transdermal</i>	40
		<i>neomycin/polymyxin/ hydrocortisone</i>	17	<i>nizatidine caps</i>	45
				<i>nora-be</i>	50

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>norethindrone</i>	50	<i>nystop</i>	24	<i>oscimin</i>	44
<i>norethindrone acetate</i>	50	O		<i>oseltamivir phosphate caps 30mg</i> ..	33
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	49	<i>octreotide acetate inj 500mcg/ml</i> ...	51	<i>oseltamivir phosphate caps 45mg, 75mg</i>	33
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	49	<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i> ..	51	<i>oseltamivir phosphate susr</i>	33
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	49	ODEFSEY	31	OSMOPREP	45
<i>norgestimate/ethinyl estradiol</i>	49	ODOMZO	26	<i>oxacillin sodium inj 10gm, 2gm</i>	18
<i>norlyroc</i>	50	OFEV	56	<i>oxaliplatin inj 100mg</i>	26
NORMOSOL-M IN D5W	43	<i>ofloxacin</i>	19	<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	26
NORMOSOL -R	43	<i>ogestrel</i>	49	<i>oxandrolone tabs 2.5mg</i>	48
NORMOSOL-R	43	<i>olanzapine/fluoxetine</i>	22	<i>oxandrolone tabs 10mg</i>	48
NORMOSOL-R IN D5W	43	<i>olanzapine inj</i>	30	<i>oxaprozin</i>	14
NORTHERA CAPS 100MG	38	<i>olanzapine odt</i>	30	<i>oxazepam</i>	33
NORTHERA CAPS 200MG, 300MG	38	<i>olanzapine tabs</i>	30	<i>oxcarbazepine</i>	21
<i>nortrel 0.5/35 (28)</i>	49	<i>olmesartan medoxomil</i>	36	<i>oxybutynin chloride er tb24 10mg, 5mg</i>	46
<i>nortrel 1/35</i>	49	<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	<i>oxybutynin chloride er tb24 15mg</i> ..	46
<i>nortrel 7/7/7</i>	49	<i>olopatadine hcl ophthalmic soln</i> ...	54	<i>oxybutynin chloride syrup</i>	46
<i>nortriptyline hcl</i>	23	<i>olopatadine hydrochloride</i>	54	<i>oxybutynin chloride tabs</i>	46
NORVIR CAPS	32	<i>omega-3-acid ethyl esters</i>	39	<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i> ...	15
NORVIR ORAL SOLN	32	<i>omeprazole cpdr</i>	45	<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	15
NORVIR PACK	32	<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	23	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NORVIR TABS	32	<i>ondansetron hcl oral soln</i>	23	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NOVAREL	48	<i>ondansetron hcl tabs 4mg, 8mg</i> ...	23	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>novofine 31</i>	54	<i>ondansetron hcl tabs 24mg</i>	23	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>novofine 32gx6mm</i>	54	<i>ondansetron odt</i>	23	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>novofine autocover 30gx8mm</i>	54	ONFI SUSP	21	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>novotwist 32gx5mm</i>	54	ONFI TABS 10MG	21	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NOXAFIL SUSP	24	ONFI TABS 20MG	21	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NOXAFIL TBEC	24	OPDIVO INJ 100MG/10ML, 40MG/4ML	28	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NUEDEXTA	40	OPDIVO INJ 240MG/24ML	28	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>nulev</i>	44	OPSUMIT	56	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NULOJIX	52	<i>oralone dental paste</i>	41	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NUPLAZID	30	ORFADIN	45	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
