

2019 Cigna-HealthSpring COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

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



This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m. local time, or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.
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Note to existing customers: This drug list has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Primary (HMO), Cigna-HealthSpring TotalCare (HMO SNP), Cigna-HealthSpring TotalCare AR (HMO SNP), Cigna-HealthSpring TotalCare ETN (HMO SNP), Cigna-HealthSpring TotalCare Direct (HMO SNP), Cigna-HealthSpring Traditions (HMO SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of November 2018. For an updated drug list, 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, 2020, and from time to time during the year.

What is the Cigna-HealthSpring Comprehensive Drug List?

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

Can the Drug List (formulary) change?

Generally, if you are taking a drug on our 2019 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic equivalent of the drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect customers currently taking the drug.) 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. Below are changes to the drug list that will also affect customers currently taking the drug:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before

we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna-HealthSpring Drug List?”

- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, we must notify affected customers of the change at least 30 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 30-day supply of the drug.

The enclosed drug list is current as of November 2018. To get updated information about the drugs covered by Cigna-HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the

changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 10. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR AGENTS". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 54. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.

- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 120 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not "opioid naïve") are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

Options for Maintenance Medications

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

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

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

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

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

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

What if my drug is not in the Drug List?

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

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

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

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or existing customer in our plan you may be taking drugs that are not on 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 up to a 30-day supply, 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 while you pursue a drug list exception.

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

Cigna-HealthSpring's Drug List

The comprehensive drug list that begins on page 10, provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 54.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 10 along with the amount dispensed per the days supplied. (For example: simvastatin 10mg QL 30/30; this means the drug simvastatin 10mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).



For more information

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

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

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

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. Your plan has one tier named "Covered Drugs". Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

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

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

Service Area: Alabama

H4513-044 – Cigna-HealthSpring TotalCare (HMO SNP): Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Arkansas

H4513-039 – Cigna-HealthSpring TotalCare AR (HMO SNP): Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Florida

H5410-013 – Cigna-HealthSpring TotalCare (HMO SNP): Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida

H5410-025 – Cigna-HealthSpring TotalCare (HMO SNP): Lake, Orange, Osceola, Polk and Seminole, Florida

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

*Cost-sharing is based on your level of “Extra Help”

Service Area: Georgia

H0439-002 – Cigna-HealthSpring TotalCare (HMO SNP): Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton and White, Georgia

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Illinois

H1415-024 – Cigna-HealthSpring Primary (HMO): Cook, DuPage, Kane and Will, Illinois

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Mid-Atlantic

H2108-001 – Cigna-HealthSpring TotalCare (HMO SNP): District of Columbia; Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George’s, Maryland; Kent, New Castle and Sussex, Delaware

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Mid-Atlantic

H2108-020 – Cigna-HealthSpring Traditions (HMO SNP): District of Columbia; Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George’s, Maryland; Kent, New Castle and Sussex, Delaware

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	Not covered

*Cost-sharing is based on your level of “Extra Help”

Service Area: Mississippi**H4407-004 – Cigna-HealthSpring TotalCare (HMO SNP):** Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: North Carolina**H9725-003 – Cigna-HealthSpring TotalCare Direct (HMO SNP):** Alexander, Cabarrus, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Yadkin and Union, North Carolina

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Pennsylvania**H3949-009 – Cigna-HealthSpring TotalCare (HMO SNP):** Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Pennsylvania**H3949-016 – Cigna-HealthSpring Traditions (HMO SNP):** Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	Not covered

*Cost-sharing is based on your level of “Extra Help”

Service Area: Tennessee

H4513-034 – Cigna-HealthSpring TotalCare (HMO SNP): Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

H4513-040 – Cigna-HealthSpring TotalCare ETN (HMO SNP): Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk and Sequatchie, Tennessee

H4513-035 – Cigna-HealthSpring Primary (HMO): Anderson, Blount, Bradley, Cocke, Grainger, Grundy, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, Morgan, Sequatchie, Sevier and Union, Tennessee

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

Service Area: Texas

H4513-010 – Cigna-HealthSpring TotalCare (HMO SNP): Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591 and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy, Texas

H4513-027 – Cigna-HealthSpring TotalCare (HMO SNP): Henderson, Rusk, Smith, Upshur and Van Zandt, Texas

H4513-029 – Cigna-HealthSpring TotalCare (HMO SNP): Bexar, Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant and Wise, Texas

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.40 / 15% (generics) \$0 / \$3.80 / \$8.50 / 15% (all other drugs)

*Cost-sharing is based on your level of “Extra Help”

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. – 8 p.m. local time. TTY users can call 711.

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

Drug List Key:

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

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Analgesics		
Analgesics		
<i>acetaminophen/codeine oral soln</i>	1	NDS QL(2700/30)
<i>butalbital/acetaminophen/caffeine caps</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	PA NDS QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	1	PA NDS QL(180/30)
<i>esgic caps</i>	1	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 400mg</i>	1	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	QL(60/30)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>meloxicam</i>	1	QL(30/30)
<i>nabumetone</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg, 500mg</i>	1	
<i>oxaprozin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>salsalate</i>	1	
<i>sulindac</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj</i>	1	QL(150/30)
BUPRENORPHINE PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	1	NDS QL(4/28)
<i>buprenorphine ptwk 7.5mcg/hr</i>	1	NDS QL(4/28)
DURAMORPH	1	B/D PA NDS QL(180/30)
<i>fentanyl</i>	1	NDS QL(10/30)
INFUMORPH 200	1	NDS QL(200/30)
INFUMORPH 500	1	NDS QL(200/30)
<i>methadone hcl conc</i>	1	NDS QL(500/30)
<i>methadone hcl inj</i>	1	NDS QL(150/30)
<i>methadone hcl intensol</i>	1	NDS QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	1	NDS QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	1	NDS QL(600/30)
<i>methadone hcl tabs 10mg</i>	1	NDS QL(120/30)
<i>methadone hcl tabs 5mg</i>	1	NDS QL(180/30)
<i>mitigo</i>	1	NDS QL(200/30)
<i>morphine sulfate er tbcr</i>	1	NDS QL(90/30)
XTAMPZA ER	1	NDS QL(60/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	NDS QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	1	NDS QL(360/30)
<i>ascomp/codeine</i>	1	PA NDS QL(180/30)
<i>butorphanol tartrate inj 2mg/ml</i>	1	NDS QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	1	NDS QL(480/30)
<i>butorphanol tartrate nasal soln</i>	1	NDS QL(5/30)
<i>endocet tabs 325mg; 10mg</i>	1	NDS QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	1	NDS QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	NDS QL(360/30)
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	1	B/D PA NDS

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	1	PA NDS QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	1	PA NDS QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	1	NDS QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	1	NDS QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	1	NDS QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	1	NDS QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	NDS QL(360/30)
<i>hydrocodone/ibuprofen</i>	1	NDS QL(150/30)
<i>hydromorphone hcl dosette</i>	1	NDS
<i>hydromorphone hcl inj</i>	1	NDS
<i>hydromorphone hcl liqd</i>	1	NDS QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	1	NDS QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	NDS QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	1	NDS QL(150/30)
<i>lorcet</i>	1	NDS QL(360/30)
<i>lorcet hd</i>	1	NDS QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	NDS QL(180/30)
<i>morphine sulfate inj 150mg/30ml, 1mg/ml, 50mg/ml, 5mg/ml</i>	1	B/D PA NDS
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	B/D PA NDS QL(180/30)
MORPHINE SULFATE INJ 10MG/ML, 8MG/ML	1	B/D PA NDS QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate inj 10mg/ml</i>	1	B/D PA NDS QL(240/30)
MORPHINE SULFATE INJ 4MG/ML	1	B/D PA NDS QL(480/30)
<i>morphine sulfate inj 4mg/ml</i>	1	B/D PA NDS QL(480/30)
MORPHINE SULFATE INJ 2MG/ML	1	B/D PA NDS QL(1200/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	1	NDS QL(240/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	1	NDS QL(700/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	1	NDS QL(900/30)
MORPHINE SULFATE TABS	1	NDS QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	1	NDS QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	1	NDS QL(180/30)
<i>oxycodone hcl caps</i>	1	NDS QL(120/30)
<i>oxycodone hcl conc</i>	1	NDS QL(120/30)
<i>oxycodone hcl oral soln</i>	1	NDS QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	1	NDS QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	1	NDS QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	NDS QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	NDS QL(360/30)
<i>oxycodone/aspirin</i>	1	NDS QL(180/30)
<i>oxycodone/ibuprofen</i>	1	NDS QL(28/30)
<i>tramadol hcl</i>	1	NDS QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	1	NDS QL(240/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	NDS QL(180/30)
<i>vicodin hp tabs 300mg; 10mg</i>	1	NDS QL(180/30)
<i>vicodin tabs 300mg; 5mg</i>	1	NDS QL(360/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	PA
<i>lidocaine hcl external soln</i>	1	PA
<i>lidocaine hcl gel</i>	1	PA
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl jelly</i>	1	PA
<i>lidocaine hcl mouth/throat soln</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	1	PA QL(50/30)
<i>lidocaine ptch</i>	1	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	1	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram</i>	1	
<i>naltrexone hcl</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl subl</i>	1	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(90/30)
SUBOXONE	1	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	1	PA QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	1	PA QL(90/30)
Opioid Reversal Agents		
<i>naloxone hcl</i>	1	
NARCAN	1	QL(4/30)
Smoking Cessation Agents		
<i>bupropion hcl sr</i>	1	QL(60/30)
CHANTIX	1	QL(56/28)
CHANTIX CONTINUING MONTH PAK	1	QL(56/28)
CHANTIX STARTING MONTH PAK	1	QL(56/28)
NICOTROL INHALER	1	QL(1008/90)

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate external soln</i>	1	
<i>clindamycin phosphate gel</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate lotn</i>	1	
<i>clindamycin phosphate swab</i>	1	
<i>clindamycin/sodium chloride</i>	1	
<i>colistimethate sodium</i>	1	
<i>daptomycin inj 500mg</i>	1	B/D PA NDS
<i>lincomycin hcl</i>	1	
<i>linezolid inj</i>	1	
<i>linezolid susr</i>	1	NDS QL(1800/30)
<i>linezolid tabs</i>	1	NDS QL(60/30)
<i>methenamine hippurate</i>	1	
<i>metronidazole crea</i>	1	
<i>metronidazole gel</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i>	1	
<i>metronidazole lotn</i>	1	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin crea</i>	1	
<i>mupirocin oint</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	1	
<i>rosadan</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SYNERCID	1	NDS
<i>tigecycline</i>	1	NDS
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>vancomycin</i>	1	
<i>vancomycin hcl caps 125mg</i>	1	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	1	QL(80/10)
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm, 1gm, 500mg, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	1	
<i>vandazole</i>	1	
XIFAXAN TABS 550MG	1	PA NDS QL(90/30)
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	1	
<i>cefaclor er</i>	1	
<i>cefaclor susr</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
<i>oxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium oral soln</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>pfizerpen inj 20mu, 5000000unit</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	
Macrolides		
AZASITE	1	
<i>azithromycin inj</i>	1	
<i>azithromycin pack</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	QL(90/30)
<i>azithromycin susr 100mg/5ml</i>	1	QL(150/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>azithromycin tabs 250mg, 500mg</i>	1	QL(12/28)
<i>azithromycin tabs 600mg</i>	1	QL(60/30)
<i>clarithromycin er</i>	1	
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
DIFICID	1	PA NDS QL(20/10)
<i>e.e.s. 400</i>	1	
<i>ery</i>	1	
ERY-TAB	1	
ERYPED 400	1	NDS
ERYTHROCIN LACTOBIONATE	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin external soln</i>	1	
<i>erythromycin gel</i>	1	
<i>erythromycin oint</i>	1	
<i>erythromycin pads</i>	1	
Quinolones		
BAXDELA	1	
BESIVANCE	1	
CILOXAN OINT	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin er tb24 500mg; 0</i>	1	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	1	QL(14/14)
<i>ciprofloxacin hcl ophthalmic soln</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hcl tabs 250mg</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hydrochloride</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciprofloxacin susr</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj</i>	1	
<i>levofloxacin oral soln</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 250mg, 750mg</i>	1	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	1	
<i>moxifloxacin hcl inj</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>moxifloxacin hydrochloride ophthalmic soln</i>	1	
<i>ofloxacin</i>	1	
Sulfonamides		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>sodium sulfacetamide ophthalmic soln</i>	1	
<i>sulfacetamide sodium lotn</i>	1	
<i>sulfacetamide sodium ophthalmic soln</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	

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<i>doxy 100</i>	1	
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	QL(60/30)
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxyne nl</i>	1	QL(60/30)
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hydrochloride</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	1	NDS QL(30/30)
APTIOM TABS 600MG	1	NDS QL(60/30)
BRIVIACT INJ	1	NDS QL(600/30)
BRIVIACT ORAL SOLN	1	NDS QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	1	NDS QL(60/30)
BRIVIACT TABS 100MG	1	NDS QL(120/30)
FYCOMPA SUSP	1	QL(720/30)
FYCOMPA TABS	1	QL(30/30)
<i>levetiracetam er tb24 750mg</i>	1	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	1	QL(180/30)
<i>levetiracetam inj</i>	1	
<i>levetiracetam oral soln</i>	1	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam/sodium chloride</i>	1	
<i>magnesium sulfate in d5w</i>	1	B/D PA
<i>roweepra</i>	1	
<i>roweepra xr tb24 750mg</i>	1	QL(120/30)
<i>roweepra xr tb24 500mg</i>	1	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	1	QL(60/30)
SPRITAM TB3D 750MG	1	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide</i>	1	
LYRICA CAPS 225MG, 300MG	1	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	1	QL(90/30)
LYRICA ORAL SOLN	1	QL(900/30)
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	1	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	1	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	1	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	1	QL(90/30)
<i>clonazepam tabs 1mg</i>	1	QL(120/30)
<i>clonazepam tabs 2mg</i>	1	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	1	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	1	QL(40/30)
DIASTAT PEDIATRIC	1	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	1	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	1	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	1	QL(40/30)
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin caps 100mg</i>	1	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	1	QL(270/30)
<i>gabapentin oral soln</i>	1	QL(2160/30)
<i>gabapentin tabs 800mg</i>	1	
<i>gabapentin tabs 600mg</i>	1	QL(180/30)
GABITRIL TABS 12MG, 16MG	1	
GRALISE	1	
GRALISE STARTER	1	QL(156/365)
ONFI SUSP	1	NDS QL(480/30)
ONFI TABS 20MG	1	NDS QL(60/30)
ONFI TABS 10MG	1	QL(60/30)
<i>phenobarbital elix</i>	1	QL(1500/30)
<i>phenobarbital tabs</i>	1	QL(120/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>primidone</i>	1	
SABRIL TABS	1	PA NDS QL(180/30)
<i>tiagabine hydrochloride</i>	1	
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin</i>	1	PA NDS QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	1	NDS
<i>felbamate tabs</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>topiramate</i>	1	
TROKENDI XR CP24 100MG, 25MG, 50MG	1	QL(30/30)
TROKENDI XR CP24 200MG	1	NDS QL(60/30)
Sodium Channel Agents		
BANZEL SUSP	1	PA NDS QL(2400/30)
BANZEL TABS 200MG	1	PA NDS QL(60/30)
BANZEL TABS 400MG	1	PA NDS QL(240/30)
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN CAPS 30MG	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
VIMPAT INJ	1	QL(1200/30)
VIMPAT ORAL SOLN	1	QL(1200/30)
VIMPAT TABS	1	QL(60/30)

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NDS = Non-extended day supply medication

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 5mg</i>	1	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	1	QL(60/30)
<i>donepezil hcl tabs 23mg</i>	1	QL(30/30)
<i>donepezil hcl tbdp 5mg</i>	1	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	1	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	1	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	1	QL(60/30)
<i>galantamine hydrobromide er</i>	1	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	1	QL(200/30)
<i>galantamine hydrobromide tabs</i>	1	QL(60/30)
<i>rivastigmine tartrate</i>	1	QL(60/30)
<i>rivastigmine transdermal system</i>	1	QL(30/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl tabs 10mg</i>	1	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	1	PA QL(90/30)
<i>memantine hcl titration pak</i>	1	PA QL(49/28)
<i>memantine hydrochloride er</i>	1	PA QL(30/30)
<i>memantine hydrochloride oral soln</i>	1	PA QL(360/30)
Antidepressants		
Antidepressants, Other		
BUPROPION HCL ER TB12 150MG	1	QL(60/30)
<i>bupropion hcl er tb12 100mg, 200mg</i>	1	QL(60/30)
<i>bupropion hcl sr</i>	1	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	1	QL(120/30)
<i>bupropion hcl xl</i>	1	QL(30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bupropion hydrochloride tabs 75mg</i>	1	QL(180/30)
<i>maprotiline hcl</i>	1	QL(90/30)
<i>mirtazapine</i>	1	QL(30/30)
<i>mirtazapine odt</i>	1	QL(30/30)
<i>nefazodone hcl</i>	1	QL(60/30)
<i>nefazodone hydrochloride</i>	1	QL(60/30)
<i>trazodone hydrochloride tabs 300mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	1	QL(30/30) ST
Monoamine Oxidase Inhibitors		
EMSAM	1	NDS QL(30/30)
MARPLAN	1	QL(180/30)
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
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>	1	QL(30/30)
<i>duloxetine hcl cpep 20mg</i>	1	QL(60/30)
<i>duloxetine hydrochloride cpep 60mg</i>	1	QL(60/30)
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL(90/30)
<i>escitalopram oxalate oral soln</i>	1	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	1	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	1	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	1	QL(90/30)
FETZIMA	1	QL(30/30) ST
FETZIMA TITRATION PACK	1	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	1	QL(30/30)
<i>fluoxetine caps 20mg</i>	1	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine dr</i>	1	QL(4/28)
<i>fluoxetine hcl caps 10mg</i>	1	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	1	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	1	QL(120/30)
<i>fluoxetine hcl oral soln</i>	1	QL(600/30)
<i>fluoxetine hydrochloride tabs 10mg</i>	1	QL(30/30)
<i>fluoxetine hydrochloride tabs 20mg</i>	1	QL(120/30)
<i>fluvoxamine maleate er</i>	1	QL(60/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL(90/30)
<i>olanzapine/fluoxetine</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
PAXIL SUSP	1	QL(900/30) ST
PRISTIQ	1	QL(30/30)
<i>sertraline hcl conc</i>	1	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	1	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	1	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	1	QL(120/30)
<i>venlafaxine hcl</i>	1	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL(90/30)
VIIBRYD	1	QL(30/30) ST
VIIBRYD STARTER PACK	1	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	1	PA
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	PA
<i>desipramine hcl</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>imipramine hydrochloride</i>	1	PA
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	PA
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	PA

Antiemetics

Antiemetics, Other

<i>compro</i>	1	
<i>meclizine hcl tabs</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syr</i>	1	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	1	PA
<i>promethazine hydrochloride tabs 50mg</i>	1	PA
<i>promethegan</i>	1	
<i>scopolamine</i>	1	QL(10/30)

Emetogenic Therapy Adjuncts

<i>ALOXI</i>	1	B/D PA NDS
<i>aprepitant caps 40mg</i>	1	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	1	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	1	B/D PA QL(4/28)
<i>aprepitant caps pack</i>	1	B/D PA QL(6/28)
<i>dronabinol</i>	1	PA QL(60/30)
<i>EMEND SUSR</i>	1	B/D PA QL(6/28)
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	1	B/D PA
<i>granisetron hcl tabs</i>	1	B/D PA QL(30/30)
<i>granisetron hydrochloride</i>	1	B/D PA
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D PA QL(450/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ondansetron hcl tabs 24mg</i>	1	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PA QL(90/30)
<i>ondansetron odt</i>	1	B/D PA QL(90/30)
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	1	B/D PA NDS
<i>SANCUSO</i>	1	NDS QL(4/28)

Antifungals

Antifungals

<i>ABELCET</i>	1	PA NDS
<i>AMBISOME</i>	1	PA NDS
<i>amphotericin b</i>	1	PA
<i>casprofungin acetate</i>	1	PA NDS
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox susp</i>	1	
<i>clotrimazole external crea</i>	1	
<i>clotrimazole external soln</i>	1	
<i>clotrimazole lozg</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole caps</i>	1	PA QL(120/30)
<i>ketoconazole crea</i>	1	
<i>ketoconazole sham</i>	1	
<i>ketoconazole tabs</i>	1	
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NAFTIN GEL	1	
NATACYN	1	
NOXAFIL SUSP	1	PA NDS QL(600/30)
NOXAFIL TBEC	1	PA NDS QL(96/30)
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
SPORANOX ORAL SOLN	1	PA NDS
<i>terbinafine hcl tabs</i>	1	QL(90/365)
<i>terconazole</i>	1	
<i>voriconazole inj</i>	1	PA NDS
<i>voriconazole susr</i>	1	PA NDS QL(300/30)
<i>voriconazole tabs</i>	1	PA QL(90/30)
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine caps</i>	1	QL(60/30)
<i>colchicine tabs</i>	1	QL(120/30)
MITIGARE	1	QL(60/30)
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	1	QL(30/30) ST
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate inj</i>	1	QL(30/28)
<i>dihydroergotamine mesylate nasal soln</i>	1	PA QL(8/30)
<i>ergotamine tartrate/caffeine</i>	1	QL(40/28)
<i>migergot</i>	1	NDS QL(20/28)
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl</i>	1	QL(9/30)
<i>rizatriptan benzoate</i>	1	QL(12/30)
<i>rizatriptan benzoate od</i>	1	QL(12/30)
<i>sumatriptan</i>	1	QL(12/30)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(4/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate tabs</i>	1	QL(9/30)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	1	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
REGONOL	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	1	
<i>rifabutin</i>	1	
Antituberculars		
CAPASTAT SULFATE	1	
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid inj</i>	1	
<i>isoniazid syrup</i>	1	
<i>isoniazid tabs</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	1	
RIFATER	1	
SIRTURO	1	PA QL(188/365)
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
BENDEKA	1	B/D PA NDS QL(8/21)
BICNU	1	B/D PA
<i>busulfan</i>	1	B/D PA NDS

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BUSULFEX	1	B/D PA NDS
<i>cyclophosphamide caps</i>	1	B/D PA
<i>cyclophosphamide inj</i>	1	B/D PA NDS
<i>dacarbazine</i>	1	B/D PA
EVOMELA	1	PA NDS
GLEOSTINE CAPS 10MG, 40MG	1	
GLEOSTINE CAPS 100MG	1	
HEXALEN	1	NDS
<i>ifosfamide inj 1gm, 3gm</i>	1	B/D PA
KISQALI FEMARA 200 DOSE	1	PA NDS QL(49/28)
KISQALI FEMARA 400 DOSE	1	PA NDS QL(70/28)
KISQALI FEMARA 600 DOSE	1	PA NDS QL(91/28)
LEUKERAN	1	
MATULANE	1	NDS
<i>melfalan hydrochloride</i>	1	B/D PA NDS
MUSTARGEN	1	B/D PA
<i>thiotepa</i>	1	PA
TREANDA INJ 100MG	1	B/D PA NDS
TREANDA INJ 25MG	1	B/D PA NDS QL(8/21)
VALCHLOR	1	PA NDS QL(60/30)
YONDELIS	1	PA NDS
ZANOSAR	1	B/D PA
Antiandrogens		
<i>bicalutamide</i>	1	QL(30/30)
ERLEADA	1	PA NDS QL(120/30)
<i>flutamide</i>	1	
<i>nilutamide</i>	1	NDS QL(60/30)
XTANDI	1	PA NDS QL(120/30)
YONSA	1	PA NDS QL(120/30)
ZYTIGA TABS 500MG	1	PA NDS QL(60/30)
ZYTIGA TABS 250MG	1	PA NDS QL(120/30)
Antiangiogenic Agents		
POMALYST	1	PA NDS QL(21/28)

