

# **Cigna-HealthSpring® Rx (PDP)**

Medicare Part D Prescription Drug Plans

# **2018 Cigna-HealthSpring Rx COMPREHENSIVE DRUG LIST (Formulary)**

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

## **Plan covered**

**Cigna-HealthSpring Rx Secure-Extra (PDP)**



This drug list was updated in April 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from Feb. 15 – Sept. 30., or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring Rx is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring Rx 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 Rx. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Rx Secure-Extra (PDP).**

**This document includes a list of the drugs (formulary) for our plans, which is current as of April 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 Rx Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna-HealthSpring Rx 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 Rx 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 Rx 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 April 2018. To get updated information about the drugs covered by Cigna-HealthSpring Rx, 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 16. 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 16. 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 59. 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 Rx 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 Rx requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring Rx before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx will cover. For example, Cigna-HealthSpring Rx 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 Rx 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 Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring Rx 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 16. 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 Rx 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 Rx Drug List" on this page for information about how to request an exception.

## Options for Maintenance Medications

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

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to

coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

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

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

There may be opportunities for you to save money on your medications using your Cigna-HealthSpring Rx 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 Rx 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 Rx 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 Rx. 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 Rx.
- You can ask Cigna-HealthSpring Rx 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 Rx Drug List?

You can ask Cigna-HealthSpring Rx 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 Rx 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 Rx 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 Rx will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### **Cigna-HealthSpring Rx's Drug List**

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring Rx. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 59.

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 Rx has any special requirements for coverage of your drug.

This plan offers additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see 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 16 along with the amount dispensed per the days supplied. (For example: BYSTOLIC 10MG QL (30/30); this means the drug BYSTOLIC 10MG is limited to 30 tablets per 30 days. For

90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

### **What is a preferred network pharmacy?**

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. You will receive a Pharmacy Directory in your Welcome Kit after you enroll, or you can visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com) for the most current Pharmacy Directory.

### **For more information**

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

If you have questions about Cigna-HealthSpring Rx, 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 Rx 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 Prescription Drug plan in which you are currently enrolled or would like to enroll.

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>ALABAMA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>ALASKA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>ARIZONA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>ARKANSAS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>CALIFORNIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>COLORADO</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>CONNECTICUT</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.



<b>Cigna-HealthSpring Rx Secure-Extra (PDP)</b>	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	
<b>DELAWARE</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>DISTRICT OF COLUMBIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>FLORIDA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>GEORGIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>HAWAII</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

<b>Cigna-HealthSpring Rx Secure-Extra (PDP)</b>	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	<b>30/60/90 Days</b>	
<b>IDAHO</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>ILLINOIS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>INDIANA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>IOWA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>KANSAS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>KENTUCKY</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>LOUISIANA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MAINE</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MARYLAND</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MASSACHUSETTS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>MICHIGAN</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MINNESOTA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MISSISSIPPI</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MISSOURI</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>MONTANA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>NEBRASKA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NEVADA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NEW HAMPSHIRE</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NEW JERSEY</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NEW MEXICO</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>NEW YORK</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NORTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>NORTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>OHIO</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>OKLAHOMA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>OREGON</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>PENNSYLVANIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>RHODE ISLAND</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>SOUTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>SOUTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>TENNESSEE</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>TEXAS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>UTAH</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>VERMONT</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.



Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
<b>WASHINGTON</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>WEST VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>WISCONSIN</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
<b>WYOMING</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

\*You will pay the copay or percentage of the drug cost shown above plus the difference between the Out-of-Network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
<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)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 400mg</i>	3	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	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>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)
MOBIC	4	QL(30/30) ST
<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	
<b>Opioid Analgesics, Long-acting</b>		
<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)
<b>Opioid Analgesics, Short-acting</b>		
<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 liqd</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	
<i>morphine sulfate inj 1mg/ml</i>	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)
<i>oxycodone/ibuprofen</i>	3	QL(28/30)

CAPITALIZED = BRAND NAME DRUG

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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>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)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj</i>	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	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
<b>Opioid Dependence Treatments</b>		
<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)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr</i>	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CHANTIX	3	QL(336/365)
CHANTIX CONTINUING MONTH PAK	3	QL(336/365)
CHANTIX STARTING MONTH PAK	3	QL(336/365)
NICOTROL INHALER	4	QL(1008/90)
NICOTROL NS	4	QL(30/30)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	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	
TOBEX OINT	3	
ZYLET	3	ST
<b>Antibacterials, Other</b>		
<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	
<i>chloramphenicol sodium succinate</i>	1	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>neomycin/bacitracin/polymyxin</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<b>SYNERCID</b>	5	
<i>tigecycline</i>	5	
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
<b>TYGACIL</b>	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	
<b>XIFAXAN TABS 200MG</b>	4	PA QL(9/30)
<b>XIFAXAN TABS 550MG</b>	5	PA QL(90/30)

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Beta-lactam, Cephalosporins</b>		
<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; 5%, 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>	4	
<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>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	2	
<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	
<b>Beta-lactam, Other</b>		
AZACTAM	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
<i>cefotetan</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<b>Beta-lactam, Penicillins</b>		
<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 250mg</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	2	
<i>pfizerpen-g</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Macrolides</b>		
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>erythrocine 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	4	QL(60/30)
<b>Quinolones</b>		
AVELOX INJ	4	
BAXDELA	4	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	QL(14/14)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciprofloxacin hcl</i>	2	
<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>	4	QL(30/30)
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
<i>ofloxacin</i>	2	
VIGAMOX	3	
<b>Sulfonamides</b>		
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	
<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	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline hyclate tabs 100mg, 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>	2	
<i>morgidox 1x50mg</i>	2	
<i>morgidox 2x100mg caps</i>	2	
<i>tetracycline hydrochloride</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<i>APTIOM TABS 200MG, 400MG, 800MG</i>	5	QL(30/30) ST
<i>APTIOM TABS 600MG</i>	5	QL(60/30) ST
<i>BRIVIACT INJ</i>	5	QL(600/30)
<i>BRIVIACT ORAL SOLN</i>	5	QL(1200/30)
<i>BRIVIACT TABS 10MG, 25MG, 50MG, 75MG</i>	5	QL(60/30)
<i>BRIVIACT TABS 100MG</i>	5	QL(120/30)
<i>FYCOMPA SUSP</i>	4	PA QL(720/30)
<i>FYCOMPA TABS</i>	4	PA 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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</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)
<i>SPRITAM TB3D 1000MG, 250MG, 500MG</i>	4	QL(60/30)
<i>SPRITAM TB3D 750MG</i>	4	QL(120/30)
<b>Calcium Channel Modifying Agents</b>		
<i>CELONTIN</i>	3	
<i>ethosuximide</i>	2	
<i>LYRICA CAPS 225MG, 300MG</i>	3	QL(60/30)
<i>LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i>	3	QL(90/30)
<i>LYRICA ORAL SOLN</i>	3	QL(900/30)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	4	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	4	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)
<i>DIASTAT ACUDIAL GEL 10MG</i>	4	QL(20/30)
<i>DIASTAT ACUDIAL GEL 20MG</i>	4	QL(40/30)
<i>DIASTAT PEDIATRIC</i>	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)
<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)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GABITRIL TABS 16MG	4	QL(90/30) ST
GABITRIL TABS 12MG	4	QL(120/30) ST
ONFI SUSP	5	QL(480/30)
ONFI TABS 20MG	5	QL(60/30)
ONFI TABS 10MG	4	QL(30/30)
<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	ST
<i>tiagabine hydrochloride tabs 2mg</i>	4	QL(240/30) ST
<i>valproate sodium</i>	4	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA QL(200/30)
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>topiramate</i>	2	
<b>Sodium Channel Agents</b>		
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 cp12</i>	2	
<i>carbamazepine er tb12</i>	3	
DILANTIN	4	
DILANTIN INFATABS	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxcarbazepine susp</i>	2	
<i>oxcarbazepine tabs</i>	3	
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 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tabs 23mg</i>	3	QL(30/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
<i>rivastigmine tartrate</i>	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>	4	PA QL(60/30)
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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>memantine hcl tabs 5mg</i>	4	PA QL(90/30)
<i>memantine hcl titration pak</i>	4	PA QL(49/28)
<i>memantine hydrochloride</i>	4	PA QL(300/30)
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>	4	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	
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 tabs 25mg, 50mg</i>	3	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	3	QL(90/30)
<i>olanzapine/fluoxetine</i>	4	QL(30/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
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>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	4	PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	3	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<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	
<i>scopolamine</i>	4	QL(10/30)
TRANSDERM-SCOP	4	QL(10/30)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	3	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	3	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	3	B/D PA QL(4/28)
<i>aprepitant caps</i>	3	B/D PA QL(6/28)
<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>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)
<i>ondansetron odt</i>	2	B/D PA QL(90/30)
SANCUSO	5	QL(4/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antifungals</b>		
<b>Antifungals</b>		
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	
<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>	3	
<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	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NAFTIN GEL	3	
NATACYN	3	
NOXAFIL SUSP	5	PA QL(600/30)
NOXAFIL TBEC	5	PA QL(96/30)
<i>nyamyc</i>	3	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	3	
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>nystatin/triamcinolone</i>	4	
<i>nystop</i>	3	
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)
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	
<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
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<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)
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	3	
REGONOL	4	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
CAPASTAT SULFATE	4	
<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	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D PA QL(8/21)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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</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	
<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
<b>Antiandrogens</b>		
<i>bicalutamide</i>	3	QL(30/30)
ERLEADA	5	PA QL(120/30)
<i>flutamide</i>	3	
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antiangiogenic Agents</b>		
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)
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	PA
ARRANON	4	
<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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LONSURF TABS 6.14MG; 15MG	5	PA QL(100/28)
<i>mercaptopurine</i>	3	
NIPENT	5	B/D PA
PURIXAN	5	PA QL(300/30)
TABLOID	3	
VYXEOS	5	B/D PA
<b>Antineoplastics, Other</b>		
ABRAXANE	5	PA
<i>adriamycin</i>	2	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	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
<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</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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IXEMPRA KIT	5	B/D 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
<i>paclitaxel</i>	4	B/D PA
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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vincristine sulfate</i>	4	B/D PA
<i>vinorelbine tartrate</i>	4	B/D PA
ZEJULA	5	PA QL(90/30)
ZOLINZA	5	QL(120/30)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	4	QL(60/30)
<i>letrozole</i>	2	QL(30/30)
<b>Enzyme Inhibitors</b>		
<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	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	PA QL(56/28)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 140MG	5	PA QL(120/30)
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 QL(84/28)
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)

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TARCEVA TABS 25MG	5	PA QL(60/30)
TASIGNA	5	PA QL(112/28)
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)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
AVASTIN	5	PA
BAVENCIO	5	PA
BESPONSA	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	PA
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
PORTRAZZA	5	PA QL(100/21)
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)
<b>Retinoids</b>		
<i>bexarotene</i>	5	
PANRETIN	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TARGRETIN GEL	5	QL(60/30)
<i>tretinoin caps</i>	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	4	
BILTRICIDE	4	
<i>ivermectin</i>	2	
<b>Antiprotozoals</b>		
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	
NEBUPENT	3	B/D PA QL(6/28)
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i>	4	QL(42/7)
<b>Pediculicides/Scabicides</b>		
<i>lindane</i>	2	
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl</i>	2	
<i>entacapone</i>	4	QL(240/30)
<i>tolcapone</i>	5	
<b>Dopamine Agonists</b>		
APOKYN	5	PA QL(60/30)
<i>bromocriptine mesylate</i>	4	
NEUPRO	4	QL(30/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<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</i>	4	
<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</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate</i>	4	
<i>loxapine caps 25mg, 50mg</i>	2	
<i>loxapine caps 10mg, 5mg</i>	2	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<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>	4	QL(900/30)
<i>aripiprazole tabs</i>	4	QL(30/30)
ARISTADA INJ 441MG/1.6ML	5	QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	5	QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	5	QL(3.2/30)
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9/60)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL(0.5/28)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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>	4	QL(30/30)
<i>olanzapine tabs</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	4	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	4	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	QL(2/28)
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	
<i>clozapine odt tbdp 150mg</i>	4	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	4	QL(270/30)
<i>clozapine odt tbdp 200mg</i>	5	QL(120/30)
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>clozapine tabs 200mg</i>	3	QL(120/30)
<i>clozapine tabs 100mg</i>	3	QL(270/30)
VERSACLOZ	4	QL(540/30)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
FOSCAVIR	4	
<i>ganciclovir inj 500mg</i>	4	B/D PA
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochlorde</i>	5	
ZIRGAN	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	5	QL(30/30)
BARACLUDGE ORAL SOLN	3	QL(630/30)
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	3	

## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nevirapine er tb24 400mg</i>	4	QL(30/30)
<i>nevirapine er tb24 100mg</i>	4	QL(90/30)
<i>nevirapine susp</i>	3	QL(1200/30)
<i>nevirapine tabs</i>	2	QL(60/30)
ODEFSEY	5	QL(30/30)
RESCRIPTOR TABS 200MG	3	QL(180/30)
RESCRIPTOR TABS 100MG	3	QL(270/30)
STRIBILD	5	QL(30/30)
SUSTIVA CAPS 200MG	5	QL(60/30)
SUSTIVA CAPS 50MG	3	QL(90/30)
SUSTIVA TABS	5	QL(30/30)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral soln</i>	3	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60/30)
<i>abacavir tabs</i>	4	QL(60/30)
<i>abacavir/lamivudine</i>	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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<b>Anti-HIV Agents, Other</b>		
ATRIPLA	5	QL(30/30)
FUZEON	5	QL(60/30)
ISENTRESS HD	5	QL(60/30)
SELZENTRY ORAL SOLN	5	QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	QL(60/30)
SELZENTRY TABS 300MG	5	QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
TYBOST	3	QL(30/30)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS	5	QL(120/30)
APTIVUS ORAL SOLN	5	QL(285/28)
<i>atazanavir caps 300mg</i>	5	QL(30/30)
<i>atazanavir caps 200mg</i>	5	QL(60/30)
<i>atazanavir caps 150mg</i>	4	QL(30/30)
<i>atazanavir sulfate caps 150mg</i>	4	QL(30/30)
<i>atazanavir sulfate caps 300mg</i>	5	QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	5	QL(60/30)
CRIXIVAN CAPS 400MG	3	QL(180/30)
CRIXIVAN CAPS 200MG	3	QL(270/30)
EVOTAZ	5	QL(30/30)
<i>fosamprenavir calcium</i>	5	QL(120/30)
INVIRASE CAPS	5	QL(300/30)
INVIRASE TABS	5	QL(120/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NORVIR ORAL SOLN	4	QL(480/30)
NORVIR TABS	4	QL(360/30)
PREZCOBIX	5	QL(30/30)
PREZISTA SUSP	5	QL(400/30)
PREZISTA TABS 800MG	5	QL(30/30)
PREZISTA TABS 600MG	5	QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
REYATAZ CAPS 150MG, 300MG	5	QL(30/30)
REYATAZ CAPS 200MG	5	QL(60/30)
REYATAZ PACK	5	QL(180/30)
VIRACEPT TABS 625MG	5	QL(120/30)
VIRACEPT TABS 250MG	5	QL(270/30)
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL(56/365)
<i>oseltamivir phosphate caps 30mg</i>	3	QL(112/365)
<i>oseltamivir phosphate susr</i>	3	QL(700/365)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 45MG, 75MG	4	QL(56/365)
TAMIFLU CAPS 30MG	4	QL(112/365)
TAMIFLU SUSR	4	QL(700/365)
<b>Antiherpetic Agents</b>		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	4	QL(30/30)
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D PA
<i>acyclovir susp</i>	2	
<i>acyclovir tabs</i>	2	
<i>famciclovir</i>	2	QL(60/30)
<i>trifluridine</i>	2	
<i>valacyclovir hcl</i>	3	QL(30/30)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 10mg, 5mg</i>	1	
<i>bupirone hcl tabs 15mg, 30mg, 7.5mg</i>	2	
<i>doxepin hcl</i>	2	PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Benzodiazepines</b>		
<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)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<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	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	2	QL(90/30)
BYDUREON	3	QL(4/28)
BYDUREON BCISE	3	QL(4/28)
BYDUREON PEN	3	QL(4/28)
BYETTA INJ 5MCG/0.02ML	3	QL(1.2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BYETTA INJ 10MCG/0.04ML	3	QL(2.4/30)
FARXIGA	3	QL(30/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	2	QL(60/30)
<i>glipizide er tb24 5mg</i>	2	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	2	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>	2	QL(60/30)
<i>glipizide xl tb24 5mg</i>	2	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	2	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)
GLUMETZA TB24 1000MG	4	QL(60/30) ST
GLUMETZA TB24 500MG	4	QL(120/30) ST
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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin hcl er tb24 1000mg (generic for Glumetza)</i>	4	QL(60/30) ST
<i>metformin hcl er tb24 500mg (generic for Glumetza)</i>	4	QL(120/30) ST
<i>metformin hcl er tb24 1000mg, 500mg (generic for Fortamet)</i>	1	QL(60/30)
<i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hcl tabs 500mg</i>	1	QL(150/30)
<i>miglitol</i>	4	QL(90/30)
<i>nateglinide</i>	2	QL(90/30)
OZEMPIC	3	QL(3/30)
<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>	4	QL(120/30)
<i>repaglinide tabs 2mg</i>	4	QL(240/30)
RIOMET	3	QL(750/30)
SYMLINPEN 120	4	PA QL(10.8/28)
SYMLINPEN 60	4	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)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Insulins</b>		
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	
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 SOLOSTAR	3	QL(9/30)
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN	4	
ELIQUIS STARTER PACK	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)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<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)
<b>Blood Formation Modifiers</b>		
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	4	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA QL(4/28)
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
<b>Hemostasis Agents</b>		
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	QL(30/28)
<b>Platelet Modifying Agents</b>		
AGGRENOX	4	QL(60/30) ST
<i>aspirin/dipyridamole</i>	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>dipyridamole tabs</i>	2	PA
<i>prasugrel</i>	4	QL(30/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	3	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	3	QL(8/28)
<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	2	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	4	QL(30/30) ST
BENICAR HCT	4	QL(30/30) ST
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl</i>	1	QL(60/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	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)
<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)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj</i>	4	
<i>amiodarone hcl tabs</i>	2	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<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	
<b>Beta-adrenergic Blocking Agents</b>		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nadolol</i>	4	
<i>nadolol/bendroflumethiazide</i>	4	QL(30/30)
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	4	
<i>propranolol hcl inj</i>	4	
<i>propranolol hcl oral soln</i>	2	
<i>propranolol hcl tabs</i>	2	
<i>propranolol hydrochloride</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs</i>	4	
<b>Calcium Channel Blocking Agents</b>		
<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/valsartan/hctz</i>	2	QL(30/30)
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl er cp12</i>	3	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	3	
<i>diltiazem hcl er tb24</i>	3	
<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>	3	
<i>nicardipine hcl caps</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	3	
<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 120mg, 80mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>atropine sulfate inj 0.5mg/5ml</i>	4	
CORLANOR	4	PA QL(60/30)
DEMSE	5	
<i>digitek tabs 0.125mg</i>	3	QL(30/30)
<i>digitek tabs 0.25mg</i>	3	PA
<i>digox tabs 125mcg</i>	3	QL(30/30)
<i>digox tabs 250mcg</i>	3	PA
<i>digoxin inj</i>	4	PA
<i>digoxin tabs 125mcg</i>	3	QL(30/30)
<i>digoxin tabs 250mcg</i>	3	PA
LANOXIN TABS 125MCG	4	QL(30/30)
LANOXIN TABS 250MCG	4	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)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Diuretics, Loop</b>		
<i>bumetanide inj</i>	4	
<i>bumetanide tabs 2mg</i>	3	
<i>bumetanide tabs 0.5mg, 1mg</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	
<b>Diuretics, Potassium-sparing</b>		
<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	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate caps 130mg, 150mg</i>	4	QL(30/30)
<i>fenofibrate caps 43mg, 50mg</i>	4	QL(60/30)
<i>fenofibrate micronized caps 134mg, 200mg</i>	3	QL(30/30)
<i>fenofibrate micronized caps 67mg</i>	3	QL(60/30)
<i>fenofibrate tabs 145mg, 160mg</i>	4	QL(30/30)
<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)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gemfibrozil</i>	2	QL(60/30)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	4	QL(30/30) ST
LIVALO	3	QL(30/30) ST
<i>lovastatin tabs 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)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)
<i>niacin er tbc 500mg</i>	2	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	2	QL(60/30)
<i>niacor</i>	2	
NIASPAN TBCR 500MG	4	QL(30/30) ST
NIASPAN TBCR 1000MG, 750MG	4	QL(60/30) ST
<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)
VYTORIN	4	QL(30/30) ST
WELCHOL	3	
ZETIA	4	QL(30/30) ST
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl inj</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydralazine hcl tabs</i>	2	
<i>minoxidil</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
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, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg</i>	2	QL(60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	2	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL(180/30)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
<i>clonidine hcl er</i>	4	QL(120/30)
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	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)
<b>Central Nervous System, Other</b>		
HETLIOZ	5	PA QL(30/30)
NUDEXTA	3	QL(60/30)
<i>riluzole</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tetrabenazine tabs 12.5mg</i>	5	PA QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	PA QL(120/30)
<b>Multiple Sclerosis Agents</b>		
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	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)
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate mouth/ throat soln</i>	1	
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin</i>	4	PA
<i>ammonium lactate</i>	2	
<i>amnestem</i>	2	
<i>avita</i>	2	PA QL(45/30)
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	4	QL(60/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	
ELIDEL	3	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil external soln</i>	4	
<i>imiquimod</i>	2	QL(12/30)
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
PENNSAID	4	QL(224/28) ST
PICATO GEL 0.05%	4	QL(2/56)
PICATO GEL 0.015%	4	QL(3/56)
<i>podofilox</i>	2	
REGRANEX	5	PA QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	3	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
<i>zenatane</i>	2	
ZYCLARA	5	QL(56/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 4.25%/ DEXTROSE 25%	4	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX N14G30E	4	B/D PA
CLINIMIX N9G15E	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	4	B/D PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	4	B/D PA
DEXTROSE 10%	4	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	4	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	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	
<i>dextrose 5%/lactated ringers</i>	4	B/D PA
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
DEXTROSE 50%	4	B/D PA
DEXTROSE 70%	4	
<i>fluoride chew 0.25mg</i>	1	
<i>fluoritab chew 0.5mg, 1mg</i>	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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HEPATAMINE	4	B/D PA
KABIVEN	4	B/D PA
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	B/D PA
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	B/D PA
<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 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	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
NUTRILYTE INJ 2.03MEQ/ ML; 0.25MEQ/ML; 1.68MEQ/ ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
POTASSIUM CHLORIDE / SODIUM CHLORIDE	4	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride 0.15% d5w/ nacl 0.45%</i>	4	B/D PA
<i>potassium chloride 0.15% d5w/ nacl 0.45% viaflex</i>	4	B/D PA
<i>potassium chloride 0.22% d5w/ nacl 0.45%</i>	4	B/D PA
<i>potassium chloride cr</i>	1	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	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; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	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	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	5	
CUPRIMINE	5	
DEPEN TITRATABS	5	
EXJADE	5	ST
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	
VELTASSA	3	
<b>Phosphate Binders</b>		
AURYXIA	4	QL(360/30)
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
REVELA PACK	3	QL(180/30)
REVELA TABS	3	QL(540/30)
VELPHORO	4	QL(180/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Vitamins</b>		
<i>multivitamin with fluoride chew</i>	2	
VP-PNV-DHA	3	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<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	
<b>Gastrointestinal Agents, Other</b>		
<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	
<i>metoclopramide hcl oral soln</i>	2	
<i>metoclopramide hcl tabs</i>	2	
OSMOPREP	4	
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	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosecron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
<i>alosecron 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)
<b>Laxatives</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
<i>lactulose</i>	2	
MOVIPREP	4	
<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	4	
<i>trilyte</i>	2	
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	3	
<i>sucralfate</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL(60/30) ST
<i>esomeprazole magnesium</i>	4	QL(60/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole sodium</i>	4	
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	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
NAGLAZYME	5	PA
ORFADIN	5	
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxybutynin chloride syrup</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>tolterodine tartrate</i>	4	QL(60/30)
<i>tolterodine tartrate er</i>	4	QL(30/30)
VESICARE	4	QL(30/30)

### Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2	QL(30/30)
<i>doxazosin</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>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 hcl</i>	2	
<i>phenazopyridine hydrochloride</i>	2	

### 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	
<i>desonide oint</i>	4	
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	4	
<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	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF	4	
TEXACORT	3	
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	4	
<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)

### 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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 50mg</i>	3	
<i>danazol caps 100mg, 200mg</i>	4	
<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	
<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	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
camrese	2	QL(91/91)
camrese lo	2	QL(91/91)
caziant	2	
cesia	2	
chateal	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	QL(91/91)
DELESTROGEN INJ 10MG/ML	4	
delyla	2	
DEPO-ESTRADIOL	4	
desogestrel/ethinyl estradiol	2	
elinest	2	
emoquette	2	
enpresse-28	2	
enskyce	2	
estarylla	2	
estradiol pttw	2	PA QL(8/28)
estradiol ptwk	2	PA QL(4/28)
estradiol tabs 0.5mg, 1mg, 2mg	2	PA
estradiol tabs 10mcg	4	QL(18/28)
estradiol valerate	4	
ESTRING	3	QL(1/90)
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	2	
falmina	2	
FEMRING	3	QL(1/90)
femynor	2	
fyavolv tabs 2.5mcg; 0.5mg	3	PA
gildagia	2	
introvale	2	QL(91/91)
isibloom	2	
jevantique lo	3	PA
jolessa	2	QL(91/91)
juleber	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kimidess	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
lessina	2	
levonest	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL(91/91)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0	2	QL(91/91)
levora 0.15/30-28	2	
low-ogestrel	2	
lutera	2	
marlissa	2	
MENEST	3	PA
MENOSTAR	3	PA QL(4/28)
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
MINIVELLE	3	PA QL(8/28)
mono-linyah	2	
myzilra	2	
necon 0.5/35-28	2	
necon 7/7/7	2	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>pimtrea</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	
PREMARIN TABS	4	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>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>viorele</i>	2	
<i>vyfemla</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	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	3	
<b>Progestins</b>		
<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	
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA INJ 250MG/ML	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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	2	QL(30/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	4	
<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	4	
<i>liothyronine sodium inj</i>	4	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	4	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	QL(16/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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)
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)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE	5	PA QL(100/30)
FIRAZYR	5	PA QL(18/30)
<b>Immune Suppressants</b>		
ASTAGRAF XL CP24 5MG	5	PA
ASTAGRAF XL CP24 0.5MG, 1MG	4	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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	PA QL(2/28)
HUMIRA INJ 40MG/0.8ML	5	PA QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	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>	4	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA
<i>mycophenolate mofetil tabs</i>	4	PA
<i>mycophenolic acid dr</i>	4	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>	3	PA
TORISEL	5	B/D PA QL(4/28)

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
HIBERIX	4	
IMOVAX RABIES (H.D.C.V.)	4	B/D PA
INFANRIX	4	
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	4	
LIALDA	3	QL(120/30)
<i>mesalamine</i>	4	
<b>Glucocorticoids</b>		
<i>budesonide cpep</i>	4	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium 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>	4	QL(90/30)
PROLIA	4	QL(1/180)
SENSIPAR TABS 30MG	3	QL(60/30)
SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>bd eclipse syringe/1ml/30gx1/2"</i>	2	QL(200/30)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd pen needle/mini/ ultrafine/31g x 3/16"</i>	2	QL(200/30)
<i>bd pen needle/nano/ultra fine/32g x 4mm</i>	2	QL(200/30)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	2	QL(200/30)
<i>bd safetyglide 27g x 5/8"</i>	2	QL(200/30)
CARNITOR INJ	4	B/D PA
FERRIPROX	5	PA
<i>fomepizole</i>	5	
INTRALIPID	4	B/D PA
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	4	
<i>levocarnitine</i>	2	
LIPOSYN III	4	B/D PA
NATPARA	5	PA QL(2/28)
<i>novofine 30gx8mm</i>	2	QL(200/30)
<i>novofine 31</i>	2	QL(200/30)
<i>novofine 32gx6mm</i>	2	QL(200/30)
<i>novofine autocover 30gx8mm</i>	2	QL(200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>novotwist 32gx5mm</i>	2	QL(200/30)
NUTRILIPID	4	B/D PA
PHYSIOLYTE	4	
<i>physiosol irrigation</i>	4	
RINGERS IRRIGATION	4	
<i>sodium chloride 0.9%</i>	4	
<i>sodium chloride 0.9%</i>	4	
<i>sterile water irrigation</i>	4	
<i>sterile water irrigation plastic bottle</i>	4	
<i>techlite pen needles/31g x 6 mm</i>	2	QL(200/30)
<i>techlite pen needles/31g x 8mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 4mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 6mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 8mm</i>	2	QL(200/30)
TIS-U-SOL	4	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic soln</i>	2	QL(5/30)
COMBIGAN	3	
<i>latanoprost</i>	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic soln</i>	2	
CYSTARAN	5	PA QL(60/28)
LACRISERT	3	
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tropicamide</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	3	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	QL(5/30)
<i>olopatadine hydrochloride</i>	2	QL(2.5/30)
PAZEO	3	QL(2.5/30)
<b>Ophthalmic Anti-inflammatories</b>		
<i>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	
<b>Ophthalmic Antiglaucoma Agents</b>		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)
<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	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ARNUITY ELLIPTA	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)
<i>fluticasone propionate susp</i>	2	QL(16/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mometasone furoate susp</i>	2	QL(34/30)
NASONEX	4	QL(34/30) ST
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln</i>	2	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
<b>Antileukotrienes</b>		
<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	2	QL(60/30)
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	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)
<b>Bronchodilators, Sympathomimetic</b>		
<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 syrp</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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levalbuterol tartrate hfa</i>	3	QL(30/30)
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
SEREVENT DISKUS	3	QL(60/30)
<i>terbutaline sulfate</i>	4	
VENTOLIN HFA	4	QL(36/30)
<b>Cystic Fibrosis Agents</b>		
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)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	4	
DALIRESP TABS 500MCG	4	PA QL(30/30)
THEO-24	4	
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
<b>Pulmonary Antihypertensives</b>		
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</i>	3	PA QL(90/30)
TRACLEER	5	PA QL(60/30)
VENTAVIS	5	PA QL(270/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA QL(270/30)
ESBRIET TABS 801MG	5	PA QL(90/30)
ESBRIET TABS 267MG	5	PA QL(270/30)
OFEV	5	PA QL(60/30)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP	4	B/D PA
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
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>methocarbamol tabs</i>	2	PA
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(30/30)
<i>zolpidem tartrate tabs</i>	2	PA QL(30/30)
<b>Sleep Disorders, Other</b>		
<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)

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<b>A</b>		ADVAIR DISKUS .....	56	<i>alprazolam tabs</i>	
<i>abacavir/lamivudine</i> .....	33	ADVAIR HFA .....	56	<i>0.25mg, 0.5mg, 1mg</i> .....	35
<i>abacavir oral soln</i> .....	33	<i>afeditab cr</i> .....	39	<i>alprazolam tabs 2mg</i> .....	35
<i>abacavir sulfate/ lamivudine/zidovudine</i> .....	33	AFINITOR DISPERZ TBSO 2MG, 3MG .....	29	<i>altavera</i> .....	49
<i>abacavir tabs</i> .....	33	AFINITOR DISPERZ TBSO 5MG... ..	29	ALUNBRIG TABS 30MG .....	29
ABELCET.....	25	AFINITOR TABS 2.5MG, 5MG, 7.5MG .....	29	ALUNBRIG TABS 180MG, 90MG... ..	29
ABILIFY MAINTENA.....	31	AFINITOR TABS 10MG .....	29	ALUNBRIG TBPK .....	29
ABRAXANE .....	28	AGGRENEX .....	37	<i>alyacen 1/35</i> .....	49
<i>acamprosate calcium dr.</i> .....	18	<i>ala-cort crea 1%</i> .....	47	<i>alyacen 7/7/7</i> .....	49
<i>acarbose</i> .....	35	ALBENZA.....	30	<i>amantadine hcl</i> .....	30
<i>acebutolol hcl</i> .....	39	<i>albuterol sulfate er</i> .....	57	AMBISOME.....	25
<i>acetaminophen/codeine oral soln</i> ..	16	<i>albuterol sulfate nebu 0.5%</i> .....	57	<i>a-methapred</i> .....	47
<i>acetaminophen/codeine tabs</i> <i>300mg; 15mg, 300mg; 30mg</i> .....	16	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i> .....	57	<i>amethia</i> .....	49
<i>acetaminophen/codeine tabs</i> <i>300mg; 60mg</i> .....	16	<i>albuterol sulfate syrup</i> .....	57	<i>amethia lo</i> .....	49
<i>acetazolamide</i> .....	40	<i>albuterol sulfate tabs</i> .....	57	<i>amikacin sulfate</i> .....	18
<i>acetazolamide er</i> .....	56	<i>alclometasone dipropionate</i> .....	47	<i>amiloride hcl</i> .....	40
<i>acetazolamide sodium</i> .....	40	<i>alcohol prep pads</i> .....	18	<i>amiloride/hydrochlorothiazide</i> .....	40
<i>acetic acid</i> .....	56	ALDURAZYME.....	47	<i>aminophylline</i> .....	57
<i>acetylcysteine inhalation soln</i> .....	58	ALECENSA.....	29	AMINOSYN .....	43
<i>acitretin</i> .....	42	<i>alendronate sodium tabs</i> <i>10mg, 40mg, 5mg</i> .....	54	AMINOSYN 7%/ELECTROLYTES ..	43
ACTEMRA INJ 162MG/0.9ML .....	53	<i>alendronate sodium tabs</i> <i>35mg, 70mg</i> .....	54	AMINOSYN 8.5%/ ELECTROLYTES.....	43
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML.....	53	<i>alfuzosin hcl er</i> .....	47	AMINOSYN-HBC.....	43
ACTHIB.....	53	ALIMTA.....	27	AMINOSYN II .....	43
ACTIMMUNE .....	53	ALINIA SUSR .....	30	AMINOSYN II 8.5%/ ELECTROLYTES.....	43
<i>acyclovir caps</i> .....	34	ALINIA TABS .....	30	AMINOSYN M.....	43
<i>acyclovir oint</i> .....	34	ALIQOPA .....	29	AMINOSYN-PF.....	43
<i>acyclovir sodium inj 50mg/ml</i> .....	34	<i>allopurinol</i> .....	26	AMINOSYN-PF 7%.....	43
<i>acyclovir susp</i> .....	34	<i>allopurinol sodium</i> .....	26	AMINOSYN-RF .....	43
<i>acyclovir tabs</i> .....	34	ALOCRIL .....	56	<i>amiodarone hcl inj</i> .....	38
ADACEL.....	53	ALORA .....	49	<i>amiodarone hcl tabs</i> .....	38
ADAGEN .....	47	<i>alosectron hydrochloride</i> <i>tabs 0.5mg</i> .....	46	AMITIZA.....	46
<i>adefovir dipivoxil</i> .....	32	<i>alosectron hydrochloride tabs 1mg</i> ... ..	46	<i>amitriptyline hcl</i> .....	24
ADEMPAS .....	57	<i>alprazolam odt tbdp</i> <i>0.25mg, 0.5mg, 1mg</i> .....	35	<i>amlodipine besylate/ benazepril hydrochloride caps</i> <i>2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i> .....	39
<i>adriamycin</i> .....	28	<i>alprazolam odt tbdp 2mg</i> .....	35	<i>amlodipine besylate/ benazepril hydrochloride caps</i> <i>10mg; 20mg, 10mg; 40mg</i> .....	39
<i>adrucil</i> .....	27				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amlodipine besylate tabs 2.5mg</i> . . . . .	39	<i>anaspaz</i> . . . . .	46	<i>aripiprazole tabs</i> . . . . .	31
<i>amlodipine besylate tabs 5mg</i> . . . . .	39	<i>anastrozole</i> . . . . .	29	ARISTADA INJ 441MG/1.6ML . . . . .	31
<i>amlodipine besylate tabs 10mg</i> . . . . .	39	ANORO ELLIPTA . . . . .	57	ARISTADA INJ 662MG/2.4ML . . . . .	31
<i>amlodipine besylate/valsartan</i> . . . . .	39	APOKYN . . . . .	30	ARISTADA INJ 882MG/3.2ML . . . . .	31
<i>amlodipine/valsartan/hctz</i> . . . . .	39	<i>apraclonidine</i> . . . . .	56	ARISTADA INJ 1064MG/3.9ML . . . . .	31
<i>ammonium lactate</i> . . . . .	42	<i>aprepitant caps</i> . . . . .	25	<i>armodafinil</i> . . . . .	58
<i>amnesteam</i> . . . . .	42	<i>aprepitant caps 40mg</i> . . . . .	25	ARNUIITY ELLIPTA . . . . .	56
<i>amoxapine</i> . . . . .	24	<i>aprepitant caps 80mg</i> . . . . .	25	ARRANON . . . . .	27
<i>amoxicillin caps</i> . . . . .	20	<i>aprepitant caps 125mg</i> . . . . .	25	<i>ascomp/codeine</i> . . . . .	16
<i>amoxicillin chew</i> . . . . .	20	<i>apri</i> . . . . .	49	<i>ashlyna</i> . . . . .	49
<i>amoxicillin/clavulanate potassium</i> . . . . .	20	APRISO . . . . .	54	<i>aspirin/dipyridamole</i> . . . . .	37
<i>amoxicillin/clavulanate potassium er</i> . . . . .	20	APTIOM TABS 200MG, 400MG, 800MG . . . . .	22	ASTAGRAF XL CP24 0.5MG, 1MG . . . . .	52
<i>amoxicillin susr</i> . . . . .	20	APTIOM TABS 600MG . . . . .	22	ASTAGRAF XL CP24 5MG . . . . .	52
<i>amoxicillin tabs</i> . . . . .	20	APTIVUS CAPS . . . . .	34	<i>atazanavir caps 150mg</i> . . . . .	34
<i>amphetamine/ dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i> . . . . .	41	APTIVUS ORAL SOLN . . . . .	34	<i>atazanavir caps 200mg</i> . . . . .	34
<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> . . . . .	41	ARALAST NP . . . . .	58	<i>atazanavir caps 300mg</i> . . . . .	34
<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> . . . . .	41	<i>aranelle</i> . . . . .	49	<i>atazanavir sulfate caps 150mg</i> . . . . .	34
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i> . . . . .	42	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML . . . . .	37	<i>atazanavir sulfate caps 200mg</i> . . . . .	34
<i>amphotericin b</i> . . . . .	25	ARANESP ALBUMIN FREE INJ 25MCG/0.42ML . . . . .	37	<i>atazanavir sulfate caps 300mg</i> . . . . .	34
<i>ampicillin</i> . . . . .	20	ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML . . . . .	37	<i>atenolol</i> . . . . .	39
<i>ampicillin sodium</i> . . . . .	20	ARANESP ALBUMIN FREE INJ 60MCG/0.3ML . . . . .	37	<i>atenolol/chlorthalidone</i> . . . . .	39
<i>ampicillin-sulbactam</i> . . . . .	20	ARANESP ALBUMIN FREE INJ 100MCG/0.5ML . . . . .	37	ATGAM . . . . .	53
AMPYRA . . . . .	42	ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML . . . . .	37	<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i> . . . . .	42
ANADROL-50 . . . . .	49	ARANESP ALBUMIN FREE INJ 150MCG/0.3ML . . . . .	37	<i>atomoxetine caps 100mg, 60mg, 80mg</i> . . . . .	42
<i>anagrelide hydrochloride</i> . . . . .	37	ARANESP ALBUMIN FREE INJ 200MCG/0.4ML . . . . .	37	<i>atorvastatin calcium</i> . . . . .	41
		ARANESP ALBUMIN FREE INJ 300MCG/0.6ML . . . . .	37	<i>atovaquone</i> . . . . .	30
		ARANESP ALBUMIN FREE INJ 500MCG/ML . . . . .	37	<i>atovaquone/proguanil hcl</i> . . . . .	30
		ARCALYST . . . . .	53	ATRIPLA . . . . .	34
		<i>aripiprazole odt</i> . . . . .	31	<i>atropine sulfate inj 0.5mg/5ml</i> . . . . .	40
		<i>aripiprazole oral soln</i> . . . . .	31	<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i> . . . . .	46
				<i>atropine sulfate ophthalmic soln</i> . . . . .	55
				ATROVENT HFA . . . . .	57
				<i>aubra</i> . . . . .	49
				<i>augmented betamethasone dipropionate</i> . . . . .	47
				AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML . . . . .	20