NUTRILIPID	54	ORKAMBI	56	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>nyamyc</i>	24	<i>orphenadrine citrate er</i>	57	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>nystatin</i>	24	<i>orsythia</i>	49	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
<i>nystatin/triamcinolone</i>	24			<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	15
				<i>oxycodone hcl caps</i>	15
				<i>oxycodone hcl conc</i>	15
				<i>oxycodone hcl oral soln</i>	15
				<i>oxycodone hcl oral soln</i>	15
				<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	15
				<i>oxycodone hcl tabs 30mg</i>	15
				<i>oxycodone/ibuprofen</i>	16
				OZEMPIC	34
				P	
				<i>pacerone</i>	37
				<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	27
				<i>paliperidone er tb24 1.5mg, 3mg</i> ...	30

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>paliperidone er tb24 6mg</i>	30	PERJETA.....	28	<i>polyethylene glycol 3350 powd</i>	45
<i>paliperidone er tb24 9mg</i>	30	<i>permethrin</i>	29	<i>polymyxin b sulfate</i>	17
PALONOSETRON HYDROCHLORIDE.....	23	<i>perphenazine</i>	29	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	17
<i>palonosetron hydrochloride</i>	23	<i>perphenazine/amitriptyline</i>	23	POMALYST.....	25
<i>pamidronate disodium</i>	53	<i>pfizerpen inj 20mu, 5000000unit</i>	18	<i>portia-28</i>	49
PANRETIN.....	28	<i>phenadoz</i>	23	PORTRAZZA.....	27
<i>pantoprazole sodium tbec</i>	45	<i>phenazopyridine hydrocholride</i>	46	<i>potassium chloride cr</i>	43
<i>paricalcitol caps 1mcg, 2mcg</i>	53	<i>phenelzine sulfate</i>	22	<i>potassium chloride/dextrose</i>	43
<i>paricalcitol caps 4mcg</i>	53	<i>phenergan supp</i>	23	<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	43
<i>paroex</i>	41	<i>phenobarbital elix</i>	21	POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L.....	43
<i>paromomycin sulfate</i>	16	<i>phenobarbital tabs</i>	21	<i>potassium chloride/ dextrose/sodium chloride</i>	43
<i>paroxetine hcl er tb24 12.5mg</i>	22	<i>phenoxybenzamine hydrochloride</i> ..	36	<i>potassium chloride er cpcr</i>	43
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	22	<i>phenytoin</i>	21	<i>potassium chloride er tbc</i>	43
<i>paroxetine hcl tabs 10mg</i>	23	<i>phenytoin infatabs</i>	21	<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	43
<i>paroxetine hcl tabs 20mg</i>	23	<i>phenytoin sodium</i>	21	<i>potassium chloride oral soln</i>	43
<i>paroxetine hcl tabs 30mg, 40mg</i>	22	<i>phenytoin sodium extended</i>	21	<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	43
PASER.....	25	<i>philith</i>	49	<i>potassium chloride sr</i>	43
PAXIL SUSP.....	23	PHOSLYRA.....	44	<i>potassium citrate er</i>	43
PAZEO.....	55	PHOSPHOLINE IODIDE.....	55	PRADAXA.....	35
PEDIARIX.....	53	PHYSIOLYTE.....	54	PRALUENT.....	38
PEDVAX HIB.....	53	<i>physiosol irrigation</i>	54	<i>pramipexole dihydrochloride</i>	29
<i>peg 3350/electrolytes</i>	45	PICATO GEL 0.05%.....	41	<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	29
<i>peg-3350/electrolytes</i>	45	PICATO GEL 0.015%.....	41	<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i> ..	29
