

# 2019 Cigna COMPREHENSIVE DRUG LIST (Formulary)

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

## **Plans covered**

Cigna-HealthSpring Alliance (HMO)  
Cigna-HealthSpring Preferred (HMO)



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

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

**When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Alliance (HMO) and Cigna-HealthSpring Preferred (HMO).**

**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 Comprehensive Drug List?**

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

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

Generally, if you are taking a drug on our 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 or lower cost-sharing 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 immediately move it to a different cost-sharing tier or 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 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 move it to a different cost-sharing tier. 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 or move a drug to a higher cost-sharing tier, 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, please contact us. Our contact information appears on the front and

back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

## How do I use the Drug List?

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

### Medical Condition

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

### Covered Drug Index

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill these prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for 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 requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna 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 7. 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 to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna drug list?" on 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.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.

- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

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

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

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna drug list, talk with your doctor about alternative medications which are covered in the drug list.

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

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

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

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

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

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

can ask us to cover it at the Preferred Brand Drugs tier, and if your drug is contained in the Generic Drugs tier, you can ask us to cover it at the Preferred Generic Drugs tier. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

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

As a new or existing customer in our plan you may be taking drugs that are not 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 will allow a one-time 31-day supply (unless the prescription is written for fewer days).

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

The comprehensive drug list that begins on page 7, provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 54.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., 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 has any special requirements for coverage of your drug.

This plan offers additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see this coverage and for more information.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 7 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).

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

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

### **For more information**

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

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

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

## Drug Tier and Cost-Share Table

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

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

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

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

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

Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com) to search for a preferred retail or mail-order pharmacy near you.

### Service Area: Arizona

**H0354-001 – Cigna-HealthSpring Preferred (HMO):** Maricopa and Pinal (Apache Junction and Queen Creek: 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220), Arizona

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs</b>	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
<b>Tier 2: Generic Drugs</b>	\$8 / \$16 / \$16	\$13 / \$26 / \$39	\$8 / \$16 / \$16	\$13 / \$26 / \$39
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	29% (30 days)	29% (30 days)	29% (30 days)	29% (30 days)

### Service Area: Arizona

**H0354-028 – Cigna-HealthSpring Alliance (HMO):** Maricopa and Pinal (Apache Junction and Queen Creek: 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220), Arizona

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs</b>	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
<b>Tier 2: Generic Drugs</b>	\$5 / \$10 / \$10	\$10 / \$20 / \$30	\$5 / \$10 / \$10	\$10 / \$20 / \$30
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

**Service Area: Arizona**

**H0354-024 – Cigna-HealthSpring Preferred (HMO): Pima, Arizona**

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs</b>	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
<b>Tier 2: Generic Drugs</b>	\$8 / \$16 / \$16	\$13 / \$26 / \$39	\$8 / \$16 / \$16	\$13 / \$26 / \$39
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

**My Medications**

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

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

**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.

**HI (Home Infusion)** – This prescription drug may be covered under our medical benefit. For more information, call Customer Service at 1-800-627-7534, 7 days a week, 8 a.m. - 8 p.m. local time. TTY users should call 711.

**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
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>acetaminophen/codeine oral soln</i>	2	NDS QL(2700/30)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine caps</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	2	PA QL(180/30)
<i>esgic caps</i>	2	PA QL(180/30)
PRIALT	5	B/D PA NDS
<i>zebutal caps 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 400mg</i>	3	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL(60/30)
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	4	
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	4	PA QL(20/30)
<i>ketorolac tromethamine inj 15mg/ml</i>	4	PA QL(40/30)
<i>ketorolac tromethamine tabs</i>	4	PA QL(20/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>meloxicam</i>	2	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	3	
<i>naproxen susp</i>	3	
<i>naproxen tabs</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	4	NDS QL(4/28)
<i>buprenorphine hcl inj</i>	4	QL(150/30)
DURAMORPH	4	B/D PA NDS QL(180/30)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS QL(10/30)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	NDS QL(60/30)
<i>morphine sulfate er tbc</i>	3	NDS QL(90/30)
XTAMPZA ER	3	NDS QL(60/30)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	NDS QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	NDS QL(360/30)
<i>butorphanol tartrate inj 2mg/ml</i>	4	NDS QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	4	NDS QL(480/30)
<i>butorphanol tartrate nasal soln</i>	4	NDS QL(5/30)
<i>codeine sulfate</i>	3	NDS QL(180/30)
<i>endocet tabs 325mg; 10mg</i>	3	NDS QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	3	NDS QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	NDS QL(360/30)

CAPITALIZED = BRAND NAME DRUG

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

HI = Home Infusion drug

PA = Prior Authorization may be required

You can find more information on the symbols by going to page 6.