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

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LONSURF TABS 8.19MG; 20MG	1	PA NDS QL(80/28)
LONSURF TABS 6.14MG; 15MG	1	PA NDS QL(100/28)
<i>mercaptopurine</i>	1	
NIPENT	1	B/D PA NDS
PURIXAN	1	PA NDS QL(300/30)
TABLOID	1	
VYXEOS	1	B/D PA NDS
Antineoplastics, Other		
ABRAXANE	1	PA NDS
<i>adriamycin inj 2mg/ml</i>	1	B/D PA
<i>azacitidine</i>	1	B/D PA NDS
BELEODAQ	1	PA NDS
<i>bleomycin</i>	1	B/D PA
<i>bleomycin sulfate</i>	1	B/D PA
BORTEZOMIB	1	PA NDS QL(14/21)
BRAFTOVI	1	PA NDS QL(180/30)
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	1	B/D PA
<i>cisplatin</i>	1	B/D PA
COSMEGEN	1	B/D PA NDS
<i>dactinomycin</i>	1	B/D PA NDS
<i>daunorubicin hcl</i>	1	B/D PA
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	1	B/D PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	B/D PA
<i>decitabine</i>	1	NDS
<i>dexrazoxane</i>	1	B/D PA
DOCETAXEL INJ 200MG/10ML	1	B/D PA NDS
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	B/D PA NDS
<i>doxorubicin hcl</i>	1	B/D PA
<i>doxorubicin hcl liposome</i>	1	B/D PA NDS
<i>doxorubicin hydrochloride liposomal</i>	1	B/D PA NDS
<i>epirubicin hcl inj 200mg/100ml</i>	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ERWINAZE	1	B/D PA NDS QL(60/28)
ETHYOL	1	B/D PA NDS
<i>fludarabine phosphate inj 50mg</i>	1	B/D PA
FUSILEV	1	NDS
HALAVEN	1	PA NDS
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D PA NDS
<i>idarubicin hydrochloride inj 10mg/10ml</i>	1	B/D PA NDS
<i>irinotecan</i>	1	B/D PA
<i>irinotecan hcl</i>	1	B/D PA
<i>irinotecan hydrochloride</i>	1	B/D PA
ISTODAX (OVERFILL)	1	PA NDS
JEVTANA	1	PA NDS
KISQALI	1	PA NDS QL(63/28)
LARTRUVO	1	PA NDS
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	1	
<i>leucovorin calcium tabs</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	1	NDS
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	1	NDS
<i>lipodox 50</i>	1	B/D PA NDS
LYNPARZA TABS	1	PA NDS QL(120/30)
MEKTOVI	1	PA NDS QL(180/30)
<i>mesna</i>	1	B/D PA
MESNEX TABS	1	NDS
<i>mitomycin inj 40mg</i>	1	B/D PA NDS
<i>mitomycin inj 20mg, 5mg</i>	1	B/D PA
<i>mitoxantrone hcl</i>	1	B/D PA
NERLYNX	1	PA NDS QL(180/30)
NINLARO	1	PA NDS QL(3/28)
ODOMZO	1	PA NDS QL(30/30)
ONCASPAR	1	B/D PA NDS
<i>oxaliplatin inj 100mg</i>	1	B/D PA NDS
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	1	B/D PA
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PORTRAZZA	1	PA NDS QL(100/21)
PROLEUKIN	1	B/D PA NDS
<i>romidepsin</i>	1	PA NDS
RUBRACA	1	PA NDS QL(120/30)
RYDAPT	1	PA NDS QL(224/28)
SYLATRON	1	PA NDS QL(4/28)
SYNRIBO	1	PA NDS QL(28/28)
TRISENOX	1	B/D PA
VELCADE	1	PA NDS QL(14/21)
VENCLEXTA STARTING PACK	1	PA NDS QL(84/365)
VENCLEXTA TABS 100MG	1	PA NDS QL(120/30)
VENCLEXTA TABS 50MG	1	PA QL(30/30)
VENCLEXTA TABS 10MG	1	PA QL(60/30)
VERZENIO	1	PA NDS QL(60/30)
<i>vinblastine sulfate</i>	1	B/D PA
<i>vincasar pfs</i>	1	B/D PA
<i>vincristine sulfate</i>	1	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	B/D PA
ZEJULA	1	PA NDS QL(90/30)
ZOLINZA	1	NDS QL(120/30)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	QL(30/30)
<i>exemestane</i>	1	QL(60/30)
<i>letrozole</i>	1	QL(30/30)
Enzyme Inhibitors		
<i>etoposide inj</i>	1	B/D PA
<i>irinotecan hydrochloride</i>	1	B/D PA
KYPROLIS	1	B/D PA NDS
<i>toposar</i>	1	B/D PA
<i>topotecan hcl inj 4mg</i>	1	NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG, 3MG	1	PA NDS QL(56/28)

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

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IMBRUVICA CAPS 140MG	1	PA NDS QL(120/30)
IMBRUVICA TABS	1	PA NDS QL(30/30)
INLYTA	1	PA NDS QL(120/30)
IRESSA	1	PA NDS QL(30/30)
JAKAFI	1	PA NDS QL(60/30)
LENVIMA 10 MG DAILY DOSE	1	PA NDS QL(30/30)
LENVIMA 12MG DAILY DOSE	1	PA NDS QL(90/30)
LENVIMA 14 MG DAILY DOSE	1	PA NDS QL(60/30)
LENVIMA 18 MG DAILY DOSE	1	PA NDS QL(90/30)
LENVIMA 20 MG DAILY DOSE	1	PA NDS QL(60/30)
LENVIMA 24 MG DAILY DOSE	1	PA NDS QL(90/30)
LENVIMA 4 MG DAILY DOSE	1	PA NDS QL(30/30)
LENVIMA 8 MG DAILY DOSE	1	PA NDS QL(60/30)
LYNPARZA CAPS	1	PA NDS QL(448/28)
MEKINIST TABS 2MG	1	PA NDS QL(30/30)
MEKINIST TABS 0.5MG	1	PA NDS QL(90/30)
NEXAVAR	1	PA NDS QL(120/30)
SPRYCEL	1	PA NDS QL(30/30)
STIVARGA	1	PA NDS
SUTENT	1	PA NDS QL(28/28)
TAFINLAR	1	PA NDS QL(120/30)
TAGRISSO	1	PA NDS QL(30/30)
TARCEVA TABS 100MG, 150MG	1	PA NDS QL(30/30)
TARCEVA TABS 25MG	1	PA NDS QL(60/30)
TASIGNA CAPS 150MG, 200MG	1	PA NDS QL(112/28)
TASIGNA CAPS 50MG	1	PA NDS QL(420/30)
<i>temsirolimus</i>	1	B/D PA NDS QL(4/28)
TIBSOVO	1	PA NDS QL(60/30)
TYKERB	1	PA NDS QL(180/30)
VOTRIENT	1	PA NDS QL(120/30)
XALKORI	1	PA NDS QL(60/30)
ZALTRAP	1	PA NDS QL(40/28)
ZELBORAF	1	PA NDS QL(240/30)
ZYDELIG	1	PA NDS QL(60/30)
ZYKADIA	1	PA NDS QL(140/28)
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	1	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BAVENCIO	1	PA NDS
BESPONSA	1	PA NDS
CYRAMZA	1	PA NDS
DARZALEX	1	PA NDS
EMPLICITI	1	PA NDS
ERBITUX	1	PA NDS
GAZYVA	1	PA NDS
HERCEPTIN INJ 440MG	1	PA NDS
HERCEPTIN INJ 150MG	1	B/D PA NDS
IMFINZI	1	PA NDS
KADCYLA	1	PA NDS
KEYTRUDA	1	PA NDS
MYLOTARG	1	PA NDS
OPDIVO	1	PA NDS QL(80/28)
PERJETA	1	PA NDS
POTELIGEO	1	PA NDS
RITUXAN	1	PA NDS
RITUXAN HYCELA	1	PA NDS
TECENTRIQ	1	PA NDS QL(20/21)
UNITUXIN	1	PA NDS
VECTIBIX	1	PA NDS
YERVOY INJ 50MG/10ML	1	PA NDS
YERVOY INJ 200MG/40ML	1	PA NDS QL(80/21)
Retinoids		
<i>bexarotene</i>	1	NDS
PANRETIN	1	NDS
TARGRETIN GEL	1	NDS QL(60/30)
<i>tretinoin caps</i>	1	NDS
Antiparasitics		
Anthelmintics		
ALBENZA	1	NDS
BILTRICIDE	1	
<i>ivermectin</i>	1	
<i>praziquantel</i>	1	
Antiprotozoals		
ALINIA SUSR	1	NDS QL(150/30)
ALINIA TABS	1	NDS QL(20/30)
<i>atovaquone</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	QL(24/30)
DARAPRIM	1	NDS QL(90/30)
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	1	B/D PA QL(6/28)
PENTAM 300	1	
PRIMAQUINE PHOSPHATE	1	
<i>quinine sulfate</i>	1	QL(42/7)
Pediculicides/Scabicides		
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	PA
<i>trihexyphenidyl hcl</i>	1	PA
Antiparkinson Agents, Other		
<i>amantadine hcl</i>	1	
<i>entacapone</i>	1	QL(240/30)
<i>tolcapone</i>	1	NDS
Dopamine Agonists		
APOKYN	1	PA NDS QL(60/30)
<i>bromocriptine mesylate</i>	1	
NEUPRO	1	QL(30/30)
<i>pramipexole dihydrochloride</i>	1	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	1	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	1	QL(90/30)
<i>ropinirole hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/ entacapone</i>	1	
RYTARY	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	1	QL(30/30)
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hcl elix</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl tabs</i>	1	
<i>haloperidol conc</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol tabs 10mg, 20mg</i>	1	
<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate</i>	1	
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	

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<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	1	NDS QL(1/28)
<i>aripiprazole odt</i>	1	NDS QL(60/30)
<i>aripiprazole oral soln</i>	1	QL(900/30)
<i>aripiprazole tabs</i>	1	QL(30/30)
ARISTADA INITIO	1	NDS QL(4.8/365)
ARISTADA INJ 441MG/1.6ML	1	NDS QL(1.6/28)
ARISTADA INJ 662MG/2.4ML	1	NDS QL(2.4/28)
ARISTADA INJ 882MG/3.2ML	1	NDS QL(3.2/28)
ARISTADA INJ 1064MG/3.9ML	1	QL(3.9/56)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	1	NDS QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	1	QL(60/30) ST
FANAPT TITRATION PACK	1	QL(16/365) ST
GEODON INJ	1	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	1	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	1	NDS QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	1	NDS QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	1	NDS QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	1	NDS QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	1	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	1	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	1	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	1	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	1	NDS QL(30/30)
LATUDA TABS 80MG	1	NDS QL(60/30)
NUPLAZID CAPS	1	PA NDS QL(30/30)
NUPLAZID TABS 10MG	1	PA NDS QL(30/30)
NUPLAZID TABS 17MG	1	PA NDS QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olanzapine inj</i>	1	QL(30/30)
<i>olanzapine odt</i>	1	QL(30/30)
<i>olanzapine tabs</i>	1	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	1	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	1	QL(60/30) ST
<i>paliperidone er tb24 9mg</i>	1	NDS QL(30/30) ST
<i>quetiapine fumarate</i>	1	QL(60/30)
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	1	QL(60/30)
REXULTI	1	NDS QL(30/30)
RISPERDAL CONSTA INJ 50MG	1	NDS QL(2/28)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	1	QL(2/28)
<i>risperidone m-tab</i>	1	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	1	QL(120/30)
<i>risperidone oral soln</i>	1	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(60/30)
<i>risperidone tabs 4mg</i>	1	QL(120/30)
SAPHRIS	1	QL(60/30)
VRAYLAR CAPS	1	NDS QL(30/30) ST
VRAYLAR CPPK	1	QL(14/365) ST
<i>ziprasidone hcl</i>	1	QL(60/30)
ZYPREXA RELPREVV INJ 405MG	1	NDS QL(1/28)
ZYPREXA RELPREVV INJ 300MG	1	NDS QL(2/28)
ZYPREXA RELPREVV INJ 210MG	1	QL(2/28)
Treatment-Resistant		
<i>clozapine odt tbdp 200mg</i>	1	NDS QL(120/30)
<i>clozapine odt tbdp 12.5mg, 25mg</i>	1	
<i>clozapine odt tbdp 150mg</i>	1	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	1	QL(270/30)

Covered Drugs By Category

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<i>clozapine tabs 25mg, 50mg</i>	1	
<i>clozapine tabs 200mg</i>	1	QL(120/30)
<i>clozapine tabs 100mg</i>	1	QL(270/30)
VERSACLOZ	1	QL(540/30)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 5mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	NDS
<i>ganciclovir inj 500mg, 500mg/10ml</i>	1	B/D PA
<i>valganciclovir</i>	1	NDS
<i>valganciclovir hydrochloride</i>	1	NDS
ZIRGAN	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	NDS QL(30/30)
BARACLUDE ORAL SOLN	1	QL(630/30)
<i>entecavir</i>	1	QL(30/30)
EPIVIR HBV ORAL SOLN	1	
INTRON A INJ 10MU, 10MU/ ML, 18MU, 50MU	1	NDS
INTRON A INJ 6000000UNIT/ ML	1	
<i>lamivudine tabs 100mg</i>	1	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
EPCLUSA	1	PA NDS QL(28/28)
HARVONI	1	PA NDS QL(28/28)
VOSEVI	1	PA NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anti-hepatitis C (HCV) Agents, Other		
PEGASYS INJ 180MCG/0.5ML	1	PA NDS QL(2/28)
PEGASYS INJ 180MCG/ML	1	PA NDS QL(4/28)
PEGASYS PROCLICK	1	PA NDS QL(2/28)
<i>ribavirin caps</i>	1	QL(168/28)
<i>ribavirin tabs</i>	1	QL(168/28)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	1	NDS QL(30/30)
GENVOYA	1	NDS QL(30/30)
ISENTRESS CHEW 100MG	1	NDS QL(180/30)
ISENTRESS CHEW 25MG	1	QL(180/30)
ISENTRESS HD	1	NDS QL(60/30)
ISENTRESS PACK	1	NDS QL(180/30)
ISENTRESS TABS	1	NDS QL(60/30)
JULUCA	1	NDS QL(30/30)
TIVICAY TABS 25MG, 50MG	1	NDS QL(60/30)
TIVICAY TABS 10MG	1	QL(60/30)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1	NDS QL(30/30)
EDURANT	1	NDS QL(30/30)
<i>efavirenz caps 200mg</i>	1	QL(60/30)
<i>efavirenz caps 50mg</i>	1	QL(90/30)
<i>efavirenz tabs</i>	1	NDS QL(30/30)
INTELENCE TABS 100MG, 200MG	1	NDS QL(60/30)
INTELENCE TABS 25MG	1	QL(120/30)
<i>nevirapine er tb24 400mg</i>	1	QL(30/30)
<i>nevirapine er tb24 100mg</i>	1	QL(90/30)
<i>nevirapine tabs</i>	1	QL(60/30)
ODEFSEY	1	NDS QL(30/30)
RESCRIPTOR TABS 200MG	1	QL(180/30)
RESCRIPTOR TABS 100MG	1	QL(270/30)
STRIBILD	1	NDS QL(30/30)
SYMFI	1	NDS QL(30/30)

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SYMFI LO	1	NDS QL(30/30)
VIRAMUNE SUSP	1	QL(1200/30)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir oral soln</i>	1	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	NDS QL(60/30)
<i>abacavir tabs</i>	1	QL(60/30)
<i>abacavir/lamivudine</i>	1	NDS QL(30/30)
CIMDUO	1	NDS QL(30/30)
DESCOVY	1	NDS QL(30/30)
<i>didanosine</i>	1	QL(30/30)
EMTRIVA CAPS	1	QL(30/30)
EMTRIVA ORAL SOLN	1	QL(680/28)
<i>lamivudine oral soln</i>	1	QL(900/30)
<i>lamivudine tabs 300mg</i>	1	QL(30/30)
<i>lamivudine tabs 150mg</i>	1	QL(60/30)
<i>lamivudine/zidovudine</i>	1	QL(60/30)
RETROVIR IV INFUSION	1	
<i>stavudine</i>	1	QL(60/30)
<i>tenofovir disoproxil fumarate</i>	1	NDS QL(30/30)
TRIUMEQ	1	NDS QL(30/30)
TRUVADA	1	NDS QL(30/30)
VIDEX EC CPDR 125MG	1	
VIDEX PEDIATRIC	1	QL(1200/30)
VIREAD POWD	1	NDS QL(240/30)
VIREAD TABS 150MG, 200MG, 250MG	1	NDS QL(30/30)
ZERIT ORAL SOLN	1	QL(2400/30)
<i>zidovudine caps</i>	1	QL(180/30)
<i>zidovudine syrp</i>	1	QL(1680/28)
<i>zidovudine tabs</i>	1	QL(60/30)
Anti-HIV Agents, Other		
ATRIPLA	1	NDS QL(30/30)
FUZEON	1	NDS QL(60/30)
SELZENTRY ORAL SOLN	1	NDS QL(1610/26)
SELZENTRY TABS 150MG, 75MG	1	NDS QL(60/30)
SELZENTRY TABS 300MG	1	NDS QL(120/30)
SELZENTRY TABS 25MG	1	QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TROGARZO	1	B/D PA NDS
TYBOST	1	QL(30/30)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS	1	NDS QL(120/30)
APTIVUS ORAL SOLN	1	NDS QL(285/28)
<i>atazanavir caps 300mg</i>	1	NDS QL(30/30)
<i>atazanavir caps 200mg</i>	1	NDS QL(60/30)
<i>atazanavir sulfate caps 300mg</i>	1	NDS QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	1	NDS QL(60/30)
<i>atazanavir sulfate caps 150mg</i>	1	QL(30/30)
CRIXIVAN CAPS 400MG	1	QL(180/30)
CRIXIVAN CAPS 200MG	1	QL(270/30)
EVOTAZ	1	NDS QL(30/30)
<i>fosamprenavir calcium</i>	1	NDS QL(120/30)
INVIRASE CAPS	1	NDS QL(300/30)
INVIRASE TABS	1	NDS QL(120/30)
KALETRA TABS 200MG; 50MG	1	NDS QL(120/30)
KALETRA TABS 100MG; 25MG	1	QL(300/30)
LEXIVA SUSP	1	QL(1575/28)
<i>lopinavir/ritonavir</i>	1	QL(480/30)
NORVIR CAPS	1	QL(360/30)
NORVIR ORAL SOLN	1	QL(480/30)
NORVIR PACK	1	QL(360/30)
NORVIR TABS	1	QL(360/30)
PREZCOBIX	1	NDS QL(30/30)
PREZISTA SUSP	1	NDS QL(400/30)
PREZISTA TABS 800MG	1	NDS QL(30/30)
PREZISTA TABS 600MG	1	NDS QL(60/30)
PREZISTA TABS 150MG	1	QL(180/30)
PREZISTA TABS 75MG	1	QL(210/30)
REYATAZ PACK	1	NDS QL(180/30)
<i>ritonavir</i>	1	QL(360/30)
SYMITUZA	1	NDS QL(30/30)
VIRACEPT TABS 625MG	1	NDS QL(120/30)
VIRACEPT TABS 250MG	1	NDS QL(270/30)
Anti-influenza Agents		
<i>oseltamivir phosphate</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rimantadine hcl</i>	1	
Antiherpetic Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir oint</i>	1	QL(30/30)
<i>acyclovir sodium</i>	1	B/D PA
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
DENAVIR	1	NDS QL(5/30)
<i>famciclovir</i>	1	QL(60/30)
<i>trifluridine</i>	1	
<i>valacyclovir hcl tabs 1gm</i>	1	QL(30/30)
<i>valacyclovir hydrochloride</i>	1	QL(30/30)
ZOVIRAX CREA	1	QL(5/30)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 10mg, 5mg</i>	1	
<i>bupirone hcl tabs 15mg, 30mg, 7.5mg</i>	1	
<i>doxepin hcl</i>	1	PA
Benzodiazepines		
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	1	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	1	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL(90/30)
<i>alprazolam tabs 2mg</i>	1	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL(180/30)
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln</i>	1	QL(1200/30)
<i>diazepam tabs</i>	1	QL(120/30)
<i>lorazepam conc</i>	1	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam intensol</i>	1	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL(90/30)
<i>lorazepam tabs 2mg</i>	1	QL(150/30)
<i>oxazepam</i>	1	QL(120/30)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 150mg, 600mg</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	QL(90/30)
BYDUREON	1	QL(4/28)
BYDUREON BCISE	1	QL(4/28)
BYDUREON PEN	1	QL(4/28)
CYCLOSET	1	QL(180/30)
FARXIGA	1	QL(30/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	1	QL(60/30)
<i>glipizide er tb24 5mg</i>	1	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	1	QL(240/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 10mg</i>	1	QL(60/30)
<i>glipizide xl tb24 5mg</i>	1	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	1	QL(240/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)

CAPITALIZED = BRAND NAME DRUG

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NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

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Covered Drugs By Category

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

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR	1	
TRESIBA FLEXTOUCH	1	
XULTOPHY 100/3.6	1	QL(15/30) ST
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN	1	
ELIQUIS STARTER PACK	1	QL(74/30)
ELIQUIS TABS 2.5MG	1	QL(60/30)
ELIQUIS TABS 5MG	1	QL(74/30)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	1	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	1	QL(30/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	1	NDS QL(12/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	1	NDS QL(18/90)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	1	NDS QL(24/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL(15/90)
<i>heparin sodium inj 5000unit/0.5ml</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/dextrose</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
PRADAXA	1	QL(60/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	1	QL(102/365)
XARELTO TABS 10MG, 20MG	1	QL(30/30)
XARELTO TABS 15MG	1	QL(60/30)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	1	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	1	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	1	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	1	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 500MCG/ML	1	PA NDS QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	1	PA NDS QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	1	PA NDS QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	1	PA NDS QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	1	PA NDS QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	1	PA NDS QL(4/28)
LEUKINE INJ 250MCG	1	PA NDS
MOZOBIL	1	NDS QL(9.6/30)
PROCRIT INJ 40000UNIT/ML	1	PA NDS QL(6/28)
PROCRIT INJ 20000UNIT/ML	1	PA NDS QL(12/28)