<i>peg-3350/nacl/na bicarbonate/kcl</i> ..	45	<i>pilocarpine hcl ophthalmic soln</i>	55	<i>prasugrel</i>	36
PEGANONE.....	21	<i>pilocarpine hcl tabs</i>	41	<i>pravastatin sodium</i>	39
PEGASYS INJ 180MCG/0.5ML.....	31	<i>pilocarpine hydrochloride</i>	41	<i>praziquantel</i>	28
PEGASYS INJ 180MCG/ML.....	31	<i>pimozide</i>	29	<i>prazosin hcl</i>	36
PEGASYS PROCLICK.....	31	<i>pimtreea</i>	49	PRED-G.....	55
<i>penicillin g potassium</i>	18	<i>pindolol</i>	37	PRED-G S.O.P.....	55
<i>penicillin v potassium oral soln</i>	18	<i>pioglitazone hcl</i>	34		
<i>penicillin v potassium tabs 250mg</i> ..	18	<i>pioglitazone hcl/metformin hcl</i>	34		
<i>penicillin v potassium tabs 500mg</i> ..	18	<i>piperacillin sodium/ tazobactam sodium</i>	18		
PENTAM 300.....	29	<i>piperacillin/tazobactam</i>	18		
<i>pentoxifylline er</i>	38	<i>pirmella 1/35</i>	49		
PERFOROMIST.....	56	<i>pirmella 7/7/7</i>	49		
PERIKABIVEN.....	43	<i>piroxicam</i>	14		
<i>perindopril erbumine</i>	37	PLENAMINE.....	43		
<i>perio gard</i>	41	<i>podofilox</i>	41		
		<i>polycin</i>	17		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
PRED MILD	55	PREZISTA TABS 150MG	32	<i>propafenone hcl</i>	37
<i>prednicarbate oint</i>	47	PREZISTA TABS 600MG	32	<i>propafenone hcl er</i>	37
<i>prednisolone</i>	47	PREZISTA TABS 800MG	32	<i>propantheline bromide</i>	44
<i>prednisolone acetate</i>	55	PRIFTIN	25	<i>proparacaine hcl</i>	54
<i>prednisolone sodium phosphate ophthalmic soln</i>	55	PRIMAQUINE PHOSPHATE	29	<i>propranolol hcl er</i>	37
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	47	<i>primidone</i>	21	<i>propranolol hcl inj</i>	37
<i>prednisone intensol</i>	47	PRISTIQ	23	<i>propranolol hcl oral soln</i>	38
<i>prednisone oral soln</i>	47	PROAIR HFA	56	<i>propranolol hcl tabs 10mg, 20mg, 40mg, 80mg</i>	38
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	47	PROAIR RESPICLICK	56	<i>propranolol hcl tabs 60mg</i>	38
<i>prednisone tabs 50mg</i>	47	<i>probenecid</i>	24	<i>propranolol hydrochloride</i>	38
<i>prednisone tbpk</i>	47	<i>probenecid/colchicine</i>	24	<i>propranolol/hydrochlorothiazide</i>	38
PREGNYL W/DILUENT		PROCALAMINE	44	<i>propylthiouracil</i>	51
BENZYL ALCOHOL/NACL	48	<i>prochlorperazine</i>	29	PROQUAD	53
PREMARIN CREA	49	<i>prochlorperazine edisylate</i>	29	PROSOL	44
PREMARIN INJ	49	<i>prochlorperazine maleate tabs 5mg</i>	30	<i>protriptyline hcl</i>	23
PREMARIN TABS	50	<i>prochlorperazine maleate tabs 10mg</i>	30	PULMOZYME	56
PREMASOL INJ		PROCRIT INJ		PURIXAN	26
52MEQ/L; 1760MG/100ML;		10000UNIT/ML, 2000UNIT/ML,		<i>pyrazinamide</i>	25
880MG/100ML; 34MEQ/L;		3000UNIT/ML, 4000UNIT/ML	36	<i>pyridostigmine bromide</i>	24
1760MG/100ML; 372MG/100ML;		PROCRIT INJ 20000UNIT/ML	36	<i>pyridostigmine bromide er</i>	24
406MG/100ML; 526MG/100ML;		PROCRIT INJ 40000UNIT/ML	36		
492MG/100ML; 492MG/100ML;		<i>procto-med hc</i>	47	Q	
526MG/100ML; 356MG/100ML;		<i>procto-pak</i>	47	QUADRACEL	53
356MG/100ML; 390MG/100ML;		<i>proctosol hc</i>	47	<i>quasense</i>	50
34MG/100ML; 152MG/100ML	43	<i>proctozone-hc</i>	47	<i>quetiapine fumarate</i>	30
<i>premasol inj 56meq/l; 320mg/100ml;</i>		<i>progesterone caps</i>	50	<i>quetiapine fumarate er tb24 150mg, 200mg</i>	30