*Lower case italic* = Generic drug

NDS = Non-extended day supply medication

QL = Quantity Limits listed as (qty/days)

ST = Step Therapy rules apply

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	4	PA NDS QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	5	PA NDS QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 325mg; 2.5mg</i>	3	NDS QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	3	NDS QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	3	NDS QL(360/30)
<i>hydrocodone/ibuprofen</i>	3	NDS QL(150/30)
<i>hydromorphone hcl dosette</i>	4	NDS
<i>hydromorphone hcl inj</i>	4	NDS
<i>hydromorphone hcl liq</i>	4	NDS QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	3	NDS QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	3	NDS QL(180/30)
<i>lorcet</i>	3	NDS QL(360/30)
<i>lorcet hd</i>	3	NDS QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	NDS QL(180/30)
<i>morphine sulfate inj 150mg/30ml, 1mg/ml, 50mg/ml, 5mg/ml</i>	3	B/D PA NDS
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	3	B/D PA NDS QL(180/30)
MORPHINE SULFATE INJ 10MG/ML, 8MG/ML	3	B/D PA NDS QL(240/30)
<i>morphine sulfate inj 10mg/ml, 8mg/ml</i>	3	B/D PA NDS QL(240/30)
MORPHINE SULFATE INJ 4MG/ML	3	B/D PA NDS QL(480/30)
<i>morphine sulfate inj 4mg/ml</i>	3	B/D PA NDS QL(480/30)
MORPHINE SULFATE INJ 2MG/ML	3	B/D PA NDS QL(1200/30)
<i>morphine sulfate inj 2mg/ml</i>	3	B/D PA NDS QL(1200/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	NDS QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate oral soln 10mg/5ml</i>	3	NDS QL(700/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	NDS QL(900/30)
<i>morphine sulfate tabs</i>	3	NDS QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	4	NDS QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	4	NDS QL(180/30)
<i>oxycodone hcl conc</i>	4	NDS QL(120/30)
<i>oxycodone hcl oral soln</i>	3	NDS QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	3	NDS QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	NDS QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	3	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	3	NDS QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	NDS QL(360/30)
<i>oxycodone/aspirin</i>	3	NDS QL(180/30)
<i>tramadol hcl</i>	2	NDS QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	2	NDS QL(240/30)

### Anesthetics

#### Local Anesthetics

<i>glydo</i>	2	PA
<i>lidocaine hcl external soln</i>	2	PA
<i>lidocaine hcl gel</i>	2	PA
<i>lidocaine hcl inj</i>	2	
<i>lidocaine hcl jelly</i>	2	PA
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	4	PA QL(50/30)
<i>lidocaine ptch</i>	3	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	4	PA