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
AURYXIA	45	BARACLUDE ORAL SOLN	32	BETASERON	42
AVASTIN	30	BAVENCIO	30	<i>betaxolol hcl</i>	39
AVELOX INJ	21	BAXDELA	21	<i>betaxolol hcl</i>	56
<i>aviane</i>	49	BCG VACCINE	53	<i>bethanechol chloride</i>	47
<i>avita</i>	42	<i>bd eclipse syringe/1ml/30gx1/2"</i>	55	<i>bexarotene</i>	30
AVONEX	42	<i>bd insulin syringe safetyglide/ 1ml/29g x 1/2"</i>	55	BEXSERO	53
AVONEX PEN	42	<i>bd insulin syringe ultrafine/ 0.3ml/31g x 5/16"</i>	55	<i>bicalutamide</i>	27
<i>azacitidine</i>	28	<i>bd insulin syringe ultrafine/ 0.5ml/30g x 1/2"</i>	55	BICILLIN L-A	20
AZACTAM	20	<i>bd insulin syringe ultrafine/ 1ml/31g x 5/16"</i>	55	BICNU	27
AZACTAM IN ISO-OSMOTIC DEXTROSE	20	<i>bd pen needle/mini/ultrafine/ 31g x 3/16"</i>	55	BIDIL	41
AZASAN	52	<i>bd pen needle/nano/ultra fine/ 32g x 4mm</i>	55	BIKTARVY	33
AZASITE	21	<i>bd pen needle/ultrafine/ 29g x 12.7mm</i>	55	BILTRICIDE	30
<i>azathioprine inj</i>	52	<i>bd safetyglide 27g x 5/8"</i>	55	<i>bimatoprost ophthalmic soln</i>	55
<i>azathioprine tabs</i>	52	<i>bekyree</i>	49	BINOSTO	54
<i>azelastine hcl nasal soln</i>	57	BELEODAQ	28	<i>bisoprolol fumarate</i>	39
<i>azelastine hcl ophthalmic soln</i>	56	<i>benazepril hcl</i>	38	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	39
<i>azithromycin inj</i>	21	<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	38	<i>bleomycin sulfate</i>	28
<i>azithromycin pack</i>	21	<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	38	BLEPHAMIDE	21
<i>azithromycin susr 100mg/5ml</i>	21	BENDEKA	26	BLEPHAMIDE S.O.P.	21
<i>azithromycin susr 200mg/5ml</i>	21	BENICAR	38	<i>blisovi fe 1.5/30</i>	49
<i>azithromycin tabs 250mg, 500mg</i>	21	BENICAR HCT	38	<i>blisovi fe 1/20</i>	49
<i>azithromycin tabs 600mg</i>	21	BENLYSTA INJ 120MG	53	BOOSTRIX	53
AZOPT	56	BENLYSTA INJ 400MG	53	BORTEZOMIB	28
<i>aztreonam inj 1gm</i>	20	<i>benztropine mesylate inj</i>	30	BOSULIF TABS 100MG	29
<i>aztreonam inj 2gm</i>	20	<i>benztropine mesylate tabs</i>	30	BOSULIF TABS 400MG, 500MG	29
<b>B</b>		BESIVANCE	21	BREO ELLIPTA	56
<i>baciim</i>	18	BESPONSA	30	<i>briellyn</i>	49
<i>bacitracin inj</i>	18	<i>betamethasone dipropionate</i>	47	BRILINTA	37
<i>bacitracin ophthalmic oint</i>	18	<i>betamethasone valerate crea</i>	47	<i>brimonidine tartrate ophthalmic soln 0.2%</i>	56
<i>bacitracin/polymyxin b</i>	18	<i>betamethasone valerate foam</i>	48	<i>brimonidine tartrate ophthalmic soln 0.15%</i>	56
<i>baclofen tabs</i>	32	<i>betamethasone valerate lotn</i>	48	BRIVIACT INJ	22
BACTROBAN NASAL	18	<i>betamethasone valerate oint</i>	48	BRIVIACT ORAL SOLN	22
<i>balsalazide disodium</i>	54			BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	22
<i>balziva</i>	49			BRIVIACT TABS 100MG	22
BANZEL SUSP	23			<i>bromfenac</i>	56
BANZEL TABS 200MG	23			<i>bromocriptine mesylate</i>	30
BANZEL TABS 400MG	23				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE	
<i>budesonide cpep</i> .....	54	<b>C</b>	<i>cabergoline</i> .....	52	<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i> .....	28
<i>budesonide susp</i> .....	56		CABOMETYX TABS 20MG, 60MG .....	29	CARNITOR INJ .....	55
<i>bumetanide inj</i> .....	40		CABOMETYX TABS 40MG .....	29	<i>carteolol hcl</i> .....	56
<i>bumetanide tabs 0.5mg, 1mg</i> .....	40		<i>calcipotriene crea</i> .....	42	<i>cartia xt</i> .....	39
<i>bumetanide tabs 2mg</i> .....	40		<i>calcipotriene external soln</i> .....	42	<i>carvedilol</i> .....	39
BUPHENYL TABS .....	47		<i>calcipotriene oint</i> .....	43	<i>carvedilol phosphate</i> .....	39
<i>buprenorphine hcl inj</i> .....	16		<i>calcitonin-salmon</i> .....	54	<i>casprofungin acetate</i> .....	25
<i>buprenorphine hcl/naloxone hcl</i> .....	18		<i>calcitrene</i> .....	43	CAYSTON .....	57
<i>buprenorphine hcl subl</i> .....	18		<i>calcitriol caps</i> .....	54	<i>caziant</i> .....	50
<i>bupropion hcl er tb12 100mg, 200mg</i> .....	24		<i>calcitriol inj</i> .....	54	<i>cefaclor caps</i> .....	20
<i>bupropion hcl sr</i> .....	18		<i>calcitriol oint</i> .....	43	<i>cefaclor er</i> .....	20
<i>bupropion hcl sr</i> .....	24		<i>calcitriol oral soln</i> .....	54	<i>cefaclor susr</i> .....	20
<i>bupropion hcl tabs 75mg</i> .....	24		<i>calcium acetate caps</i> .....	45	<i>cefadroxil</i> .....	20
<i>bupropion hcl tabs 100mg</i> .....	24		<i>calcium acetate tabs 667mg</i> .....	45	CEFAZOLIN .....	20
<i>bupropion hcl xl</i> .....	24		CALQUENCE .....	29	<i>cefazolin sodium/ dextrose inj 2gm; 3%</i> .....	20
<i>buspirone hcl tabs 10mg, 5mg</i> .....	34		<i>camila</i> .....	51	<i>cefazolin sodium inj 10gm, 1gm, 1gm; 5%, 500mg</i> .....	20
<i>buspirone hcl tabs 15mg, 30mg, 7.5mg</i> .....	34		<i>camrese</i> .....	50	<i>cefdinir</i> .....	20
<i>busulfan</i> .....	27		<i>camrese lo</i> .....	50	<i>cefepime</i> .....	20
BUSULFEX .....	27		CANCIDAS .....	25	<i>cefepime/dextrose</i> .....	20
<i>butalbital/acetaminophen/ caffeine caps</i> .....	16		<i>candesartan cilexetil</i> .....	38	<i>cefixime</i> .....	20
<i>butalbital/acetaminophen/ caffeine/codeine</i> .....	16		<i>candesartan cilexetil/ hydrochlorothiazide</i> .....	38	<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i> .....	20
<i>butalbital/acetaminophen/ caffeine tabs 325mg; 50mg; 40mg</i> .....	16		CAPASTAT SULFATE .....	26	<i>cefotetan</i> .....	20
<i>butalbital/aspirin/caffeine caps</i> .....	16		CAPRELSA TABS 100MG .....	29	<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i> .....	20
<i>butalbital/aspirin/caffeine/codeine</i> .....	16		CAPRELSA TABS 300MG .....	29	<i>cefpodoxime proxetil</i> .....	20
<i>butorphanol tartrate inj 1mg/ml</i> .....	16		<i>captopril/hydrochlorothiazide</i> .....	38	<i>cefprozil</i> .....	20
<i>butorphanol tartrate inj 2mg/ml</i> .....	16		<i>captopril tabs 12.5mg, 25mg</i> .....	38	<i>ceftazidime</i> .....	20
<i>butorphanol tartrate nasal soln</i> .....	16		<i>captopril tabs 100mg, 50mg</i> .....	38	<i>ceftazidime/dextrose</i> .....	20
BYDUREON .....	35	CARAFATE SUSP .....	46	<i>ceftriaxone in iso-osmotic dextrose</i> .....	20	
BYDUREON BCISE .....	35	CARBAGLU .....	43	<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> .....	20	
BYDUREON PEN .....	35	<i>carbamazepine</i> .....	23	<i>cefuroxime axetil</i> .....	20	
BYETTA INJ 5MCG/0.02ML .....	35	<i>carbamazepine er cp12</i> .....	23	<i>cefuroxime sodium</i> .....	20	
BYETTA INJ 10MCG/0.04ML .....	35	<i>carbamazepine er tb12</i> .....	23	<i>celecoxib caps 100mg, 200mg, 50mg</i> .....	16	
BYSTOLIC TABS 10MG, 2.5MG, 5MG .....	39	<i>carbidopa/levodopa</i> .....	31	<i>celecoxib caps 400mg</i> .....	16	
BYSTOLIC TABS 20MG .....	39	<i>carbidopa/levodopa/entacapone</i> .....	31	CELONTIN .....	22	
BYVALSON .....	39	<i>carbidopa/levodopa er</i> .....	31			
		<i>carbidopa/levodopa odt</i> .....	31			



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>cephalexin caps 250mg, 500mg</i> . . . . .	20	<i>ciprofloxacin susr</i> . . . . .	21	CLINIMIX E 4.25%/	
<i>cephalexin susr</i> . . . . .	20	CIPRO HC . . . . .	21	DEXTROSE 10% . . . . .	43
<i>cephalexin tabs</i> . . . . .	20	<i>cisplatin</i> . . . . .	28	CLINIMIX E 4.25%/	
CEREZYME . . . . .	47	<i>citalopram hydrobromide oral soln</i> . . . . .	24	DEXTROSE 25% . . . . .	44
<i>cesia</i> . . . . .	50	<i>citalopram hydrobromide</i>		CLINIMIX E 5%/DEXTROSE 25% . . . . .	44
CHANTIX . . . . .	18	<i>tabs 10mg</i> . . . . .	24	CLINIMIX N9G15E . . . . .	44
CHANTIX CONTINUING		<i>citalopram hydrobromide</i>		CLINIMIX N14G30E . . . . .	44
MONTH PAK . . . . .	18	<i>tabs 20mg</i> . . . . .	24	CLINISOL SF 15% . . . . .	44
CHANTIX STARTING		<i>citalopram hydrobromide</i>		<i>clobetasol propionate crea</i> . . . . .	48
MONTH PAK . . . . .	18	<i>tabs 40mg</i> . . . . .	24	<i>clobetasol propionate e</i> . . . . .	48
<i>chateal</i> . . . . .	50	<i>cladribine</i> . . . . .	27	<i>clobetasol propionate</i>	
CHEMET . . . . .	45	<i>claravis</i> . . . . .	43	<i>emollient crea</i> . . . . .	48
<i>chloramphenicol sodium succinate</i> . . . . .	18	<i>clarithromycin er</i> . . . . .	21	<i>clobetasol propionate</i>	
<i>chlorhexidine gluconate</i>		<i>clarithromycin susr</i> . . . . .	21	<i>emollient foam</i> . . . . .	48
<i>mouth/throat soln</i> . . . . .	42	<i>clarithromycin tabs</i> . . . . .	21	<i>clobetasol propionate</i>	
<i>chloroquine phosphate</i> . . . . .	30	<i>clindacin etz pledgets</i> . . . . .	19	<i>external soln</i> . . . . .	48
<i>chlorothiazide</i> . . . . .	40	<i>clindacin-p</i> . . . . .	19	<i>clobetasol propionate foam</i> . . . . .	48
<i>chlorothiazide sodium</i> . . . . .	40	<i>clindamycin</i> . . . . .	19	<i>clobetasol propionate gel</i> . . . . .	48
<i>chlorpromazine hcl</i> . . . . .	31	<i>clindamycin hcl</i> . . . . .	19	<i>clobetasol propionate oint</i> . . . . .	48
<i>chlorthalidone</i> . . . . .	40	<i>clindamycin phosphate crea</i> . . . . .	19	<i>clobetasol propionate sham</i> . . . . .	48
<i>cholestyramine</i> . . . . .	41	<i>clindamycin phosphate</i>		<i>clodan</i> . . . . .	48
<i>cholestyramine light</i> . . . . .	41	<i>external soln</i> . . . . .	19	<i>clofarabine</i> . . . . .	27
<i>chorionic gonadotropin</i> . . . . .	49	<i>clindamycin phosphate gel</i> . . . . .	19	<i>clomipramine hcl</i> . . . . .	24
<i>ciclodan</i> . . . . .	25	<i>clindamycin phosphate in d5w</i> . . . . .	19	<i>clonazepam odt tbdp</i>	
<i>ciclopirox nail lacquer</i> . . . . .	25	<i>clindamycin phosphate inj</i>		<i>0.125mg, 0.25mg, 0.5mg</i> . . . . .	22
<i>ciclopirox olamine</i> . . . . .	25	<i>150mg/ml, 300mg/2ml,</i>		<i>clonazepam odt tbdp 1mg</i> . . . . .	22
<i>ciclopirox sham</i> . . . . .	25	<i>600mg/4ml, 900mg/6ml</i> . . . . .	19	<i>clonazepam odt tbdp 2mg</i> . . . . .	22
<i>ciclopirox susp</i> . . . . .	25	<i>clindamycin phosphate lotn</i> . . . . .	19	<i>clonazepam tabs 0.5mg</i> . . . . .	22
<i>cidofovir</i> . . . . .	32	<i>clindamycin phosphate swab</i> . . . . .	19	<i>clonazepam tabs 1mg</i> . . . . .	22
<i>cilostazol</i> . . . . .	37	<i>clindamycin/sodium chloride</i> . . . . .	19	<i>clonazepam tabs 2mg</i> . . . . .	22
CILOXAN OINT . . . . .	21	CLINIMIX 2.75%/DEXTROSE 5% . . . . .	43	<i>clonidine hcl er</i> . . . . .	42
<i>cimetidine</i> . . . . .	46	CLINIMIX 4.25%/DEXTROSE 5% . . . . .	43	<i>clonidine hcl ptwk</i>	
<i>cimetidine hcl</i> . . . . .	46	CLINIMIX 4.25%/DEXTROSE 10% . . . . .	43	<i>0.1mg/24hr, 0.2mg/24hr</i> . . . . .	38
CINRYZE . . . . .	52	CLINIMIX 4.25%/DEXTROSE 20% . . . . .	43	<i>clonidine hcl ptwk 0.3mg/24hr</i> . . . . .	38
CIPRODEX . . . . .	21	CLINIMIX 4.25%/DEXTROSE 25% . . . . .	43	<i>clonidine hcl tabs 0.1mg, 0.2mg</i> . . . . .	38
<i>ciprofloxacin er tb24 500mg; 0</i> . . . . .	21	CLINIMIX 5%/DEXTROSE 15% . . . . .	43	<i>clonidine hcl tabs 0.3mg</i> . . . . .	38
<i>ciprofloxacin er tb24 1000mg; 0</i> . . . . .	21	CLINIMIX 5%/DEXTROSE 20% . . . . .	43	<i>clopidogrel tabs 75mg</i> . . . . .	37
<i>ciprofloxacin hcl</i> . . . . .	21	CLINIMIX 5%/DEXTROSE 25% . . . . .	43	<i>clopidogrel tabs 300mg</i> . . . . .	37
<i>ciprofloxacin inj</i> . . . . .	21	CLINIMIX E 2.75%/		<i>clorazepate dipotassium</i>	
<i>ciprofloxacin i.v.-in d5w</i> . . . . .	21	DEXTROSE 10% . . . . .	43	<i>tabs 3.75mg, 7.5mg</i> . . . . .	35
				<i>clorazepate dipotassium</i>	
				<i>tabs 15mg</i> . . . . .	35