<i>730mg/100ml; 190mg/100ml;</i>		PROGLYCEM	34	<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	30
<i>3meq/l; 20mg/100ml; 300mg/100ml;</i>		PROGRAF INJ	52	<i>quinapril hcl</i>	37
<i>220mg/100ml; 290mg/100ml;</i>		PROLASTIN-C	57	<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	37
<i>490mg/100ml; 840mg/100ml;</i>		PROLENSA	55	<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	37
<i>490mg/100ml; 200mg/100ml;</i>		PROLEUKIN	27	<i>quinidine sulfate</i>	37
<i>290mg/100ml; 410mg/100ml;</i>		PROLIA	53	<i>quinine sulfate</i>	29
<i>230mg/100ml; 5meq/l; 15mg/100ml;</i>		PROMACTA	36		
<i>250mg/100ml; 120mg/100ml;</i>		<i>promethazine hcl plain</i>	23		
<i>140mg/100ml; 470mg/100ml</i>	44	<i>promethazine hcl supp</i>	23		
<i>prevalite</i>	39	<i>promethazine hcl syrp</i>	23		
<i>previfem</i>	50	<i>promethazine hcl tabs</i>	23		
PREZCOBIX	32	<i>promethegan</i>	23		
PREZISTA SUSP	32			R	
PREZISTA TABS 75MG	33			RABAVERT	53

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>raloxifene hydrochloride</i>	50	REYATAZ CAPS 150MG, 300MG...	33	<i>rosadan</i>	17
<i>ramipril</i>	37	REYATAZ CAPS 200MG.....	33	<i>rosuvastatin calcium</i>	39
RANEXA.....	38	REYATAZ PACK	33	ROTARIX	53
<i>ranitidine hcl caps</i>	45	<i>ribavirin caps</i>	31	ROTATEQ	53
<i>ranitidine hcl inj</i>	45	<i>ribavirin inhalation soln</i>	57	<i>roweepra</i>	20
<i>ranitidine hcl syrp</i>	45	<i>ribavirin tabs</i>	31	<i>roweepra xr tb24 500mg</i>	20
<i>ranitidine hcl tabs</i>	45	RIDAURA.....	52	<i>roweepra xr tb24 750mg</i>	20
RAPAMUNE ORAL SOLN	52	<i>rifabutin</i>	24	ROZEREM.....	57
<i>rasagiline mesylate</i>	29	<i>rifampin caps</i>	25	RUBRACA.....	27
REBIF	41	<i>rifampin inj</i>	25	RUCONEST	51
REBIF REBIDOSE	41	RIFATER.....	25	RYDAPT.....	27
REBIF REBIDOSE TITRATION PACK.....	41	<i>riluzole</i>	40	RYTARY.....	29
REBIF TITRATION PACK.....	41	<i>rimantadine hcl</i>	33		
<i>reclipsen</i>	50	<i>ringers injection</i>	44	S	
RECOMBIVAX HB.....	53	RINGERS IRRIGATION.....	54	SABRIL PACK	21
REGONOL.....	24	RIOMET	34	SABRIL TABS	21
REGRANEX	41	<i>risedronate sodium tabs</i> 30mg, 5mg.....	53	<i>salsalate</i>	14
RELISTOR INJ 8MG/0.4ML.....	45	<i>risedronate sodium tabs 35mg</i>	53	SAMSCA TABS 15MG	44
RELISTOR INJ 12MG/0.6ML.....	45	<i>risedronate sodium tabs 150mg</i>	53	SAMSCA TABS 30MG	44
REMICADE	52	RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG.....	30	SANCUSO.....	23
REMODULIN.....	56	RISPERDAL CONSTA INJ 50MG... 30		SANDIMMUNE ORAL SOLN	52
RENFLEXIS.....	52	<i>risperidone m-tab</i>	30	SANDOSTATIN LAR DEPOT.....	51
RENVELA PACK	44	<i>risperidone odt tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg....	30	SANTYL	41
RENVELA TABS	44	<i>risperidone odt tbdp 4mg</i>	30	SAPHRIS	30
<i>repaglinide tabs 0.5mg, 1mg</i>	34	<i>risperidone oral soln</i>	30	SAVAYSA	35
<i>repaglinide tabs 2mg</i>	34	<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg....	30	<i>scopolamine</i>	23
REPATHA.....	39	<i>risperidone tabs 4mg</i>	30	<i>selegiline hcl</i>	29
REPATHA PUSHTRONEX SYSTEM	39	<i>ritonavir</i>	33	<i>selenium sulfide lotn</i>	41
REPATHA SURECLICK.....	39	RITUXAN	28	SELZENTRY ORAL SOLN	32
RESCRIPTOR TABS 100MG.....	31	RITUXAN HYCELA.....	28	SELZENTRY TABS 25MG	32
RESCRIPTOR TABS 200MG.....	31	<i>rivastigmine tartrate</i>	22	SELZENTRY TABS 150MG, 75MG .. 32	