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Covered Drugs By Category

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PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	PA QL(12/28)
PROMACTA	1	PA NDS QL(30/30)
ZARXIO	1	PA NDS
Hemostasis Agents		
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	PA QL(12/28)
RETACRIT INJ 40000UNIT/ML	1	PA NDS QL(6/28)
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL(30/28)
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	QL(60/30)
BRILINTA	1	QL(60/30)
<i>cilostazol</i>	1	
<i>clopidogrel tabs 300mg</i>	1	QL(2/365)
<i>clopidogrel tabs 75mg</i>	1	QL(30/30)
<i>prasugrel</i>	1	QL(30/30)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	1	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	1	QL(8/28)
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	1	QL(60/30)
<i>phenoxybenzamine hydrochloride</i>	1	NDS
<i>prazosin hcl</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	QL(60/30)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>candesartan cilexetil/ hydrochlorothiazide</i>	1	QL(30/30)
EDARBI	1	QL(30/30) ST
EDARBYCLOR	1	ST
ENTRESTO	1	QL(60/30)
<i>irbesartan</i>	1	QL(30/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>losartan potassium tabs 100mg</i>	1	QL(30/30)
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL(60/30)
<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)
<i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>olmesartan medoxomil</i>	1	QL(30/30)
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL(30/30)
<i>telmisartan</i>	1	QL(30/30)
<i>telmisartan/amlodipine</i>	1	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>valsartan</i>	1	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	1	QL(30/30)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	QL(60/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	QL(30/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	QL(60/30)
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/ hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	QL(60/30)
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	1	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	1	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg</i>	1	QL(30/30)
<i>trandolapril tabs 2mg, 4mg</i>	1	QL(60/30)
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	1	QL(30/30)
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	1	QL(60/30)
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tabs</i>	1	
<i>amiodarone hydrochloride inj</i>	1	
<i>dofetilide</i>	1	QL(60/30)
<i>flecainide acetate</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	QL(60/30)
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er cp12 225mg, 325mg</i>	1	
<i>propafenone hydrochloride er cp12 425mg</i>	1	
<i>quinidine sulfate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl af</i>	1	
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	
<i>sotalol hydrochloride af tabs 160mg</i>	1	
<i>sotalol hydrochloride tabs 120mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	1	QL(30/30)
BYSTOLIC TABS 20MG	1	QL(60/30)
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	QL(30/30)
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	1	
<i>metoprolol succinate er</i>	1	QL(60/30)
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln</i>	1	

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propranolol hcl tabs	1	
propranolol hydrochloride tabs 60mg	1	
propranolol/hydrochlorothiazide	1	
timolol maleate tabs	1	
Calcium Channel Blocking Agents		
afeditab cr	1	QL(60/30)
amlodipine besylate tabs 10mg	1	QL(30/30)
amlodipine besylate tabs 5mg	1	QL(60/30)
amlodipine besylate tabs 2.5mg	1	QL(120/30)
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg	1	QL(30/30)
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL(60/30)
amlodipine besylate/valsartan	1	QL(30/30)
amlodipine/valsartan/hctz	1	QL(30/30)
cartia xt	1	
dilt-xr	1	
diltiazem cd cp24 180mg	1	
diltiazem hcl er cp12	1	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg	1	
diltiazem hcl er tb24	1	
diltiazem hcl inj	1	
diltiazem hcl tabs	1	
felodipine er	1	QL(60/30)
isradipine	1	
matzim la	1	
nicardipine hcl caps	1	
nicardipine hcl inj	1	
nifedipine er tb24 90mg	1	QL(30/30)
nifedipine er tb24 30mg, 60mg	1	QL(60/30)
nimodipine	1	
nisoldipine er tb24 20mg, 30mg, 40mg	1	
nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
taztia xt cp24 120mg, 180mg, 240mg, 300mg	1	
verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg	1	QL(30/30)
verapamil hcl er cp24 200mg	1	QL(60/30)
verapamil hcl er tbc	1	
verapamil hcl inj	1	
VERAPAMIL HCL SR CP24 360MG	1	QL(30/30)
verapamil hcl tabs	1	
Cardiovascular Agents, Other		
atropine sulfate inj 0.5mg/5ml	1	
CORLANOR	1	PA QL(60/30)
DEMSE	1	NDS
digitek tabs 0.125mg	1	QL(30/30)
digitek tabs 0.25mg	1	PA
digox tabs 125mcg	1	QL(30/30)
digox tabs 250mcg	1	PA
digoxin inj	1	PA
digoxin tabs 125mcg	1	QL(30/30)
digoxin tabs 250mcg	1	PA
NORTHERA CAPS 100MG	1	PA NDS QL(90/30)
NORTHERA CAPS 200MG, 300MG	1	PA NDS QL(180/30)
pentoxifylline er	1	
RANEXA	1	QL(60/30)
TEKURNA	1	QL(30/30)
TEKURNA HCT	1	QL(30/30)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide	1	
acetazolamide sodium	1	
methazolamide	1	
Diuretics, Loop		
bumetanide inj	1	
bumetanide tabs 0.5mg, 1mg	1	
bumetanide tabs 2mg	1	
ethacrynate sodium	1	
furosemide inj	1	
furosemide oral soln	1	
furosemide tabs	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>torse mide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
METHYCLOTHIAZIDE	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate caps 134mg, 200mg</i>	1	QL(30/30)
<i>fenofibrate caps 67mg</i>	1	QL(60/30)
<i>fenofibrate caps 130mg, 150mg</i>	1	QL(30/30)
<i>fenofibrate caps 43mg, 50mg</i>	1	QL(60/30)
<i>fenofibrate micronized caps 134mg, 200mg</i>	1	QL(30/30)
<i>fenofibrate micronized caps 67mg</i>	1	QL(60/30)
<i>fenofibrate tabs 145mg</i>	1	QL(30/30)
<i>fenofibrate tabs 48mg</i>	1	QL(60/30)
<i>fenofibrate tabs 160mg</i>	1	QL(30/30)
<i>fenofibrate tabs 54mg</i>	1	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	1	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	1	QL(60/30)
<i>gemfibrozil</i>	1	QL(60/30)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	1	QL(30/30) ST

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

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Covered Drugs By Category

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<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	QL(30/30)
<i>nitroglycerin inj</i>	1	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin subl</i>	1	
<i>nitroglycerin transdermal</i>	1	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>	1	QL(30/30)
<i>amphetamine/ dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg; 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg; 1.875mg; 1.875mg; 1.875mg; 1.875mg; 2.5mg; 2.5mg; 2.5mg; 3.125mg; 3.125mg; 3.125mg; 3.125mg; 3.75mg; 3.75mg; 3.75mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	1	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	1	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	1	QL(60/30)
<i>clonidine hcl er</i>	1	QL(120/30)
<i>dexmethylphenidate hcl</i>	1	QL(60/30)
<i>metadate er</i>	1	QL(90/30)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	1	QL(30/30)
<i>methylphenidate hydrochloride er tb24 36mg</i>	1	QL(60/30)
<i>methylphenidate hydrochloride er tb24 18mg</i>	1	QL(120/30)
<i>methylphenidate hydrochloride er tbc 10mg, 27mg, 54mg</i>	1	QL(30/30)
<i>methylphenidate hydrochloride er tbc 36mg</i>	1	QL(60/30)
<i>methylphenidate hydrochloride er tbc 20mg</i>	1	QL(90/30)
<i>methylphenidate hydrochloride er tbc 18mg</i>	1	QL(120/30)
<i>methylphenidate hydrochloride tabs</i>	1	QL(90/30)

Central Nervous System, Other

HETLIOZ	1	PA NDS QL(30/30)
LYRICA CR TB24 330MG	1	QL(60/30)
LYRICA CR TB24 165MG, 82.5MG	1	QL(90/30)
NAMZARIC C4PK	1	PA QL(56/365)
NAMZARIC CP24	1	PA QL(30/30)
NUDEXTA	1	PA QL(60/30)
<i>riluzole</i>	1	
<i>tetrabenazine tabs 12.5mg</i>	1	PA NDS QL(90/30)
<i>tetrabenazine tabs 25mg</i>	1	PA NDS QL(120/30)

Multiple Sclerosis Agents

AMPYRA	1	PA NDS QL(60/30)
AVONEX	1	PA NDS QL(4/28)
AVONEX PEN	1	PA NDS QL(4/28)
BETASERON	1	PA NDS QL(14/28)
COPAXONE INJ 40MG/ML	1	PA NDS QL(12/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COPAXONE INJ 20MG/ML	1	PA NDS QL(30/30)
GILENYA	1	PA NDS QL(30/30)
REBIF	1	PA NDS QL(6/28)
REBIF REBIDOSE	1	PA NDS QL(6/28)
REBIF REBIDOSE TITRATION PACK	1	PA NDS QL(4.2/28)
REBIF TITRATION PACK	1	PA NDS QL(4.2/28)
TECFIDERA CPDR 120MG	1	PA NDS QL(14/30)
TECFIDERA CPDR 240MG	1	PA NDS QL(60/30)
TECFIDERA STARTER PACK	1	PA NDS QL(120/365)
TYSABRI	1	PA NDS QL(15/28)

Dental and Oral Agents

Dental and Oral Agents

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

Dermatological Agents

Dermatological Agents

<i>acitretin</i>	1	PA
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
<i>avita crea</i>	1	PA QL(45/30)
<i>avita gel</i>	1	PA
<i>calcipotriene crea</i>	1	QL(120/30)
<i>calcipotriene external soln</i>	1	QL(60/30)
<i>calcipotriene oint</i>	1	QL(120/30)
<i>calcitrene</i>	1	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>calcitriol oint</i>	1	QL(800/30)
<i>claravis</i>	1	
CURITY GAUZE PADS 2"X2"	1	
<i>diclofenac sodium gel 1%</i>	1	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	1	QL(1050/30)
ELIDEL	1	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil crea 0.5%</i>	1	NDS
<i>fluorouracil external soln</i>	1	
<i>imiquimod</i>	1	QL(12/30)
<i>imiquimod pump</i>	1	NDS QL(56/30)
<i>isotretinoin</i>	1	
<i>methoxsalen</i>	1	
<i>myorisan</i>	1	
PICATO GEL 0.05%	1	QL(2/56)
PICATO GEL 0.015%	1	QL(3/56)
<i>podofilox</i>	1	
RECTIV	1	QL(30/30)
REGANEX	1	PA NDS QL(15/30)
SANTYL	1	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	1	QL(100/90)
<i>tazarotene</i>	1	
TAZORAC CREA	1	
TAZORAC GEL	1	QL(100/30)
TOLAK	1	
<i>tretinoin crea</i>	1	PA QL(45/30)
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA QL(45/30)
<i>tretinoin gel 0.01%</i>	1	PA QL(45/30)
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA

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Covered Drugs By Category

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<i>zenatane</i>	1	
ZYCLARA	1	NDS QL(56/30)
ZYCLARA PUMP CREA 2.5%	1	NDS QL(15/30)
ZYCLARA PUMP CREA 3.75%	1	NDS QL(56/30)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN	1	B/D PA
AMINOSYN 7%/ ELECTROLYTES	1	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	1	B/D PA
AMINOSYN II	1	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	1	B/D PA
AMINOSYN M	1	B/D PA
AMINOSYN-HBC	1	B/D PA
AMINOSYN-PF	1	B/D PA
AMINOSYN-PF 7%	1	B/D PA
AMINOSYN-RF	1	B/D PA
CARBAGLU	1	PA NDS
CLINIMIX 2.75%/DEXTROSE 5%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	1	B/D PA
CLINIMIX 5%/DEXTROSE 15%	1	B/D PA
CLINIMIX 5%/DEXTROSE 20%	1	B/D PA
CLINIMIX 5%/DEXTROSE 25%	1	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	1	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX N9G15E	1	B/D PA
CLINISOL SF 15%	1	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	1	B/D PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	B/D PA
DEXTROSE 10%	1	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	1	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	1	B/D PA
DEXTROSE 20%	1	B/D PA
DEXTROSE 25%	1	B/D PA
DEXTROSE 30%	1	B/D PA
DEXTROSE 40%	1	B/D PA
DEXTROSE 5%	1	
<i>dextrose 5%/lactated ringers</i>	1	B/D PA
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
DEXTROSE 5%/NACL 0.3%	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 50%	1	B/D PA
DEXTROSE 70%	1	
<i>fluoride</i>	1	
<i>fluoritab chew 0.5mg, 1mg</i>	1	
FREAMINE HBC 6.9%	1	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	1	B/D PA
HEPATAMINE	1	B/D PA
KABIVEN	1	B/D PA
KCL 0.075%/D5W/NACL 0.45%	1	B/D PA
KCL 0.15%/D5W/NACL 0.2%	1	B/D PA
KCL 0.15%/D5W/NACL 0.225%	1	B/D PA

Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride oral soln</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l, 5%; 40meq/l</i>	1	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L	1	B/D PA
<i>potassium chloride/dextrose/ lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	1	B/D PA
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	B/D PA
<i>potassium citrate er</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	B/D PA
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	B/D PA

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PROCALAMINE	1	B/D PA
PROSOL	1	B/D PA
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	B/D PA
<i>sodium bicarbonate inj</i>	1	
<i>sodium bicarbonate partial fill</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
SODIUM LACTATE INJ 5MEQ/ML	1	B/D PA
TPN ELECTROLYTES	1	B/D PA
TRAVASOL	1	B/D PA
TROPHAMINE	1	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	NDS
CUPRIMINE	1	NDS
DEPEN TITRATABS	1	NDS
JADENU	1	NDS
JADENU SPRINKLE	1	NDS
<i>kionex</i>	1	
SAMSCA TABS 15MG	1	PA NDS QL(30/30)
SAMSCA TABS 30MG	1	PA NDS QL(60/30)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	1	
<i>sps</i>	1	
SYPRINE	1	NDS
<i>trientine hydrochloride</i>	1	NDS
VELTASSA	1	
Phosphate Binders		
AURYXIA	1	QL(360/30)
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
PHOSLYRA	1	
SEVELAMER CARBONATE PACK	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SEVELAMER CARBONATE TABS	1	QL(540/30)
VELPHORO	1	QL(180/30)
Vitamins		
<i>multivitamin with fluoride chew</i>	1	
VP-PNV-DHA	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>anaspaz</i>	1	
<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl oral soln</i>	1	
<i>dicyclomine hydrochloride tabs</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>glycopyrrolate tabs</i>	1	
<i>hyoscyamine sulfate elix</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>propantheline bromide</i>	1	
Gastrointestinal Agents, Other		
<i>cromolyn sodium conc</i>	1	
<i>diphenoxylate/atropine liqd</i>	1	
<i>diphenoxylate/atropine tabs</i>	1	
GATTEX	1	PA NDS
<i>loperamide hcl caps</i>	1	
<i>metoclopramide hcl inj</i>	1	
<i>metoclopramide hcl oral soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	
OSMOPREP	1	
RELISTOR INJ 8MG/0.4ML	1	PA NDS QL(11.2/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RELISTOR INJ 12MG/0.6ML	1	PA NDS QL(16.8/28)
TRULANCE	1	QL(30/30)
<i>ursodiol</i>	1	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine inj</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>ranitidine hcl caps</i>	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine hcl syrp</i>	1	
<i>ranitidine hcl tabs</i>	1	
<i>ranitidine hydrochloride inj 50mg/2ml</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride tabs 1mg</i>	1	PA NDS QL(60/30)
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA QL(60/30)
AMITIZA	1	QL(60/30)
LINZESS	1	QL(30/30)
VIBERZI	1	PA QL(60/30)
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
<i>lactulose oral soln</i>	1	
MOVIPREP	1	
<i>peg 3350/electrolytes</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	
SUPREP BOWEL PREP KIT	1	
<i>trilyte</i>	1	
Protectants		
CARAFATE SUSP	1	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium</i>	1	QL(60/30)
<i>esomeprazole sodium</i>	1	
<i>omeprazole cpdr</i>	1	QL(60/30)
<i>pantoprazole sodium tbec</i>	1	QL(60/30)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	1	PA NDS
ALDURAZYME	1	PA NDS
CEREZYME	1	B/D PA NDS
CREON	1	
CYSTADANE	1	NDS
CYSTAGON	1	
ELAPRASE	1	PA NDS
FABRAZYME	1	B/D PA NDS
KUVAN	1	PA NDS
LUMIZYME	1	PA NDS
<i>miglustat</i>	1	NDS QL(90/30)
NAGLAZYME	1	PA NDS
ORFADIN	1	NDS
<i>sodium phenylbutyrate</i>	1	PA NDS
ZENPEP	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	1	QL(30/30)
<i>flavoxate hcl</i>	1	
MYRBETRIQ	1	QL(30/30)
<i>oxybutynin chloride er tb24 5mg</i>	1	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL(60/30)
<i>oxybutynin chloride syrup</i>	1	QL(600/30)
<i>oxybutynin chloride tabs</i>	1	QL(120/30)
<i>tolterodine tartrate</i>	1	QL(60/30)
<i>tolterodine tartrate er</i>	1	QL(30/30)
VESICARE	1	QL(30/30)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL(30/30)
<i>dutasteride</i>	1	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL(30/30)
<i>finasteride tabs 5mg</i>	1	QL(30/30)
<i>tamsulosin hcl</i>	1	QL(60/30)
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
ELMIRON	1	
<i>phenazopyridine hydrochloride</i>	1	
<i>phenazopyridine hydrocholride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-methapred</i>	1	
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone valerate oint</i>	1	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient crea</i>	1	
<i>clobetasol propionate emollient foam</i>	1	
<i>clobetasol propionate external soln</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clodan</i>	1	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone crea</i>	1	
<i>desoximetasone gel</i>	1	
<i>desoximetasone oint</i>	1	
<i>dexamethasone elix</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral soln</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 4mg</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide external soln</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide crea 0.1%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide external soln</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate external soln</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone external crea</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>hydrocortisone rectal crea</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL TABS 2MG	1	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate external soln</i>	1	
<i>mometasone furoate oint</i>	1	
<i>prednicarbate oint</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisone intensol</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prednisone oral soln</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>prednisone tbpk</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF	1	
TEXACORT	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
<i>triamcinolone acetonide lotn</i>	1	
<i>triamcinolone acetonide oint</i>	1	
<i>trianex</i>	1	NDS
<i>triderm crea 0.1%</i>	1	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate inj</i>	1	
<i>desmopressin acetate nasal soln</i>	1	QL(15/30)
<i>desmopressin acetate tabs</i>	1	
GENOTROPIN	1	PA NDS
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	1	PA NDS

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Covered Drugs By Category

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GENOTROPIN MINIQUICK INJ 0.2MG	1	PA
INCRELEX	1	PA
STIMATE	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	1	PA NDS
oxandrolone tabs 2.5mg	1	PA QL(120/30)
oxandrolone tabs 10mg	1	PA QL(60/30)
Androgens		
danazol caps 50mg	1	
danazol caps 100mg, 200mg	1	
testosterone cypionate	1	
testosterone enanthate	1	QL(5/30)
testosterone gel 25mg/2.5gm, 50mg/5gm	1	PA QL(300/30)
testosterone pump	1	PA QL(300/30)
Estrogens		
ALORA	1	PA QL(8/28)
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	QL(91/91)
amethia lo	1	QL(91/91)
apri	1	
aranelle	1	
ashlyna	1	QL(91/91)
aubra	1	
aviane	1	
azurette	1	
balziva	1	
bekyree	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	QL(91/91)
camrese lo	1	QL(91/91)
caziant	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
cesia	1	
chateal	1	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	QL(91/91)
DELESTROGEN INJ 10MG/ML	1	
delyla	1	
DEPO-ESTRADIOL	1	
desogestrel/ethinyl estradiol	1	
elinest	1	
emoquette	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol crea	1	
estradiol ptw	1	PA QL(8/28)
estradiol ptwk	1	PA QL(4/28)
estradiol tabs 0.5mg, 1mg, 2mg	1	PA
estradiol tabs 10mcg	1	QL(18/28)
estradiol valerate	1	
ESTRING	1	QL(1/90)
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	1	
falmina	1	
femynor	1	
fyavolv tabs 2.5mcg; 0.5mg	1	PA
introvale	1	QL(91/91)
isibloom	1	
jevantage lo	1	PA
jolessa	1	QL(91/91)
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	1	QL(91/91)
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
MENEST	1	PA
MENOSTAR	1	PA QL(4/28)
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mili</i>	1	
MINIVELLE	1	PA QL(8/28)
<i>mono-linyah</i>	1	
<i>myzilra</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>necon 0.5/35-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	1	PA
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	1	
PREMARIN INJ	1	
PREMARIN TABS	1	PA QL(30/30)
<i>previfem</i>	1	
<i>quasense</i>	1	QL(91/91)
<i>reclipsen</i>	1	
<i>setlakin</i>	1	QL(91/91)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvaferm</i>	1	QL(18/28)
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	
Progesterone Agonists/Antagonists		
ELLA	1	
MAKENA	1	PA NDS
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA	1	QL(10/28)
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate</i>	1	PA NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyza</i>	1	
MAKENA	1	PA NDS
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL(1/90)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	1	PA
<i>megestrol acetate tabs</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone acetate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norlyroc</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	1	PA QL(30/30)
<i>raloxifene hydrochloride</i>	1	QL(30/30)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	1	
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	1	
SYNTHROID	1	
THYROLAR-1	1	
THYROLAR-1/2	1	
THYROLAR-1/4	1	
THYROLAR-2	1	
THYROLAR-3	1	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	1	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	QL(16/28)
ELIGARD INJ 30MG	1	PA QL(1/120)
ELIGARD INJ 45MG	1	PA QL(1/180)
ELIGARD INJ 7.5MG	1	PA QL(1/30)
ELIGARD INJ 22.5MG	1	PA QL(1/90)
FIRMAGON INJ 80MG	1	B/D PA QL(1/28)
FIRMAGON INJ 120MG	1	B/D PA NDS QL(4/365)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT (1-MONTH)	1	PA NDS QL(1/30)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	1	PA QL(1/84)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	1	PA NDS QL(1/84)
LUPRON DEPOT (4-MONTH)	1	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	1	PA QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	1	PA NDS QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	1	PA QL(1/84)
<i>octreotide acetate</i>	1	PA
SANDOSTATIN LAR DEPOT	1	PA NDS
SIGNIFOR	1	PA NDS QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	1	PA NDS QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	1	PA NDS QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	1	PA NDS QL(0.5/28)
SOMAVERT	1	PA NDS QL(30/30)
SYNAREL	1	PA NDS
TRELSTAR MIXJECT INJ 22.5MG	1	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	1	PA NDS QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	1	PA QL(1/84)
TRIPTODUR	1	PA NDS QL(1/168)

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Immunological Agents		
Angioedema Agents		
CINRYZE	1	PA NDS QL(20/30)
FIRAZYR	1	PA NDS QL(18/30)
RUCONEST	1	PA NDS QL(8/30)
Immune Suppressants		
ASTAGRAF XL	1	PA
AZASAN	1	PA
<i>azathioprine inj</i>	1	PA
<i>azathioprine tabs</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified</i>	1	PA
ENBREL INJ 25MG/0.5ML	1	PA NDS QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	1	PA NDS QL(8/28)
ENBREL MINI	1	PA NDS QL(8/28)
ENBREL SURECLICK	1	PA NDS QL(8/28)
ENVARUSUS XR TB24 4MG	1	PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	1	PA
<i>engraf</i>	1	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	1	PA NDS QL(2/28)
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	1	PA NDS QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH)	1	PA NDS QL(4/365)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK)	1	PA NDS QL(6/365)
HUMIRA PEN	1	PA NDS QL(4/28)
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	1	PA NDS QL(6/365)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	1	PA NDS QL(12/365)
HUMIRA PEN-PS/UV STARTER INJ	1	PA NDS QL(6/365)
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	1	PA NDS QL(8/365)
<i>methotrexate sodium</i>	1	
<i>methotrexate tabs</i>	1	
<i>mycophenolate mofetil caps</i>	1	PA
<i>mycophenolate mofetil inj</i>	1	PA
<i>mycophenolate mofetil susr</i>	1	PA NDS
<i>mycophenolate mofetil tabs</i>	1	PA
<i>mycophenolic acid dr</i>	1	PA
NULOJIX	1	PA NDS QL(150/30)
PROGRAF INJ	1	PA
RAPAMUNE ORAL SOLN	1	PA NDS
RENFLEXIS	1	PA NDS
SANDIMMUNE ORAL SOLN	1	PA
<i>sirolimus</i>	1	PA
<i>tacrolimus caps</i>	1	PA
TORISEL	1	B/D PA NDS QL(4/28)
XATMEP	1	PA
ZORTRESS TABS 0.25MG	1	PA QL(60/30)
ZORTRESS TABS 0.75MG	1	PA NDS QL(60/30)
ZORTRESS TABS 0.5MG	1	PA NDS QL(120/30)
Immunizing Agents, Passive		
ATGAM	1	PA
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	1	B/D PA NDS
GAMMAKED INJ 1GM/10ML	1	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	1	B/D PA NDS
GAMUNEX-C INJ 1GM/10ML	1	B/D PA
THYMOGLOBULIN	1	B/D PA
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	1	PA NDS QL(3.6/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	1	PA NDS QL(40/28)
ACTIMMUNE	1	PA NDS
ARCALYST	1	PA NDS
BENLYSTA INJ 400MG	1	PA NDS QL(9/28)
BENLYSTA INJ 120MG	1	PA NDS QL(30/28)
<i>leflunomide</i>	1	QL(30/30)
RIDAURA	1	
SIMULECT	1	B/D PA NDS
SYNAGIS	1	PA NDS
Vaccines		
ACTHIB	1	
ADACEL	1	QL(0.5/365)
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	QL(0.5/365)
DAPTACEL	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B INJ 10MCG/0.5ML	1	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	1	B/D PA QL(8/365)
GARDASIL 9	1	QL(1.5/365)
HAVRIX	1	
HEPLISAV-B	1	B/D PA QL(3/365)
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D PA
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXIARO	1	
KINRIX	1	
M-M-R II	1	QL(2/365)
MENACTRA	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PROQUAD	1	QL(2/365)
QUADRACEL	1	
RABAVERT	1	B/D PA
RECOMBIVAX HB	1	B/D PA QL(3/365)