### Anti-Addiction/Substance Abuse Treatment Agents

#### Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naltrexone hcl</i>	2	
VIVITROL	5	PA NDS
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl sublingual</i>	3	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	4	QL(90/30)
SUBOXONE	3	PA QL(90/30)
ZUBSOLV SUBLINGUAL 0.7MG; 0.18MG	3	PA QL(30/30)
ZUBSOLV SUBLINGUAL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	PA QL(90/30)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr</i>	2	QL(60/30)
CHANTIX	3	QL(56/28)
CHANTIX CONTINUING MONTH PAK	3	QL(56/28)
CHANTIX STARTING MONTH PAK	3	QL(56/28)
NICOTROL INHALER	4	QL(1008/90)
NICOTROL NS	4	QL(30/30)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	2	HI
<i>gentamicin</i>	2	
<i>gentamicin sulfate cream</i>	3	
<i>gentamicin sulfate injection</i>	2	
<i>gentamicin sulfate ointment</i>	3	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isotonic gentamicin</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	2	
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin sulfate injection 1.2gm, 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	2	
<i>tobramycin sulfate ophthalmic solution</i>	2	
<i>tobramycin sulfate/sodium chloride injection 0.9%; 0.8mg/ml</i>	2	
TOBREX OINT	4	
ZYLET	4	
<b>Antibacterials, Other</b>		
ALCOHOL PREP PADS	3	
<i>bacitrim</i>	2	
<i>bacitracin injection</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN SUPP	4	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	2	HI
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate cream</i>	3	
<i>clindamycin phosphate external solution</i>	3	
<i>clindamycin phosphate gel</i>	3	
<i>clindamycin phosphate in d5w</i>	2	HI
<i>clindamycin phosphate injection 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	HI

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate inj 900mg/6ml</i>	2	HI
<i>clindamycin phosphate lotn</i>	3	
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/sodium chloride</i>	3	HI
<i>colistimethate sodium</i>	4	
<i>daptomycin inj 500mg</i>	5	HI
FEM PH	4	
<i>lincomycin hcl</i>	4	
<i>linezolid inj</i>	4	HI
<i>linezolid susr</i>	5	NDS QL(1800/30)
<i>linezolid tabs</i>	5	NDS QL(60/30)
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>metronidazole caps</i>	2	
<i>metronidazole crea</i>	3	
<i>metronidazole gel</i>	3	
<i>metronidazole in nacl 0.79%</i>	4	HI
<i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i>	4	HI
METRONIDAZOLE INJ 500MG/100ML; 0.74%	3	HI
<i>metronidazole lotn</i>	3	
<i>metronidazole tabs</i>	2	
<i>metronidazole vaginal</i>	3	
MONUROL	4	
<i>mupirocin crea</i>	4	
<i>mupirocin oint</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp</i>	2	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin monohydrate/ macrocrystals</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate</i>	4	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
RELAGARD	4	
<i>silver sulfadiazine</i>	2	
SSD	3	
SYNERCID	5	HI
<i>tigecycline</i>	5	HI
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
<i>vancomycin</i>	3	HI
<i>vancomycin hcl caps 125mg</i>	4	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	4	QL(80/10)
<i>vancomycin hcl in dextrose</i>	3	HI
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	3	HI
<i>vancomycin hcl inj 5gm</i>	2	
<i>vancomycin hcl inj 10gm, 1gm, 500mg, 750mg</i>	2	HI
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	3	HI
XIFAXAN TABS 550MG	5	PA NDS QL(90/30)
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps</i>	2	
<i>cefaclor er</i>	3	
<i>cefaclor susr</i>	3	
<i>cefadroxil</i>	2	
<i>cefazolin</i>	3	HI
<i>cefazolin sodium inj 100gm, 10gm, 1gm, 1gm/50ml; 4%, 20gm, 300gm, 500mg</i>	2	HI
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	2	HI
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	3	HI
<i>cefdinir caps</i>	2	

## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>meropenem</i>	4	HI
<i>meropenem/sodium chloride</i>	4	HI
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium inj 125mg, 250mg, 500mg</i>	2	
<i>ampicillin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>ampicillin-sulbactam</i>	2	HI
BACTOCILL IN DEXTROSE	4	HI
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	3	HI
<i>nafcillin sodium</i>	2	HI
<i>oxacillin sodium</i>	4	HI
<i>penicillin g potassium</i>	4	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	HI
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>pfizerpen inj 20mu, 5000000unit</i>	4	HI
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
<i>piperacillin/tazobactam</i>	4	HI
<b>Macrolides</b>		
AZASITE	3	
<i>azithromycin inj</i>	2	HI
AZITHROMYCIN PACK	3	
<i>azithromycin susr 200mg/5ml</i>	2	QL(90/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>azithromycin susr 100mg/5ml</i>	2	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	2	QL(12/28)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin er</i>	2	
<i>clarithromycin susr</i>	3	
<i>clarithromycin tabs</i>	2	
DIFICID	5	PA NDS QL(20/10)
<i>e.e.s. 400</i>	3	
<i>ery</i>	3	
ERY-TAB	3	
ERYPED 400	5	NDS
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	3	
<i>erythromycin base</i>	4	
<i>erythromycin cpep</i>	2	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	3	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	3	
<b>Quinolones</b>		
AVELOX INJ	4	
BAXDELA	4	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er tb24 500mg; 0</i>	3	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	3	QL(14/14)
<i>ciprofloxacin hcl ophthalmic soln</i>	2	
<i>ciprofloxacin hcl tabs 250mg, 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	HI
<i>ciprofloxacin susr</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gatifloxacin</i>	2	QL(2.5/25)
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj</i>	2	HI
<i>levofloxacin ophthalmic soln</i>	2	
<i>levofloxacin oral soln</i>	2	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 250mg, 750mg</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	2	
MOXIFLOXACIN HCL INJ	2	
<i>moxifloxacin hcl tabs</i>	2	
<i>moxifloxacin hydrochloride ophthalmic soln</i>	2	
<i>ofloxacin</i>	2	
<b>Sulfonamides</b>		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium lotn</i>	3	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	3	
<i>sulfamethoxazole/trimethoprim tabs</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	3	
<i>doxy 100</i>	2	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl</i>	3	QL(60/30)
<i>morgidox 1x50mg</i>	2	
<i>soloxide</i>	4	
<i>tetracycline hydrochloride</i>	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM TABS 200MG, 400MG, 800MG	5	NDS QL(30/30)
APTIOM TABS 600MG	5	NDS QL(60/30)
BRIVIACT INJ	5	NDS QL(600/30)
BRIVIACT ORAL SOLN	5	NDS QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	NDS QL(60/30)
BRIVIACT TABS 100MG	5	NDS QL(120/30)
FYCOMPA SUSP	4	QL(720/30)
FYCOMPA TABS	4	QL(30/30)
<i>levetiracetam er tb24 750mg</i>	2	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	2	QL(180/30)
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
<i>levetiracetam/sodium chloride</i>	4	
<i>magnesium sulfate in d5w</i>	4	B/D PA
<i>roweepra</i>	2	
<i>roweepra xr tb24 750mg</i>	2	QL(120/30)
<i>roweepra xr tb24 500mg</i>	2	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRITAM TB3D 750MG	4	QL(120/30)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	4	
<i>ethosuximide</i>	3	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	2	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	2	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	2	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	2	QL(90/30)
<i>clonazepam tabs 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	4	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	4	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	4	QL(40/30)
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
GRALISE	3	
GRALISE STARTER	3	QL(156/365)