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>clotrimazole/betamethasone dipropionate</i> .....	25	<i>cromolyn sodium ophthalmic soln</i> ..	56	<i>deblitane</i> .....	51
<i>clotrimazole external crea</i> .....	25	<i>cryselle-28</i> .....	50	<i>decitabine</i> .....	28
<i>clotrimazole external soln</i> .....	25	CUPRIMINE .....	45	DELESTROGEN INJ 10MG/ML .....	50
<i>clotrimazole lozg</i> .....	25	<i>curity gauze pads 2"x2"</i> .....	43	<i>delyla</i> .....	50
<i>clozapine odt tbdp 12.5mg, 25mg</i> ..	32	<i>cyclafem 1/35</i> .....	50	DEMSEER .....	40
<i>clozapine odt tbdp 100mg</i> .....	32	<i>cyclafem 7/7/7</i> .....	50	DEPEN TITRATABS .....	45
<i>clozapine odt tbdp 150mg</i> .....	32	<i>cyclobenzaprine hcl tabs</i> 10mg, 5mg .....	58	DEPO-ESTRADIOL .....	50
<i>clozapine odt tbdp 200mg</i> .....	32	<i>cyclophosphamide caps</i> .....	27	DEPO-MEDROL INJ 20MG/ML .....	48
<i>clozapine tabs 25mg, 50mg</i> .....	32	<i>cyclophosphamide inj</i> 1gm, 500mg .....	27	DEPO-PROVERA .....	51
<i>clozapine tabs 100mg</i> .....	32	<i>cyclophosphamide inj 2gm</i> .....	27	DESCOVY .....	33
<i>clozapine tabs 200mg</i> .....	32	<i>cycloserine</i> .....	26	<i>desipramine hcl</i> .....	25
COARTEM .....	30	<i>cyclosporine</i> .....	52	<i>desloratadine</i> .....	57
<i>colchicine caps</i> .....	26	<i>cyclosporine modified</i> .....	52	<i>desmopressin acetate inj</i> .....	49
<i>colchicine tabs</i> .....	26	CYRAMZA .....	30	<i>desmopressin acetate nasal soln</i> ..	49
<i>colestipol hcl</i> .....	41	<i>cyred</i> .....	50	<i>desmopressin acetate tabs</i> .....	49
<i>colistimethate sodium</i> .....	19	CYSTADANE .....	47	<i>desogestrel/ethinyl estradiol</i> .....	50
<i>colocort</i> .....	54	CYSTAGON .....	47	<i>desonide lotn</i> .....	48
COMBIGAN .....	55	CYSTARAN .....	55	<i>desonide oint</i> .....	48
COMBIVENT RESPIMAT .....	57	<i>cytarabine</i> .....	27	<i>desoximetasone</i> .....	48
COMETRIQ KIT .....	29	<i>cytarabine aqueous</i> .....	27	<i>desvenlafaxine er</i> .....	24
COMETRIQ KIT .....	29	<b>D</b>		<i>dexamethasone elix</i> .....	48
COMETRIQ KIT 20MG .....	29	<i>dacarbazine</i> .....	27	<i>dexamethasone intensol</i> .....	48
COMPLERA .....	33	<i>dactinomycin</i> .....	28	<i>dexamethasone oral soln</i> .....	48
<i>compro</i> .....	31	DALIRESP TABS 500MCG .....	57	<i>dexamethasone sodium phosphate inj</i> 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml ..	48
<i>constulose</i> .....	46	<i>danazol caps 50mg</i> .....	49	<i>dexamethasone sodium phosphate ophthalmic soln</i> .....	56
COPAXONE INJ 20MG/ML .....	42	<i>danazol caps 100mg, 200mg</i> .....	49	<i>dexamethasone tabs</i> 0.5mg, 0.75mg, 4mg .....	48
COPAXONE INJ 40MG/ML .....	42	<i>dantrolene sodium</i> .....	32	<i>dexamethasone tabs</i> 1.5mg, 1mg, 2mg, 6mg .....	48
COREG CR .....	39	<i>dapsone tabs</i> .....	26	DEXILANT .....	46
CORLANOR .....	40	DAPTACEL .....	53	<i>dexamethylphenidate hcl</i> .....	42
<i>cortisone acetate</i> .....	48	<i>daptomycin</i> .....	19	<i>dexrazoxane</i> .....	28
COSMEGEN .....	28	DARAPRIM .....	30	<i>dextroamphetamine sulfate er cp24</i> 5mg .....	42
COTELLIC .....	29	<i>darifenacin hydrobromide er</i> .....	47	<i>dextroamphetamine sulfate er cp24</i> 10mg .....	42
COUMADIN .....	36	DARZALEX .....	30	<i>dextroamphetamine sulfate er cp24</i> 15mg .....	42
CREON .....	47	<i>dasetta 1/35</i> .....	50		
CRESTOR .....	41	<i>dasetta 7/7/7</i> .....	50		
CRIXIVAN CAPS 200MG .....	34	<i>daunorubicin hcl</i> .....	28		
CRIXIVAN CAPS 400MG .....	34	<i>daysee</i> .....	50		
<i>cromolyn sodium conc</i> .....	46				
<i>cromolyn sodium nebu</i> .....	57				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>dextroamphetamine sulfate oral soln</i> .....	42	<i>diclofenac sodium ophthalmic soln</i> .....	56	<i>donepezil hcl tabs 5mg</i> .....	23
<i>dextroamphetamine sulfate tabs 5mg</i> .....	42	<i>diclofenac sodium transdermal soln</i> .....	43	<i>donepezil hcl tabs 10mg</i> .....	23
<i>dextroamphetamine sulfate tabs 10mg</i> .....	42	<i>dicloxacillin sodium</i> .....	20	<i>donepezil hcl tabs 23mg</i> .....	23
<i>dextrose 2.5%/nacl 0.45%</i> .....	44	<i>dicyclomine hcl caps</i> .....	46	<i>donepezil hcl tbdp 5mg</i> .....	23
DEXTROSE 5% .....	44	<i>dicyclomine hcl oral soln</i> .....	46	<i>donepezil hcl tbdp 10mg</i> .....	23
<i>dextrose5% / electrolyte #48 viaflex</i> .....	44	<i>dicyclomine hcl tabs</i> .....	46	<i>donepezil hydrochloride tabs 5mg</i> ..	23
<i>dextrose 5%/lactated ringers</i> .....	44	<i>didanosine</i> .....	33	<i>donepezil hydrochloride tabs 10mg</i> ..	23
<i>dextrose 5%/nacl 0.2%</i> .....	44	<i>diflunisal</i> .....	16	<i>dorzolamide hcl</i> .....	56
DEXTROSE 5%/NACL 0.3% .....	44	<i>digitek tabs 0.25mg</i> .....	40	<i>dorzolamide hcl/timolol maleate</i> ....	56
<i>dextrose 5%/nacl 0.9%</i> .....	44	<i>digitek tabs 0.125mg</i> .....	40	<i>doxazosin</i> .....	47
<i>dextrose 5%/nacl 0.33%</i> .....	44	<i>digoxin inj</i> .....	40	<i>doxazosin mesylate tabs 1mg, 2mg</i> .....	47
<i>dextrose 5%/nacl 0.45%</i> .....	44	<i>digoxin tabs 125mcg</i> .....	40	<i>doxazosin mesylate tabs 8mg</i> .....	47
<i>dextrose 5%/nacl 0.225%</i> .....	44	<i>digoxin tabs 250mcg</i> .....	40	<i>doxepin hcl</i> .....	34
DEXTROSE 10% .....	44	<i>digox tabs 125mcg</i> .....	40	<i>doxepin hydrochloride</i> .....	43
<i>dextrose 10%/nacl 0.2%</i> .....	44	<i>digox tabs 250mcg</i> .....	40	<i>doxercalciferol caps 0.5mcg</i> .....	54
<i>dextrose10%/nacl 0.45%</i> .....	44	<i>dihydroergotamine mesylate inj</i> .....	26	<i>doxercalciferol caps 1mcg</i> .....	54
DEXTROSE 20% .....	44	DILANTIN .....	23	<i>doxercalciferol caps 2.5mcg</i> .....	54
DEXTROSE 25% .....	44	DILANTIN INFATABS .....	23	<i>doxercalciferol inj</i> .....	54
DEXTROSE 30% .....	44	<i>diltiazem hcl er cp12</i> .....	39	<i>doxorubicin hcl</i> .....	28
DEXTROSE 40% .....	44	<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i> .....	39	<i>doxorubicin hcl liposome</i> .....	28
DEXTROSE 50% .....	44	<i>diltiazem hcl er tb24</i> .....	39	<i>doxy 100</i> .....	22
DEXTROSE 70% .....	44	<i>diltiazem hcl inj</i> .....	39	<i>doxycycline hyclate caps</i> .....	22
DIASTAT ACUDIAL GEL 10MG .....	22	<i>diltiazem hcl tabs</i> .....	39	<i>doxycycline hyclate inj</i> .....	22
DIASTAT ACUDIAL GEL 20MG .....	22	<i>dilt-xr</i> .....	39	<i>doxycycline hyclate tabs 100mg, 20mg</i> .....	22
DIASTAT PEDIATRIC .....	22	<i>diphenhydramine hcl inj</i> .....	57	<i>doxycycline monohydrate caps 75mg</i> .....	22
<i>diazepam inj 5mg/ml</i> .....	35	<i>diphenoxylate/atropine</i> .....	46	<i>doxycycline monohydrate caps 100mg, 50mg</i> .....	22
<i>diazepam oral soln</i> .....	35	DIPHThERIA/TETANUS TOXOIDS		<i>doxycycline monohydrate tabs</i> .....	22
<i>diazepam rectal gel gel 2.5mg</i> .....	22	ADSORBED PEDIATRIC .....	54	<i>doxycycline susr</i> .....	22
<i>diazepam rectal gel gel 10mg</i> .....	22	<i>dipyridamole tabs</i> .....	37	<i>dronabinol</i> .....	25
<i>diazepam rectal gel gel 20mg</i> .....	22	<i>disulfiram</i> .....	18	DROXIA .....	27
<i>diazepam tabs</i> .....	35	<i>divalproex sodium</i> .....	22	<i>duloxetine hcl cpep 20mg, 60mg</i> ...	24
<i>diclofenac potassium</i> .....	16	<i>divalproex sodium dr</i> .....	22	<i>duloxetine hcl cpep 30mg</i> .....	24
<i>diclofenac sodium dr tbec 25mg, 50mg</i> .....	16	<i>divalproex sodium er</i> .....	22	DURAMORPH .....	16
<i>diclofenac sodium dr tbec 75mg</i> .....	16	<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i> .....	28	DUREZOL .....	56
<i>diclofenac sodium er</i> .....	16	DOCETAXEL INJ 200MG/10ML .....	28	<i>dutasteride</i> .....	47
<i>diclofenac sodium gel 1%</i> .....	43	<i>dofetilide</i> .....	39	<i>dutasteride/tamsulosin hydrochloride</i> .....	47

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<b>E</b>		<i>endocet tabs</i>		ERY-TAB.....	21
<i>econazole nitrate</i> .....	25	325mg; 2.5mg, 325mg; 5mg.....	17	ERYTHROCIN LACTOBIONATE ...	21
EDARBI .....	38	<i>endocet tabs 325mg; 7.5mg</i> .....	17	<i>erythrocin stearate</i> .....	21
EDARBYCLOR.....	38	<i>endocet tabs 325mg; 10mg</i> .....	17	<i>erythromycin base</i> .....	21
<i>ed-spaz</i> .....	46	ENGERIX-B INJ 10MCG/0.5ML ...	54	<i>erythromycin/benzoyl peroxide</i> ....	43
EDURANT .....	33	ENGERIX-B INJ 20MCG/ML .....	54	<i>erythromycin ethylsuccinate</i> .....	21
<i>e.e.s. 400</i> .....	21	<i>enoxaparin sodium inj 30mg/0.3ml</i> ..	36	<i>erythromycin external soln</i> .....	21
<i>efavirenz caps 50mg</i> .....	33	<i>enoxaparin sodium inj 40mg/0.4ml</i> ..	36	<i>erythromycin gel</i> .....	21
<i>efavirenz caps 200mg</i> .....	33	<i>enoxaparin sodium inj 60mg/0.6ml</i> ..	36	<i>erythromycin oint</i> .....	21
<i>efavirenz tabs</i> .....	33	<i>enoxaparin sodium inj</i>		<i>erythromycin pads</i> .....	21
ELAPRASE .....	47	100mg/ml, 150mg/ml, 300mg/3ml ..	37	ESBRIET CAPS .....	58
ELIDEL .....	43	<i>enoxaparin sodium inj</i>		ESBRIET TABS 267MG.....	58
ELIGARD INJ 7.5MG .....	52	120mg/0.8ml, 80mg/0.8ml.....	36	ESBRIET TABS 801MG.....	58
ELIGARD INJ 22.5MG .....	52	<i>enpresse-28</i> .....	50	<i>escitalopram oxalate oral soln</i> ....	24
ELIGARD INJ 30MG .....	52	<i>enskyce</i> .....	50	<i>escitalopram oxalate tabs 5mg</i> ....	24
ELIGARD INJ 45MG .....	52	<i>entacapone</i> .....	30	<i>escitalopram oxalate tabs 10mg</i> ....	24
<i>elinest</i> .....	50	<i>entecavir</i> .....	32	<i>escitalopram oxalate tabs 20mg</i> ....	24
ELIQUIS STARTER PACK .....	36	ENTRESTO.....	38	<i>esgic caps</i> .....	16
ELIQUIS TABS 2.5MG .....	36	<i>enulose</i> .....	46	<i>esomeprazole magnesium</i> .....	46
ELIQUIS TABS 5MG .....	36	ENVARUSUS XR TB24		<i>esomeprazole sodium</i> .....	47
ELITEK .....	27	0.75MG, 1MG .....	53	<i>estarylla</i> .....	50
ELLA .....	51	ENVARUSUS XR TB24 4MG .....	53	<i>estradiol pttw</i> .....	50
ELMIRON.....	47	EPCLUSA .....	33	<i>estradiol ptwk</i> .....	50
EMCYT .....	27	<i>epinastine hcl</i> .....	56	<i>estradiol tabs 0.5mg, 1mg, 2mg</i> ...	50
EMEND SUSR .....	25	<i>epinephrine</i> .....	57	<i>estradiol tabs 10mcg</i> .....	50
<i>emoquette</i> .....	50	<i>epinephrine hcl inj</i>		<i>estradiol valerate</i> .....	50
EMPLICITI.....	30	1mg/10ml, 1mg/ml, 30mg/30ml .....	57	ESTRING .....	50
EMSAM.....	24	EPIPEN 2-PAK.....	57	<i>ethacrynate sodium</i> .....	40
EMTRIVA CAPS .....	33	EPIPEN-JR 2-PAK.....	57	<i>ethambutol hcl</i> .....	26
EMTRIVA ORAL SOLN .....	33	<i>epirubicin hcl inj 200mg/100ml</i> ....	28	<i>ethosuximide</i> .....	22
ENABLEX.....	47	<i>epitol</i> .....	23	<i>ethynodiol diacetate/ethinyl</i>	
<i>enalapril maleate</i> .....	38	EPIVIR HBV ORAL SOLN .....	32	<i>estradiol tabs 50mcg; 1mg</i> .....	50
<i>enalapril maleate/</i>		ERBITUX .....	30	ETHYOL.....	28
<i>hydrochlorothiazide</i> .....	38	<i>ergoloid mesylates</i> .....	23	<i>etidronate disodium</i> .....	54
ENBREL INJ 25MG/0.5ML .....	53	<i>ergotamine tartrate/caffeine</i> .....	26	<i>etodolac</i> .....	16
ENBREL INJ 25MG, 50MG/ML .....	53	ERIVEDGE .....	29	<i>etodolac er</i> .....	16
ENBREL MINI.....	53	ERLEADA .....	27	<i>etoposide inj</i> .....	29
ENBREL SURECLICK.....	53	<i>errin</i> .....	51	EVOMELA.....	27
		ERWINAZE .....	28	EVOTAZ.....	34
		<i>ery</i> .....	21	<i>exemestane</i> .....	29
		ERYPED 400 .....	21		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
EXJADE	45	<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	17	<i>fluocinonide crea 0.05%</i>	48
<i>ezetimibe</i>	41	<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	17	<i>fluocinonide external soln</i>	48
<i>ezetimibe/simvastatin</i>	41	FERRIPROX	55	<i>fluocinonide gel</i>	48
<b>F</b>		FETZIMA	24	<i>fluocinonide oint</i>	48
FABRAZYME	47	FETZIMA TITRATION PACK	24	<i>fluoride chew 0.25mg</i>	44
<i>falmina</i>	50	<i>finasteride tabs 5mg</i>	47	<i>fluoritab chew 0.5mg, 1mg</i>	44
<i>famciclovir</i>	34	FIRAZYR	52	<i>fluorometholone</i>	56
<i>famotidine inj</i>	46	FIRMAGON INJ 80MG	52	<i>fluorouracil crea 0.5%</i>	43
<i>famotidine premixed</i>	46	FIRMAGON INJ 120MG	52	<i>fluorouracil crea 5%</i>	43
<i>famotidine tabs 20mg, 40mg</i>	46	<i>flavoxate hcl</i>	47	<i>fluorouracil external soln</i>	43
FANAPT TABS 1MG, 2MG, 4MG	31	<i>flecainide acetate</i>	39	<i>fluorouracil inj</i>	27
FANAPT TABS 10MG, 12MG, 6MG, 8MG	31	FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	56	<i>fluoxetine caps 10mg</i>	24
FANAPT TITRATION PACK	31	FLOVENT DISKUS AEPB 250MCG/BLIST	56	<i>fluoxetine caps 20mg</i>	24
FARESTON	27	FLOVENT HFA AERO 44MCG/ACT	56	<i>fluoxetine dr</i>	24
FARXIGA	35	FLOVENT HFA AERO 110MCG/ACT	56	<i>fluoxetine hcl caps 10mg</i>	24
FARYDAK	29	FLOVENT HFA AERO 220MCG/ACT	56	<i>fluoxetine hcl caps 20mg</i>	24
FASLODEX	27	<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	25	<i>fluoxetine hcl caps 40mg</i>	24
<i>felbamate susp</i>	23	<i>fluconazole in nacl</i>	25	<i>fluoxetine hcl oral soln</i>	24
<i>felbamate tabs</i>	23	<i>fluconazole susr</i>	25	<i>fluoxetine hcl tabs 10mg</i>	24
<i>felodipine er</i>	39	<i>fluconazole tabs 100mg, 200mg, 50mg</i>	25	<i>fluoxetine hcl tabs 20mg</i>	24
FEMRING	50	<i>fluconazole tabs 150mg</i>	25	<i>fluphenazine decanoate</i>	31
<i>femynor</i>	50	<i>flucytosine</i>	25	<i>fluphenazine hcl conc</i>	31
<i>fenofibrate caps 43mg, 50mg</i>	40	<i>fludarabine phosphate</i>	28	<i>fluphenazine hcl elix</i>	31
<i>fenofibrate caps 130mg, 150mg</i>	40	<i>fludrocortisone acetate</i>	48	<i>fluphenazine hcl inj</i>	31
<i>fenofibrate micronized caps 67mg</i>	40	<i>flunisolide</i>	56	<i>fluphenazine hcl tabs 1mg</i>	31
<i>fenofibrate micronized caps 134mg, 200mg</i>	40	<i>fluocinolone acetamide body</i>	48	<i>fluphenazine hcl tabs 10mg, 2.5mg, 5mg</i>	31
<i>fenofibrate tabs 48mg, 54mg</i>	40	<i>fluocinolone acetamide crea</i>	48	<i>flurbiprofen</i>	16
<i>fenofibrate tabs 145mg, 160mg</i>	40	<i>fluocinolone acetamide external soln</i>	48	<i>flurbiprofen sodium</i>	56
<i>fenofibric acid dr cpdr 45mg</i>	40	<i>fluocinolone acetamide oil</i>	56	<i>flutamide</i>	27
<i>fenofibric acid dr cpdr 135mg</i>	40	<i>fluocinolone acetamide oint</i>	48	<i>fluticasone propionate crea</i>	48
<i>fenopropfen calcium caps 400mg</i>	16	<i>fluocinolone acetamide scalp</i>	48	<i>fluticasone propionate oint</i>	48
<i>fenopropfen calcium tabs</i>	16	<i>fluocinonide crea 0.1%</i>	48	<i>fluticasone propionate susp</i>	56
<i>fentanyl</i>	16			<i>fluvoxamine maleate tabs 25mg, 50mg</i>	24
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	17			<i>fluvoxamine maleate tabs 100mg</i>	24
				FOLOTYN	27
				<i>fomepizole</i>	55
				<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	37