RESTASIS.....	54	<i>rivastigmine transdermal system</i> ... 22		SELZENTRY TABS 300MG	32
RETROVIR IV INFUSION.....	32	<i>rizatriptan benzoate</i>	24	SENSIPAR TABS 30MG	53
REVLIMID CAPS 10MG, 2.5MG, 5MG	25	<i>rizatriptan benzoate odt</i>	24	SENSIPAR TABS 60MG	54
REVLIMID CAPS 15MG, 20MG, 25MG	25	<i>romidepsin</i>	27	SENSIPAR TABS 90MG	54
REXULTI.....	30	<i>ropinirole hcl</i>	29	SEREVENT DISKUS	56
				<i>sertraline hcl conc</i>	23
				<i>sertraline hcl tabs 25mg</i>	23
				<i>sertraline hcl tabs 50mg</i>	23

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>sertraline hcl tabs 100mg</i>	23	<i>sotalol hcl (af)</i>	37	<i>sumatriptan</i>	24
<i>setlakin</i>	50	<i>sotalol hydrochloride (af)</i>		<i>sumatriptan succinate</i>	
<i>sharobel</i>	50	<i>tabs 80mg</i>	37	<i>inj 4mg/0.5ml</i>	24
SHINGRIX	53	<i>sotalol hydrochloride tabs 120mg</i>	37	<i>sumatriptan succinate</i>	
SIGNIFOR	51	<i>spironolactone/hydrochlorothiazide</i>	39	<i>inj 6mg/0.5ml</i>	24
<i>sildenafil tabs 20mg</i>	56	<i>spironolactone tabs 25mg</i>	39	<i>sumatriptan succinate</i>	
SILENOR	57	<i>spironolactone tabs 100mg, 50mg</i>	39	<i>refill inj 4mg/0.5ml</i>	24
<i>silver sulfadiazine</i>	17	SPORANOX ORAL SOLN	24	<i>sumatriptan succinate</i>	
SIMBRINZA	55	<i>sprintec 28</i>	50	<i>refill inj 6mg/0.5ml</i>	24
SIMULECT	52	SPRITAM TB3D 750MG	20	<i>sumatriptan succinate tabs</i>	24
<i>simvastatin</i>	39	SPRITAM TB3D		SUPRAX SUSR 500MG/5ML	18
<i>sirolimus</i>	52	1000MG, 250MG, 500MG	20	SUPREP BOWEL PREP KIT	45
SIRTURO	25	SPRYCEL	28	SUSTIVA CAPS 50MG	32
<i>sodium bicarbonate inj</i>	44	<i>sps</i>	44	SUSTIVA CAPS 200MG	32
<i>sodium bicarbonate partial fill</i>	44	<i>sronyx</i>	50	SUSTIVA TABS	32
<i>sodium chloride 0.9%</i>	54	<i>ssd</i>	17	SUTENT	28
<i>sodium chloride 0.9%</i>	54	STAMARIL	53	SYLATRON	27
<i>sodium chloride 0.45%</i>	44	<i>stavudine</i>	32	SYMFI	32
<i>sodium chloride inj</i>		<i>sterile water irrigation</i>	54	SYMFI LO	32
<i>0.9%, 2.5meq/ml, 3%, 5%</i>	44	<i>sterile water irrigation plastic bottle</i>	54	SYMLINPEN 60	34
<i>sodium fluoride chew 0.5mg, 1mg</i>	44	STIMATE	48	SYMLINPEN 120	34
SODIUM LACTATE INJ 5MEQ/ML	44	STIVARGA	28	SYNAGIS	52
<i>sodium phenylbutyrate</i>	46	<i>streptomycin sulfate</i>	16	SYNAREL	51
<i>sodium polystyrene</i>		STRIBILD	31	SYNERCID	17
<i>sulfonate powd</i>	44	SUBOXONE	16	SYNJARDY	34
<i>sodium polystyrene sulfonate</i>		<i>sucralfate</i>	45	SYNJARDY XR TB24	
<i>susp 15gm/60ml, 30gm/120ml</i>	44	<i>sulfacetamide sodium lotn</i>	19	10MG; 1000MG, 25MG; 1000MG	34
<i>sodium sulfacetamide</i>		<i>sulfacetamide sodium</i>		SYNJARDY XR TB24	
<i>ophthalmic soln</i>	19	<i>ophthalmic soln</i>	19	12.5MG; 1000MG, 5MG; 1000MG	34
SOLQUA 100/33	35	<i>sulfacetamide sodium/</i>		SYNRIBO	27
SOLTAMOX	25	<i>prednisolone sodium phosphate</i>	20	SYNTHROID	50
SOLU-CORTEF	47	<i>sulfadiazine</i>	20	SYPRINE	44
SOMATULINE DEPOT INJ		<i>sulfamethoxazole/trimethoprim ds</i>	20	T	
60MG/0.2ML	51	<i>sulfamethoxazole/trimethoprim inj</i>	20	TABLOID	26
SOMATULINE DEPOT INJ		<i>sulfamethoxazole/</i>		<i>tacrolimus caps</i>	52
90MG/0.3ML	51	<i>trimethoprim susp</i>	20	<i>tacrolimus oint</i>	41
SOMATULINE DEPOT INJ		<i>sulfamethoxazole/</i>		TAFINLAR	28