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ONFI SUSP	5	NDS QL(480/30)
ONFI TABS 20MG	5	NDS QL(60/30)
ONFI TABS 10MG	4	QL(60/30)
PHENOBARBITAL ELIX	3	QL(1500/30)
PHENOBARBITAL TABS	3	QL(120/30)
<i>primidone</i>	2	
SABRIL TABS	5	PA NDS QL(180/30)
<i>tiagabine hydrochloride</i>	4	
<i>valproate sodium inj 100mg/ml</i>	4	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA NDS QL(200/30)
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp</i>	5	NDS
<i>felbamate tabs</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>topiramate</i>	2	
<b>Sodium Channel Agents</b>		
BANZEL SUSP	5	NDS QL(2400/30)
BANZEL TABS 200MG	5	NDS QL(60/30)
BANZEL TABS 400MG	5	NDS QL(240/30)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	4	
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	4	
<i>phenytoin sodium extended</i>	2	
VIMPAT INJ	4	QL(1200/30)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS	4	QL(60/30)
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tabs 23mg</i>	3	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>donepezil hcl tabs 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
<i>rivastigmine tartrate</i>	3	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl tabs 10mg</i>	2	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	2	PA QL(90/30)
<i>memantine hcl titration pak</i>	3	PA QL(49/28)
<i>memantine hydrochloride er</i>	4	PA QL(30/30)
<i>memantine hydrochloride oral soln</i>	2	PA QL(360/30)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	5	NDS QL(30/30)
<i>bupropion hcl er tb12 150mg, 200mg</i>	2	QL(60/30)
<i>bupropion hcl sr</i>	2	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hcl xl</i>	3	QL(30/30)
<i>bupropion hydrochloride tabs 75mg</i>	3	QL(180/30)
<i>maprotiline hcl</i>	3	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	3	QL(60/30)
<i>nefazodone hydrochloride</i>	3	QL(60/30)
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL(30/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	NDS QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral soln</i>	3	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	2	
<i>citalopram hydrobromide tabs 40mg</i>	2	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	2	QL(60/30)
<i>desvenlafaxine er</i>	3	QL(30/30)
<i>duloxetine hcl cpep 20mg</i>	2	QL(60/30)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL(60/30)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90/30)
<i>escitalopram oxalate oral soln</i>	3	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	2	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	2	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	2	QL(90/30)
FETZIMA	4	QL(30/30)
FETZIMA TITRATION PACK	4	QL(56/365)
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl caps 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	2	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl oral soln</i>	2	QL(600/30)
<i>fluoxetine hydrochloride tabs 10mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine hydrochloride tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	2	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	2	QL(90/30)
<i>olanzapine/fluoxetine</i>	4	QL(30/30)
<i>paroxetine hcl tabs 10mg</i>	2	QL(30/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
<i>paroxetine hcl tabs 20mg</i>	2	QL(90/30)
PAXIL SUSP	4	QL(900/30)
PRISTIQ	4	QL(30/30)
<i>sertraline hcl conc</i>	2	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(120/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	4	QL(30/30)
<i>venlafaxine hcl er tb24 150mg</i>	4	QL(60/30)
<i>venlafaxine hydrochloride er tb24 37.5mg, 75mg</i>	4	QL(30/30)
VIIBRYD	4	QL(30/30)
VIIBRYD STARTER PACK	4	QL(30/30)
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	4	PA
<i>desipramine hcl</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride</i>	2	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	2	
<i>dimenhydrinate inj</i>	2	
<i>droperidol</i>	2	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	4	
<i>prochlorperazine</i>	2	
<i>promethazine hcl supp</i>	4	
<i>promethazine hcl syrup</i>	2	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	2	PA
<i>promethazine hydrochloride inj</i>	2	PA
<i>promethazine hydrochloride tabs 50mg</i>	2	PA
<i>promethegan</i>	4	
<i>scopolamine</i>	4	QL(10/30)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	4	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	4	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	4	B/D PA QL(4/28)
<i>aprepitant caps pack</i>	4	B/D PA QL(6/28)
CESAMET	5	B/D PA NDS QL(60/30)
<i>dronabinol</i>	3	B/D PA QL(60/30)
EMEND SUSR	4	B/D PA QL(6/28)
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	2	HI
<i>granisetron hcl tabs</i>	3	B/D PA QL(30/30)
<i>granisetron hydrochloride</i>	2	HI
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	B/D PA
<i>ondansetron hcl oral soln</i>	3	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NOXAFIL TBEC	5	PA NDS QL(96/30)
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	3	
<i>nystop</i>	2	
SPORANOX ORAL SOLN	5	PA NDS
<i>terbinafine hcl tabs</i>	2	QL(90/365)
<i>terconazole</i>	3	
<i>voriconazole inj</i>	5	HI
<i>voriconazole susr</i>	5	PA NDS QL(300/30)
<i>voriconazole tabs</i>	4	PA QL(90/30)

### Antigout Agents

#### Antigout Agents

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

### Antimigraine Agents

#### Ergot Alkaloids

<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)
<i>dihydroergotamine mesylate nasal soln</i>	4	PA QL(8/30)
<i>ergotamine tartrate/caffeine</i>	3	QL(40/28)
<i>migergot</i>	5	NDS QL(20/28)

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

<i>naratriptan hcl</i>	3	QL(9/30) ST
<i>rizatriptan benzoate</i>	3	QL(12/30)
<i>rizatriptan benzoate odt</i>	3	QL(12/30)
<i>sumatriptan</i>	4	QL(12/30)