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>fondaparinux sodium inj</i> 5mg/0.4ml	37	<i>galantamine hydrobromide er</i>	23	GENVOYA	33
<i>fondaparinux sodium inj</i> 7.5mg/0.6ml	37	<i>galantamine hydrobromide</i> oral soln	23	GEODON INJ	31
<i>fondaparinux sodium inj</i> 10mg/0.8ml	37	<i>galantamine hydrobromide tabs</i>	23	<i>gildagia</i>	50
FORTEO	54	GAMMAKED INJ 1GM/10ML	53	GILENYA	42
<i>fosamprenavir calcium</i>	34	GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	53	GILOTRIF	29
FOSCAVIR	32	GAMUNEX-C INJ 1GM/10ML	53	GLEOSTINE	27
<i>fosinopril sodium</i>	38	GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	53	<i>glimepiride tabs 1mg</i>	35
<i>fosinopril sodium/ hydrochlorothiazide</i>	38	<i>ganciclovir inj 500mg</i>	32	<i>glimepiride tabs 2mg</i>	35
<i>fosphenytoin sodium</i>	23	GARDASIL 9	54	<i>glimepiride tabs 4mg</i>	35
FREAMINE HBC 6.9%	44	GATTEX	46	<i>glipizide er tb24 2.5mg</i>	35
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	44	<i>gavilyte-c</i>	46	<i>glipizide er tb24 5mg</i>	35
<i>furosemide inj</i>	40	<i>gavilyte-g</i>	46	<i>glipizide er tb24 10mg</i>	35
<i>furosemide oral soln</i>	40	<i>gavilyte-n/ flavor pack</i>	46	<i>glipizide/metformin hcl tabs</i> 2.5mg; 250mg	35
<i>furosemide tabs</i>	40	GAZYVA	30	<i>glipizide/metformin hcl tabs</i> 2.5mg; 500mg, 5mg; 500mg	35
FUSILEV	28	<i>gemcitabine</i>	27	<i>glipizide tabs 5mg</i>	35
FUZEON	34	<i>gemcitabine hcl inj 1gm</i>	27	<i>glipizide tabs 10mg</i>	35
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	50	<i>gemcitabine hcl inj 200mg, 2gm</i>	27	<i>glipizide xl tb24 2.5mg</i>	35
FYCOMPA SUSP	22	<i>gemcitabine hydrochloride inj</i> 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml	27	<i>glipizide xl tb24 5mg</i>	35
FYCOMPA TABS	22	<i>gemfibrozil</i>	41	<i>glipizide xl tb24 10mg</i>	35
<b>G</b>		<i>generlac</i>	46	GLUCAGEN HYPOKIT	36
<i>gabapentin caps 100mg</i>	22	<i>gengraf</i>	53	GLUCAGON EMERGENCY KIT	36
<i>gabapentin caps 300mg, 400mg</i>	22	GENOTROPIN	49	GLUMETZA TB24 500MG	35
<i>gabapentin oral soln</i>	22	GENOTROPIN MINIQUICK INJ 0.2MG	49	GLUMETZA TB24 1000MG	35
<i>gabapentin tabs 600mg</i>	22	GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	49	<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	46
<i>gabapentin tabs 800mg</i>	22	<i>gentak</i>	18	<i>glycopyrrolate tabs</i>	46
GABITRIL TABS 12MG	23	<i>gentamicin sulfate/ 0.9% sodium chloride</i>	18	<i>glydo</i>	18
GABITRIL TABS 16MG	23	<i>gentamicin sulfate crea</i>	18	GLYXAMBI	35
		<i>gentamicin sulfate inj</i>	18	<i>granisetron hcl inj</i>	25
		<i>gentamicin sulfate oint</i>	18	<i>granisetron hcl tabs</i>	25
		<i>gentamicin sulfate ophthalmic soln</i>	18	<i>griseofulvin microsize</i>	25
		<i>gentamicin sulfate pediatric</i>	18	<i>griseofulvin ultramicrosize</i>	25
				GUANIDINE HCL	26
				<b>H</b>	
				HALAVEN	28
				<i>halobetasol propionate</i>	48
				<i>haloperidol</i>	31

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>haloperidol decanoate</i> .....	31	HUMULIN N KWIKPEN .....	36	<i>hydroxyurea</i> .....	27
<i>haloperidol lactate</i> .....	31	HUMULIN R .....	36	<i>hyoscyamine sulfate elix</i> .....	46
HARVONI .....	33	HUMULIN R U-500 (CONCENTRATED) .....	36	<i>hyoscyamine sulfate odt</i> .....	46
HAVRIX .....	54	HUMULIN R U-500 KWIKPEN .....	36	<i>hyoscyamine sulfate subl</i> .....	46
<i>heather</i> .....	51	<i>hydralazine hcl inj</i> .....	41	<i>hyoscyamine sulfate tabs</i> .....	46
<i>heparin sodium/d5w</i> .....	37	<i>hydralazine hcl tabs</i> .....	41	<i>hyoscyamine sulfate tbdp</i> .....	46
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i> .....	37	<i>hydrochlorothiazide</i> .....	40		
<i>heparin sodium/nacl 0.9%</i> .....	37	<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i> .....	17	<i>ibandronate sodium tabs</i> .....	54
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i> .....	37	<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i> .....	17	IBRANCE .....	29
<i>heparin sodium/ sodium chloride 0.9%</i> .....	37	<i>hydrocodone bitartrate/ acetaminophen oral soln</i> .....	17	<i>ibudone tabs 5mg; 200mg</i> .....	17
<i>heparin sodium/ sodium chloride 0.9% premix</i> .....	37	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i> .....	17	<i>ibuprofen susp</i> .....	16
HEPATAMINE .....	44	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i> .....	17	<i>ibuprofen tabs 400mg, 600mg, 800mg</i> .....	16
HERCEPTIN INJ 150MG .....	30	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i> .....	17	ICLUSIG TABS 15MG .....	29
HERCEPTIN INJ 440MG .....	30	<i>hydrocodone/ibuprofen</i> .....	17	ICLUSIG TABS 45MG .....	29
HETLIOZ .....	42	<i>hydrocortisone/acetic acid</i> .....	56	<i>idarubicin hcl inj 10mg/10ml</i> .....	28
HEXALEN .....	27	<i>hydrocortisone butyrate crea</i> .....	48	IDHIFA .....	29
HIBERIX .....	54	<i>hydrocortisone butyrate external soln</i> .....	48	<i>ifosfamide</i> .....	27
HUMALOG .....	36	<i>hydrocortisone butyrate (lipid)</i> .....	48	ILARIS .....	53
HUMALOG JUNIOR KWIKPEN .....	36	<i>hydrocortisone butyrate (lipophilic)</i> .....	48	ILEVRO .....	56
HUMALOG KWIKPEN .....	36	<i>hydrocortisone butyrate oint</i> .....	48	<i>imatinib mesylate</i> .....	29
HUMALOG MIX 50/50 .....	36	<i>hydrocortisone enem</i> .....	54	IMBRUVICA CAPS 140MG .....	29
HUMALOG MIX 50/50 KWIKPEN .....	36	<i>hydrocortisone external crea</i> .....	48	IMFINZI .....	30
HUMALOG MIX 75/25 .....	36	<i>hydrocortisone lotn 2.5%</i> .....	48	<i>imipenem/cilastatin inj 250mg; 250mg</i> .....	20
HUMALOG MIX 75/25 KWIKPEN .....	36	<i>hydrocortisone oint 1%, 2.5%</i> .....	48	<i>imipenem/cilastatin inj 500mg; 500mg</i> .....	20
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML .....	53	<i>hydrocortisone rectal crea</i> .....	48	<i>imipramine hcl</i> .....	25
HUMIRA INJ 40MG/0.8ML .....	53	<i>hydrocortisone tabs</i> .....	48	<i>imiquimod</i> .....	43
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK .....	53	<i>hydrocortisone valerate</i> .....	48	IMOVAX RABIES (H.D.C.V.) .....	54
HUMIRA PEN .....	53	<i>hydromorphone hcl dosette</i> .....	17	INCRELEX .....	49
HUMIRA PEN-CROHNS DISEASESTARTER .....	53	<i>hydromorphone hcl inj</i> .....	17	INCRUSE ELLIPTA .....	57
HUMIRA PEN-PSORIASIS STARTER .....	53	<i>hydromorphone hcl liqd</i> .....	17	<i>indapamide</i> .....	40
HUMULIN 70/30 .....	36	<i>hydromorphone hcl tabs 2mg, 4mg</i> .....	17	INFANRIX .....	54
HUMULIN 70/30 KWIKPEN .....	36	<i>hydromorphone hcl tabs 8mg</i> .....	17	INFUMORPH 200 .....	16
HUMULIN N .....	36	<i>hydroxychloroquine sulfate</i> .....	30	INFUMORPH 500 .....	16
		<i>hydroxyprogesterone caproate</i> .....	51	INLYTA .....	29
				INTELENCE TABS 25MG .....	33

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
INTELENCE TABS 100MG, 200MG	33	<i>irinotecan hydrochloride inj</i> 40mg/2ml	28	JENTADUETO XR TB24 5MG; 1000MG	35
INTRALIPID	55	ISENTRESS CHEW 25MG	33	<i>jevantique lo</i>	50
INTRON A INJ 10MU, 10MU/ML, 50MU	33	ISENTRESS CHEW 100MG	33	JEVTANA	28
INTRON A INJ 18MU, 6000000UNIT/ML	33	ISENTRESS HD	34	<i>jolessa</i>	50
<i>introvale</i>	50	ISENTRESS PACK	33	<i>jolivette</i>	51
INVANZ	20	ISENTRESS TABS	33	<i>juleber</i>	50
INVEGA SUSTENNA INJ 39MG/0.25ML	31	<i>isibloom</i>	50	JULUCA	33
INVEGA SUSTENNA INJ 78MG/0.5ML	31	<i>isoniazid inj</i>	26	<i>junel 1.5/30</i>	50
INVEGA SUSTENNA INJ 117MG/0.75ML	32	<i>isoniazid syrp</i>	26	<i>junel 1/20</i>	50
INVEGA SUSTENNA INJ 156MG/ML	32	<i>isoniazid tabs 100mg</i>	26	<i>junel fe 1.5/30</i>	50
INVEGA SUSTENNA INJ 234MG/1.5ML	32	<i>isoniazid tabs 300mg</i>	26	<i>junel fe 1/20</i>	50
INVEGA TRINZA INJ 273MG/0.875ML	32	<i>isosorbide dinitrate er</i>	41		
INVEGA TRINZA INJ 410MG/1.315ML	32	<i>isosorbide dinitrate tabs</i>	41	<b>K</b>	
INVEGA TRINZA INJ 546MG/1.75ML	32	<i>isosorbide mononitrate</i>	41	KABIVEN	44
INVEGA TRINZA INJ 819MG/2.625ML	32	<i>isosorbide mononitrate er</i>	41	KADCYLA	30
INVIRASE CAPS	34	<i>isotonic gentamicin</i>	18	KALETRA ORAL SOLN	34
INVIRASE TABS	34	<i>isradipine</i>	39	KALETRA TABS 100MG; 25MG	34
INVOKAMET	35	ISTODAX (OVERFILL)	28	KALETRA TABS 200MG; 50MG	34
INVOKAMET XR	35	<i>itraconazole</i>	25	KALYDECO	57
INVOKANA	35	<i>ivermectin</i>	30	<i>kariva</i>	50
IPOL INACTIVATED IPV	54	IXEMPRA KIT	28	<i>kcl 0.3%/d5w/nacl 0.9%</i>	44
<i>ipratropium bromide/ albuterol sulfate</i>	57	IXIARO	54	<i>kcl 0.3%/d5w/nacl 0.45%</i>	44
<i>ipratropium bromide inhalation soln</i>	57	<b>J</b>		<i>kcl 0.15%/d5w/nacl 0.2%</i>	44
<i>ipratropium bromide nasal soln</i>	57	JADENU	45	<i>kcl 0.15%/d5w/nacl 0.9%</i>	44
<i>irbesartan</i>	38	JADENU SPRINKLE	45	<i>kcl 0.15%/d5w/nacl 0.45%</i>	44
<i>irbesartan/hydrochlorothiazide</i>	38	JAKAFI	29	<i>kcl 0.15%/d5w/nacl 0.225%</i>	44
IRESSA	29	<i>jantoven</i>	37	<i>kcl 0.075%/d5w/nacl 0.45%</i>	44
<i>irinotecan</i>	28	JANUMET	35	<i>kelnor 1/35</i>	50
<i>irinotecan hcl</i>	28	JANUMET XR TB24 1000MG; 50MG	35	<i>ketoconazole crea</i>	25
		JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	35	<i>ketoconazole sham</i>	25
		JANUVIA	35	<i>ketoconazole tabs</i>	25
		JARDIANCE	35	<i>ketoprofen</i>	16
		<i>jencycla</i>	51	<i>ketorolac tromethamine ophthalmic soln</i>	56
		JENTADUETO	35	KEYTRUDA	30
		JENTADUETO XR TB24 2.5MG; 1000MG	35	<i>kimidess</i>	50
				KINERET	53
				KINRIX	54
				<i>kionex</i>	45