Covered Drugs By Category

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ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL(2/999)
STAMARIL	1	QL(1/999)
TENIVAC	1	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	QL(1/365)
VARIZIG	1	QL(12/30)
VAXCHORA	1	
YF-VAX	1	
ZOSTAVAX	1	QL(1/999)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	1	QL(120/30)
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine dr tbec 1.2gm</i>	1	QL(120/30)
Glucocorticoids		
<i>budesonide cpep</i>	1	
<i>colocort</i>	1	
<i>hydrocortisone enem</i>	1	
Sulfonamides		
<i>sulfasalazine</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BINOSTO	1	
<i>calcitonin-salmon</i>	1	QL(3.7/30)
<i>calcitriol caps</i>	1	
<i>calcitriol inj</i>	1	
<i>calcitriol oral soln</i>	1	
<i>doxercalciferol caps 0.5mcg</i>	1	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	1	QL(120/30)
<i>doxercalciferol caps 1mcg</i>	1	QL(240/30)
<i>etidronate disodium</i>	1	
FORTEO	1	PA NDS QL(2.4/28)
<i>ibandronate sodium tabs</i>	1	QL(1/28)
MIACALCIN	1	NDS
<i>pamidronate disodium</i>	1	B/D PA
<i>paricalcitol caps 4mcg</i>	1	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	1	QL(90/30)
PROLIA	1	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	1	QL(1/30)
<i>risedronate sodium tabs 35mg</i>	1	QL(4/28)
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL(30/30)
SENSIPAR TABS 30MG, 60MG	1	NDS QL(60/30)
SENSIPAR TABS 90MG	1	NDS QL(120/30)
XGEVA	1	PA NDS QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	1	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	1	B/D PA QL(100/365)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
AMINO ACID	1	B/D PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL(200/30)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	1	QL(200/30)

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BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	QL(200/30)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	1	QL(200/30)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	1	QL(200/30)
BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM	1	QL(200/30)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	1	QL(200/30)
CARNITOR INJ	1	B/D PA
FERRIPROX	1	PA NDS
INTRALIPID	1	B/D PA
KORLYM	1	PA NDS QL(120/30)
LACTATED RINGERS IRRIGATION	1	
<i>levocarnitine</i>	1	
LIPOSYN III	1	B/D PA
NATPARA	1	PA NDS QL(2/28)
NOVOFINE 31	1	QL(200/30)
NOVOFINE 32GX6MM	1	QL(200/30)
NOVOFINE AUTOCOVER 30GX8MM	1	QL(200/30)
NOVOTWIST 32GX5MM	1	QL(200/30)
NUTRILIPID	1	B/D PA
OMNIPOD 5 PACK	1	QL(30/30)
OMNIPOD DASH 5 PACK	1	QL(30/30)
OMNIPOD DASH SYSTEM	1	QL(1/365)
OMNIPOD STARTER KIT	1	QL(1/365)
PHYSIOLYTE	1	
<i>physiosol irrigation</i>	1	
RINGERS IRRIGATION	1	
<i>sodium chloride irrigation 0.9%</i>	1	
<i>sterile water irrigation</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	
<i>sterile water irrigation w/hanger</i>	1	
TECHLITE PEN NEEDLES/31G X 6 MM	1	QL(200/30)
TECHLITE PEN NEEDLES/31G X 8MM	1	QL(200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TECHLITE PEN NEEDLES/32G X 4MM	1	QL(200/30)
TECHLITE PEN NEEDLES/32G X 6MM	1	QL(200/30)
TECHLITE PEN NEEDLES/32G X 8MM	1	QL(200/30)
TIS-U-SOL	1	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanamide Analogs

<i>bimatoprost ophthalmic soln</i>	1	QL(5/30)
COMBIGAN	1	
<i>latanoprost</i>	1	QL(5/30)
LUMIGAN	1	QL(5/30) ST
TRAVATAN Z	1	QL(5/30)
ZIOPTAN	1	QL(30/30)

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic soln</i>	1	
CYSTARAN	1	PA NDS QL(60/28)
LACRISERT	1	
<i>proparacaine hcl</i>	1	
RESTASIS	1	QL(60/30)
<i>tropicamide</i>	1	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl ophthalmic soln</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic soln</i>	1	QL(5/30)
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	1	
PAZEO	1	QL(2.5/30)

Ophthalmic Anti-inflammatories

<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	1	
<i>diclofenac sodium ophthalmic soln</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUREZOL	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	1	
<i>ketorolac tromethamine ophthalmic soln</i>	1	
LOTEMAX	1	
<i>neomycin/polymyxin/ dexamethasone</i>	1	
PRED MILD	1	
PRED-G	1	
PRED-G S.O.P.	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	
PROLENSA	1	
TOBRADEX OINT	1	
<i>tobramycin/dexamethasone</i>	1	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
AZOPT	1	
<i>betaxolol hcl ophthalmic soln</i>	1	
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	1	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl</i>	1	QL(10/30)
<i>dorzolamide hcl/timolol maleate</i>	1	QL(10/30)
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl</i>	1	
SIMBRINZA	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TIMOLOL MALEATE OPTHALMIC GEL FORMING	1	
<i>timolol maleate ophthalmic soln</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
COLY-MYCIN S	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone/ acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/ hydrocortisone otic soln</i>	1	
<i>neomycin/polymyxin/ hydrocortisone otic susp</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	1	QL(60/30)
ADVAIR HFA	1	QL(12/30)
ARNUITY ELLIPTA	1	QL(30/30)
BREO ELLIPTA	1	QL(60/30)
<i>budesonide susp</i>	1	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	1	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	1	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	1	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	1	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	1	QL(24/30)
<i>flunisolide</i>	1	QL(50/30)
<i>fluticasone propionate susp</i>	1	QL(16/30)
<i>mometasone furoate susp</i>	1	QL(34/30)

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Antihistamines		
<i>azelastine hcl nasal soln</i>	1	QL(30/25)
<i>desloratadine</i>	1	QL(30/30)
<i>diphenhydramine hcl inj</i>	1	
<i>levocetirizine dihydrochloride oral soln</i>	1	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	1	QL(30/30)
Antileukotrienes		
<i>montelukast sodium</i>	1	QL(30/30)
<i>zafirlukast</i>	1	QL(60/30)
Bronchodilators, Anticholinergic		
ATROVENT HFA	1	QL(25.8/30)
COMBIVENT RESPIMAT	1	QL(8/30)
INCRUSE ELLIPTA	1	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	1	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	1	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D PA QL(540/30)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate nebu 0.5%</i>	1	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D PA QL(360/30)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate tabs</i>	1	
ANORO ELLIPTA	1	QL(60/30)
<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	1	
<i>epinephrine auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(2/30)
EPIPEN 2-PAK	1	QL(2/30)
EPIPEN-JR 2-PAK	1	QL(2/30)
<i>levalbuterol tartrate hfa</i>	1	QL(30/30)
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	1	B/D PA QL(120/30)
PROAIR HFA	1	QL(17/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROAIR RESPICLICK	1	QL(2/30)
SEREVENT DISKUS	1	QL(60/30)
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	1	QL(36/30)
Cystic Fibrosis Agents		
CAYSTON	1	PA NDS QL(84/56)
KALYDECO	1	PA NDS QL(60/30)
ORKAMBI PACK	1	PA NDS QL(56/28)
ORKAMBI TABS	1	PA NDS QL(120/30)
PULMOZYME	1	B/D PA NDS QL(150/30)
TOBI PODHALER	1	NDS QL(1568/365)
<i>tobramycin nebu</i>	1	B/D PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	1	B/D PA QL(240/30)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	1	
DALIRESP TABS 500MCG	1	PA QL(30/30)
DALIRESP TABS 250MCG	1	PA QL(60/365)
THEO-24	1	
<i>theophylline cr</i>	1	
<i>theophylline er tb12 300mg, 450mg</i>	1	
<i>theophylline er tb24</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	1	PA NDS QL(90/30)
OPSUMIT	1	PA NDS QL(30/30)
REMODULIN	1	B/D PA NDS
<i>sildenafil tabs 20mg</i>	1	PA QL(90/30)
TRACLEER TABS	1	PA NDS QL(60/30)
TRACLEER TBSO	1	PA NDS
VENTAVIS	1	PA NDS QL(270/30)
Pulmonary Fibrosis Agents		
ESBRIET CAPS	1	PA NDS QL(270/30)
ESBRIET TABS 801MG	1	PA NDS QL(90/30)
ESBRIET TABS 267MG	1	PA NDS QL(270/30)
OFEV	1	PA NDS QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	1	B/D PA
ARALAST NP	1	B/D PA NDS
PROLASTIN-C INJ 1000MG	1	B/D PA NDS
<i>ribavirin inhalation soln</i>	1	B/D PA NDS
TRELEGY ELLIPTA	1	QL(60/30)
XOLAIR	1	PA NDS QL(6/28)
ZEMAIRA	1	B/D PA NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	PA QL(90/30)
<i>methocarbamol tabs</i>	1	PA
<i>orphenadrine citrate er</i>	1	PA QL(60/30)
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam caps 15mg, 30mg</i>	1	QL(60/365)
<i>temazepam caps 22.5mg, 7.5mg</i>	1	QL(60/365)
<i>zaleplon</i>	1	QL(30/30)
<i>zolpidem tartrate tabs</i>	1	PA QL(30/30)
Sleep Disorders, Other		
<i>armodafinil</i>	1	PA QL(30/30)
ROZEREM	1	QL(30/30)
SILENOR	1	QL(30/30)
XYREM	1	PA NDS QL(540/30)