120MG/0.5ML	51	<i>trimethoprim tabs</i>	20	TAGRISSO	28
SOMAVERT	51	<i>sulfasalazine</i>	53	TAMIFLU CAPS 30MG	33
<i>sorine</i>	37	<i>sulfatrim pediatric</i>	20	TAMIFLU CAPS 45MG, 75MG	33
<i>sotalol hcl</i>	37	<i>sulindac</i>	14		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TAMIFLU SUSR	33	<i>testosterone gel</i>		TOBRADEX OINT	55
<i>tamoxifen citrate</i>	25	<i>25mg/2.5gm, 50mg/5gm</i>	48	<i>tobramycin/dexamethasone</i>	55
<i>tamsulosin hcl</i>	46	<i>testosterone pump</i>	48	<i>tobramycin nebu</i>	56
TARCEVA TABS 25MG	28	TETANUS/DIPHThERIA		<i>tobramycin ophthalmic soln</i>	16
TARCEVA TABS 100MG, 150MG	28	TOXOIDS-ADSORBED	53	<i>tobramycin sulfate inj</i>	
TARGRETIN GEL	28	<i>tetrabenazine tabs 12.5mg</i>	40	<i>1.2gm, 10mg/ml, 80mg/2ml</i>	16
<i>tarina fe 1/20</i>	50	<i>tetrabenazine tabs 25mg</i>	40	<i>tobramycin sulfate ophthalmic soln</i>	16
TASIGNA CAPS 50MG	28	<i>tetracycline hydrochloride</i>	20	TOBREX OINT	16
TASIGNA CAPS 150MG, 200MG	28	TEXACORT	47	<i>tolcapone</i>	29
<i>tazarotene</i>	41	THALOMID CAPS		<i>tolmetin sodium</i>	14
<i>tazicef inj 1gm, 2gm, 6gm</i>	18	100MG, 150MG, 50MG	25	<i>tolterodine tartrate</i>	46
TAZORAC CREA	41	THALOMID CAPS 200MG	25	<i>tolterodine tartrate er</i>	46
TAZORAC GEL	41	THEO-24	56	<i>topiramate</i>	21
<i>taztia xt cp24</i>		<i>theophylline cr</i>	56	<i>toposar</i>	27
<i>120mg, 180mg, 240mg, 300mg</i>	38	<i>theophylline er tb12</i>		<i>topotecan hcl inj 4mg</i>	27
TECENTRIQ	28	<i>300mg, 450mg</i>	56	TORISEL	52
TECFIDERA CPDR 120MG	41	<i>theophylline er tb24</i>	56	<i>torse mide</i>	39
TECFIDERA CPDR 240MG	41	<i>thioridazine hcl</i>	30	TOUJEO MAX SOLOSTAR	35
TECFIDERA STARTER PACK	41	<i>thiotepa</i>	25	TOUJEO SOLOSTAR	35
<i>teclite pen needles/31g x 6 mm</i>	54	<i>thiothixene caps 2mg</i>	30	TPN ELECTROLYTES	44
<i>teclite pen needles/31g x 8mm</i>	54	<i>thiothixene caps 10mg, 1mg, 5mg</i>	30	TRACLEER	56
<i>teclite pen needles/32g x 4mm</i>	54	THYMOGLOBULIN	52	TRADJENTA	34
<i>teclite pen needles/32g x 6mm</i>	54	THYROLAR-1	50	<i>tramadol hcl</i>	16
<i>teclite pen needles/32g x 8mm</i>	54	THYROLAR-1/2	50	<i>tramadol hydrochloride/</i>	
TEFLARO	18	THYROLAR-1/4	50	<i>acetaminophen</i>	16
TEKTURNA	38	THYROLAR-2	50	<i>trandolapril tabs 1mg</i>	37
TEKTURNA HCT	38	THYROLAR-3	50	<i>trandolapril tabs 2mg, 4mg</i>	37
<i>telmisartan</i>	36	<i>tiagabine hydrochloride tabs 2mg</i>	21	<i>tranexamic acid inj</i>	36
<i>telmisartan/amlodipine</i>	36	<i>tiagabine hydrochloride tabs 4mg</i>	21	<i>tranexamic acid tabs</i>	36
<i>telmisartan/hydrochlorothiazide</i>	36	<i>tiagabine hydrochloride tabs 12mg</i>	21	TRANSDERM-SCOP	23
<i>temazepam</i>	57	<i>tiagabine hydrochloride tabs 16mg</i>	21	<i>tranylcypromine sulfate</i>	22
TENIVAC	53	<i>tigecycline</i>	17	TRAVASOL	44
<i>tenofovir disoproxil fumarate</i>	32	<i>tilia fe</i>	50	TRAVATAN Z	54
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	46	<i>timolol maleate ophthalmic soln</i>	55	<i>trazodone hcl tabs</i>	
<i>terazosin hcl caps 10mg</i>	46	<i>timolol maleate tabs</i>	38	<i>100mg, 150mg, 50mg</i>	22
<i>terbinafine hcl tabs</i>	24	TIS-U-SOL	54	<i>trazodone hcl tabs 300mg</i>	22
<i>terbutaline sulfate</i>	56	TIVICAY TABS 10MG, 25MG	31	TREANDA INJ 25MG	25