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
KISQALI	28	<i>larin fe 1.5/30</i>	50	<i>levofloxacin tabs</i>	21
KISQALI FEMARA 200 DOSE	27	<i>larin fe 1/20</i>	50	<i>levoleucovorin calcium</i>	28
KISQALI FEMARA 400 DOSE	27	<i>larissia</i>	50	<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	28
KISQALI FEMARA 600 DOSE	27	LARTRUVO	28	<i>levonest</i>	50
<i>klor-con</i>	44	<i>latanoprost</i>	55	<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	50
<i>klor-con 8</i>	44	LATUDA TABS 80MG	32	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	50
<i>klor-con 10</i>	44	LATUDA TABS 120MG, 20MG, 40MG, 60MG	32	<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	50
<i>klor-con m10</i>	44	<i>leflunomide</i>	53	<i>levora 0.15/30-28</i>	50
<i>klor-con m20</i>	44	LENVIMA 8 MG DAILY DOSE	29	<i>levorphanol tartrate</i>	16
<i>klor-con sprinkle</i>	44	LENVIMA 10 MG DAILY DOSE	29	<i>levothyroxine sodium tabs</i>	52
KORLYM	55	LENVIMA 14 MG DAILY DOSE	29	<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	52
<i>kurvelo</i>	50	LENVIMA 18 MG DAILY DOSE	29	LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	52
KUVAN	47	LENVIMA 20 MG DAILY DOSE	29	LEXIVA SUSP	34
KYPROLIS	29	LENVIMA 24 MG DAILY DOSE	29	LEXIVA TABS	34
<b>L</b>		<i>lessina</i>	50	LIALDA	54
<i>labetalol hcl inj</i>	39	LETAIRIS	57	<i>lidocaine hcl external soln</i>	18
<i>labetalol hcl tabs</i>	39	<i>letrozole</i>	29	<i>lidocaine hcl gel</i>	18
LACRISERT	55	<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	28	<i>lidocaine hcl inj</i>	18
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	44	<i>leucovorin calcium tabs</i>	28	<i>lidocaine hcl inj</i>	39
LACTATED RINGERS IRRIGATION	55	LEUKERAN	27	<i>lidocaine hcl jelly</i>	18
LACTATED RINGERS VIAFLEX	44	LEUKINE INJ 250MCG	37	<i>lidocaine hcl mouth/throat soln</i>	18
<i>lactulose</i>	46	<i>leuprolide acetate</i>	52	<i>lidocaine hcl viscous</i>	18
<i>lamivudine oral soln</i>	33	<i>levabuterol tartrate hfa</i>	57	<i>lidocaine oint</i>	18
<i>lamivudine tabs 100mg</i>	33	LEVEMIR	36	<i>lidocaine/prilocaine crea</i>	18
<i>lamivudine tabs 150mg</i>	33	LEVEMIR FLEXTOUCH	36	<i>lidocaine ptch</i>	18
<i>lamivudine tabs 300mg</i>	33	<i>levetiracetam er tb24 500mg</i>	22	<i>lidocaine viscous</i>	18
<i>lamivudine/zidovudine</i>	33	<i>levetiracetam er tb24 750mg</i>	22	<i>lincomycin hcl</i>	19
<i>lamotrigine</i>	23	<i>levetiracetam inj</i>	22	<i>lindane</i>	30
<i>lamotrigine er</i>	23	<i>levetiracetam oral soln</i>	22	<i>linezolid inj</i>	19
<i>lamotrigine odt</i>	23	<i>levetiracetam tabs</i>	22	<i>linezolid susr</i>	19
LANOXIN TABS 125MCG	40	<i>levobunolol hcl</i>	56	<i>linezolid tabs</i>	19
LANOXIN TABS 250MCG	40	<i>levocarnitine</i>	55	LINZESS	46
LANTUS	36	<i>levocetirizine dihydrochloride oral soln</i>	57	<i>liothyronine sodium inj</i>	52
LANTUS SOLOSTAR	36	<i>levocetirizine dihydrochloride tabs</i>	57		
<i>larin 1.5/30</i>	50	<i>levofloxacin in d5w</i>	21		
<i>larin 1/20</i>	50	<i>levofloxacin inj</i>	21		
		<i>levofloxacin oral soln</i>	21		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE	
<i>lithyronine sodium tabs</i> . . . . .	52	<i>loxapine succinate caps</i> 10mg, 5mg . . . . .	31	<i>meclizine hcl tabs</i> . . . . .	25	
<i>lipodox 50</i> . . . . .	28	<i>loxapine succinate caps</i> 25mg, 50mg . . . . .	31	<i>meclofenamate sodium</i> . . . . .	16	
LIPOSYN III . . . . .	55	<i>ludent</i> . . . . .	44	MEDROL TABS 2MG . . . . .	48	
<i>lisinopril</i> . . . . .	38	LUMIGAN . . . . .	55	<i>medroxyprogesterone acetate</i> <i>inj 150mg/ml</i> . . . . .	51	
<i>lisinopril/hydrochlorothiazide tabs</i> 12.5mg; 10mg, 25mg; 20mg . . . . .	38	LUMIZYME . . . . .	47	<i>medroxyprogesterone acetate</i> <i>inj 150mg/ml</i> . . . . .	51	
<i>lisinopril/hydrochlorothiazide tabs</i> 12.5mg; 20mg . . . . .	38	LUPRON DEPOT (1-MONTH) . . . . .	52	<i>medroxyprogesterone acetate tabs</i> . . . . .	51	
<i>lithium carbonate caps</i> 150mg, 600mg . . . . .	35	LUPRON DEPOT (3-MONTH) . . . . .	52	<i>mefloquine hcl</i> . . . . .	30	
<i>lithium carbonate caps 300mg</i> . . . . .	35	LUPRON DEPOT (4-MONTH) . . . . .	52	<i>megestrol acetate susp 40mg/ml</i> . . . . .	51	
<i>lithium carbonate er</i> . . . . .	35	LUPRON DEPOT (6-MONTH) . . . . .	52	<i>megestrol acetate tabs</i> . . . . .	51	
<i>lithium carbonate tabs</i> . . . . .	35	LUPRON DEPOT-PED (1-MONTH) . . . . .	52	MEKINIST TABS 0.5MG . . . . .	29	
LIVALO . . . . .	41	LUPRON DEPOT-PED (3-MONTH) . . . . .	52	MEKINIST TABS 2MG . . . . .	29	
LONSURF TABS 6.14MG; 15MG . . . . .	28	<i>lutera</i> . . . . .	50	<i>meloxicam</i> . . . . .	16	
LONSURF TABS 8.19MG; 20MG . . . . .	27	LYNPARZA CAPS . . . . .	29	<i>melphalan hydrochloride</i> . . . . .	27	
<i>loperamide hcl caps</i> . . . . .	46	LYNPARZA TABS . . . . .	28	<i>memantine hcl tabs 5mg</i> . . . . .	24	
<i>lopinavir/ritonavir</i> . . . . .	34	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG . . . . .	22	<i>memantine hcl tabs 10mg</i> . . . . .	23	
<i>lorazepam conc</i> . . . . .	35	LYRICA CAPS 225MG, 300MG . . . . .	22	<i>memantine hcl titration pak</i> . . . . .	24	
<i>lorazepam inj 2mg/ml, 4mg/ml</i> . . . . .	35	LYRICA ORAL SOLN . . . . .	22	<i>memantine hydrochloride</i> . . . . .	24	
<i>lorazepam intensol</i> . . . . .	35	LYSODREN . . . . .	52	MENACTRA . . . . .	54	
<i>lorazepam tabs 0.5mg, 1mg</i> . . . . .	35	<i>lyza</i> . . . . .	51	MENEST . . . . .	50	
<i>lorazepam tabs 2mg</i> . . . . .	35	<b>M</b>			MENOSTAR . . . . .	50
<i>lorcet</i> . . . . .	17	<i>magnesium sulfate in d5w inj</i> 5%; 1gm/100ml . . . . .	22	MENVEO . . . . .	54	
<i>lorcet hd</i> . . . . .	17	MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML . . . . .	44	<i>mercaptopurine</i> . . . . .	28	
<i>lorcet plus tabs 325mg; 7.5mg</i> . . . . .	17	<i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50% . . . . .	44	<i>meropenem</i> . . . . .	20	
<i>losartan potassium/ hydrochlorothiazide tabs</i> 12.5mg; 50mg . . . . .	38	MAKENA INJ 250MG/ML . . . . .	51	<i>meropenem/sodium chloride</i> . . . . .	20	
<i>losartan potassium/ hydrochlorothiazide tabs</i> 12.5mg; 100mg, 25mg; 100mg . . . . .	38	<i>malathion</i> . . . . .	30	<i>mesalamine</i> . . . . .	54	
<i>losartan potassium tabs</i> 25mg, 50mg . . . . .	38	<i>maprotiline hcl</i> . . . . .	24	<i>mesna</i> . . . . .	28	
<i>losartan potassium tabs 100mg</i> . . . . .	38	<i>marlissa</i> . . . . .	50	MESNEX TABS . . . . .	28	
LOTEMAX . . . . .	56	MARPLAN . . . . .	24	<i>metadate er</i> . . . . .	42	
<i>lovastatin tabs 10mg, 20mg</i> . . . . .	41	MATULANE . . . . .	27	<i>metaproterenol sulfate</i> . . . . .	57	
<i>lovastatin tabs 40mg</i> . . . . .	41	<i>matzim la</i> . . . . .	39	<i>metformin hcl er tb24 500mg</i> (generic for Glucophage XR) . . . . .	36	
<i>low-ogestrel</i> . . . . .	50			<i>metformin hcl er tb24 500mg</i> (generic for Glumetza) . . . . .	36	
<i>loxapine caps 10mg, 5mg</i> . . . . .	31			<i>metformin hcl er tb24 750mg</i> (generic for Glucophage XR) . . . . .	36	
<i>loxapine caps 25mg, 50mg</i> . . . . .	31			<i>metformin hcl er tb24 1000mg,</i> <i>500mg (generic for Fortamet)</i> . . . . .	36	
				<i>metformin hcl er tb24 1000mg</i> (generic for Glumetza) . . . . .	36	

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>metformin hcl tabs 500mg</i> .....	36	<i>metoprolol tartrate inj</i> .....	39	<i>mometasone furoate susp</i> .....	57
<i>metformin hcl tabs 850mg</i> .....	36	<i>metoprolol tartrate tabs</i> .....	39	<i>mondoxyne nl caps 75mg</i> .....	22
<i>metformin hcl tabs 1000mg</i> .....	36	<i>metronidazole crea</i> .....	19	<i>mondoxyne nl caps 100mg, 50mg</i> ..	22
<i>methadone hcl conc</i> .....	16	<i>metronidazole gel</i> .....	19	<i>mono-lynyah</i> .....	50
<i>methadone hcl inj</i> .....	16	<i>metronidazole inj</i> .....	19	<i>montelukast sodium</i> .....	57
<i>methadone hcl intensol</i> .....	16	<i>metronidazole in nacl 0.79%</i> .....	19	<i>morgidox 1x50mg</i> .....	22
<i>methadone hcl oral soln 5mg/5ml</i> ..	16	<i>metronidazole lotn</i> .....	19	<i>morgidox 1x100mg caps</i> .....	22
<i>methadone hcl oral soln 10mg/5ml</i> ..	16	<i>metronidazole tabs</i> .....	19	<i>morgidox 2x100mg caps</i> .....	22
<i>methadone hcl tabs 5mg</i> .....	16	<i>metronidazole vaginal</i> .....	19	<i>morphine sulfate er tbc</i> .....	16
<i>methadone hcl tabs 10mg</i> .....	16	<i>mexiletine hcl</i> .....	39	<i>morphine sulfate inj</i> <i>0.5mg/ml, 1mg/ml</i> .....	16
<i>methazolamide</i> .....	40	MIACALCIN .....	54	<i>morphine sulfate inj 1mg/ml</i> .....	17
<i>methenamine hippurate</i> .....	19	<i>microgestin 1.5/30</i> .....	50	MORPHINE SULFATE INJ 2MG/ML ..	17
<i>methimazole</i> .....	52	<i>microgestin 1/20</i> .....	50	MORPHINE SULFATE INJ 4MG/ML ..	17
<i>methocarbamol tabs</i> .....	58	<i>microgestin fe</i> .....	50	<i>morphine sulfate inj 5mg/ml</i> .....	17
<i>methotrexate sodium</i> .....	53	<i>microgestin fe 1.5/30</i> .....	50	MORPHINE SULFATE INJ 8MG/ML ..	17
<i>methotrexate tabs</i> .....	53	<i>midodrine hcl</i> .....	38	<i>morphine sulfate inj 8mg/ml</i> .....	17
<i>methoxsalen</i> .....	43	<i>migergot</i> .....	26	MORPHINE SULFATE INJ 10MG/ML ..	17
<i>methscopolamine bromide</i> .....	46	<i>miglitol</i> .....	36	<i>morphine sulfate inj 10mg/ml</i> .....	17
<i>methylphenidate hcl er tb24 18mg</i> ..	42	<i>minitrans</i> .....	41	MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML .....	17
<i>methylphenidate hcl er tb24</i> <i>27mg, 54mg</i> .....	42	MINIVELLE .....	50	<i>morphine sulfate</i> <i>oral soln 10mg/5ml</i> .....	17
<i>methylphenidate hcl er tb24 36mg</i> ..	42	<i>minocycline hcl</i> .....	22	<i>morphine sulfate</i> <i>oral soln 20mg/5ml</i> .....	17
<i>methylphenidate hcl er tbc</i> <i>10mg, 27mg, 54mg</i> .....	42	<i>minoxidil</i> .....	41	<i>morphine sulfate</i> <i>oral soln 100mg/5ml</i> .....	17
<i>methylphenidate hcl er tbc</i> <i>18mg</i> .....	42	<i>mirtazapine</i> .....	24	MORPHINE SULFATE TABS .....	17
<i>methylphenidate hcl er tbc</i> <i>20mg</i> .....	42	<i>mirtazapine odt</i> .....	24	MOVIPREP .....	46
<i>methylphenidate hcl er tbc</i> <i>36mg</i> .....	42	<i>misoprostol</i> .....	46	<i>moxifloxacin hcl inj</i> .....	21
<i>methylphenidate hcl tabs</i> .....	42	MITIGARE .....	26	<i>moxifloxacin hcl ophthalmic soln</i> ..	21
<i>methylprednisolone</i> .....	48	<i>mitomycin inj 20mg, 5mg</i> .....	28	<i>moxifloxacin hcl tabs</i> .....	21
<i>methylprednisolone acetate</i> .....	48	<i>mitomycin inj 40mg</i> .....	28	<i>moxifloxacin hydrochloride</i> <i>ophthalmic soln</i> .....	21
<i>methylprednisolone dose pack</i> .....	48	<i>mitoxantrone hcl</i> .....	28	<i>moxifloxacin hydrochloride/</i> <i>sodium hydrochloride</i> .....	21
<i>methylprednisolone</i> <i>sodiumsuccinate inj 125mg, 40mg</i> ..	48	M-M-R II .....	54	MOZOBIL .....	37
<i>metipranolol</i> .....	56	MOBIC .....	16	MULTAQ .....	39
<i>metoclopramide hcl inj</i> .....	46	<i>modafinil</i> .....	58	<i>multivitamin with fluoride chew</i> ..	46
<i>metoclopramide hcl oral soln</i> .....	46	<i>moexipril hcl</i> .....	38	<i>mupirocin crea</i> .....	19
<i>metoclopramide hcl tabs</i> .....	46	<i>moexipril/hydrochlorothiazide</i> <i>tabs 12.5mg; 7.5mg</i> .....	38	<i>mupirocin oint</i> .....	19
<i>metolazone</i> .....	40	<i>moexipril/hydrochlorothiazide</i> <i>tabs 12.5mg; 15mg, 25mg; 15mg</i> ..	38		
<i>metoprolol/hydrochlorothiazide</i> .....	39	<i>mometasone furoate crea</i> .....	48		
<i>metoprolol succinate er</i> .....	39	<i>mometasone furoate external soln</i> ..	48		
		<i>mometasone furoate oint</i> .....	48		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
MUSTARGEN	27	<i>nateglinide</i>	36	<i>nilutamide</i>	27
<i>mycophenolate mofetil caps</i>	53	NATPARA	55	<i>nimodipine</i>	40
<i>mycophenolate mofetil inj</i>	53	NEBUPENT	30	NINLARO	28
<i>mycophenolate mofetil susr</i>	53	<i>necon 0.5/35-28</i>	50	NIPENT	28
<i>mycophenolate mofetil tabs</i>	53	<i>necon 7/7/7</i>	50	<i>nitrofurantoin</i>	19
<i>mycophenolic acid dr</i>	53	<i>nefazodone hcl</i>	24	<i>nitrofurantoin macrocrystals</i>	19
MYLOTARG	30	<i>neomycin/bacitracin/polymyxin</i>	19	<i>nitrofurantoin monohydrate</i>	19
<i>myorisan</i>	43	<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	19	<i>nitrofurantoin monohydrate/ macrocrystals</i>	19
MYRBETRIQ	47	<i>neomycin/polymyxin b sulfates</i>	18	<i>nitroglycerin inj</i>	41
<i>myzilra</i>	50	<i>neomycin/polymyxin/ dexamethasone</i>	56	<i>nitroglycerin lingual</i>	41
<b>N</b>		<i>neomycin/polymyxin/gramicidin</i>	19	<i>nitroglycerin sublingual</i>	41
<i>nabumetone</i>	16	<i>neomycin/polymyxin/hc</i>	56	<i>nitroglycerin transdermal</i>	41
<i>nadolol</i>	39	<i>neomycin/polymyxin/ hydrocortisone</i>	19	<i>nizatidine caps</i>	46
<i>nadolol/bendroflumethiazide</i>	39	<i>neomycin/polymyxin/ hydrocortisone</i>	56	<i>nora-be</i>	51
<i>nafcillin sodium inj 2gm</i>	20	<i>neomycin sulfate</i>	18	<i>norethindrone</i>	51
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	20	<i>neo-polycin</i>	19	<i>norethindrone acetate</i>	51
<i>naftifine hcl</i>	25	<i>neo-polycin hc</i>	19	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	51
<i>naftifine hydrochloride</i>	25	NEPHRAMINE	44	<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	51
NAFTIN GEL	26	NERLYNX	28	<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	50
NAGLAZYME	47	NEUPRO	30	<i>norgestimate/ethinyl estradiol</i>	51
<i>nalbuphine hcl inj 10mg/ml</i>	17	<i>nevirapine er tb24 100mg</i>	33	<i>norlyroc</i>	51
<i>nalbuphine hcl inj 20mg/ml</i>	17	<i>nevirapine er tb24 400mg</i>	33	NORMOSOL-M IN D5W	44
<i>naloxone hcl</i>	18	<i>nevirapine susp</i>	33	NORMOSOL -R	44
<i>naltrexone hcl</i>	18	<i>nevirapine tabs</i>	33	NORMOSOL-R	44
NAMENDA XR	24	NEXAVAR	29	NORMOSOL-R IN D5W	44
NAMENDA XR TITRATION PACK	24	<i>niacin er tbc 500mg</i>	41	NORTHERA CAPS 100MG	40
NAMZARIC C4PK	23	<i>niacin er tbc 1000mg, 750mg</i>	41	NORTHERA CAPS 200MG, 300MG	40
NAMZARIC CP24	23	<i>niacor</i>	41	<i>nortrel 0.5/35 (28)</i>	51
<i>naproxen dr</i>	16	NIASPAN TBCR 500MG	41	<i>nortrel 1/35</i>	51
<i>naproxen sodium tabs 275mg, 550mg</i>	16	NIASPAN TBCR 1000MG, 750MG	41	<i>nortrel 7/7/7</i>	51
<i>naproxen susp</i>	16	<i>nicardipine hcl caps</i>	39	<i>nortriptyline hcl</i>	25
<i>naproxen tabs 250mg</i>	16	<i>nicardipine hcl inj</i>	40	NORVIR CAPS	34
<i>naproxen tabs 375mg, 500mg</i>	16	NICOTROL INHALER	18	NORVIR ORAL SOLN	34
<i>naratriptan hcl</i>	26	NICOTROL NS	18	NORVIR TABS	34
NARCAN	18	<i>nifedipine er tb24 30mg, 60mg</i>	40	NOVAREL	49
NASONEX	57	<i>nifedipine er tb24 90mg</i>	40	<i>novofine 30gx8mm</i>	55
NATACYN	26				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>novofine 31</i> .....	55	<i>olopatadine hcl ophthalmic soln</i> .....	56	<i>oxybutynin chloride syrp</i> .....	47
<i>novofine 32gx6mm</i> .....	55	<i>olopatadine hydrochloride</i> .....	56	<i>oxybutynin chloride tabs</i> .....	47
<i>novofine autocover 30gx8mm</i> .....	55	<i>omega-3-acid ethyl esters</i> .....	41	<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i> ...	17
<i>novotwist 32gx5mm</i> .....	55	<i>omeprazole cpdr</i> .....	47	<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i> .....	17
NOXAFIL SUSP .....	26	<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i> .....	25	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i> .....	17
NOXAFIL TBEC .....	26	<i>ondansetron hcl oral soln</i> .....	25	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i> .....	17
NUEDEXTA .....	42	<i>ondansetron hcl tabs 4mg, 8mg</i> .....	25	<i>oxycodone/aspirin</i> .....	17
<i>nulev</i> .....	46	<i>ondansetron hcl tabs 24mg</i> .....	25	<i>oxycodone hcl caps</i> .....	17
NULOJIX .....	53	<i>ondansetron odt</i> .....	25	<i>oxycodone hcl conc</i> .....	17
NUPLAZID .....	32	ONFI SUSP .....	23	<i>oxycodone hcl oral soln</i> .....	17
NUTRILIPID .....	55	ONFI TABS 10MG .....	23	<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i> .....	17
NUTRILYTE INJ 2.03MEQ/ML; 0.25MEQ/ML; 1.68MEQ/ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ .....	44	ONFI TABS 20MG .....	23	<i>oxycodone hcl tabs 30mg</i> .....	17
<i>nyamyc</i> .....	26	OPDIVO INJ 100MG/10ML, 40MG/4ML .....	30	<i>oxycodone hcl tabs 30mg</i> .....	17
<i>nystatin crea</i> .....	26	OPDIVO INJ 240MG/24ML .....	30	<i>oxycodone/ibuprofen</i> .....	17
<i>nystatin oint</i> .....	26	OPSUMIT .....	57	OZEMPIC .....	36
<i>nystatin powd</i> .....	26	<i>oralone dental paste</i> .....	42		
<i>nystatin susp</i> .....	26	ORFADIN .....	47	<b>P</b>	
<i>nystatin tabs</i> .....	26	ORKAMBI .....	57	<i>pacerone</i> .....	39
<i>nystatin/triamcinolone</i> .....	26	<i>orphenadrine citrate er</i> .....	58	<i>paclitaxel</i> .....	28
<i>nystop</i> .....	26	<i>orsythia</i> .....	51	<i>paliperidone er tb24 1.5mg, 3mg</i> ...	32
<b>O</b>		<i>oscimin</i> .....	46	<i>paliperidone er tb24 6mg</i> .....	32
<i>octreotide acetate inj 500mcg/ml</i> ...	52	<i>oseltamivir phosphate caps 30mg</i> ...	34	<i>paliperidone er tb24 9mg</i> .....	32
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i> .....	52	<i>oseltamivir phosphate caps 45mg, 75mg</i> .....	34	<i>pamidronate disodium</i> .....	54
ODEFSEY .....	33	<i>oseltamivir phosphate susr</i> .....	34	PANRETIN .....	30
ODOMZO .....	28	OSMOPREP .....	46	<i>pantoprazole sodium tbec</i> .....	47
OFEV .....	58	<i>oxacillin sodium inj 10gm, 2gm</i> .....	20	<i>paricalcitol caps 1mcg, 2mcg</i> .....	54
<i>ofloxacin</i> .....	21	<i>oxaliplatin inj 100mg</i> .....	28	<i>paricalcitol caps 4mcg</i> .....	54
<i>ogestrel</i> .....	51	<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i> .....	28	<i>paroex</i> .....	42
<i>olanzapine/fluoxetine</i> .....	24	<i>oxandrolone tabs 2.5mg</i> .....	49	<i>paromomycin sulfate</i> .....	18
<i>olanzapine inj</i> .....	32	<i>oxandrolone tabs 10mg</i> .....	49	<i>paroxetine hcl tabs 10mg</i> .....	24
<i>olanzapine odt</i> .....	32	<i>oxaprozin</i> .....	16	<i>paroxetine hcl tabs 20mg</i> .....	24
<i>olanzapine tabs</i> .....	32	<i>oxazepam</i> .....	35	<i>paroxetine hcl tabs 30mg, 40mg</i> ...	24
<i>olmesartan medoxomil</i> .....	38	<i>oxcarbazepine susp</i> .....	23	PASER .....	26
<i>olmesartan medoxomil/hydrochlorothiazide</i> .....	38	<i>oxcarbazepine tabs</i> .....	23	PAXIL SUSP .....	24
		<i>oxybutynin chloride er tb24 10mg, 5mg</i> .....	47	PAZEO .....	56
		<i>oxybutynin chloride er tb24 15mg</i> ...	47	PEDIARIX .....	54
				PEDVAX HIB .....	54
				<i>peg 3350/electrolytes</i> .....	46