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DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		ADVAIR HFA	51	<i>altavera</i>	44
<i>abacavir/lamivudine</i>	28	<i>afeditab cr</i>	34	ALUNBRIG TABS 30MG	23
<i>abacavir oral soln</i>	28	AFINITOR DISPERZ TBSO 2MG, 3MG	23	ALUNBRIG TABS 180MG, 90MG	23
<i>abacavir sulfate/ lamivudine/zidovudine</i>	28	AFINITOR DISPERZ TBSO 5MG	23	ALUNBRIG TBPK	23
<i>abacavir tabs</i>	28	AFINITOR TABS 2.5MG, 5MG, 7.5MG	23	<i>alyacen 1/35</i>	44
ABELCET	19	AFINITOR TABS 10MG	23	<i>alyacen 7/7/7</i>	44
ABILIFY MAINTENA	26	<i>ala-cort crea 1%</i>	42	<i>amantadine hcl</i>	25
ABRAXANE	22	ALBENZA	24	AMBISOME	19
<i>acamprosate calcium dr.</i>	12	<i>albuterol sulfate er.</i>	52	<i>a-methapred</i>	42
<i>acarbose</i>	29	<i>albuterol sulfate nebu 0.5%</i>	52	<i>amethia</i>	44
<i>acebutolol hcl</i>	33	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	52	<i>amethia lo.</i>	44
<i>acetaminophen/codeine oral soln</i>	10	<i>albuterol sulfate syrup</i>	52	<i>amikacin sulfate</i>	12
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	10	<i>albuterol sulfate tabs</i>	52	<i>amiloride hcl</i>	35
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	10	<i>alclometasone dipropionate</i>	42	<i>amiloride/hydrochlorothiazide</i>	35
<i>acetazolamide</i>	34	ALCOHOL PREP PADS	12	AMINO ACID	49
<i>acetazolamide er.</i>	51	ALDURAZYME	41	<i>aminophylline</i>	52
<i>acetazolamide sodium</i>	34	ALECENSA	23	AMINOSYN	38
<i>acetic acid</i>	51	<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	49	AMINOSYN 7%/ELECTROLYTES	38
<i>acetylcysteine inhalation soln</i>	53	<i>alendronate sodium tabs 35mg, 70mg</i>	49	AMINOSYN 8.5%/ ELECTROLYTES	38
<i>acitretin</i>	37	<i>alfuzosin hcl er.</i>	42	AMINOSYN-HBC	38
ACTEMRA INJ 162MG/0.9ML	48	ALIMTA	21	AMINOSYN II	38
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	48	ALINIA SUSR	24	AMINOSYN II 8.5%/ ELECTROLYTES	38
ACTHIB	48	ALINIA TABS	24	AMINOSYN M	38
ACTIMMUNE	48	ALIQOPA	23	AMINOSYN-PF	38
<i>acyclovir caps</i>	29	<i>allopurinol</i>	20	AMINOSYN-PF 7%	38
<i>acyclovir oint</i>	29	<i>allopurinol sodium</i>	20	AMINOSYN-RF	38
<i>acyclovir sodium</i>	29	ALORA	44	<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	33
<i>acyclovir susp</i>	29	<i>alose tron hydrochloride tabs 0.5mg</i>	41	<i>amiodarone hcl tabs</i>	33
<i>acyclovir tabs</i>	29	<i>alose tron hydrochloride tabs 1mg</i>	41	<i>amiodarone hydrochloride inj</i>	33
ADACEL	48	ALOXI	19	AMITIZA	41
ADAGEN	41	<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	29	<i>amitriptyline hcl</i>	18
<i>adefovir dipivoxil</i>	27	<i>alprazolam odt tbdp 2mg</i>	29	<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	34
ADEMPAS	52	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	29	<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	34
<i>adriamycin inj 2mg/ml</i>	22	<i>alprazolam tabs 2mg</i>	29		
<i>adrucil</i>	21				
ADVAIR DISKUS	51				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amlodipine besylate tabs 2.5mg</i>	34	ANORO ELLIPTA	52	ARISTADA INJ 441MG/1.6ML	26
<i>amlodipine besylate tabs 5mg</i>	34	APOKYN	25	ARISTADA INJ 662MG/2.4ML	26
<i>amlodipine besylate tabs 10mg</i>	34	<i>apraclonidine</i>	51	ARISTADA INJ 882MG/3.2ML	26
<i>amlodipine besylate/valsartan</i>	34	<i>aprepitant caps 40mg</i>	19	ARISTADA INJ 1064MG/3.9ML	26
<i>amlodipine/valsartan/hctz</i>	34	<i>aprepitant caps 80mg</i>	19	<i>armodafinil</i>	53
<i>ammonium lactate</i>	37	<i>aprepitant caps 125mg</i>	19	ARNUITY ELLIPTA	51
<i>amnesteem</i>	37	<i>aprepitant caps pack</i>	19	ARRANON	21
<i>amoxapine</i>	18	<i>apri</i>	44	<i>ascomp/codeine</i>	10
<i>amoxicillin caps</i>	14	APRISO	49	<i>ashlyna</i>	44
<i>amoxicillin chew</i>	14	APTIOM TABS		<i>aspirin/dipyridamole</i>	32
<i>amoxicillin/clavulanate potassium</i>	14	200MG, 400MG, 800MG	16	ASTAGRAF XL	47
<i>amoxicillin/clavulanate</i>		APTIOM TABS 600MG	16	<i>atazanavir caps 200mg</i>	28
<i>potassium er</i>	14	APTIVUS CAPS	28	<i>atazanavir caps 300mg</i>	28
<i>amoxicillin susr</i>	14	APTIVUS ORAL SOLN	28	<i>atazanavir sulfate caps 150mg</i>	28
<i>amoxicillin tabs</i>	14	ARALAST NP	53	<i>atazanavir sulfate caps 200mg</i>	28
<i>amphetamine/dextroamphetamine</i>		<i>aranelle</i>	44	<i>atazanavir sulfate caps 300mg</i>	28
<i>cp24 1.25mg; 1.25mg; 1.25mg;</i>		ARANESP ALBUMIN FREE INJ		<i>atenolol</i>	33
<i>1.25mg, 6.25mg; 6.25mg;</i>		10MCG/0.4ML, 40MCG/0.4ML	31	<i>atenolol/chlorthalidone</i>	33
<i>6.25mg; 6.25mg</i>	36	ARANESP ALBUMIN FREE INJ		ATGAM	48
<i>amphetamine/dextroamphetamine</i>		25MCG/0.42ML	31	<i>atomoxetine caps</i>	
<i>cp24 2.5mg; 2.5mg; 2.5mg;</i>		ARANESP ALBUMIN FREE INJ		<i>10mg, 18mg, 25mg, 40mg</i>	36
<i>2.5mg, 3.75mg; 3.75mg; 3.75mg;</i>		25MCG/ML, 40MCG/ML	31	<i>atomoxetine caps</i>	
<i>3.75mg, 5mg; 5mg; 5mg; 5mg,</i>		ARANESP ALBUMIN FREE INJ		<i>100mg, 60mg, 80mg</i>	36
<i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	36	60MCG/0.3ML	31	<i>atorvastatin calcium</i>	35
<i>amphetamine/dextroamphetamine</i>		ARANESP ALBUMIN FREE INJ		<i>atovaquone</i>	24
<i>tabs 1.25mg; 1.25mg; 1.25mg;</i>		100MCG/0.5ML	31	<i>atovaquone/proguanil hcl</i>	25
<i>1.25mg, 1.875mg; 1.875mg;</i>		ARANESP ALBUMIN FREE INJ		ATRIPLA	28
<i>1.875mg; 1.875mg, 2.5mg; 2.5mg;</i>		100MCG/ML, 200MCG/ML,		<i>atropine sulfate inj 0.5mg/5ml</i>	34
<i>2.5mg; 2.5mg, 3.125mg; 3.125mg;</i>		300MCG/ML, 60MCG/ML	31	<i>atropine sulfate inj</i>	
<i>3.125mg; 3.125mg, 3.75mg;</i>		ARANESP ALBUMIN FREE INJ		<i>0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	40
<i>3.75mg; 3.75mg; 3.75mg,</i>		150MCG/0.3ML	31	<i>atropine sulfate ophthalmic soln</i>	50
<i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	36	ARANESP ALBUMIN FREE INJ		ATROVENT HFA	52
<i>amphetamine/dextroamphetamine</i>		200MCG/0.4ML	31	<i>aubra</i>	44
<i>tabs 5mg; 5mg; 5mg; 5mg</i>	36	ARANESP ALBUMIN FREE INJ		<i>augmented betamethasone</i>	
<i>amphotericin b</i>	19	300MCG/0.6ML	31	<i>dipropionate</i>	42
<i>ampicillin</i>	14	ARANESP ALBUMIN FREE INJ		AUGMENTIN SUSR	
<i>ampicillin sodium</i>	14	500MCG/ML	31	125MG/5ML; 31.25MG/5ML	14
<i>ampicillin-sulbactam</i>	14	ARCALYST	48	AURYXIA	40
AMPYRA	36	<i>aripiprazole odt</i>	26	AVASTIN	24
ANADROL-50	44	<i>aripiprazole oral soln</i>	26	<i>aviane</i>	44
<i>anagrelide hydrochloride</i>	31	<i>aripiprazole tabs</i>	26	<i>avita crea</i>	37
<i>anaspaz</i>	40	ARISTADA INITIO	26		
<i>anastrozole</i>	23				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>avita gel</i>	37	BAXDELA.....	15	<i>bicalutamide</i>	21
AVONEX.....	36	BCG VACCINE.....	48	BICILLIN L-A.....	14
AVONEX PEN.....	36	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	49	BICNU.....	20
<i>azacitidine</i>	22	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	49	BIDIL	35
AZACTAM	14	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	50	BIKTARVY	27
AZACTAM IN ISO-OSMOTIC DEXTROSE.....	14	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	50	BILTRICIDE.....	24
AZASAN.....	47	BD PEN NEEDLE/MINI/ ULTRAFINE/31G X 3/16"	50	<i>bimatoprost ophthalmic soln</i>	50
AZASITE.....	14	BD PEN NEEDLE/NANO/ ULTRA FINE/32G X 4MM	50	BINOSTO	49
<i>azathioprine inj</i>	47	BD PEN NEEDLE/ ULTRAFINE/29G X 12.7MM.....	50	<i>bisoprolol fumarate</i>	33
<i>azathioprine tabs</i>	47	<i>bekyree</i>	44	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	33
<i>azelastine hcl nasal soln</i>	52	BELEODAQ.....	22	<i>bleomycin</i>	22
<i>azelastine hcl ophthalmic soln</i>	50	<i>benazepril hcl</i>	32	<i>bleomycin sulfate</i>	22
<i>azithromycin inj</i>	14	<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	32	BLEPHAMIDE.....	15
<i>azithromycin pack</i>	14	<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	32	BLEPHAMIDE S.O.P.....	15
<i>azithromycin susr 100mg/5ml</i>	14	BENDEKA	20	<i>blisovi fe 1.5/30</i>	44
<i>azithromycin susr 200mg/5ml</i>	14	BENLYSTA INJ 120MG	48	<i>blisovi fe 1/20</i>	44
<i>azithromycin tabs 250mg, 500mg</i> ..	15	BENLYSTA INJ 400MG	48	BOOSTRIX	48
<i>azithromycin tabs 600mg</i>	15	<i>benztropine mesylate inj</i>	25	BORTEZOMIB	22
AZOPT	51	<i>benztropine mesylate tabs</i>	25	BOSULIF TABS 100MG.....	23
<i>aztreonam inj 1gm</i>	14	BESIVANCE	15	BOSULIF TABS 400MG, 500MG ..	23
AZTREONAM INJ 2GM.....	14	BESPONSA.....	24	BRAFTOVI.....	22
<i>azurette</i>	44	<i>betamethasone dipropionate</i>	42	BREO ELLIPTA	51
B		<i>betamethasone valerate crea</i>	42	<i>brillyn</i>	44
<i>baciiim</i>	12	<i>betamethasone valerate foam</i>	42	BRILINTA	32
<i>bacitracin inj</i>	12	<i>betamethasone valerate lotn</i>	42	<i>brimonidine tartrate ophthalmic soln 0.2%</i>	51
<i>bacitracin ophthalmic oint</i>	12	<i>betamethasone valerate oint</i>	42	<i>brimonidine tartrate ophthalmic soln 0.15%</i>	51
<i>bacitracin/polymyxin b</i>	12	BETASERON	36	BRIVIACT INJ	16
<i>baclofen tabs 10mg, 5mg</i>	27	<i>betaxolol hcl ophthalmic soln</i>	51	BRIVIACT ORAL SOLN	16
<i>baclofen tabs 20mg</i>	27	<i>betaxolol hcl tabs</i>	33	BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	16
BACTROBAN NASAL	12	<i>bethanechol chloride</i>	42	BRIVIACT TABS 100MG.....	16
<i>balsalazide disodium</i>	49	<i>bexarotene</i>	24	<i>bromfenac</i>	50
<i>balziva</i>	44	BEXSERO	48	<i>bromocriptine mesylate</i>	25
BANZEL SUSP	17			<i>budesonide cpep</i>	49
BANZEL TABS 200MG	17			<i>budesonide susp</i>	51
BANZEL TABS 400MG	17			<i>bumetanide inj</i>	34
BARACLUDGE ORAL SOLN	27			<i>bumetanide tabs 0.5mg, 1mg</i>	34
BAVENCIO.....	24				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>bumetanide tabs 2mg</i>	34	C	<i>carvedilol</i>	33	
<i>buprenorphine hcl inj</i>	10		<i>carvedilol phosphate</i>	33	
<i>buprenorphine hcl/naloxone hcl</i>	12		<i>caspofungin acetate</i>	19	
<i>buprenorphine hcl subl</i>	12		CAYSTON	52	
<i>buprenorphine ptwk 7.5mcg/hr</i>	10		<i>caziant</i>	44	
BUPRENORPHINE PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	10		<i>cefaclor caps</i>	13	
<i>bupropion hcl er tb12</i> 100mg, 200mg	17		<i>cefaclor er</i>	13	
BUPROPION HCL ER TB12 150MG	17		<i>cefaclor susr</i>	13	
<i>bupropion hcl sr</i>	12		<i>cefadroxil</i>	13	
<i>bupropion hcl sr</i>	17		CEFAZOLIN.....	13	
<i>bupropion hcl tabs 100mg</i>	17		<i>cefazolin sodium/ dextrose inj 2gm; 3%</i>	14	
<i>bupropion hcl xl</i>	17		<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	14	
<i>bupropion hydrochloride tabs 75mg</i>	18		<i>cefdinir caps</i>	14	
<i>buspirone hcl tabs 10mg, 5mg</i>	29		<i>cefdinir susr</i>	14	
<i>buspirone hcl tabs</i> 15mg, 30mg, 7.5mg	29		<i>cefepime</i>	14	
<i>busulfan</i>	20		<i>cefepime/dextrose</i>	14	
BUSULFEX	21		<i>cefixime</i>	14	
<i>butalbital/acetaminophen/ caffeine caps</i>	10		<i>cefotaxime sodium</i>	14	
<i>butalbital/acetaminophen/ caffeine/codeine</i>	10		<i>cefotetan</i>	14	
<i>butalbital/acetaminophen/ caffeine tabs 325mg; 50mg; 40mg</i> ..	10		<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	14	
<i>butalbital/aspirin/caffeine caps</i>	10		<i>cefpodoxime proxetil</i>	14	
<i>butalbital/aspirin/caffeine/codeine</i> ..	10		<i>cefprozil</i>	14	
<i>butorphanol tartrate inj 1mg/ml</i>	10		<i>ceftazidime</i>	14	
<i>butorphanol tartrate inj 2mg/ml</i>	10	<i>ceftazidime/dextrose</i>	14		
<i>butorphanol tartrate nasal soln</i>	10	<i>ceftriaxone in iso-osmotic dextrose</i> ..	14		
BYDUREON	29	<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	14		
BYDUREON BCISE	29	<i>cefuroxime axetil</i>	14		
BYDUREON PEN	29	<i>cefuroxime sodium</i>	14		
BYSTOLIC TABS 10MG, 2.5MG, 5MG	33	<i>celecoxib caps</i> 100mg, 200mg, 50mg	10		
BYSTOLIC TABS 20MG	33	<i>celecoxib caps 400mg</i>	10		
		CELONTIN.....	16		
		<i>cephalexin caps 250mg, 500mg</i>	14		
		<i>cephalexin susr</i>	14		
		CEREZYME.....	41		
		<i>cesia</i>	44		
		CHANTIX	12		
		<i>cabergoline</i>	46		
		CABOMETYX TABS 20MG, 60MG ..	23		
		CABOMETYX TABS 40MG	23		
		<i>calcipotriene crea</i>	37		
		<i>calcipotriene external soln</i>	37		
		<i>calcipotriene oint</i>	37		
		<i>calcitonin-salmon</i>	49		
		<i>calcitrene</i>	37		
		<i>calcitriol caps</i>	49		
		<i>calcitriol inj</i>	49		
		<i>calcitriol oint</i>	37		
		<i>calcitriol oral soln</i>	49		
		<i>calcium acetate caps</i>	40		
		<i>calcium acetate tabs 667mg</i>	40		
		CALQUENCE	23		
		<i>camila</i>	46		
		<i>camrese</i>	44		
		<i>camrese lo</i>	44		
		<i>candesartan cilexetil</i>	32		
		<i>candesartan cilexetil/ hydrochlorothiazide</i>	32		
		CAPASTAT SULFATE.....	20		
		CAPRELSA TABS 100MG	23		
		CAPRELSA TABS 300MG	23		
		CARAFATE SUSP	41		
		CARBAGLU.....	38		
		<i>carbamazepine</i>	17		
		<i>carbamazepine er</i>	17		
		<i>carbidopa</i>	25		
		<i>carbidopa/levodopa</i>	25		
		<i>carbidopa/levodopa/entacapone</i>	25		
		<i>carbidopa/levodopa er</i>	25		
		<i>carbidopa/levodopa odt</i>	25		
		<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	22		
		CARNITOR INJ	50		
		<i>carteolol hcl</i>	51		
		<i>cartia xt</i>	34		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
CHANTIX CONTINUING MONTH PAK	12	CIPRO HC	15	CLINIMIX E 4.25%/ DEXTROSE 25%	38
CHANTIX STARTING MONTH PAK	12	<i>cisplatin</i>	22	CLINIMIX E 5%/DEXTROSE 25%	38
<i>chateal</i>	44	<i>citalopram hydrobromide oral soln</i>	18	CLINIMIX N9G15E	38
CHEMET	40	<i>citalopram hydrobromide tabs 10mg</i>	18	CLINISOL SF 15%	38
<i>chloramphenicol sodium succinate</i>	12	<i>citalopram hydrobromide tabs 20mg</i>	18	<i>clobetasol propionate crea</i>	42
<i>chlorhexidine gluconate mouth/throat soln</i>	37	<i>citalopram hydrobromide tabs 40mg</i>	18	<i>clobetasol propionate emollient crea</i>	42
<i>chloroquine phosphate</i>	25	<i>cladribine</i>	21	<i>clobetasol propionate emollient foam</i>	42
<i>chlorothiazide</i>	35	<i>claravis</i>	37	<i>clobetasol propionate external soln</i>	42
<i>chlorothiazide sodium</i>	35	<i>clarithromycin er</i>	15	<i>clobetasol propionate foam</i>	42
<i>chlorpromazine hcl inj</i>	25	<i>clarithromycin susr</i>	15	<i>clobetasol propionate gel</i>	42
<i>chlorpromazine hcl tabs</i>	25	<i>clarithromycin tabs</i>	15	<i>clobetasol propionate oint</i>	42
<i>chlorthalidone</i>	35	<i>clindacin etz pledgets</i>	12	<i>clobetasol propionate sham</i>	42
<i>cholestyramine</i>	35	<i>clindacin-p</i>	12	<i>clodan</i>	42
<i>cholestyramine light</i>	35	<i>clindamycin</i>	12	<i>clofarabine</i>	21
<i>chorionic gonadotropin</i>	43	<i>clindamycin hcl caps</i>	12	<i>clomipramine hcl</i>	18
<i>ciclodan</i>	19	<i>clindamycin phosphate crea</i>	12	<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	16
<i>ciclopirox nail lacquer</i>	19	<i>clindamycin phosphate external soln</i>	13	<i>clonazepam odt tbdp 1mg</i>	16
<i>ciclopirox olamine</i>	19	<i>clindamycin phosphate gel</i>	13	<i>clonazepam odt tbdp 2mg</i>	16
<i>ciclopirox sham</i>	19	<i>clindamycin phosphate in d5w</i>	13	<i>clonazepam tabs 0.5mg</i>	16
<i>ciclopirox susp</i>	19	<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	13	<i>clonazepam tabs 1mg</i>	16
<i>cidofovir</i>	27	<i>clindamycin phosphate lotn</i>	13	<i>clonazepam tabs 2mg</i>	16
<i>cilostazol</i>	32	<i>clindamycin phosphate swab</i>	13	<i>clonidine hcl er</i>	36
CILOXAN OINT	15	<i>clindamycin/sodium chloride</i>	13	<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	32
CIMDUO	28	CLINIMIX 2.75%/DEXTROSE 5%	38	<i>clonidine hcl ptwk 0.3mg/24hr</i>	32
<i>cimetidine</i>	41	CLINIMIX 4.25%/DEXTROSE 5%	38	<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	32
<i>cimetidine hcl</i>	41	CLINIMIX 4.25%/DEXTROSE 10%	38	<i>clonidine hcl tabs 0.3mg</i>	32
CINRYZE	47	CLINIMIX 4.25%/DEXTROSE 20%	38	<i>clopidogrel tabs 75mg</i>	32
CIPRODEX	15	CLINIMIX 4.25%/DEXTROSE 25%	38	<i>clopidogrel tabs 300mg</i>	32
<i>ciprofloxacin er tb24 500mg; 0</i>	15	CLINIMIX 5%/DEXTROSE 15%	38	<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	29
<i>ciprofloxacin er tb24 1000mg; 0</i>	15	CLINIMIX 5%/DEXTROSE 20%	38	<i>clorazepate dipotassium tabs 15mg</i>	29
<i>ciprofloxacin hcl ophthalmic soln</i>	15	CLINIMIX 5%/DEXTROSE 25%	38	<i>clotrimazole/betamethasone dipropionate</i>	19
<i>ciprofloxacin hcl tabs 100mg</i>	15	CLINIMIX E 2.75%/ DEXTROSE 10%	38	<i>clotrimazole external crea</i>	19
<i>ciprofloxacin hcl tabs 250mg</i>	15	CLINIMIX E 4.25%/ DEXTROSE 10%	38	<i>clotrimazole external soln</i>	19
<i>ciprofloxacin hcl tabs 750mg</i>	15				
<i>ciprofloxacin hydrochloride</i>	15				
<i>ciprofloxacin i.v.-in d5w</i>	15				
<i>ciprofloxacin susr</i>	15				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>clotrimazole lozg</i>	19	<i>cryselle-28</i>	44	DAUNORUBICIN	
<i>clozapine odt tbdp 12.5mg, 25mg</i> ..	26	CUPRIMINE	40	HYDROCHLORIDE INJ	
<i>clozapine odt tbdp 100mg</i>	26	CURITY GAUZE PADS 2"X2"	37	50MG/10ML	22
<i>clozapine odt tbdp 150mg</i>	26	<i>cyclafem 1/35</i>	44	<i>daysee</i>	44
<i>clozapine odt tbdp 200mg</i>	26	<i>cyclafem 7/7/7</i>	44	<i>deblitane</i>	46
<i>clozapine tabs 25mg, 50mg</i>	27	<i>cyclobenzaprine hcl tabs</i>		<i>decitabine</i>	22
<i>clozapine tabs 100mg</i>	27	10mg, 5mg	53	DELESTROGEN INJ 10MG/ML	44
<i>clozapine tabs 200mg</i>	27	<i>cyclophosphamide caps</i>	21	<i>delyla</i>	44
COARTEM	25	<i>cyclophosphamide inj</i>	21	<i>demeclocycline hcl</i>	15
<i>colchicine caps</i>	20	<i>cycloserine</i>	20	DEMSEER	34
<i>colchicine tabs</i>	20	CYCLOSET	29	DENAVIR	29
<i>colestipol hcl</i>	35	<i>cyclosporine</i>	47	DEPEN TITRATABS	40
<i>colistimethate sodium</i>	13	<i>cyclosporine modified</i>	47	DEPO-ESTRADIOL	44
<i>colocort</i>	49	CYRAMZA	24	DEPO-MEDROL INJ 20MG/ML	42
COLY-MYCIN S	51	<i>cyred</i>	44	DEPO-PROVERA	46
COMBIGAN	50	CYSTADANE	41	DESCOVY	28
COMBIVENT RESPIMAT	52	CYSTAGON	41	<i>desipramine hcl</i>	18
COMETRIQ 60MG		CYSTARAN	50	<i>desloratadine</i>	52
DAILY DOSE KIT	23	<i>cytarabine</i>	21	<i>desmopressin acetate inj</i>	43
COMETRIQ 100MG		<i>cytarabine aqueous</i>	21	<i>desmopressin acetate nasal soln</i> ...	43
DAILY DOSE KIT	23			<i>desmopressin acetate tabs</i>	43
COMETRIQ 140MG		D		<i>desogestrel/ethinyl estradiol</i>	44
DAILY DOSE KIT	23	<i>dacarbazine</i>	21	<i>desonide lotn</i>	42
COMPLERA	27	<i>dactinomycin</i>	22	<i>desonide oint</i>	42
<i>compro</i>	19	DALIRESP TABS 250MCG	52	<i>desoximetasone crea</i>	42
<i>constulose</i>	41	DALIRESP TABS 500MCG	52	<i>desoximetasone gel</i>	42
COPAXONE INJ 20MG/ML	37	<i>danazol caps 50mg</i>	44	<i>desoximetasone oint</i>	42
COPAXONE INJ 40MG/ML	36	<i>danazol caps 100mg, 200mg</i>	44	<i>desvenlafaxine er</i>	18
CORLANOR	34	<i>dantrolene sodium</i>	27	<i>dexamethasone elix</i>	42
<i>cortisone acetate</i>	42	<i>dapsone tabs</i>	20	<i>dexamethasone intensol</i>	42
COSMEGEN	22	DAPTACEL	48	<i>dexamethasone oral soln</i>	42
COTELLIC	23	<i>daptomycin inj 500mg</i>	13	<i>dexamethasone sodium</i>	
COUMADIN	31	DARAPRIM	25	<i>phosphate inj 10mg/ml,</i>	
CREON	41	<i>darifenacin hydrobromide er</i>	42	120mg/30ml, 20mg/5ml, 4mg/ml ...	42
CRESTOR	35	DARZALEX	24	<i>dexamethasone sodium</i>	
CRIXIVAN CAPS 200MG	28	<i>dasetta 1/35</i>	44	<i>phosphate ophthalmic soln</i>	50
CRIXIVAN CAPS 400MG	28	<i>dasetta 7/7/7</i>	44	<i>dexamethasone tabs</i>	
<i>cromolyn sodium conc</i>	40	<i>daunorubicin hcl</i>	22	0.5mg, 0.75mg, 4mg	42
<i>cromolyn sodium nebu</i>	52	<i>daunorubicin hydrochloride</i>		<i>dexamethasone tabs</i>	
<i>cromolyn sodium ophthalmic soln</i> ...	50	<i>inj 20mg/4ml</i>	22	1.5mg, 1mg, 2mg, 6mg	42
				<i>dexmethylphenidate hcl</i>	36

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
dexrazoxane	22	diclofenac potassium	10	divalproex sodium	16
dextroamphetamine sulfate er cp24 5mg	36	diclofenac sodium dr.	10	divalproex sodium dr.	16
dextroamphetamine sulfate er cp24 10mg	36	diclofenac sodium er.	10	divalproex sodium er.	16
dextroamphetamine sulfate er cp24 15mg	36	diclofenac sodium gel 1%	37	docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml	22
dextroamphetamine sulfate oral soln	36	diclofenac sodium ophthalmic soln	50	DOCETAXEL INJ 200MG/10ML	22
dextroamphetamine sulfate tabs 5mg	36	diclofenac sodium transdermal soln	37	dofetilide	33
dextroamphetamine sulfate tabs 10mg	36	dicloxacillin sodium	14	donepezil hcl tabs 5mg	17
dextrose 2.5%/nacl 0.45%	38	dicyclomine hcl caps	40	donepezil hcl tabs 10mg	17
DEXTROSE 5%	38	dicyclomine hcl oral soln	40	donepezil hcl tabs 23mg	17
dextrose5% /electrolyte #48 viaflex	38	dicyclomine hydrochloride tabs	40	donepezil hcl tbdp 5mg	17
dextrose 5%/lactated ringers	38	didanosine	28	donepezil hcl tbdp 10mg	17
dextrose 5%/nacl 0.2%	38	DIFICID	15	donepezil hydrochloride tabs 5mg	17
DEXTROSE 5%/NACL 0.3%	38	diflunisal	10	donepezil hydrochloride tabs 10mg	17
dextrose 5%/nacl 0.9%	38	digitek tabs 0.25mg	34	dorzolamide hcl	51
dextrose 5%/nacl 0.33%	38	digitek tabs 0.125mg	34	dorzolamide hcl/timolol maleate	51
dextrose 5%/nacl 0.45%	38	digoxin inj	34	doxazosin mesylate tabs 1mg, 2mg, 4mg	32
dextrose 5%/nacl 0.225%	38	digoxin tabs 125mcg	34	doxazosin mesylate tabs 8mg	32
DEXTROSE 10%	38	digoxin tabs 250mcg	34	doxepin hcl	29
dextrose 10%/nacl 0.2%	38	digox tabs 125mcg	34	doxercalciferol caps 0.5mcg	49
dextrose10%/nacl 0.45%	38	digox tabs 250mcg	34	doxercalciferol caps 1mcg	49
DEXTROSE 20%	38	dihydroergotamine mesylate inj	20	doxercalciferol caps 2.5mcg	49
DEXTROSE 25%	38	dihydroergotamine mesylate nasal soln	20	doxorubicin hcl	22
DEXTROSE 30%	38	DILANTIN CAPS 30MG	17	doxorubicin hcl liposome	22
DEXTROSE 40%	38	diltiazem cd cp24 180mg	34	doxorubicin hydrochloride liposomal	22
DEXTROSE 50%	38	diltiazem hcl er cp12	34	doxy 100	16
DEXTROSE 70%	38	diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg	34	doxycycline hyclate caps	16
DIASTAT ACUDIAL GEL 10MG	16	diltiazem hcl er tb24	34	doxycycline hyclate tabs 20mg	16
DIASTAT ACUDIAL GEL 20MG	16	diltiazem hcl inj	34	doxycycline hyclate tabs 100mg	16
DIASTAT PEDIATRIC	16	diltiazem hcl tabs	34	doxycycline monohydrate caps 100mg, 50mg	16
diazepam inj 5mg/ml	29	dilt-xr	34	doxycycline monohydrate tabs	16
diazepam oral soln	29	diphenhydramine hcl inj	52	doxycycline susr	16
diazepam rectal gel gel 2.5mg	16	diphenoxylate/atropine liqd	40	dronabinol	19
diazepam rectal gel gel 10mg	16	diphenoxylate/atropine tabs	40	DROXIA	21
diazepam rectal gel gel 20mg	16	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	48	DUAVEE	46
diazepam tabs	29	disulfiram	12	duloxetine hcl cpep 20mg	18

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>duloxetine hydrochloride cpep 30mg</i>	18	<i>enalapril maleate</i>	32	ERBITUX	24
<i>duloxetine hydrochloride cpep 60mg</i>	18	<i>enalapril maleate/hydrochlorothiazide</i>	32	<i>ergotamine tartrate/caffeine</i>	20
DURAMORPH	10	ENBREL INJ 25MG/0.5ML	47	ERIVEDGE	23
DUREZOL	51	ENBREL INJ 25MG, 50MG/ML	47	ERLEADA	21
<i>dutasteride</i>	42	ENBREL MINI.....	47	<i>errin</i>	46
<i>dutasteride/tamsulosin hydrochloride</i>	42	ENBREL SURECLICK	47	<i>ertapenem</i>	14
E		<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	10	<i>ertapenem sodium</i>	14
<i>econazole nitrate</i>	19	<i>endocet tabs 325mg; 7.5mg</i>	10	ERWINAZE	22
EDARBI	32	<i>endocet tabs 325mg; 10mg</i>	10	<i>ery</i>	15
EDARBYCLOR.....	32	ENGERIX-B INJ 10MCG/0.5ML	48	ERYPED 400	15
<i>ed-spaz</i>	40	ENGERIX-B INJ 20MCG/ML	48	ERY-TAB.....	15
EDURANT	27	<i>enoxaparin sodium inj 30mg/0.3ml</i> ..	31	ERYTHROCIN LACTOBIONATE ...	15
<i>e.e.s. 400</i>	15	<i>enoxaparin sodium inj 40mg/0.4ml</i> ..	31	<i>erythrocin stearate</i>	15
<i>efavirenz caps 50mg</i>	27	<i>enoxaparin sodium inj 60mg/0.6ml</i> ..	31	<i>erythromycin base</i>	15
<i>efavirenz caps 200mg</i>	27	<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i> ..	31	<i>erythromycin/benzoyl peroxide</i>	37
<i>efavirenz tabs</i>	27	<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	31	<i>erythromycin ethylsuccinate</i>	15
ELAPRASE	41	<i>enpresse-28</i>	44	<i>erythromycin external soln</i>	15
ELIDEL	37	<i>enskyce</i>	44	<i>erythromycin gel</i>	15
ELIGARD INJ 7.5MG	46	<i>entacapone</i>	25	<i>erythromycin oint</i>	15
ELIGARD INJ 22.5MG.....	46	<i>entecavir</i>	27	<i>erythromycin pads</i>	15
ELIGARD INJ 30MG.....	46	ENTRESTO.....	32	ESBRIET CAPS	52
ELIGARD INJ 45MG.....	46	<i>enulose</i>	41	ESBRIET TABS 267MG.....	52
<i>elinest</i>	44	ENVARUSUS XR TB24 0.75MG, 1MG	47	ESBRIET TABS 801MG.....	52
ELIQUIS STARTER PACK	31	ENVARUSUS XR TB24 4MG	47	<i>escitalopram oxalate oral soln</i>	18
ELIQUIS TABS 2.5MG.....	31	EPCLUSA	27	<i>escitalopram oxalate tabs 5mg</i>	18
ELIQUIS TABS 5MG.....	31	<i>epinastine hcl</i>	50	<i>escitalopram oxalate tabs 10mg</i>	18
ELITEK	21	<i>epinephrine auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	52	<i>escitalopram oxalate tabs 20mg</i>	18
ELLA	46	<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	52	<i>esgic caps</i>	10
ELMIRON.....	42	EPIPEN 2-PAK.....	52	<i>esomeprazole magnesium</i>	41
EMCYT	21	EPIPEN-JR 2-PAK.....	52	<i>esomeprazole sodium</i>	41
EMEND SUSR.....	19	<i>epirubicin hcl inj 200mg/100ml</i>	22	<i>estarylla</i>	44
<i>emoquette</i>	44	<i>epitol</i>	17	<i>estradiol crea</i>	44
EMPLICITI.....	24	EPIVIR HBV ORAL SOLN	27	<i>estradiol pttw</i>	44
EMSAM.....	18			<i>estradiol ptwk</i>	44
EMTRIVA CAPS	28			<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	44
EMTRIVA ORAL SOLN	28			<i>estradiol tabs 10mcg</i>	44
				<i>estradiol valerate</i>	44
				ESTRING	44
				<i>ethacrynate sodium</i>	34
				<i>ethambutol hcl</i>	20