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

### Antimyasthenic Agents

#### Parasympathomimetics

GUANIDINE HCL	3	
MESTINON SYRP	5	NDS
<i>pyridostigmine bromide</i>	3	
<i>pyridostigmine bromide er</i>	4	

### Antimycobacterials

#### Antimycobacterials, Other

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

#### Antituberculars

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRECTOR	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D PA NDS QL(8/21)
BICNU	4	B/D PA
<i>busulfan</i>	5	B/D PA NDS
BUSULFEX	5	B/D PA NDS
<i>carboplatin inj 50mg/5ml</i>	4	B/D PA
<i>cyclophosphamide caps</i>	3	B/D PA
<i>cyclophosphamide inj</i>	5	B/D PA NDS
<i>dacarbazine</i>	2	B/D PA
EVOMELA	5	B/D PA NDS
GLEOSTINE CAPS 10MG	3	
GLEOSTINE CAPS 100MG, 40MG	4	
HEXALEN	5	NDS
<i>ifosfamide inj 1gm, 3gm</i>	2	B/D PA
KISQALI FEMARA 200 DOSE	5	PA NDS QL(49/28)
KISQALI FEMARA 400 DOSE	5	PA NDS QL(70/28)
KISQALI FEMARA 600 DOSE	5	PA NDS QL(91/28)
LEUKERAN	4	
MATULANE	5	NDS
<i>melphalan hydrochloride</i>	5	B/D PA NDS
MUSTARGEN	3	B/D PA
<i>thiotepa</i>	2	B/D PA
TREANDA INJ 100MG	5	B/D PA NDS
TREANDA INJ 25MG	5	B/D PA NDS QL(8/21)
VALCHLOR	5	NDS QL(60/30)
YONDELIS	5	B/D PA NDS
ZANOSAR	4	B/D PA
<b>Antiandrogens</b>		
<i>bicalutamide</i>	2	QL(30/30)
ERLEADA	5	NDS QL(120/30)
<i>flutamide</i>	2	
<i>nilutamide</i>	5	NDS QL(60/30)
XTANDI	5	NDS QL(120/30)
YONSA	5	PA NDS QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZYTIGA TABS 500MG	5	NDS QL(60/30)
ZYTIGA TABS 250MG	5	NDS QL(120/30)
<b>Antiangiogenic Agents</b>		
POMALYST	5	NDS QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	5	NDS QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	NDS QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	NDS QL(28/28)
THALOMID CAPS 200MG	5	NDS QL(56/28)
<b>Antiestrogens/Modifiers</b>		
EMCYT	4	
FARESTON	5	NDS QL(30/30)
FASLODEX	5	B/D PA NDS QL(30/30)
SOLTAMOX	5	NDS
<i>tamoxifen citrate</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	PA NDS
ARRANON	5	B/D PA NDS
<i>cladribine</i>	5	B/D PA NDS
<i>clofarabine</i>	5	B/D PA NDS
<i>cytarabine</i>	2	B/D PA
<i>cytarabine aqueous</i>	2	B/D PA
DROXIA	3	
ELITEK	5	B/D PA NDS
<i>floxuridine</i>	3	B/D PA
<i>fluorouracil inj</i>	2	B/D PA
FOLOTYN	5	B/D PA NDS
<i>gemcitabine</i>	4	B/D PA
<i>gemcitabine hcl</i>	4	B/D PA
<i>gemcitabine hydrochloride inj 1gm, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	4	B/D PA
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	B/D PA NDS
<i>hydroxyurea</i>	2	

## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxorubicin hcl liposome</i>	5	B/D PA NDS
<i>doxorubicin hydrochloride liposomal</i>	5	B/D PA NDS
<i>epirubicin hcl inj 200mg/100ml</i>	2	B/D PA
ERWINAZE	5	B/D PA NDS QL(60/28)
ETHYOL	5	B/D PA NDS
<i>fludarabine phosphate inj 50mg</i>	2	B/D PA
HALAVEN	5	NDS
<i>idarubicin hcl</i>	5	B/D PA NDS
<i>idarubicin hydrochloride</i>	5	B/D PA NDS
<i>irinotecan</i>	4	B/D PA
<i>irinotecan hcl</i>	4	B/D PA
<i>irinotecan hydrochloride</i>	4	B/D PA
ISTODAX (OVERFILL)	5	B/D PA NDS
JEVTANA	5	PA NDS
KISQALI	5	PA NDS QL(63/28)
LARTRUVO	5	PA NDS
<i>leucovorin calcium</i>	3	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	NDS
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	NDS
<i>lipodox 50</i>	5	B/D PA NDS
LYNPARZA TABS	5	NDS QL(120/30)
MARQIBO	5	B/D PA NDS
MEKTOVI	5	PA NDS QL(180/30)
<i>mesna</i>	4	B/D PA
MESNEX TABS	5	NDS
<i>mitomycin inj 40mg</i>	5	B/D PA NDS
<i>mitomycin inj 20mg, 5mg</i>	4	B/D PA
<i>mitoxantrone hcl</i>	3	B/D PA
NERLYNX	5	PA NDS QL(180/30)
NINLARO	5	NDS QL(3/28)