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>peg-3350/electrolytes</i> . . . . .	46	PICATO GEL 0.015% . . . . .	43	<i>potassium chloride er cpcr</i> . . . . .	45
<i>peg-3350/nacl/na bicarbonate/kcl</i> . . . . .	46	<i>pilocarpine hcl ophthalmic soln</i> . . . . .	56	<i>potassium chloride er tbc</i> . . . . .	45
PEGANONE . . . . .	23	<i>pilocarpine hcl tabs</i> . . . . .	42	<i>potassium chloride inj</i> <i>10meq/100ml, 20meq/100ml,</i> <i>2meq/ml, 40meq/100ml</i> . . . . .	45
PEGASYS INJ 180MCG/0.5ML . . . . .	33	<i>pilocarpine hydrochloride</i> . . . . .	42	<i>potassium chloride oral soln</i> . . . . .	45
PEGASYS INJ 180MCG/ML . . . . .	33	<i>pimozide</i> . . . . .	31	POTASSIUM CHLORIDE / SODIUM CHLORIDE . . . . .	44
PEGASYS PROCLICK . . . . .	33	<i>pimtree</i> . . . . .	51	<i>potassium chloride/sodium</i> <i>chloride inj 20meq/l; 0.45%,</i> <i>20meq/l; 0.9%, 40meq/l; 0.9%</i> . . . . .	45
<i>penicillin g potassium</i> . . . . .	20	<i>pindolol</i> . . . . .	39	<i>potassium chloride sr</i> . . . . .	45
<i>penicillin v potassium oral soln</i> . . . . .	20	<i>pioglitazone hcl</i> . . . . .	36	<i>potassium citrate er</i> . . . . .	45
<i>penicillin v potassium tabs 250mg</i> . . . . .	20	<i>pioglitazone hcl/metformin hcl</i> . . . . .	36	PRADAXA . . . . .	37
<i>penicillin v potassium tabs 500mg</i> . . . . .	20	<i>piperacillin sodium/ tazobactam sodium</i> . . . . .	20	PRALUENT . . . . .	40
PENNSAID . . . . .	43	<i>piperacillin/tazobactam</i> . . . . .	20	<i>pramipexole dihydrochloride</i> . . . . .	31
PENTAM 300 . . . . .	30	<i>pirmella 1/35</i> . . . . .	51	<i>pramipexole dihydrochloride er</i> <i>tb24 0.375mg, 0.75mg, 1.5mg</i> . . . . .	31
<i>pentoxifylline er</i> . . . . .	40	<i>pirmella 7/7/7</i> . . . . .	51	<i>pramipexole dihydrochloride er</i> <i>tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i> . . . . .	31
PERFOROMIST . . . . .	57	<i>piroxicam</i> . . . . .	16	<i>prasugrel</i> . . . . .	37
PERIKABIVEN . . . . .	44	PLENAMINE . . . . .	44	<i>pravastatin sodium</i> . . . . .	41
<i>perindopril erbumine</i> . . . . .	38	<i>podofilox</i> . . . . .	43	<i>prazosin hcl</i> . . . . .	38
<i>periogard</i> . . . . .	42	<i>polycin</i> . . . . .	19	PRED-G . . . . .	56
PERJETA . . . . .	30	<i>polyethylene glycol 3350 powd</i> . . . . .	46	PRED-G S.O.P. . . . .	56
<i>permethrin</i> . . . . .	30	<i>polymyxin b sulfate</i> . . . . .	19	PRED MILD . . . . .	56
<i>perphenazine</i> . . . . .	31	<i>polymyxin b sulfate/ trimethoprim sulfate</i> . . . . .	19	<i>prednicarbate oint</i> . . . . .	48
<i>perphenazine/amitriptyline</i> . . . . .	25	POMALYST . . . . .	27	<i>prednisolone</i> . . . . .	48
<i>pfizerpen-g</i> . . . . .	20	<i>portia-28</i> . . . . .	51	<i>prednisolone acetate</i> . . . . .	56
<i>phenadoz</i> . . . . .	25	PORTRAZZA . . . . .	30	<i>prednisolone sodium phosphate</i> <i>ophthalmic soln</i> . . . . .	56
<i>phenazopyridine hcl</i> . . . . .	47	<i>potassium chloride 0.15% d5w/ nacl 0.45%</i> . . . . .	45	<i>prednisolone sodium phosphate</i> <i>oral soln 15mg/5ml,</i> <i>25mg/5ml, 5mg/5ml</i> . . . . .	48
<i>phenazopyridine hydrochloride</i> . . . . .	47	<i>potassium chloride 0.15% d5w/ nacl 0.45% viaflex</i> . . . . .	45	<i>prednisone intensol</i> . . . . .	48
<i>phenelzine sulfate</i> . . . . .	24	<i>potassium chloride 0.22% d5w/ nacl 0.45%</i> . . . . .	45	<i>prednisone oral soln</i> . . . . .	48
<i>phenergan supp</i> . . . . .	25	<i>potassium chloride cr</i> . . . . .	45	<i>prednisone tabs</i> <i>10mg, 1mg, 2.5mg, 20mg, 5mg</i> . . . . .	48
<i>phenobarbital elix</i> . . . . .	23	<i>potassium chloride/dextrose</i> . . . . .	45	<i>prednisone tabs 50mg</i> . . . . .	48
<i>phenobarbital tabs</i> . . . . .	23	<i>potassium chloride/dextrose/ lactated ringers inj 3meq/l; 149meq/l;</i> <i>5%; 28meq/l; 24meq/l; 130meq/l</i> . . . . .	45	<i>prednisone tbpk</i> . . . . .	48
<i>phenoxybenzamine hydrochloride</i> . . . . .	38	POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L . . . . .	45	PREGNYL W/DILUENT BENZYL ALCOHOL/NAACL . . . . .	49
<i>phenytoin</i> . . . . .	23	<i>potassium chloride/dextrose/ sodium chloride</i> . . . . .	45		
<i>phenytoin infatabs</i> . . . . .	23				
<i>phenytoin sodium</i> . . . . .	23				
<i>phenytoin sodium extended</i> . . . . .	23				
<i>philith</i> . . . . .	51				
PHOSLYRA . . . . .	45				
PHOSPHOLINE IODIDE . . . . .	56				
PHYSIOLYTE . . . . .	55				
<i>physiosol irrigation</i> . . . . .	55				
PICATO GEL 0.05% . . . . .	43				