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>ethosuximide</i>	16	<i>fenofibrate tabs 48mg</i>	35	<i>fluocinolone acetonide external soln</i>	42
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	44	<i>fenofibrate tabs 54mg</i>	35	<i>fluocinolone acetonide oil</i>	51
ETHYOL.....	22	<i>fenofibrate tabs 145mg</i>	35	<i>fluocinolone acetonide oint</i>	42
<i>etidronate disodium</i>	49	<i>fenofibrate tabs 160mg</i>	35	<i>fluocinolone acetonide scalp</i>	42
<i>etodolac</i>	10	<i>fenofibric acid dr cpdr 45mg</i>	35	<i>fluocinonide crea 0.1%</i>	42
<i>etodolac er</i>	10	<i>fenofibric acid dr cpdr 135mg</i>	35	<i>fluocinonide crea 0.05%</i>	42
<i>etoposide inj</i>	23	<i>fentanyl</i>	10	<i>fluocinonide external soln</i>	42
EVOMELA.....	21	<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	10	<i>fluocinonide gel</i>	43
EVOTAZ.....	28	<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	11	<i>fluocinonide oint</i>	43
<i>exemestane</i>	23	<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i> ..	11	<i>fluoride</i>	38
<i>ezetimibe</i>	35	FERRIPROX.....	50	<i>flurorab chew 0.5mg, 1mg</i>	38
<i>ezetimibe/simvastatin</i>	35	FETZIMA.....	18	<i>fluorometholone</i>	51
F		FETZIMA TITRATION PACK.....	18	<i>fluorouracil crea 0.5%</i>	37
FABRAZYME.....	41	<i>finasteride tabs 5mg</i>	42	<i>fluorouracil crea 5%</i>	37
<i>falmina</i>	44	FIRAZYR.....	47	<i>fluorouracil external soln</i>	37
<i>famciclovir</i>	29	FIRMAGON INJ 80MG.....	46	<i>fluorouracil inj</i>	21
<i>famotidine inj</i>	41	FIRMAGON INJ 120MG.....	46	<i>fluoxetine caps 10mg</i>	18
<i>famotidine premixed</i>	41	<i>flavoxate hcl</i>	42	<i>fluoxetine caps 20mg</i>	18
<i>famotidine tabs 20mg, 40mg</i>	41	<i>flecainide acetate</i>	33	<i>fluoxetine dr</i>	18
FANAPT TABS 1MG, 2MG, 4MG...	26	FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST...	51	<i>fluoxetine hcl caps 10mg</i>	18
FANAPT TABS 10MG, 12MG, 6MG, 8MG.....	26	FLOVENT DISKUS AEPB 250MCG/BLIST.....	51	<i>fluoxetine hcl caps 20mg</i>	18
FANAPT TITRATION PACK.....	26	FLOVENT HFA AERO 44MCG/ACT.....	51	<i>fluoxetine hcl caps 40mg</i>	18
FARESTON.....	21	FLOVENT HFA AERO 110MCG/ACT.....	51	<i>fluoxetine hcl oral soln</i>	18
FARXIGA.....	29	FLOVENT HFA AERO 220MCG/ACT.....	51	<i>fluoxetine hydrochloride tabs 10mg</i> ..	18
FARYDAK.....	23	<i>fluconazole</i>	19	<i>fluoxetine hydrochloride tabs 20mg</i> ..	18
FASLODEX.....	21	<i>fluconazole in nacl</i>	19	<i>fluphenazine decanoate</i>	25
<i>felbamate susp</i>	17	<i>flucytosine</i>	19	<i>fluphenazine hcl conc</i>	25
<i>felbamate tabs</i>	17	<i>fludarabine phosphate inj 50mg</i>	22	<i>fluphenazine hcl elix</i>	25
<i>felodipine er</i>	34	<i>fludrocortisone acetate</i>	42	<i>fluphenazine hcl inj</i>	25
<i>femynor</i>	44	<i>flunisolide</i>	51	<i>fluphenazine hcl tabs</i>	25
<i>fenofibrate caps 43mg, 50mg</i>	35	<i>fluocinolone acetonide body</i>	42	<i>flurbiprofen</i>	10
<i>fenofibrate caps 67mg</i>	35	<i>fluocinolone acetonide crea</i>	42	<i>flurbiprofen sodium</i>	51
<i>fenofibrate caps 130mg, 150mg</i>	35			<i>flutamide</i>	21
<i>fenofibrate caps 134mg, 200mg</i>	35			<i>fluticasone propionate crea</i>	43
<i>fenofibrate micronized caps 67mg</i> ..	35			<i>fluticasone propionate oint</i>	43
<i>fenofibrate micronized caps 134mg, 200mg</i>	35			<i>fluticasone propionate susp</i>	51
				<i>fluvoxamine maleate er</i>	18
				<i>fluvoxamine maleate tabs 25mg, 50mg</i>	18

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>fluvoxamine maleate tabs 100mg</i> . . .	18	<i>gabapentin tabs 800mg</i>	16	<i>gentamicin sulfate inj</i>	12
FOLOTYN	21	GABITRIL TABS 12MG, 16MG	16	<i>gentamicin sulfate oint</i>	12
<i>fondaparinux sodium inj</i> <i>2.5mg/0.5ml</i>	31	<i>galantamine hydrobromide er</i>	17	<i>gentamicin sulfate ophthalmic soln</i> . .	12
<i>fondaparinux sodium inj</i> <i>5mg/0.4ml</i>	31	<i>galantamine hydrobromide</i> <i>oral soln</i>	17	<i>gentamicin sulfate pediatric</i>	12
<i>fondaparinux sodium inj</i> <i>7.5mg/0.6ml</i>	31	<i>galantamine hydrobromide tabs</i> . . .	17	GENVOYA	27
<i>fondaparinux sodium inj</i> <i>10mg/0.8ml</i>	31	GAMMAKED INJ 1GM/10ML	48	GEODON INJ	26
FORTEO	49	GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	48	GILENYA	37
<i>fosamprenavir calcium</i>	28	GAMUNEX-C INJ 1GM/10ML	48	GILOTRIF	23
<i>fosinopril sodium</i>	32	GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	48	GLEOSTINE CAPS 10MG, 40MG	21
<i>fosinopril sodium/</i> <i>hydrochlorothiazide</i>	32	<i>ganciclovir inj</i> <i>500mg, 500mg/10ml</i>	27	GLEOSTINE CAPS 100MG	21
<i>fosphenytoin sodium</i>	17	GARDASIL 9	48	<i>glimepiride tabs 1mg</i>	29
FREAMINE HBC 6.9%	38	GATTEX	40	<i>glimepiride tabs 2mg</i>	29
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	38	<i>gavilyte-c</i>	41	<i>glimepiride tabs 4mg</i>	29
<i>furosemide inj</i>	34	<i>gavilyte-g</i>	41	<i>glipizide er tb24 2.5mg</i>	29
<i>furosemide oral soln</i>	34	<i>gavilyte-n/ flavor pack</i>	41	<i>glipizide er tb24 5mg</i>	29
<i>furosemide tabs</i>	34	GAZYVA	24	<i>glipizide er tb24 10mg</i>	29
FUSILEV	22	<i>gemcitabine</i>	21	<i>glipizide/metformin hcl tabs</i> <i>2.5mg; 250mg</i>	29
FUZEON	28	<i>gemcitabine hcl</i>	21	<i>glipizide/metformin hcl tabs</i> <i>2.5mg; 500mg, 5mg; 500mg</i>	29
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	44	<i>gemcitabine hydrochloride inj</i> <i>1.5gm/15ml, 1gm/10ml,</i> <i>200mg/2ml, 2gm/20ml</i>	21	<i>glipizide tabs 5mg</i>	29
FYCOMPA SUSP	16	<i>gemcitabine hydrochloride inj</i> <i>1gm, 1gm/26.3ml, 200mg/5.26ml,</i> <i>2gm/52.6ml</i>	21	<i>glipizide tabs 10mg</i>	29
FYCOMPA TABS	16	<i>gemfibrozil</i>	35	<i>glipizide xl tb24 2.5mg</i>	29
G		<i>generlac</i>	41	<i>glipizide xl tb24 5mg</i>	29
<i>gabapentin caps 100mg</i>	16	<i>gengraf</i>	47	<i>glipizide xl tb24 10mg</i>	29
<i>gabapentin caps 300mg, 400mg</i> . . .	16	GENOTROPIN	43	GLUCAGEN HYPOKIT	30
<i>gabapentin oral soln</i>	16	GENOTROPIN MINIQUICK INJ 0.2MG	44	GLUCAGON EMERGENCY KIT	30
<i>gabapentin tabs 600mg</i>	16	GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG . .	43	<i>glycopyrrolate inj 0.2mg/ml,</i> <i>0.4mg/2ml, 1mg/5ml, 4mg/20ml</i> . . .	40
		<i>gentak</i>	12	<i>glycopyrrolate tabs</i>	40
		<i>gentamicin sulfate/</i> <i>0.9% sodium chloride</i>	12	<i>glydo</i>	12
		<i>gentamicin sulfate crea</i>	12	GLYXAMBI	30
				GRALISE	16
				GRALISE STARTER	16
				<i>granisetron hcl inj</i> <i>0.1mg/ml, 1mg/ml</i>	19
				<i>granisetron hcl tabs</i>	19
				<i>granisetron hydrochloride</i>	19
				<i>griseofulvin microsize</i>	19
				<i>griseofulvin ultramicrosize</i>	19

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
GUANIDINE HCL.....	20	HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	47	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	11
H		HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	47	<i>hydrocodone/ibuprofen</i>	11
HALAVEN.....	22	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK).....	47	<i>hydrocortisone/acetic acid.....</i>	51
<i>halobetasol propionate.....</i>	43	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH).....	47	<i>hydrocortisone butyrate crea</i>	43
<i>haloperidol conc</i>	25	HUMIRA PEN	47	<i>hydrocortisone butyrate external soln</i>	43
<i>haloperidol decanoate</i>	25	HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML.....	48	<i>hydrocortisone butyrate (lipid)</i>	43
<i>haloperidol lactate</i>	25	HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML.....	47	<i>hydrocortisone butyrate (lipophilic) ..</i>	43
<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i>	25	HUMIRA PEN-PS/UV STARTER INJ	48	<i>hydrocortisone butyrate oint</i>	43
<i>haloperidol tabs 10mg, 20mg.....</i>	25	HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML.....	48	<i>hydrocortisone enem</i>	49
HARVONI.....	27	HUMULIN 70/30.....	30	<i>hydrocortisone external crea</i>	43
HAVRIX.....	48	HUMULIN 70/30 KWIKPEN	30	<i>hydrocortisone lotn 2.5%.....</i>	43
<i>heather</i>	46	HUMULIN N.....	30	<i>hydrocortisone oint 1%, 2.5%</i>	43
<i>heparin sodium/d5w</i>	31	HUMULIN N KWIKPEN	30	<i>hydrocortisone rectal crea</i>	43
<i>heparin sodium/dextrose</i>	31	HUMULIN R.....	30	<i>hydrocortisone tabs</i>	43
<i>heparin sodium inj 5000unit/0.5ml ..</i>	31	HUMULIN R U-500 (CONCENTRATED)	30	<i>hydrocortisone valerate</i>	43
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml.....</i>	31	HUMULIN R U-500 KWIKPEN.....	30	<i>hydromorphone hcl dosette</i>	11
<i>heparin sodium/nacl 0.9%.....</i>	31	<i>hydralazine hcl inj</i>	35	<i>hydromorphone hcl inj</i>	11
<i>heparin sodium/ nacl 0.45% inj 50unit/ml; 0.45%</i>	31	<i>hydralazine hcl tabs</i>	35	<i>hydromorphone hcl liqd</i>	11
<i>heparin sodium/ sodium chloride 0.9%.....</i>	31	<i>hydrochlorothiazide.....</i>	35	<i>hydromorphone hcl tabs 2mg, 4mg ..</i>	11
<i>heparin sodium/ sodium chloride 0.9% premix.....</i>	31	<i>hydrocodone/acetaminophen tabs 325mg; 5mg.....</i>	11	<i>hydromorphone hcl tabs 8mg.....</i>	11
HEPATAMINE.....	38	<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	11	<i>hydroxychloroquine sulfate.....</i>	25
HEPLISAV-B	48	<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	11	<i>hydroxyprogesterone caproate</i>	46
HERCEPTIN INJ 150MG.....	24	<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	11	<i>hydroxyurea.....</i>	21
HERCEPTIN INJ 440MG.....	24			<i>hyoscyamine sulfate elix</i>	40
HETLIOZ	36			<i>hyoscyamine sulfate odt</i>	40
HEXALEN	21			<i>hyoscyamine sulfate subl</i>	40
HIBERIX.....	48			<i>hyoscyamine sulfate tabs</i>	40
HUMALOG.....	30			<i>hyoscyamine sulfate tbdp</i>	40
HUMALOG JUNIOR KWIKPEN	30				
HUMALOG KWIKPEN	30			I	
HUMALOG MIX 50/50	30			<i>ibandronate sodium tabs</i>	49
HUMALOG MIX 50/50 KWIKPEN... ..	30			IBRANCE	23
HUMALOG MIX 75/25	30			<i>ibudone tabs 5mg; 200mg.....</i>	11
HUMALOG MIX 75/25 KWIKPEN... ..	30			<i>ibuprofen susp</i>	10
				<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	10
				<i>ibu tabs 600mg, 800mg</i>	10

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ICLUSIG TABS 15MG	23	INVEGA SUSTENNA INJ 78MG/0.5ML	26	<i>isoniazid tabs</i>	20
ICLUSIG TABS 45MG	23	INVEGA SUSTENNA INJ 117MG/0.75ML	26	<i>isosorbide dinitrate er</i>	35
<i>idarubicin hcl inj 10mg/10ml</i>	22	INVEGA SUSTENNA INJ 156MG/ML	26	<i>isosorbide dinitrate tabs</i>	35
<i>idarubicin hydrochloride inj 10mg/10ml</i>	22	INVEGA SUSTENNA INJ 234MG/1.5ML	26	<i>isosorbide mononitrate</i>	35
IDHIFA	23	INVEGA TRINZA INJ 273MG/0.875ML	26	<i>isosorbide mononitrate er</i>	36
<i>ifosfamide inj 1gm, 3gm</i>	21	INVEGA TRINZA INJ 410MG/1.315ML	26	<i>isotonic gentamicin</i>	12
ILEVRO	51	INVEGA TRINZA INJ 546MG/1.75ML	26	<i>isotretinoin</i>	37
<i>imatinib mesylate</i>	23	INVEGA TRINZA INJ 819MG/2.625ML	26	<i>isradipine</i>	34
IMBRUVICA CAPS 70MG	23	INVIRASE CAPS	28	ISTODAX (OVERFILL)	22
IMBRUVICA CAPS 140MG	24	INVIRASE TABS	28	<i>itraconazole caps</i>	19
IMBRUVICA TABS	24	INVOKAMET	30	<i>ivermectin</i>	24
IMFINZI	24	INVOKAMET XR	30	IXIARO	48
<i>imipenem/cilastatin inj 250mg; 250mg</i>	14	INVOKANA	30	J	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	14	IPOLE INACTIVATED IPV	48	JADENU	40
<i>imipramine hcl tabs 25mg, 50mg</i>	18	<i>ipratropium bromide/ albuterol sulfate</i>	52	JADENU SPRINKLE	40
<i>imipramine hydrochloride</i>	19	<i>ipratropium bromide inhalation soln</i>	52	JAKAFI	24
<i>imiquimod</i>	37	<i>ipratropium bromide nasal soln</i>	52	<i>jantoven</i>	31
<i>imiquimod pump</i>	37	<i>irbesartan</i>	32	JANUMET	30
IMOVAX RABIES (H.D.C.V.)	48	<i>irbesartan/hydrochlorothiazide</i>	32	JANUMET XR TB24 1000MG; 50MG	30
<i>incassia</i>	46	IRESSA	24	JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	30
INCRELEX	44	<i>irinotecan</i>	22	JANUVIA	30
INCRUSE ELLIPTA	52	<i>irinotecan hcl</i>	22	JARDIANCE	30
<i>indapamide</i>	35	<i>irinotecan hydrochloride</i>	22	<i>jencycla</i>	46
INFANRIX	48	<i>irinotecan hydrochloride</i>	23	JENTADUETO	30
INFUMORPH 200	10	ISENTRESS CHEW 25MG	27	JENTADUETO XR TB24 2.5MG; 1000MG	30
INFUMORPH 500	10	ISENTRESS CHEW 100MG	27	JENTADUETO XR TB24 5MG; 1000MG	30
INLYTA	24	ISENTRESS HD	27	<i>jevantique lo</i>	44
INTELENCE TABS 25MG	27	ISENTRESS PACK	27	JEVTANA	22
INTELENCE TABS 100MG, 200MG	27	ISENTRESS TABS	27	<i>jolessa</i>	44
INTRALIPID	50	<i>isibloom</i>	44	<i>jolivette</i>	46
INTRON A INJ 10MU, 10MU/ML, 18MU, 50MU	27	<i>isoniazid inj</i>	20	<i>juleber</i>	44
INTRON A INJ 6000000UNIT/ML	27	<i>isoniazid syrp</i>	20	JULUCA	27
<i>introvale</i>	44			<i>junel 1.5/30</i>	44
INVANZ	14			<i>junel 1/20</i>	44
INVEGA SUSTENNA INJ 39MG/0.25ML	26			<i>junel fe 1.5/30</i>	44