<i>terconazole</i>	24	TIVICAY TABS 50MG	31	TREANDA INJ 100MG	25
<i>testosterone cypionate</i>	48	<i>tizanidine hcl</i>	31	TREATOR	25
<i>testosterone enanthate</i>	48	TOBI PODHALER	56	TRELEGY ELLIPTA	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TRELSTAR MIXJECT INJ 3.75MG	51	<i>tri-previfem</i>	50	<i>valsartan/hydrochlorothiazide</i>	36
TRELSTAR MIXJECT INJ 11.25MG	51	TRIPTODUR	47	<i>vancomycin</i>	17
TRELSTAR MIXJECT INJ 22.5MG	51	TRISENOX	27	<i>vancomycin hcl caps 125mg</i>	17
TRESIBA FLEXTOUCH	35	<i>tri-sprintec</i>	50	<i>vancomycin hcl caps 250mg</i>	17
<i>tretinoin caps</i>	28	TRIUMEQ	32	<i>vancomycin hcl in dextrose</i>	17
<i>tretinoin crea</i>	41	<i>trivora-28</i>	50	<i>vancomycin hcl inj</i>	
<i>tretinoin gel</i>	41	<i>tri-vylibra</i>	50	0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg	17
<i>tretinoin microsphere</i>	41	TROGARZO	32	<i>vancomycin hydrochloride/sodium</i>	
<i>tretinoin microsphere</i>		TROKENDI XR CP24		<i>chloride inj 0.9%; 750mg/150ml</i>	17
<i>pump gel 0.1%</i>	41	100MG, 25MG, 50MG	21	<i>vandazole</i>	17
<i>triamcinolone acetonide</i>		TROKENDI XR CP24 200MG	21	VAQTA	53
<i>crea 0.1%</i>	47	TROPHAMINE	44	VARIVAX	53
<i>triamcinolone acetonide</i>		<i>tropicamide</i>	54	VARIZIG	53
<i>crea 0.025%, 0.5%</i>	47	TRULANCE	45	VASCEPA CAPS 0.5GM	39
<i>triamcinolone acetonide</i>		TRULICITY	34	VASCEPA CAPS 1GM	39
<i>dental paste</i>	41	TRUMENBA	53	VAXCHORA	53
<i>triamcinolone acetonide inj</i>		TRUVADA	32	VECTIBIX	28
<i>40mg/ml</i>	47	TWINRIX	53	VELCADE	27
<i>triamcinolone acetonide lotn</i>	47	TYBOST	32	<i>velivet</i>	50
<i>triamcinolone acetonide oint</i>	47	<i>tydemy</i>	50	VELPHORO	44
<i>triamterene/hydrochlorothiazide</i>		TYGACIL	17	VELTASSA	44
<i>caps 25mg; 37.5mg</i>	39	TYKERB	28	VENCLEXTA STARTING PACK	27
<i>triamterene/hydrochlorothiazide</i>		TYPHIM VI	53	VENCLEXTA TABS 10MG	27
<i>caps 25mg; 50mg</i>	39	TYSABRI	41	VENCLEXTA TABS 50MG	27
<i>triamterene/</i>		U		VENCLEXTA TABS 100MG	27
<i>hydrochlorothiazide tabs</i>	39	ULORIC	24	<i>venlafaxine hcl</i>	23
<i>trianex</i>	47	UNITHROID	50	<i>venlafaxine hcl er cp24 37.5mg</i>	23
<i>triderm crea 0.1%</i>	47	UNITUXIN	28	<i>venlafaxine hcl er cp24 75mg</i>	23
<i>trientine hydrochloride</i>	44	<i>ursodiol</i>	45	VENTAVIS	56
<i>tri-estarylla</i>	50	V		VENTOLIN HFA	56
<i>trifluoperazine hcl</i>	30	<i>valacyclovir hcl</i>	33	<i>verapamil hcl er cp24</i>	
<i>trifluridine</i>	33	VALCHLOR	25	100mg, 120mg, 180mg, 240mg, 300mg	38
<i>trihexyphenidyl hcl</i>	29	<i>valganciclovir</i>	31	<i>verapamil hcl er cp24 200mg</i>	38
<i>tri-legest fe</i>	50	<i>valganciclovir hydrochloride</i>	31	<i>verapamil hcl er tbc</i>	38
<i>tri-linyah</i>	50	<i>valproate sodium</i>	21	<i>verapamil hcl inj</i>	38
<i>trilyte</i>	45	<i>valproic acid</i>	21	<i>verapamil hcl sr cp24 360mg</i>	38
<i>trimethoprim</i>	17	<i>valsartan</i>	36	<i>verapamil hcl tabs 40mg</i>	38
<i>trimethoprim sulfate/</i>				<i>verapamil hcl tabs 120mg, 80mg</i>	38
<i>polymyxin b sulfate</i>	17				
<i>trimipramine maleate</i>	23				
<i>trinessa</i>	50				
TRINTELLIX	22				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
VERSACLOZ	31	<i>vyfemla</i>	50	<i>zaleplon</i>	57