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
PREMARIN CREA	51	PROLENSA	56	quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg	38
PREMARIN INJ	51	PROLEUKIN	28	quinidine sulfate	39
PREMARIN TABS	51	PROLIA	54	quinine sulfate	30
PREMASOL	45	PROMACTA	37		
prevalite	41	promethazine hcl plain	25	<b>R</b>	
previfem	51	promethazine hcl supp	25	RABAVERT	54
PREZCOBIX	34	promethazine hcl syrp	25	raloxifene hydrochloride	52
PREZISTA SUSP	34	promethazine hcl tabs	25	ramipril	38
PREZISTA TABS 75MG	34	promethegan	25	RANEXA	40
PREZISTA TABS 150MG	34	propafenone hcl	39	ranitidine hcl caps	46
PREZISTA TABS 600MG	34	propafenone hcl er	39	ranitidine hcl inj	46
PREZISTA TABS 800MG	34	propranethline bromide	46	ranitidine hcl syrp	46
PRIFTIN	26	propranethline bromide	46	ranitidine hcl tabs	46
PRIMAQUINE PHOSPHATE	30	propranethline bromide	46	RAPAMUNE ORAL SOLN	53
primidone	23	propofol hcl	55	rasagiline mesylate	31
PRISTIQ	24	propofol hcl er	39	REBIF	42
PROAIR HFA	57	propofol hcl inj	39	REBIF REBIDOSE	42
PROAIR RESPICLICK	57	propofol hcl oral soln	39	REBIF REBIDOSE TITRATION PACK	42
probenecid	26	propofol hcl tabs	39	REBIF TITRATION PACK	42
probenecid/colchicine	26	propofol hydrochloride	39	reclipsen	51
PROCALAMINE	45	propofol/hydrochlorothiazide	39	RECOMBIVAX HB	54
prochlorperazine	31	propylthiouracil	52	REGONOL	26
prochlorperazine edisylate	31	PROQUAD	54	REGRANEX	43
prochlorperazine maleate tabs 5mg	31	PROSOL	45	RELISTOR INJ 8MG/0.4ML	46
prochlorperazine maleate tabs 10mg	31	protriptyline hcl	25	RELISTOR INJ 12MG/0.6ML	46
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	37	PULMOZYME	57	REMICADE	53
PROCRIT INJ 20000UNIT/ML	37	PURIXAN	28	REMODULIN	57
PROCRIT INJ 40000UNIT/ML	37	pyrazinamide	26	RENFLEXIS	53
procto-med hc	49	pyridostigmine bromide	26	REVELA PACK	45
procto-pak	49	pyridostigmine bromide er	26	REVELA TABS	45
proctosol hc	49	<b>Q</b>		repaglinide tabs 0.5mg, 1mg	36
proctozone-hc	49	QUADRACEL	54	repaglinide tabs 2mg	36
progesterone caps	51	quasense	51	REPATHA	41
PROGLYCEM	36	quetiapine fumarate	32	REPATHA PUSHTRONEX SYSTEM	41
PROGRAF INJ	53	quetiapine fumarate er tb24 150mg, 200mg	32	REPATHA SURECLICK	41
PROLASTIN-C	58	quetiapine fumarate er tb24 300mg, 400mg, 50mg	32	RESCRIPTOR TABS 100MG	33
		quinapril hcl	38	RESCRIPTOR TABS 200MG	33
		quinapril/hydrochlorothiazide tabs 12.5mg; 10mg	38		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
RESTASIS	55	<i>ropinirole hcl</i>	31	<i>setlakin</i>	51
RETROVIR IV INFUSION	33	<i>rosadan</i>	19	<i>sharobel</i>	51
REVLIMID CAPS 10MG, 2.5MG, 5MG	27	<i>rosuvastatin calcium</i>	41	SHINGRIX	54
REVLIMID CAPS 15MG, 20MG, 25MG	27	ROTARIX	54	SIGNIFOR	52
REXULTI	32	ROTATEQ	54	<i>sildenafil tabs</i>	57
REYATAZ CAPS 150MG, 300MG	34	<i>roweepra</i>	22	SILENOR	58
REYATAZ CAPS 200MG	34	<i>roweepra xr tb24 500mg</i>	22	<i>silver sulfadiazine</i>	19
REYATAZ PACK	34	<i>roweepra xr tb24 750mg</i>	22	SIMBRINZA	56
<i>ribavirin caps</i>	33	ROZEREM	58	SIMULECT	53
<i>ribavirin inhalation soln</i>	58	RUBRACA	28	<i>simvastatin</i>	41
<i>ribavirin tabs</i>	33	RYDAPT	28	<i>sirolimus</i>	53
RIDAURA	53	RYTARY	31	SIRTURO	26
<i>rifabutin</i>	26	<b>S</b>		<i>sodium bicarbonate inj</i>	45
<i>rifampin caps</i>	26	SABRIL PACK	23	<i>sodium bicarbonate partial fill</i>	45
<i>rifampin inj</i>	26	SABRIL TABS	23	<i>sodium chloride 0.9%</i>	55
RIFATER	26	<i>salsalate</i>	16	<i>sodium chloride 0.9%</i>	55
<i>riluzole</i>	42	SAMSCA TABS 15MG	45	<i>sodium chloride 0.45%</i>	45
<i>rimantadine hcl</i>	34	SAMSCA TABS 30MG	45	<i>sodium chloride inj</i> 0.9%, 2.5meq/ml, 3%, 5%	45
<i>ringers injection</i>	45	SANCUSO	25	<i>sodium fluoride chew 0.5mg, 1mg</i>	45
RINGERS IRRIGATION	55	SANDIMMUNE ORAL SOLN	53	SODIUM LACTATE INJ 5MEQ/ML	45
RIOMET	36	SANTYL	43	<i>sodium phenylbutyrate</i>	47
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	32	SAPHRIS	32	<i>sodium polystyrene sulfonate powd</i>	45
RISPERDAL CONSTA INJ 50MG	32	SAVAYSA	37	<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	45
<i>risperidone m-tab</i>	32	<i>scopolamine</i>	25	<i>sodium sulfacetamide</i>	
<i>risperidone odt tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg	32	<i>selegiline hcl</i>	31	<i>ophthalmic soln</i>	21
<i>risperidone odt tbdp 4mg</i>	32	<i>selenium sulfide lotn</i>	43	SOLIQUA 100/33	36
<i>risperidone oral soln</i>	32	SELZENTRY ORAL SOLN	34	SOLTAMOX	27
<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg	32	SELZENTRY TABS 25MG	34	SOLU-CORTEF	49
<i>risperidone tabs 4mg</i>	32	SELZENTRY TABS 150MG, 75MG	34	SOMATULINE DEPOT INJ 60MG/0.2ML	52
RITUXAN	30	SELZENTRY TABS 300MG	34	SOMATULINE DEPOT INJ 90MG/0.3ML	52
RITUXAN HYCELA	30	SENSIPAR TABS 30MG	54	SOMATULINE DEPOT INJ 120MG/0.5ML	52
<i>rivastigmine tartrate</i>	23	SENSIPAR TABS 60MG	54	SOMAVERT	52
<i>rivastigmine transdermal system</i>	23	SENSIPAR TABS 90MG	54	<i>sorine</i>	39
<i>rizatriptan benzoate</i>	26	SEREVENT DISKUS	57	<i>sotalol hcl</i>	39
<i>rizatriptan benzoate odt</i>	26	<i>sertraline hcl conc</i>	24	<i>sotalol hcl (af)</i>	39
<i>romidepsin</i>	28	<i>sertraline hcl tabs 25mg</i>	24		
		<i>sertraline hcl tabs 50mg</i>	24		
		<i>sertraline hcl tabs 100mg</i>	24		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
sotalol hydrochloride (af) tabs 80mg	39	sumatriptan succinate inj 4mg/0.5ml	26	TARCEVA TABS 25MG	30
spironolactone/hydrochlorothiazide	40	sumatriptan succinate inj 6mg/0.5ml	26	TARCEVA TABS 100MG, 150MG	29
spironolactone tabs 25mg	40	sumatriptan succinate refill inj 4mg/0.5ml	26	TARGETIN GEL	30
spironolactone tabs 100mg, 50mg	40	sumatriptan succinate refill inj 6mg/0.5ml	26	tarina fe 1/20	51
SPORANOX ORAL SOLN	26	sumatriptan succinate tabs	26	TASIGNA	30
sprintec 28	51	SUPRAX SUSR 500MG/5ML	20	tazarotene	43
SPRITAM TB3D 750MG	22	SUPREP BOWEL PREP KIT	46	tazicef inj 1gm, 2gm, 6gm	20
SPRITAM TB3D 1000MG, 250MG, 500MG	22	SUSTIVA CAPS 50MG	33	TAZORAC CREA	43
SPRYCEL	29	SUSTIVA CAPS 200MG	33	TAZORAC GEL	43
sps	45	SUSTIVA TABS	33	taztia xt cp24 120mg, 180mg, 240mg, 300mg	40
sronyx	51	SUTENT	29	TECENTRIQ	30
ssd	19	SYLATRON	28	TECFIDERA CPDR 120MG	42
STAMARIL	54	SYMLINPEN 60	36	TECFIDERA CPDR 240MG	42
stavudine	33	SYMLINPEN 120	36	TECFIDERA STARTER PACK	42
sterile water irrigation	55	SYNAGIS	53	techlite pen needles/31g x 6 mm	55
sterile water irrigation plastic bottle	55	SYNAREL	52	techlite pen needles/31g x 8mm	55
STIMATE	49	SYNERCID	19	techlite pen needles/32g x 4mm	55
STIVARGA	29	SYNJARDY	36	techlite pen needles/32g x 6mm	55
streptomycin sulfate	18	SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	36	techlite pen needles/32g x 8mm	55
STRIBILD	33	SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	36	TEFLARO	20
SUBOXONE	18	SYNRIBO	28	TEKTURNA	40
sucralfate	46	SYNTHROID	52	TEKTURNA HCT	40
sulfacetamide sodium lotn	21	SYPRINE	45	telmisartan	38
sulfacetamide sodium ophthalmic soln	21	<b>T</b>		telmisartan/amlodipine	38
sulfacetamide sodium/prednisolone sodium phosphate	21	TABLOID	28	telmisartan/hydrochlorothiazide	38
sulfadiazine	21	tacrolimus caps	53	temazepam	58
sulfamethoxazole/trimethoprim ds	21	tacrolimus oint	43	TENIVAC	54
sulfamethoxazole/trimethoprim inj	21	TAFINLAR	29	tenofovir disoproxil fumarate	33
sulfamethoxazole/trimethoprim susp	21	TAGRISSO	29	terazosin hcl caps 1mg, 2mg, 5mg	47
sulfamethoxazole/trimethoprim tabs	22	TAMIFLU CAPS 30MG	34	terazosin hcl caps 10mg	47
sulfasalazine	54	TAMIFLU CAPS 45MG, 75MG	34	terbutaline sulfate	57
sulfatrim pediatric	22	TAMIFLU SUSR	34	terconazole	26
sulindac	16	tamoxifen citrate	27	testosterone cypionate	49
sumatriptan	26	tamsulosin hcl	47	testosterone enanthate	49
				testosterone gel 25mg/2.5gm, 50mg/5gm	49
				testosterone pump	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TETANUS/DIPHThERIA		<i>tobramycin sulfate inj</i>		<i>tretinoin caps</i>	30
TOXOIDS-ADSORBED	54	<i>1.2gm, 10mg/ml, 80mg/2ml</i>	18	<i>tretinoin crea</i>	43
<i>tetrabenazine tabs 12.5mg</i>	42	<i>tobramycin sulfate</i>		<i>tretinoin gel</i>	43
<i>tetrabenazine tabs 25mg</i>	42	<i>ophthalmic soln</i>	18	<i>tretinoin microsphere</i>	43
<i>tetracycline hydrochloride</i>	22	TOBEX OINT	18	<i>tretinoin microsphere</i>	
TEXACORT	49	<i>tolcapone</i>	30	<i>pump gel 0.1%</i>	43
THALOMID CAPS		<i>tolmetin sodium</i>	16	<i>triamcinolone acetonide</i>	
100MG, 150MG, 50MG	27	<i>tolterodine tartrate</i>	47	<i>crea 0.1%</i>	49
THALOMID CAPS 200MG	27	<i>tolterodine tartrate er</i>	47	<i>triamcinolone acetonide</i>	
THEO-24	57	<i>topiramate</i>	23	<i>crea 0.025%, 0.5%</i>	49
<i>theophylline cr</i>	57	<i>toposar</i>	29	<i>triamcinolone acetonide</i>	
<i>theophylline er tb12</i>		<i>topotecan hcl inj 4mg</i>	29	<i>dental paste</i>	42
<i>300mg, 450mg</i>	57	TORISEL	53	<i>triamcinolone acetonide</i>	
<i>theophylline er tb24</i>	57	<i>torse mide</i>	40	<i>inj 40mg/ml</i>	49
<i>thioridazine hcl</i>	31	TOUJEO SOLOSTAR	36	<i>triamcinolone acetonide lotn</i>	49
<i>thiotepa</i>	27	TPN ELECTROLYTES	45	<i>triamcinolone acetonide oint</i>	49
<i>thiothixene caps 2mg</i>	31	TRACLEER	57	<i>triamterene/hydrochlorothiazide</i>	
<i>thiothixene caps 10mg, 1mg, 5mg</i>	31	TRADJENTA	36	<i>caps 25mg; 37.5mg</i>	40
THYMOGLOBULIN	53	<i>tramadol hcl</i>	18	<i>triamterene/hydrochlorothiazide</i>	
THYROLAR-1	52	<i>tramadol hydrochloride/</i>		<i>caps 25mg; 50mg</i>	40
THYROLAR-1/2	52	<i>acetaminophen</i>	18	<i>triamterene/</i>	
THYROLAR-1/4	52	<i>trandolapril tabs 1mg</i>	38	<i>hydrochlorothiazide tabs</i>	40
THYROLAR-2	52	<i>trandolapril tabs 2mg, 4mg</i>	38	<i>trianex</i>	49
THYROLAR-3	52	<i>tranexamic acid inj</i>	37	<i>triderm crea 0.1%</i>	49
<i>tiagabine hydrochloride tabs 2mg</i>	23	<i>tranexamic acid tabs</i>	37	<i>trientine hydrochloride</i>	45
<i>tiagabine hydrochloride tabs 4mg</i>	23	TRANSDERM-SCOP	25	<i>tri-estarylla</i>	51
<i>tigecycline</i>	19	<i>tranylcyromine sulfate</i>	24	<i>trifluoperazine hcl</i>	31
<i>tilia fe</i>	51	TRAVASOL	45	<i>trifluridine</i>	34
<i>timolol maleate ophthalmic soln</i>	56	TRAVATAN Z	55	<i>trihexyphenidyl hcl</i>	30
<i>timolol maleate tabs</i>	39	<i>trazodone hcl tabs</i>		<i>tri-legest fe</i>	51
TIS-U-SOL	55	<i>100mg, 150mg, 50mg</i>	24	<i>tri-lynyah</i>	51
TIVICAY TABS 10MG, 25MG	33	<i>trazodone hcl tabs 300mg</i>	24	<i>trilyte</i>	46
TIVICAY TABS 50MG	33	TREANDA INJ 25MG	27	<i>trimethoprim</i>	19
<i>tizanidine hcl</i>	32	TREANDA INJ 100MG	27	<i>trimethoprim sulfate/</i>	
TOBI PODHALER	57	TRECTOR	26	<i>polymyxin b sulfate</i>	19
TOBRADEX OINT	56	TRELEGY ELLIPTA	58	<i>trimipramine maleate</i>	25
<i>tobramycin/dexamethasone</i>	56	TRELSTAR MIXJECT INJ 3.75MG	52	<i>trinessa</i>	51
<i>tobramycin nebu</i>	57	TRELSTAR MIXJECT INJ 11.25MG	52	TRINTELLIX	24
<i>tobramycin ophthalmic soln</i>	18	TRELSTAR MIXJECT INJ 22.5MG	52	<i>tri-previfem</i>	51
		TRESIBA FLEXTOUCH	36	TRIPTODUR	49
				TRISENOX	28
				<i>tri-sprintec</i>	51

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TRIUMEQ.....	33	VAQTA.....	54	VIDEX EC CPDR 125MG.....	33
<i>trivora-28</i> .....	51	VARIVAX.....	54	VIDEX PEDIATRIC.....	33
TROPHAMINE.....	45	VARIZIG.....	54	<i>vienva</i> .....	51
<i>tropicamide</i> .....	56	VASCEPA CAPS 0.5GM.....	41	<i>vigabatrin</i> .....	23
TRULANCE.....	46	VASCEPA CAPS 1GM.....	41	VIGAMOX.....	21
TRULICITY.....	36	VAXCHORA.....	54	VIIBRYD.....	24
TRUMENBA.....	54	VECTIBIX.....	30	VIIBRYD STARTER PACK.....	24
TRUVADA.....	33	VELCADE.....	28	VIMPAT INJ.....	23
TWINRIX.....	54	<i>velivet</i> .....	51	VIMPAT ORAL SOLN.....	23
TYBOST.....	34	VELPHORO.....	45	VIMPAT TABS.....	23
TYGACIL.....	19	VELTASSA.....	45	<i>vinblastine sulfate</i> .....	28
TYKERB.....	30	VENCLEXTA STARTING PACK.....	28	<i>vincasar pfs</i> .....	28
TYPHIM VI.....	54	VENCLEXTA TABS 10MG.....	28	<i>vincristine sulfate</i> .....	29
TYSABRI.....	42	VENCLEXTA TABS 50MG.....	28	<i>vinorelbine tartrate</i> .....	29
<b>U</b>		VENCLEXTA TABS 100MG.....	28	<i>viorele</i> .....	51
ULORIC.....	26	<i>venlafaxine hcl</i> .....	24	VIRACEPT TABS 250MG.....	34
UNITHROID.....	52	<i>venlafaxine hcl er cp24 37.5mg</i> .....	24	VIRACEPT TABS 625MG.....	34
UNITUXIN.....	30	<i>venlafaxine hcl er cp24 75mg</i> .....	24	VIREAD POWD.....	33
<i>ursodiol</i> .....	46	<i>venlafaxine hcl er cp24 150mg</i> .....	24	VIREAD TABS.....	33
<b>V</b>		VENTAVIS.....	57	<i>voriconazole inj</i> .....	26
<i>valacyclovir hcl</i> .....	34	VENTOLIN HFA.....	57	<i>voriconazole susr</i> .....	26
VALCHLOR.....	27	<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i> .....	40	<i>voriconazole tabs</i> .....	26
<i>valganciclovir</i> .....	32	<i>verapamil hcl er cp24 200mg</i> .....	40	VOSEVI.....	33
<i>valganciclovir hydrochloride</i> .....	32	<i>verapamil hcl er tbc</i> .....	40	VOTRIENT.....	30
<i>valproate sodium</i> .....	23	<i>verapamil hcl inj</i> .....	40	VP-PNV-DHA.....	46
<i>valproic acid</i> .....	23	<i>verapamil hcl sr cp24 360mg</i> .....	40	VPRIV.....	47
<i>valsartan</i> .....	38	<i>verapamil hcl tabs 40mg</i> .....	40	VRAYLAR CAPS.....	32
<i>valsartan/hydrochlorothiazide</i> .....	38	<i>verapamil hcl tabs 120mg, 80mg</i> .....	40	VRAYLAR CPPK.....	32
<i>vancomycin</i> .....	19	VERSACLOZ.....	32	<i>vyfemla</i> .....	51
<i>vancomycin hcl caps 125mg</i> .....	19	VERZENIO.....	28	VYTORIN.....	41
<i>vancomycin hcl caps 250mg</i> .....	19	VESICARE.....	47	VYXEOS.....	28
<i>vancomycin hcl in dextrose</i> .....	19	V-GO 20.....	55	<b>W</b>	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg</i> .....	19	V-GO 30.....	55	<i>warfarin sodium</i> .....	37
<i>vancomycin hydrochloride/sodium chloride inj 0.9%; 750mg/150ml</i> .....	19	V-GO 40.....	55	WELCHOL.....	41
<i>vandazole</i> .....	19	VIBERZI.....	46	<i>wera</i> .....	51
		<i>vicodin es tabs 300mg; 7.5mg</i> .....	18	<b>X</b>	
		<i>vicodin hp tabs 300mg; 10mg</i> .....	18	XALKORI.....	30
		<i>vicodin tabs 300mg; 5mg</i> .....	18		
		VICTOZA.....	36		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
XARELTO STARTER PACK	37	ZENPEP	47	ZYPREXA RELPREVV INJ	
XARELTO TABS 10MG	37	ZERIT ORAL SOLN	34	405MG	32
XARELTO TABS 15MG	37	ZETIA	41	ZYTIGA TABS 250MG	27
XARELTO TABS 20MG	37	ZIAGEN ORAL SOLN	34	ZYTIGA TABS 500MG	27
XATMEP	53	<i>zidovudine caps</i>	34		
XGEVA	55	<i>zidovudine syrp</i>	34		
XIFAXAN TABS 200MG	19	<i>zidovudine tabs</i>	34		
XIFAXAN TABS 550MG	19	ZIOPTAN	55		
XIGDUO XR TB24		<i>ziprasidone hcl</i>	32		
5MG; 1000MG	36	ZIRGAN	32		
XIGDUO XR TB24		ZMAX	21		
10MG; 1000MG, 10MG; 500MG,		<i>zoledronic acid inj 4mg/5ml</i>	55		
2.5MG; 1000MG, 5MG; 500MG	36	<i>zoledronic acid inj 5mg/100ml</i>	55		
XOLAIR	58	ZOLINZA	29		
XTAMPZA ER	16	<i>zolpidem tartrate tabs</i>	58		
XTANDI	27	<i>zonisamide</i>	22		
XULTOPHY 100/3.6	36	ZORTRESS TABS 0.5MG	53		
XYREM	58	ZORTRESS TABS			
		0.25MG, 0.75MG	53		
		ZOSTAVAX	54		
<b>Y</b>		ZOSYN INJ			
YERVOY INJ 50MG/10ML	30	5%; 2GM/50ML; 0.25GM/50ML,			
YERVOY INJ 200MG/40ML	30	5%; 3GM/50ML; 0.375GM/50ML,			
YF-VAX	54	5%; 4GM/100ML; 0.5GM/100ML	20		
YONDELIS	27	<i>zovia 1/35e</i>	51		
<i>yuvafem</i>	51	<i>zovia 1/50e</i>	51		
<b>Z</b>		ZUBSOLV SUBL			
<i>zafirlukast</i>	57	0.7MG; 0.18MG	18		
<i>zaleplon</i>	58	ZUBSOLV SUBL			
ZALTRAP	30	1.4MG; 0.36MG, 11.4MG;			
ZANOSAR	27	2.9MG, 2.9MG; 0.71MG,			
ZARXIO	37	5.7MG; 1.4MG, 8.6MG; 2.1MG	18		
ZAVESCA	47	ZYCLARA	43		
<i>zebutal caps</i>		ZYCLARA PUMP CREA 2.5%	43		
325mg; 50mg; 40mg	16	ZYCLARA PUMP CREA 3.75%	43		
ZEJULA	29	ZYDELIG	30		
ZELBORAF	30	ZYKADIA	30		
ZEMAIRA	58	ZYLET	18		
<i>zenatane</i>	43	ZYPREXA RELPREVV INJ			
<i>zenchent</i>	51	210MG	32		
		ZYPREXA RELPREVV INJ			
		300MG	32		





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