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>junel fe 1/20</i>	44	KUVAN	41	LENVIMA 18 MG DAILY DOSE.....	24
K		KYPROLIS.....	23	LENVIMA 20 MG DAILY DOSE.....	24
KABIVEN	38	L		LENVIMA 24 MG DAILY DOSE.....	24
KADCYLA	24	<i>labetalol hcl inj</i>	33	<i>lessina</i>	45
KALETRA TABS 100MG; 25MG	28	<i>labetalol hcl tabs</i>	33	<i>letrozole</i>	23
KALETRA TABS 200MG; 50MG	28	LACRISERT	50	<i>leucovorin calcium inj</i> 100mg, 350mg, 500mg, 50mg.....	22
KALYDECO	52	LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	39	<i>leucovorin calcium tabs</i>	22
<i>kariva</i>	45	LACTATED RINGERS IRRIGATION	50	LEUKERAN.....	21
KCL 0.3%/D5W/NACL 0.9%.....	39	LACTATED RINGERS VIAFLEX.....	39	LEUKINE INJ 250MCG	31
KCL 0.3%/D5W/NACL 0.45%	39	<i>lactulose oral soln</i>	41	<i>leuprolide acetate</i>	47
KCL 0.15%/D5W/NACL 0.2%	38	<i>lamivudine oral soln</i>	28	<i>levabuterol tartrate hfa</i>	52
KCL 0.15%/D5W/NACL 0.9%	39	<i>lamivudine tabs 100mg</i>	27	LEVEMIR	30
KCL 0.15%/D5W/NACL 0.45%	39	<i>lamivudine tabs 150mg</i>	28	LEVEMIR FLEXTOUCH	30
KCL 0.15%/D5W/NACL 0.225%	38	<i>lamivudine tabs 300mg</i>	28	<i>levetiracetam er tb24 500mg</i>	16
KCL 0.075%/D5W/NACL 0.45%	38	<i>lamivudine/zidovudine</i>	28	<i>levetiracetam er tb24 750mg</i>	16
<i>kelnor 1/35</i>	45	<i>lamotrigine</i>	17	<i>levetiracetam inj</i>	16
<i>kelnor 1/50</i>	45	<i>lamotrigine er</i>	17	<i>levetiracetam oral soln</i>	16
<i>ketoconazole crea</i>	19	<i>lamotrigine odt</i>	17	<i>levetiracetam/sodium chloride</i>	16
<i>ketoconazole sham</i>	19	LANTUS	30	<i>levetiracetam tabs</i>	16
<i>ketoconazole tabs</i>	19	LANTUS SOLOSTAR.....	30	<i>levobunolol hcl</i>	51
<i>ketorolac tromethamine</i> <i>ophthalmic soln</i>	51	<i>larin 1.5/30</i>	45	<i>levocarnitine</i>	50
KEYTRUDA.....	24	<i>larin 1/20</i>	45	<i>levocetirizine dihydrochloride</i> <i>oral soln</i>	52
<i>kimidess</i>	45	<i>larin fe 1.5/30</i>	45	<i>levocetirizine dihydrochloride tabs</i> ..	52
KINRIX	48	<i>larin fe 1/20</i>	45	<i>levofloxacin in d5w</i>	15
<i>kionex</i>	40	<i>larissia</i>	45	<i>levofloxacin inj</i>	15
KISQALI	22	LARTRUVO.....	22	<i>levofloxacin oral soln</i>	15
KISQALI FEMARA 200 DOSE.....	21	<i>latanoprost</i>	50	<i>levofloxacin tabs 250mg, 750mg</i>	15
KISQALI FEMARA 400 DOSE.....	21	LATUDA TABS 80MG	26	<i>levofloxacin tabs 500mg</i>	15
KISQALI FEMARA 600 DOSE.....	21	LATUDA TABS 120MG, 20MG, 40MG, 60MG	26	<i>levoleucovorin calcium inj</i> 175mg/17.5ml	22
<i>klor-con</i>	39	<i>leflunomide</i>	48	<i>levoleucovorin inj 175mg/17.5ml,</i> <i>250mg/25ml, 50mg</i>	22
KLOR-CON 8	39	LENVIMA 4 MG DAILY DOSE.....	24	<i>levonest</i>	45
KLOR-CON 10	39	LENVIMA 8 MG DAILY DOSE.....	24	<i>levonorgestrel and ethinyl</i> <i>estradiol tabs 0; 0</i>	45
<i>klor-con m10</i>	39	LENVIMA 10 MG DAILY DOSE.....	24	<i>levonorgestrel/ethinyl estradiol</i> <i>tabs 0.03mg; 0.15mg, 0; 0</i>	45
<i>klor-con m20</i>	39	LENVIMA 12MG DAILY DOSE	24		
<i>klor-con sprinkle</i>	39	LENVIMA 14 MG DAILY DOSE.....	24		
KORLYM.....	50				
<i>kurvelo</i>	45				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	45	<i>lithium carbonate tabs</i>	29	LUPRON DEPOT-PED (3-MONTH)	47
<i>levora 0.15/30-28</i>	45	LIVALO	35	<i>lutea</i>	45
<i>levothyroxine sodium tabs</i>	46	LONSURF TABS 6.14MG; 15MG	22	LYNPARZA CAPS	24
<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	46	LONSURF TABS 8.19MG; 20MG	22	LYNPARZA TABS	22
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	46	<i>loperamide hcl caps</i>	40	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	16
LEXIVA SUSP	28	<i>lopinavir/ritonavir</i>	28	LYRICA CAPS 225MG, 300MG	16
<i>lidocaine hcl external soln</i>	12	<i>lorazepam conc</i>	29	LYRICA CR TB24 165MG, 82.5MG	36
<i>lidocaine hcl gel</i>	12	<i>lorazepam inj 2mg/ml, 4mg/ml</i>	29	LYRICA CR TB24 330MG	36
<i>lidocaine hcl inj</i>	12	<i>lorazepam intensol</i>	29	LYRICA ORAL SOLN	16
<i>lidocaine hcl inj</i>	33	<i>lorazepam tabs 0.5mg, 1mg</i>	29	LYSODREN	46
<i>lidocaine hcl jelly</i>	12	<i>lorazepam tabs 2mg</i>	29	<i>lyza</i>	46
<i>lidocaine hcl mouth/throat soln</i>	12	<i>lorcet</i>	11	M	
<i>lidocaine hcl viscous</i>	12	<i>lorcet hd</i>	11	<i>magnesium sulfate in d5w</i>	16
<i>lidocaine oint</i>	12	<i>lorcet plus tabs 325mg; 7.5mg</i>	11	MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML	39
<i>lidocaine/prilocaine crea</i>	12	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	32	<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	39
<i>lidocaine ptch</i>	12	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	32	MAKENA	46
<i>lidocaine viscous</i>	12	<i>losartan potassium tabs 25mg, 50mg</i>	32	MAKENA	46
<i>lincomycin hcl</i>	13	<i>losartan potassium tabs 100mg</i>	32	<i>malathion</i>	25
<i>lindane</i>	25	LOTEMAX	51	<i>maprotiline hcl</i>	18
<i>linezolid inj</i>	13	<i>lovastatin tabs 10mg, 20mg</i>	35	<i>marlissa</i>	45
<i>linezolid susr</i>	13	<i>lovastatin tabs 40mg</i>	35	MARPLAN	18
<i>linezolid tabs</i>	13	<i>low-ogestrel</i>	45	MATULANE	21
LINZESS	41	<i>loxapine</i>	25	<i>matzim la</i>	34
<i>liothyronine sodium inj</i>	46	<i>loxapine succinate</i>	25	<i>meclizine hcl tabs</i>	19
<i>liothyronine sodium tabs</i>	46	<i>ludent</i>	39	MEDROL TABS 2MG	43
<i>lipodox 50</i>	22	LUMIGAN	50	<i>medroxyprogesterone acetate inj 150mg/ml</i>	46
LIPOSYN III	50	LUMIZYME	41	<i>medroxyprogesterone acetate inj 150mg/ml</i>	46
<i>lisinopril</i>	32	LUPRON DEPOT (1-MONTH)	47	<i>medroxyprogesterone acetate tabs</i>	46
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	32	LUPRON DEPOT (3-MONTH)	47	<i>mefloquine hcl</i>	25
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	33	INJ 11.25MG	47	<i>megestrol acetate susp 40mg/ml</i>	46
<i>lithium carbonate caps 150mg, 600mg</i>	29	LUPRON DEPOT (3-MONTH) INJ 22.5MG	47		
<i>lithium carbonate caps 300mg</i>	29	LUPRON DEPOT (4-MONTH)	47		
<i>lithium carbonate er</i>	29	LUPRON DEPOT (6-MONTH)	47		
		LUPRON DEPOT-PED (1-MONTH)	47		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>megestrol acetate tabs</i>	46	<i>methadone hcl oral soln 10mg/5ml</i> .	10	<i>metoprolol tartrate tabs</i>	33
MEKINIST TABS 0.5MG	24	<i>methadone hcl tabs 5mg</i>	10	<i>metronidazole crea</i>	13
MEKINIST TABS 2MG	24	<i>methadone hcl tabs 10mg</i>	10	<i>metronidazole gel</i>	13
MEKTOVI	22	<i>methazolamide</i>	34	<i>metronidazole inj</i>	
<i>melodetta 24 fe</i>	45	<i>methenamine hippurate</i>	13	<i>500mg/100ml; 0.79%, 5mg/ml</i>	13
<i>meloxicam</i>	10	<i>methimazole</i>	47	<i>metronidazole in nacl 0.79%</i>	13
<i>melfalan hydrochloride</i>	21	<i>methocarbamol tabs</i>	53	<i>metronidazole lotn</i>	13
<i>memantine hcl tabs 5mg</i>	17	<i>methotrexate sodium</i>	48	<i>metronidazole tabs</i>	13
<i>memantine hcl tabs 10mg</i>	17	<i>methotrexate tabs</i>	48	<i>metronidazole vaginal</i>	13
<i>memantine hcl titration pak</i>	17	<i>methoxsalen</i>	37	<i>mexiletine hcl</i>	33
<i>memantine hydrochloride er</i>	17	<i>methscopolamine bromide</i>	40	MIACALCIN	49
<i>memantine hydrochloride oral soln</i> ..	17	METHYCLOTHIAZIDE	35	<i>mibelas 24 fe</i>	45
MENACTRA	48	<i>methylphenidate hydrochloride</i>		<i>microgestin 1.5/30</i>	45
MENEST	45	<i>er tb24 18mg</i>	36	<i>microgestin 1/20</i>	45
MENOSTAR	45	<i>methylphenidate hydrochloride</i>		<i>microgestin fe</i>	45
MENVEO	48	<i>er tb24 27mg, 54mg</i>	36	<i>microgestin fe 1.5/30</i>	45
<i>mercaptopurine</i>	22	<i>methylphenidate hydrochloride</i>		<i>midodrine hcl</i>	32
<i>meropenem</i>	14	<i>er tb24 36mg</i>	36	<i>migergot</i>	20
<i>meropenem/sodium chloride</i>	14	<i>methylphenidate hydrochloride</i>		<i>miglitol</i>	30
<i>mesalamine</i>	49	<i>er tbcr 10mg, 27mg, 54mg</i>	36	<i>miglustat</i>	41
<i>mesalamine dr tbec 1.2gm</i>	49	<i>methylphenidate hydrochloride</i>		<i>mili</i>	45
<i>mesna</i>	22	<i>er tbcr 18mg</i>	36	<i>minitran</i>	36
MESNEX TABS	22	<i>methylphenidate hydrochloride</i>		MINIVELLE	45
<i>metadate er</i>	36	<i>er tbcr 20mg</i>	36	<i>minocycline hcl</i>	16
<i>metaproterenol sulfate</i>	52	<i>methylphenidate hydrochloride</i>		<i>minoxidil</i>	35
<i>metformin hcl er tb24 500mg</i>		<i>er tbcr 36mg</i>	36	<i>mirtazapine</i>	18
<i>(generic for Glucophage XR)</i>	30	<i>methylphenidate</i>		<i>mirtazapine odt</i>	18
<i>metformin hcl er tb24 750mg</i>		<i>hydrochloride tabs</i>	36	<i>misoprostol</i>	41
<i>(generic for Glucophage XR)</i>	30	<i>methylprednisolone acetate</i>		MITIGARE	20
<i>metformin hcl er tb24 1000mg,</i>		<i>inj 40mg/ml, 80mg/ml</i>	43	<i>mitigo</i>	10
<i>500mg (generic for Fortamet)</i>	30	<i>methylprednisolone dose pack</i>	43	<i>mitomycin inj 20mg, 5mg</i>	22
<i>metformin hcl tabs 850mg</i>	30	<i>methylprednisolone</i>		<i>mitomycin inj 40mg</i>	22
<i>metformin hcl tabs 1000mg</i>	30	<i>sodiumsuccinate inj 125mg, 40mg</i> .	43	<i>mitoxantrone hcl</i>	22
<i>metformin hydrochloride oral soln</i> .	30	<i>methylprednisolone tabs</i>	43	M-M-R II	48
<i>metformin hydrochloride</i>		<i>metipranolol</i>	51	<i>moexipril hcl</i>	33
<i>tabs 500mg</i>	30	<i>metoclopramide hcl inj</i>	40	<i>moexipril/hydrochlorothiazide</i>	33
<i>methadone hcl conc</i>	10	<i>metoclopramide hcl oral soln</i>	40	<i>mometasone furoate crea</i>	43
<i>methadone hcl inj</i>	10	<i>metoclopramide hcl tabs</i>	40	<i>mometasone furoate external soln</i> .	43
<i>methadone hcl intensol</i>	10	<i>metolazone</i>	35	<i>mometasone furoate oint</i>	43
<i>methadone hcl oral soln 5mg/5ml</i> .	10	<i>metoprolol/hydrochlorothiazide</i>	33	<i>mometasone furoate susp</i>	51
		<i>metoprolol succinate er</i>	33		
		<i>metoprolol tartrate inj</i>	33		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>mondoxyne nl</i>	16	<i>mycophenolic acid dr</i>	48	<i>neomycin/polymyxin b sulfates</i>	12
<i>mono-linyah</i>	45	MYLOTARG	24	<i>neomycin/polymyxin/ dexamethasone</i>	51
<i>montelukast sodium</i>	52	<i>myorisan</i>	37	<i>neomycin/polymyxin/gramicidin</i>	13
<i>morgidox 1x50mg</i>	16	MYRBETRIQ	42	<i>neomycin/polymyxin/hc</i>	51
<i>morgidox 1x100mg caps</i>	16	<i>myzilra</i>	45	<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp</i>	13
<i>morgidox 2x100mg caps</i>	16	N		<i>neomycin/polymyxin/ hydrocortisone otic soln</i>	51
<i>morphine sulfate er tbc</i>	10	<i>nabumetone</i>	10	<i>neomycin/polymyxin/ hydrocortisone otic susp</i>	51
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	11	<i>nadolol</i>	33	<i>neomycin/polymyxin/ hydrocortisone otic susp</i>	51
MORPHINE SULFATE INJ 2MG/ML ..	11	<i>nadolol/bendroflumethiazide</i>	33	<i>neomycin sulfate</i>	12
MORPHINE SULFATE INJ 4MG/ML ..	11	<i>nafcillin sodium</i>	14	<i>neo-polycin</i>	13
<i>morphine sulfate inj 4mg/ml</i>	11	<i>naftifine hcl</i>	19	<i>neo-polycin hc</i>	13
<i>morphine sulfate inj 10mg/ml</i>	11	<i>naftifine hydrochloride</i>	19	NEPHRAMINE	39
MORPHINE SULFATE INJ 10MG/ML, 8MG/ML	11	NAFTIN GEL	20	NERLYNX	22
<i>morphine sulfate inj 150mg/30ml, 1mg/ml, 50mg/ml, 5mg/ml</i>	11	NAGLAZYME	41	NEUPRO	25
<i>morphine sulfate oral soln 10mg/5ml</i>	11	<i>nalbuphine hcl inj 10mg/ml</i>	11	<i>nevirapine er tb24 100mg</i>	27
<i>morphine sulfate oral soln 20mg/5ml</i>	11	<i>nalbuphine hcl inj 20mg/ml</i>	11	<i>nevirapine er tb24 400mg</i>	27
<i>morphine sulfate oral soln 100mg/5ml</i>	11	<i>naloxone hcl</i>	12	<i>nevirapine tabs</i>	27
MORPHINE SULFATE TABS	11	<i>naltrexone hcl</i>	12	NEXAVAR	24
MOVIPREP	41	NAMZARIC C4PK	36	<i>niacin er tbc 500mg</i>	35
<i>moxifloxacin hcl inj</i>	15	NAMZARIC CP24	36	<i>niacin er tbc 1000mg, 750mg</i>	35
<i>moxifloxacin hcl tabs</i>	15	<i>naproxen dr</i>	10	<i>niacor</i>	35
<i>moxifloxacin hydrochloride ophthalmic soln</i>	15	<i>naproxen sodium tabs 275mg, 550mg</i>	10	<i>nicardipine hcl caps</i>	34
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	15	<i>naproxen susp</i>	10	<i>nicardipine hcl inj</i>	34
MOZOBIL	31	<i>naproxen tabs 250mg</i>	10	NICOTROL INHALER	12
MULTAQ	33	<i>naproxen tabs 375mg, 500mg</i>	10	NICOTROL NS	12
<i>multivitamin with fluoride chew</i>	40	<i>naratriptan hcl</i>	20	<i>nifedipine er tb24 30mg, 60mg</i>	34
<i>mupirocin crea</i>	13	NARCAN	12	<i>nifedipine er tb24 90mg</i>	34
<i>mupirocin oint</i>	13	NATACYN	20	<i>nilutamide</i>	21
MUSTARGEN	21	<i>nateglinide</i>	30	<i>nimodipine</i>	34
<i>mycophenolate mofetil caps</i>	48	NATPARA	50	NINLARO	22
<i>mycophenolate mofetil inj</i>	48	NEBUPENT	25	NIPENT	22
<i>mycophenolate mofetil susr</i>	48	<i>necon 0.5/35-28</i>	45	<i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i>	34
<i>mycophenolate mofetil tabs</i>	48	<i>necon 7/7/7</i>	45	<i>nisoldipine er tb24 20mg, 30mg, 40mg</i>	34
		<i>nefazodone hcl</i>	18	<i>nitrofurantoin</i>	13
		<i>nefazodone hydrochloride</i>	18	<i>nitrofurantoin macrocrystals</i>	13
		<i>neomycin/bacitracin/polymyxin</i>	13	<i>nitrofurantoin monohydrate</i>	13
		<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	13		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>nitrofurantoin monohydrate/ macrocrystals</i>	13	<i>nulev</i>	40	<i>ondansetron odt</i>	19
<i>nitroglycerin inj</i>	36	NULOJIX	48	ONFI SUSP	16
<i>nitroglycerin lingual</i>	36	NUPLAZID CAPS	26	ONFI TABS 10MG	16
<i>nitroglycerin subl</i>	36	NUPLAZID TABS 10MG	26	ONFI TABS 20MG	16
<i>nitroglycerin transdermal</i>	36	NUPLAZID TABS 17MG	26	OPDIVO	24
<i>nizatidine caps</i>	41	NUTRILIPID	50	OPSUMIT	52
<i>nora-be</i>	46	<i>nyamyc</i>	20	<i>oralone dental paste</i>	37
<i>norethindrone</i>	46	<i>nystatin</i>	20	ORFADIN	41
<i>norethindrone acetate</i>	46	<i>nystatin/triamcinolone</i>	20	ORKAMBI PACK	52
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	45	<i>nystop</i>	20	ORKAMBI TABS	52
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	45	O		<i>orphenadrine citrate er</i>	53
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	45	<i>octreotide acetate</i>	47	<i>orsythia</i>	45
<i>norgestimate/ethinyl estradiol</i>	45	ODEFSEY	27	<i>oscimin</i>	40
<i>norlyroc</i>	46	ODOMZO	22	<i>oseltamivir phosphate</i>	28
NORMOSOL-M IN D5W	39	OFEV	52	OSMOPREP	40
NORMOSOL -R	39	<i>ofloxacin</i>	15	<i>oxacillin sodium</i>	14
NORMOSOL-R	39	<i>ogestrel</i>	45	<i>oxaliplatin inj 100mg</i>	22
NORMOSOL-R IN D5W	39	<i>olanzapine/fluoxetine</i>	18	<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	22
NORTHERA CAPS 100MG	34	<i>olanzapine inj</i>	26	<i>oxandrolone tabs 2.5mg</i>	44
NORTHERA CAPS 200MG, 300MG	34	<i>olanzapine odt</i>	26	<i>oxandrolone tabs 10mg</i>	44
<i>nortrel 0.5/35 (28)</i>	45	<i>olanzapine tabs</i>	26	<i>oxaprozin</i>	10
<i>nortrel 1/35</i>	45	<i>olmesartan medoxomil</i>	32	<i>oxazepam</i>	29
<i>nortrel 7/7/7</i>	45	<i>olmesartan medoxomil/ hydrochlorothiazide</i>	32	<i>oxcarbazepine</i>	17
<i>nortriptyline hcl</i>	19	<i>olopatadine hcl ophthalmic soln</i>	50	<i>oxybutynin chloride er tb24 5mg</i>	42
NORVIR CAPS	28	<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	50	<i>oxybutynin chloride er tb24 10mg, 15mg</i>	42
NORVIR ORAL SOLN	28	<i>omega-3-acid ethyl esters</i>	35	<i>oxybutynin chloride syrup</i>	42
NORVIR PACK	28	<i>omeprazole cpdr</i>	41	<i>oxybutynin chloride tabs</i>	42
NORVIR TABS	28	OMNIPOD 5 PACK	50	<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	11
NOVOFINE 31	50	OMNIPOD DASH 5 PACK	50	<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	11
NOVOFINE 32GX6MM	50	OMNIPOD DASH SYSTEM	50	<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	11
NOVOFINE AUTOCOVER 30GX8MM	50	OMNIPOD STARTER KIT	50	<i>oxycodone/aspirin</i>	11
NOVOTWIST 32GX5MM	50	ONCASPAR	22	<i>oxycodone hcl caps</i>	11
NOXAFIL SUSP	20	<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	19	<i>oxycodone hcl conc</i>	11
NOXAFIL TBEC	20	<i>ondansetron hcl oral soln</i>	19	<i>oxycodone hcl oral soln</i>	11
NUEDEXTA	36	<i>ondansetron hcl tabs 4mg, 8mg</i>	19	<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	11
		<i>ondansetron hcl tabs 24mg</i>	19		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>oxycodone hcl tabs 30mg</i>	11	<i>penicillin v potassium tabs 250mg</i>	14	<i>piperacillin sodium/ tazobactam sodium</i>	14
<i>oxycodone/ibuprofen</i>	11	<i>penicillin v potassium tabs 500mg</i>	14	<i>piperacillin/tazobactam</i>	14
OZEMPIC	30	PENTAM 300	25	<i>pirmella 1/35</i>	45
P		<i>pentoxifylline er</i>	34	<i>pirmella 7/7/7</i>	45
<i>pacerone</i>	33	PERFOROMIST	52	PLENAMINE	39
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	22	PERKABIVEN	39	<i>podofilox</i>	37
<i>paliperidone er tb24 1.5mg, 3mg</i>	26	<i>perindopril erbumine</i>	33	<i>polycin</i>	13
<i>paliperidone er tb24 6mg</i>	26	<i>perio gard</i>	37	<i>polyethylene glycol 3350 powd</i>	41
<i>paliperidone er tb24 9mg</i>	26	PERJETA	24	<i>polymyxin b sulfate</i>	13
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	19	<i>permethrin</i>	25	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	13
<i>pamidronate disodium</i>	49	<i>perphenazine</i>	25	POMALYST	21
PANRETIN	24	<i>perphenazine/amitriptyline</i>	19	<i>portia-28</i>	45
<i>pantoprazole sodium tbec</i>	41	<i>pfizerpen inj 20mu, 5000000unit</i>	14	PORTRAZZA	23
<i>paricalcitol caps 1mcg, 2mcg</i>	49	<i>phenadoz</i>	19	<i>potassium chloride cr</i>	39
<i>paricalcitol caps 4mcg</i>	49	<i>phenazopyridine hydrochloride</i>	42	<i>potassium chloride/dextrose inj 5%; 20meq/l, 5%; 40meq/l</i>	39
<i>paroex</i>	37	<i>phenazopyridine hydrocholride</i>	42	<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	39
<i>paromomycin sulfate</i>	12	<i>phenelzine sulfate</i>	18	POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L	39
<i>paroxetine hcl er tb24 12.5mg</i>	18	<i>phenobarbital elix</i>	16	<i>potassium chloride/ dextrose/sodium chloride</i>	39
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	18	<i>phenobarbital tabs</i>	16	<i>potassium chloride er cpcr</i>	39
<i>paroxetine hcl tabs 10mg</i>	18	<i>phenoxybenzamine hydrochloride</i>	32	<i>potassium chloride er tbcr</i>	39
<i>paroxetine hcl tabs 20mg</i>	18	<i>phenytoin</i>	17	<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	39
<i>paroxetine hcl tabs 30mg, 40mg</i>	18	<i>phenytoin infatabs</i>	17	<i>potassium chloride oral soln</i>	39
PASER	20	<i>phenytoin sodium</i>	17	<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	39
PAXIL SUSP	18	<i>phenytoin sodium extended</i>	17	<i>potassium chloride sr</i>	39
PAZEO	50	<i>phillith</i>	45	<i>potassium citrate er</i>	39
PEDIARIX	48	PHOSLYRA	40	POTELIGEO	24
PEDVAX HIB	48	PHOSPHOLINE IODIDE	51	PRADAXA	31
<i>peg 3350/electrolytes</i>	41	PHYSIOLYTE	50	PRALUENT	35
<i>peg-3350/electrolytes</i>	41	<i>physiosol irrigation</i>	50	<i>pramipexole dihydrochloride</i>	25
<i>peg-3350/nacl/na bicarbonate/kcl</i>	41	PICATO GEL 0.05%	37		
PEGANONE	17	PICATO GEL 0.015%	37		
PEGASYS INJ 180MCG/0.5ML	27	<i>pilocarpine hcl</i>	37		
PEGASYS INJ 180MCG/ML	27	<i>pilocarpine hcl</i>	51		
PEGASYS PROCLICK	27	<i>pilocarpine hydrochloride</i>	37		
<i>penicillin g potassium</i>	14	<i>pimozide</i>	25		
<i>penicillin v potassium oral soln</i>	14	<i>pimtree</i>	45		
		<i>pindolol</i>	33		
		<i>pioglitazone hcl</i>	30		
		<i>pioglitazone hcl/metformin hcl</i>	30		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>pramipexole dihydrochloride er tb24</i> 0.375mg, 0.75mg, 1.5mg	25	<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	39	PROGRAF INJ	48
<i>pramipexole dihydrochloride er tb24</i> 2.25mg, 3.75mg, 3mg, 4.5mg	25	<i>prevalite</i>	35	PROLASTIN-C INJ 1000MG	53
<i>prasugrel</i>	32	<i>previfem</i>	45	PROLENSA	51
<i>pravastatin sodium</i>	35	PREZCOBIX	28	PROLEUKIN	23
<i>praziquantel</i>	24	PREZISTA SUSP	28	PROLIA	49
<i>prazosin hcl</i>	32	PREZISTA TABS 75MG	28	PROMACTA	32
PRED-G	51	PREZISTA TABS 150MG	28	<i>promethazine hcl supp</i>	19
PRED-G S.O.P.	51	PREZISTA TABS 600MG	28	<i>promethazine hcl syrup</i>	19
PRED MILD	51	PREZISTA TABS 800MG	28	<i>promethazine hcl tabs</i> 12.5mg, 25mg	19
<i>prednicarbate oint</i>	43	PRIFTIN	20	<i>promethazine hydrochloride tabs</i> 50mg	19
<i>prednisolone</i>	43	PRIMAQUINE PHOSPHATE	25	<i>promethegan</i>	19
<i>prednisolone acetate</i>	51	<i>primidone</i>	17	<i>propafenone hcl</i>	33
<i>prednisolone sodium phosphate ophthalmic soln</i>	51	PRISTIQ	18	<i>propafenone hcl er cp12</i> 225mg, 325mg	33
<i>prednisolone sodium phosphate oral soln</i> 15mg/5ml, 25mg/5ml, 5mg/5ml	43	PROAIR HFA	52	<i>propafenone hydrochloride er cp12</i> 425mg	33
<i>prednisone intensol</i>	43	PROAIR RESPICLICK	52	<i>propranethline bromide</i>	40
<i>prednisone oral soln</i>	43	<i>probenecid</i>	20	<i>propranacaine hcl</i>	50
<i>prednisone tabs</i> 10mg, 1mg, 2.5mg, 20mg, 5mg	43	<i>probenecid/colchicine</i>	20	<i>propranolol hcl er</i>	33
<i>prednisone tabs 50mg</i>	43	PROCALAMINE	40	<i>propranolol hcl inj</i>	33
<i>prednisone tbpk</i>	43	<i>prochlorperazine</i>	19	<i>propranolol hcl oral soln</i>	33
PREMARIN CREA	45	<i>prochlorperazine edisylate</i>	25	<i>propranolol hcl tabs</i>	34
PREMARIN INJ	45	<i>prochlorperazine maleate</i>	25	<i>propranolol hydrochloride tabs</i> 60mg	34
PREMARIN TABS	45	PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	32	<i>propranolol/hydrochlorothiazide</i>	34
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	39	PROCRIT INJ 20000UNIT/ML	31	<i>propylthiouracil</i>	47
		PROCRIT INJ 40000UNIT/ML	31	PROQUAD	48
		<i>procto-med hc</i>	43	PROSOL	40
		<i>procto-pak</i>	43	<i>protriptyline hcl</i>	19
		<i>proctosol hc</i>	43	PULMOZYME	52
		<i>proctozone-hc</i>	43	PURIXAN	22
		<i>progesterone caps</i>	46	<i>pyrazinamide</i>	20
		PROGLYCEM	30	<i>pyridostigmine bromide</i>	20
				<i>pyridostigmine bromide er</i>	20
				Q	
				QUADRACEL	48
				<i>quasense</i>	45