VERZENIO	27	<i>vylibra</i>	50	ZALTRAP	28
VESICARE	46	VYXEOS	26	ZANOSAR	25
V-GO 20	54	W		ZARXIO	36
V-GO 30	54			ZAVESCA	46
V-GO 40	54	<i>warfarin sodium</i>	35	<i>zebutal caps 325mg; 50mg; 40mg</i>	14
VIBERZI	45	WELCHOL	39	ZEJULA	27
<i>vicodin es tabs 300mg; 7.5mg</i>	16	<i>wera</i>	50	ZELBORAF	28
<i>vicodin hp tabs 300mg; 10mg</i>	16	X		ZEMAIRA	57
<i>vicodin tabs 300mg; 5mg</i>	16			<i>zenatane</i>	42
VICTOZA	34	XALKORI	28	<i>zenchent</i>	50
VIDEX EC CPDR 125MG	32	XARELTO STARTER PACK	35	ZENPEP	46
VIDEX PEDIATRIC	32	XARELTO TABS 10MG	35	ZERIT ORAL SOLN	32
<i>vienva</i>	50	XARELTO TABS 15MG	35	ZETIA	39
<i>vigabatrin</i>	21	XARELTO TABS 20MG	35	ZIAGEN ORAL SOLN	32
VIGAMOX	19	XATMEP	52	<i>zidovudine caps</i>	32
VIIBRYD	23	XGEVA	54	<i>zidovudine syrp</i>	32
VIIBRYD STARTER PACK	23	XIFAXAN TABS 200MG	17	<i>zidovudine tabs</i>	32
VIMPAT INJ	21	XIFAXAN TABS 550MG	18	ZIOPTAN	54
VIMPAT ORAL SOLN	21	XIGDUO XR TB24 5MG; 1000MG	34	<i>ziprasidone hcl</i>	30
VIMPAT TABS	21	XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG	34	ZIRGAN	31
<i>vinblastine sulfate</i>	27	XOLAIR	57	ZMAX	19
<i>vincasar pfs</i>	27	XTAMPZA ER	14	<i>zoledronic acid inj 4mg/5ml</i>	54
<i>vincristine sulfate</i>	27	XTANDI	25	<i>zoledronic acid inj 5mg/100ml</i>	54
<i>vinorelbine tartrate inj 50mg/5ml</i>	27	XULTOPHY 100/3.6	35	ZOLINZA	27
<i>viorele</i>	50	XYREM	57	<i>zolpidem tartrate tabs</i>	57
VIRACEPT TABS 250MG	33	Y		<i>zonisamide</i>	20
VIRACEPT TABS 625MG	33			ZORTRESS TABS 0.5MG	52
VIRAMUNE SUSP	32	YERVOY INJ 50MG/10ML	28	ZORTRESS TABS 0.25MG, 0.75MG	52
VIREAD POWD	32	YERVOY INJ 200MG/40ML	28	ZOSTAVAX	53
VIREAD TABS	32	YF-VAX	53	ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	19
<i>voriconazole inj</i>	24	YONDELIS	25	<i>zovia 1/35e</i>	50
<i>voriconazole susr</i>	24	<i>yuvafem</i>	50	<i>zovia 1/50e</i>	50
<i>voriconazole tabs</i>	24	Z		ZOVIRAX CREA	33
VOSEVI	31			ZUBSOLV SUBL 0.7MG; 0.18MG	16
VOTRIENT	28	<i>zafirlukast</i>	56		
VP-PNV-DHA	44				
VPRIV	46				
VRAYLAR CAPS	30				
VRAYLAR CPPK	30				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	16				
ZYCLARA	42				
ZYCLARA PUMP CREA 2.5%	42				
ZYCLARA PUMP CREA 3.75%	42				
ZYDELIG	28				
ZYKADIA	28				
ZYLET	16				
ZYPREXA RELPREVV INJ 210MG	30				
ZYPREXA RELPREVV INJ 300MG	30				
ZYPREXA RELPREVV INJ 405MG	30				
ZYTIGA TABS 250MG	25				
ZYTIGA TABS 500MG	25				



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October 1 – February 14, 8 a.m. – 8 p.m. local time, 7 days a week. From February 15 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time, Saturday, 8 a.m. – 6 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.



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This drug list was updated in July 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit www.CignaHealthSpring.com. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-668-3813 (TTY 711), 7 days a week, 8 a.m. - 8 p.m. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-668-3813 (TTY 711). 注意：如果您使用繁體/中文，您可以免費獲得語言援助服務。請致電 1-800-668-3813 (TTY 711). Cigna-HealthSpring complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna-HealthSpring cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2017 Cigna