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>quetiapine fumarate</i>	26	<i>repaglinide tabs 2mg</i>	30	<i>risperidone odt tbdp</i>	
<i>quetiapine fumarate er</i>		REPATHA.....	35	<i>0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	26
<i>tb24 150mg, 200mg</i>	26	REPATHA PUSHTRONEX		<i>risperidone odt tbdp 4mg</i>	26
<i>quetiapine fumarate er</i>		SYSTEM.....	35	<i>risperidone oral soln</i>	26
<i>tb24 300mg, 400mg, 50mg</i>	26	REPATHA SURECLICK.....	35	<i>risperidone tabs</i>	
<i>quinapril hcl</i>	33	RESCRIPTOR TABS 100MG.....	27	<i>0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	26
<i>quinapril/hydrochlorothiazide tabs</i>		RESCRIPTOR TABS 200MG.....	27	<i>risperidone tabs 4mg</i>	26
<i>12.5mg; 10mg</i>	33	RESTASIS	50	<i>ritonavir</i>	28
<i>quinapril/hydrochlorothiazide tabs</i>		RETACRIT INJ		RITUXAN	24
<i>12.5mg; 20mg, 25mg; 20mg</i>	33	10000UNIT/ML, 2000UNIT/ML,		RITUXAN HYCELA.....	24
<i>quinidine sulfate</i>	33	3000UNIT/ML, 4000UNIT/ML	32	<i>rivastigmine tartrate</i>	17
<i>quinine sulfate</i>	25	RETACRIT INJ 40000UNIT/ML	32	<i>rivastigmine transdermal system</i>	17
R		RETROVIR IV INFUSION.....	28	<i>rizatriptan benzoate</i>	20
RABAVERT	48	REVLIMID CAPS		<i>rizatriptan benzoate odt</i>	20
<i>raloxifene hydrochloride</i>	46	10MG, 2.5MG, 5MG	21	<i>romidepsin</i>	23
<i>ramipril</i>	33	REVLIMID CAPS		<i>ropinirole hcl</i>	25
RANEXA.....	34	15MG, 20MG, 25MG	21	<i>rosadan</i>	13
<i>ranitidine hcl caps</i>	41	REXULTI.....	26	<i>rosuvastatin calcium</i>	35
<i>ranitidine hcl inj</i>	41	REYATAZ PACK	28	ROTARIX	49
<i>ranitidine hcl syrup</i>	41	<i>ribavirin caps</i>	27	ROTATEQ	49
<i>ranitidine hcl tabs</i>	41	<i>ribavirin inhalation soln</i>	53	<i>roweepra</i>	16
<i>ranitidine hydrochloride</i>		<i>ribavirin tabs</i>	27	<i>roweepra xr tb24 500mg</i>	16
<i>inj 50mg/2ml</i>	41	RIDAURA.....	48	<i>roweepra xr tb24 750mg</i>	16
RAPAMUNE ORAL SOLN	48	<i>rifabutin</i>	20	ROZEREM.....	53
<i>rasagiline mesylate</i>	25	<i>rifampin caps</i>	20	RUBRACA	23
REBIF	37	<i>rifampin inj</i>	20	RUCONEST	47
REBIF REBIDOSE	37	RIFATER.....	20	RYDAPT.....	23
REBIF REBIDOSE		<i>riluzole</i>	36	RYTARY.....	25
TITRATION PACK.....	37	<i>rimantadine hcl</i>	29	S	
REBIF TITRATION PACK	37	<i>ringers injection inj 4.5meq/l;</i>		SABRIL TABS	17
<i>reclipsen</i>	45	<i>156meq/l; 4meq/l; 147meq/l</i>	40	<i>salsalate</i>	10
RECOMBIVAX HB.....	48	RINGERS IRRIGATION.....	50	SAMSCA TABS 15MG	40
RECTIV.....	37	RIOMET	30	SAMSCA TABS 30MG	40
REGONOL.....	20	<i>risedronate sodium tabs</i>		SANCUSO.....	19
REGRANEX	37	<i>30mg, 5mg</i>	49	SANDIMMUNE ORAL SOLN	48
RELISTOR INJ 8MG/0.4ML	40	<i>risedronate sodium tabs 35mg</i>	49	SANDOSTATIN LAR DEPOT.....	47
RELISTOR INJ 12MG/0.6ML.....	41	<i>risedronate sodium tabs 150mg</i>	49	SANTYL	37
REMODULIN.....	52	RISPERDAL CONSTA INJ		SAPHRIS	26
RENFLEXIS.....	48	12.5MG, 25MG, 37.5MG	26	<i>scopolamine</i>	19
<i>repaglinide tabs 0.5mg, 1mg</i>	30	RISPERDAL CONSTA INJ 50MG.....	26		
		<i>risperidone m-tab</i>	26		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>selegiline hcl</i>	25	<i>sodium sulfacetamide</i>		STRIBILD	27
<i>selenium sulfide lotn</i>	37	<i>ophthalmic soln</i>	15	SUBOXONE	12
SELZENTRY ORAL SOLN	28	SOLIQUA 100/33	30	<i>sucralfate</i>	41
SELZENTRY TABS 25MG	28	SOLTAMOX	21	<i>sulfacetamide sodium lotn</i>	15
SELZENTRY TABS 150MG, 75MG ..	28	SOLU-CORTEF	43	<i>sulfacetamide sodium</i>	
SELZENTRY TABS 300MG	28	SOMATULINE DEPOT INJ		<i>ophthalmic soln</i>	15
SENSIPAR TABS 30MG, 60MG ...	49	60MG/0.2ML	47	<i>sulfacetamide sodium/</i>	
SENSIPAR TABS 90MG	49	SOMATULINE DEPOT INJ		<i>prednisolone sodium phosphate</i> ...	15
SEREVENT DISKUS	52	90MG/0.3ML	47	<i>sulfadiazine</i>	15
<i>sertraline hcl conc</i>	18	SOMATULINE DEPOT INJ		<i>sulfamethoxazole/trimethoprim ds</i> ..	15
<i>sertraline hcl tabs 25mg</i>	18	120MG/0.5ML	47	<i>sulfamethoxazole/trimethoprim inj</i> ..	15
<i>sertraline hcl tabs 50mg</i>	18	SOMAVERT	47	<i>sulfamethoxazole/</i>	
<i>sertraline hcl tabs 100mg</i>	18	<i>sorine</i>	33	<i>trimethoprim susp</i>	15
<i>setlakin</i>	45	<i>sotalol hcl</i>	33	<i>sulfamethoxazole/</i>	
SEVELAMER CARBONATE PACK ..	40	<i>sotalol hcl (af)</i>	33	<i>trimethoprim tabs</i>	15
SEVELAMER CARBONATE TABS. ...	40	<i>sotalol hcl af</i>	33	<i>sulfasalazine</i>	49
<i>sharobel</i>	46	<i>sotalol hydrochloride (af)</i>		<i>sulfatrim pediatric</i>	15
SHINGRIX	49	<i>tabs 80mg</i>	33	<i>sulindac</i>	10
SIGNIFOR	47	<i>sotalol hydrochloride af</i>		<i>sumatriptan</i>	20
<i>sildenafil tabs 20mg</i>	52	<i>tabs 160mg</i>	33	<i>sumatriptan succinate</i>	
SILENOR	53	<i>sotalol hydrochloride tabs 120mg</i> ...	33	<i>inj 4mg/0.5ml</i>	20
<i>silver sulfadiazine</i>	13	<i>spironolactone</i>	35	<i>sumatriptan succinate</i>	
SIMBRINZA	51	<i>spironolactone/</i>		<i>inj 6mg/0.5ml</i>	20
SIMULECT	48	<i>hydrochlorothiazide</i>	35	<i>sumatriptan succinate</i>	
<i>simvastatin</i>	35	SPORANOX ORAL SOLN	20	<i>refill inj 4mg/0.5ml</i>	20
<i>sirolimus</i>	48	<i>sprintec 28</i>	45	<i>sumatriptan succinate</i>	
SIRTURO	20	SPRITAM TB3D 750MG	16	<i>refill inj 6mg/0.5ml</i>	20
<i>sodium bicarbonate inj</i>	40	SPRITAM TB3D		<i>sumatriptan succinate tabs</i>	20
<i>sodium bicarbonate partial fill</i>	40	1000MG, 250MG, 500MG	16	SUPRAX SUSR 500MG/5ML	14
<i>sodium chloride 0.45%</i>	40	SPRYCEL	24	SUPREP BOWEL PREP KIT	41
<i>sodium chloride inj</i>		<i>sps</i>	40	SUTENT	24
<i>0.9%, 2.5meq/ml, 3%, 5%</i>	40	<i>sronyx</i>	45	SYLATRON	23
<i>sodium chloride irrigation 0.9%</i>	50	<i>ssd</i>	13	SYMFI	27
<i>sodium fluoride chew 0.5mg, 1mg</i> ...	40	STAMARIL	49	SYMFI LO	28
SODIUM LACTATE INJ 5MEQ/ML ..	40	<i>stavudine</i>	28	SYMLINPEN 60	30
<i>sodium phenylbutyrate</i>	41	<i>sterile water irrigation</i>	50	SYMLINPEN 120	30
<i>sodium polystyrene</i>		<i>sterile water irrigation</i>		SYMTUZA	28
<i>sulfonate powd</i>	40	<i>plastic bottle</i>	50	SYNAGIS	48
<i>sodium polystyrene sulfonate</i>		<i>sterile water irrigation w/hanger</i>	50	SYNAREL	47
<i>susp 15gm/60ml, 30gm/120ml</i>	40	STIMATE	44	SYNERCID	13
		STIVARGA	24	SYNJARDY	30
		<i>streptomycin sulfate</i>	12		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG . . .	30	TECHLITE PEN NEEDLES/ 32G X 8MM	50	THYROLAR-1	46
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG . . .	30	TEFLARO	14	THYROLAR-1/2	46
SYNRIBO	23	TEKTURNA	34	THYROLAR-1/4	46
SYNTHROID	46	TEKTURNA HCT	34	THYROLAR-2	46
SYPRINE	40	<i>telmisartan</i>	32	THYROLAR-3	46
T		<i>telmisartan/amlodipine</i>	32	<i>tiagabine hydrochloride</i>	17
TABLOID	22	<i>telmisartan/hydrochlorothiazide</i>	32	TIBSOVO	24
<i>tacrolimus caps</i>	48	<i>temazepam caps 15mg, 30mg</i>	53	<i>tigecycline</i>	13
<i>tacrolimus oint</i>	37	<i>temazepam caps 22.5mg, 7.5mg</i>	53	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	51
TAFINLAR	24	<i>temsirolimus</i>	24	<i>timolol maleate ophthalmic soln</i>	51
TAGRISSE	24	TENIVAC	49	<i>timolol maleate tabs</i>	34
<i>tamoxifen citrate</i>	21	<i>tenofovir disoproxil fumarate</i>	28	TIS-U-SOL	50
<i>tamsulosin hcl</i>	42	<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	32	TIVICAY TABS 10MG	27
TARCEVA TABS 25MG	24	<i>terazosin hcl caps 10mg</i>	32	TIVICAY TABS 25MG, 50MG	27
TARCEVA TABS 100MG, 150MG	24	<i>terbinafine hcl tabs</i>	20	<i>tizanidine hcl caps</i>	27
TARGRETIN GEL	24	<i>terbutaline sulfate</i>	52	<i>tizanidine hcl tabs</i>	27
<i>tarina fe 1/20</i>	45	<i>terconazole</i>	20	TOBI PODHALER	52
TASIGNA CAPS 50MG	24	<i>testosterone cypionate</i>	44	TOBRADEX OINT	51
TASIGNA CAPS 150MG, 200MG	24	<i>testosterone enanthate</i>	44	<i>tobramycin/dexamethasone</i>	51
<i>tazarotene</i>	37	<i>testosterone gel</i> <i>25mg/2.5gm, 50mg/5gm</i>	44	<i>tobramycin nebu</i>	52
<i>tazicef inj 1gm, 2gm, 6gm</i>	14	<i>testosterone pump</i>	44	<i>tobramycin ophthalmic soln</i>	12
TAZORAC CREA	37	TETANUS/DIPHThERIA TOXOIDS-ADSORBED	49	<i>tobramycin sulfate inj</i> <i>1.2gm, 10mg/ml, 80mg/2ml</i>	12
TAZORAC GEL	37	<i>tetrabenazine tabs 12.5mg</i>	36	<i>tobramycin sulfate</i> <i>ophthalmic soln</i>	12
<i>taztia xt cp24</i> <i>120mg, 180mg, 240mg, 300mg</i>	34	<i>tetrabenazine tabs 25mg</i>	36	TOBEX OINT	12
TECENTRIQ	24	<i>tetracycline hydrochloride</i>	16	TOLAK	37
TECFIDERA CPDR 120MG	37	TEXACORT	43	<i>tolcapone</i>	25
TECFIDERA CPDR 240MG	37	THALOMID CAPS 100MG, 150MG, 50MG	21	<i>tolterodine tartrate</i>	42
TECFIDERA STARTER PACK	37	THALOMID CAPS 200MG	21	<i>tolterodine tartrate er</i>	42
TECHLITE PEN NEEDLES/ 31G X 6 MM	50	THEO-24	52	<i>topiramate</i>	17
TECHLITE PEN NEEDLES/ 31G X 8MM	50	<i>theophylline cr</i>	52	<i>toposar</i>	23
TECHLITE PEN NEEDLES/ 32G X 4MM	50	<i>theophylline er tb12</i> <i>300mg, 450mg</i>	52	<i>topotecan hcl inj 4mg</i>	23
TECHLITE PEN NEEDLES/ 32G X 6MM	50	<i>theophylline er tb24</i>	52	TORISEL	48
		<i>thioridazine hcl</i>	25	<i>torse mide</i>	35
		<i>thiotepa</i>	21	TOUJEO MAX SOLOSTAR	30
		<i>thiothixene</i>	26	TOUJEO SOLOSTAR	31
		THYMOGLOBULIN	48	TPN ELECTROLYTES	40
				TRACLEER TABS	52

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TRACLEER TBSO	52	<i>triamcinolone acetonide dental paste</i>	37	TRUVADA	28
TRADJENTA	30	<i>triamcinolone acetonide inj 40mg/ml</i>	43	TWINRIX	49
<i>tramadol hcl</i>	11	<i>triamcinolone acetonide lotn</i>	43	TYBOST	28
<i>tramadol hydrochloride/acetaminophen</i>	11	<i>triamcinolone acetonide oint</i>	43	<i>tydemy</i>	46
<i>trandolapril tabs 1mg</i>	33	<i>triamterene/hydrochlorothiazide</i>	35	TYKERB	24
<i>trandolapril tabs 2mg, 4mg</i>	33	<i>trianex</i>	43	TYPHIM VI	49
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	33	<i>triderm crea 0.1%</i>	43	TYSABRI	37
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	33	<i>trientine hydrochloride</i>	40	U	
<i>tranexamic acid inj</i>	32	<i>tri-estarylla</i>	45	ULORIC	20
<i>tranexamic acid tabs</i>	32	<i>trifluoperazine hcl</i>	26	UNITHROID	46
<i>tranylcypromine sulfate</i>	18	<i>trifluridine</i>	29	UNITUXIN	24
TRAVASOL	40	<i>trihexyphenidyl hcl</i>	25	<i>ursodiol</i>	41
TRAVATAN Z	50	<i>tri-legest fe</i>	45	V	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	18	<i>tri-linyah</i>	45	<i>valacyclovir hcl tabs 1gm</i>	29
<i>trazodone hydrochloride tabs 300mg</i>	18	<i>trilyte</i>	41	<i>valacyclovir hydrochloride</i>	29
TREANDA INJ 25MG	21	<i>trimethoprim</i>	13	VALCHLOR	21
TREANDA INJ 100MG	21	<i>trimethoprim sulfate/polymyxin b sulfate</i>	13	<i>valganciclovir</i>	27
TRECTOR	20	<i>tri-mili</i>	45	<i>valganciclovir hydrochloride</i>	27
TRELEGY ELLIPTA	53	<i>trimipramine maleate</i>	19	<i>valproate sodium inj 100mg/ml</i>	17
TRELSTAR MIXJECT INJ 3.75MG	47	<i>trinessa</i>	46	<i>valproic acid</i>	17
TRELSTAR MIXJECT INJ 11.25MG	47	TRINTELLIX	18	<i>valsartan</i>	32
TRELSTAR MIXJECT INJ 22.5MG	47	<i>tri-previfem</i>	45	<i>valsartan/hydrochlorothiazide</i>	32
TRESIBA FLEXTOUCH	31	TRIPTODUR	47	<i>vancomycin</i>	13
<i>tretinoin caps</i>	24	TRISENOX	23	<i>vancomycin hcl caps 125mg</i>	13
<i>tretinoin crea</i>	37	<i>tri-sprintec</i>	45	<i>vancomycin hcl caps 250mg</i>	13
<i>tretinoin gel 0.01%</i>	37	TRIUMEQ	28	<i>vancomycin hcl in dextrose</i>	13
<i>tretinoin gel 0.05%</i>	37	<i>trivora-28</i>	46	<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm, 1gm, 500mg, 5gm, 750mg</i>	13
<i>tretinoin gel 0.025%</i>	37	<i>tri-vylibra</i>	46	<i>vancomycin hydrochloride/sodium chloride inj 0.9%; 750mg/150ml</i>	13
<i>tretinoin microsphere</i>	37	TROGARZO	28	<i>vandazole</i>	13
<i>tretinoin microsphere pump gel 0.1%</i>	37	TROKENDI XR CP24 100MG, 25MG, 50MG	17	VAQTA	49
<i>triamcinolone acetonide crea 0.1%</i>	43	TROKENDI XR CP24 200MG	17	VARIVAX	49
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	43	TROPHAMINE	40	VARIZIG	49
		<i>tropicamide</i>	50	VASCEPA CAPS 0.5GM	35
		TRULANCE	41	VASCEPA CAPS 1GM	35
		TRULICITY	30	VAXCHORA	49
		TRUMENBA	49		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
VECTIBIX.....	24	VIIBRYD STARTER PACK	18	XIFAXAN TABS 550MG	13
VELCADE	23	VIMPAT INJ	17	XIGDUO XR TB24 5MG; 1000MG ..	30
<i>velivet</i>	46	VIMPAT ORAL SOLN	17	XIGDUO XR TB24	
VELPHORO.....	40	VIMPAT TABS	17	10MG; 1000MG, 10MG; 500MG,	
VELTASSA.....	40	<i>vinblastine sulfate</i>	23	2.5MG; 1000MG, 5MG; 500MG ...	30
VENCLEXTA STARTING PACK	23	<i>vincasar pfs</i>	23	XOLAIR.....	53
VENCLEXTA TABS 10MG	23	<i>vincristine sulfate</i>	23	XTAMPZA ER	10
VENCLEXTA TABS 50MG	23	<i>vinorelbine tartrate inj 50mg/5ml</i>	23	XTANDI.....	21
VENCLEXTA TABS 100MG	23	<i>viorele</i>	46	XULTOPHY 100/3.6	31
<i>venlafaxine hcl</i>	18	VIRACEPT TABS 250MG	28	XYREM.....	53
<i>venlafaxine hcl er cp24 37.5mg</i>	18	VIRACEPT TABS 625MG	28		
<i>venlafaxine hcl er cp24 75mg</i>	18	VIRAMUNE SUSP	28	Y	
<i>venlafaxine hcl er cp24 150mg</i>	18	VIREAD POWD	28	YERVOY INJ 50MG/10ML	24
VENTAVIS	52	VIREAD TABS		YERVOY INJ 200MG/40ML	24
VENTOLIN HFA	52	150MG, 200MG, 250MG	28	YF-VAX.....	49
<i>verapamil hcl er cp24</i>		<i>voriconazole inj</i>	20	YONDELIS.....	21
<i>100mg, 120mg, 180mg,</i>		<i>voriconazole susr</i>	20	YONSA.....	21
<i>240mg, 300mg</i>	34	<i>voriconazole tabs</i>	20	<i>yuvafem</i>	46
<i>verapamil hcl er cp24 200mg</i>	34	VOSEVI	27		
<i>verapamil hcl er tbc</i>	34	VOTRIENT.....	24	Z	
<i>verapamil hcl inj</i>	34	VP-PNV-DHA	40	<i>zafirlukast</i>	52
VERAPAMIL HCL		VRAYLAR CAPS	26	<i>zaleplon</i>	53
SR CP24 360MG	34	VRAYLAR CPPK	26	ZALTRAP	24
<i>verapamil hcl tabs</i>	34	<i>vyfemla</i>	46	ZANOSAR	21
VERSACLOZ	27	<i>vylibra</i>	46	ZARXIO	32
VERZENIO	23	VYXEOS.....	22	<i>zebutal caps 325mg; 50mg; 40mg</i> ..	10
VESICARE.....	42			ZEJULA	23
V-GO 20	50	W		ZELBORAF	24
V-GO 30	50	<i>warfarin sodium</i>	31	ZEMAIRA	53
V-GO 40	50	WELCHOL.....	35	<i>zenatane</i>	38
VIBERZI	41	<i>wera</i>	46	<i>zenchent</i>	46
<i>vicodin es tabs 300mg; 7.5mg</i>	11			ZENPEP.....	41
<i>vicodin hp tabs 300mg; 10mg</i>	11	X		ZERIT ORAL SOLN	28
<i>vicodin tabs 300mg; 5mg</i>	11	XALKORI	24	<i>zidovudine caps</i>	28
VICTOZA	30	XARELTO STARTER PACK.....	31	<i>zidovudine syr</i>	28
VIDEX EC CPDR 125MG	28	XARELTO TABS 10MG, 20MG	31	<i>zidovudine tabs</i>	28
VIDEX PEDIATRIC	28	XARELTO TABS 15MG	31	ZIOPTAN	50
<i>vienva</i>	46	XATMEP.....	48	<i>ziprasidone hcl</i>	26
<i>vigabatrin</i>	17	XGEVA	49	ZIRGAN	27
VIIBRYD	18				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>zoledronic acid inj 4mg/5ml</i>	49				
<i>zoledronic acid inj 5mg/100ml</i>	49				
ZOLINZA	23				
<i>zolpidem tartrate tabs</i>	53				
<i>zonisamide</i>	16				
ZORTRESS TABS 0.5MG	48				
ZORTRESS TABS 0.25MG	48				
ZORTRESS TABS 0.75MG	48				
ZOSTAVAX	49				
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML ...	14				
<i>zovia 1/35e</i>	46				
ZOVIRAX CREA	29				
ZUBSOLV SUBL 0.7MG; 0.18MG ..	12				
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	12				
ZYCLARA.....	38				
ZYCLARA PUMP CREA 2.5%	38				
ZYCLARA PUMP CREA 3.75%.....	38				
ZYDELIG	24				
ZYKADIA	24				
ZYLET.....	12				
ZYPREXA RELPREVV INJ 210MG.....	26				
ZYPREXA RELPREVV INJ 300MG.....	26				
ZYPREXA RELPREVV INJ 405MG.....	26				
ZYTIGA TABS 250MG	21				
ZYTIGA TABS 500MG	21				



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