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ODOMZO	5	NDS QL(30/30)
ONCASPAR	5	B/D PA NDS
<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i>	4	B/D PA
<i>paclitaxel</i>	2	B/D PA
PORTRAZZA	5	B/D PA NDS
PROLEUKIN	5	B/D PA NDS
<i>romidepsin</i>	5	B/D PA NDS
RUBRACA	5	PA NDS QL(120/30)
RYDAPT	5	PA NDS QL(224/28)
SYLATRON	5	PA NDS QL(4/28)
SYNRIBO	5	B/D PA NDS QL(28/28)
TICE BCG	3	
TRISENOX	4	B/D PA
VELCADE	5	PA NDS QL(14/21)
VENCLEXTA STARTING PACK	5	NDS QL(84/365)
VENCLEXTA TABS 100MG	5	NDS QL(120/30)
VENCLEXTA TABS 50MG	4	QL(30/30)
VENCLEXTA TABS 10MG	4	QL(60/30)
VERZENIO	5	PA NDS QL(60/30)
<i>vinblastine sulfate</i>	2	B/D PA
<i>vincasar pfs</i>	2	B/D PA
<i>vincristine sulfate</i>	2	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	B/D PA
ZEJULA	5	PA NDS QL(90/30)
ZOLINZA	5	NDS QL(120/30)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	2	QL(60/30)
<i>letrozole</i>	2	QL(30/30)
<b>Enzyme Inhibitors</b>		
<i>etoposide inj</i>	2	B/D PA
<i>irinotecan hydrochloride</i>	4	B/D PA
KYPROLIS	5	B/D PA NDS
<i>toposar</i>	2	B/D PA
<i>topotecan hcl inj lyophilized 4mg</i>	5	B/D PA NDS
<i>topotecan hcl inj 4mg/4ml</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>topotecan hydrochloride</i>	4	B/D PA
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	NDS QL(56/28)
AFINITOR DISPERZ TBSO 5MG	5	NDS QL(112/28)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	NDS QL(28/28)
AFINITOR TABS 10MG	5	NDS QL(56/28)
ALECENSA	5	PA NDS QL(240/30)
ALIQOPA	5	PA NDS QL(3/28)
ALUNBRIG TABS 180MG, 90MG	5	PA NDS QL(30/30)
ALUNBRIG TABS 30MG	5	PA NDS QL(180/30)
ALUNBRIG TBPK	5	PA NDS QL(60/365)
BOSULIF TABS 400MG, 500MG	5	NDS QL(30/30)
BOSULIF TABS 100MG	5	NDS QL(120/30)
CABOMETYX TABS 20MG, 60MG	5	PA NDS QL(30/30)
CABOMETYX TABS 40MG	5	PA NDS QL(60/30)
CALQUENCE	5	PA NDS QL(60/30)
CAPRELSA TABS 300MG	5	NDS QL(30/30)
CAPRELSA TABS 100MG	5	NDS QL(60/30)
COMETRIQ 100MG DAILY DOSE KIT	5	PA NDS QL(56/28)
COMETRIQ 60MG DAILY DOSE KIT	5	PA NDS QL(84/28)
COMETRIQ 140MG DAILY DOSE KIT	5	PA NDS QL(112/28)
COTELLIC	5	NDS QL(63/28)
ERIVEDGE	5	NDS QL(28/28)
FARYDAK	5	NDS QL(6/21)
GILOTRIF	5	NDS QL(30/30)
IBRANCE	5	NDS QL(21/28)
ICLUSIG TABS 45MG	5	NDS QL(30/30)
ICLUSIG TABS 15MG	5	NDS QL(60/30)
IDHIFA	5	PA NDS QL(30/30)
<i>imatinib mesylate</i>	5	PA NDS QL(60/30)
IMBRUVICA CAPS 70MG	5	PA NDS QL(30/30)
IMBRUVICA CAPS 140MG	5	PA NDS QL(120/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IMBRUVICA TABS	5	PA NDS QL(30/30)
INLYTA	5	NDS QL(120/30)
IRESSA	5	NDS
JAKAFI	5	NDS QL(60/30)
LENVIMA 10 MG DAILY DOSE	5	NDS QL(30/30)
LENVIMA 12MG DAILY DOSE	5	NDS QL(90/30)
LENVIMA 14 MG DAILY DOSE	5	NDS QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	NDS QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	NDS QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	NDS QL(90/30)
LENVIMA 4 MG DAILY DOSE	5	NDS QL(30/30)
LENVIMA 8 MG DAILY DOSE	5	NDS QL(60/30)
LYNPARZA CAPS	5	NDS QL(448/28)
MEKINIST TABS 2MG	5	NDS QL(30/30)
MEKINIST TABS 0.5MG	5	NDS QL(90/30)
NEXAVAR	5	NDS QL(120/30)
SPRYCEL	5	NDS QL(30/30)
STIVARGA	5	NDS
SUTENT	5	NDS QL(28/28)
TAFINLAR	5	NDS QL(120/30)
TAGRISSO	5	NDS QL(30/30)
TARCEVA TABS 100MG, 150MG	5	NDS QL(30/30)
TARCEVA TABS 25MG	5	NDS QL(60/30)
TASIGNA CAPS 150MG, 200MG	5	NDS QL(112/28)
TASIGNA CAPS 50MG	5	NDS QL(420/30)
<i>temsirolimus</i>	5	B/D PA NDS QL(4/28)
TIBSOVO	5	PA NDS QL(60/30)
TYKERB	5	NDS QL(180/30)
VOTRIENT	5	NDS QL(120/30)
XALKORI	5	NDS QL(60/30)
ZALTRAP	5	B/D PA NDS QL(40/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZELBORAF	5	NDS QL(240/30)
ZYDELIG	5	NDS QL(60/30)
ZYKADIA	5	NDS QL(140/28)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
AVASTIN	5	PA NDS
BAVENCIO	5	B/D PA NDS
BESPONSA	5	PA NDS
CYRAMZA	5	B/D PA NDS
DARZALEX	5	B/D PA NDS
EMPLICITI	5	B/D PA NDS
ERBITUX	5	PA NDS
GAZYVA	5	B/D PA NDS
HERCEPTIN INJ 440MG	5	PA NDS
HERCEPTIN INJ 150MG	5	B/D PA NDS
IMFINZI	5	PA NDS
KADCYLA	5	B/D PA NDS
KEYTRUDA	5	B/D PA NDS
MYLOTARG	5	PA NDS
OPDIVO	5	B/D PA NDS QL(80/28)
PERJETA	5	B/D PA NDS
POTELIGEO	5	PA NDS
RITUXAN	5	PA NDS
RITUXAN HYCELA	5	PA NDS
TECENTRIQ	5	PA NDS QL(20/21)
UNITUXIN	5	B/D PA NDS
VECTIBIX	5	PA NDS
YERVOY INJ 50MG/10ML	5	PA NDS
YERVOY INJ 200MG/40ML	5	PA NDS QL(80/21)
<b>Retinoids</b>		
<i>bexarotene</i>	5	NDS
PANRETIN	5	NDS
TARGRETIN GEL	5	NDS QL(60/30)
<i>tretinoin caps</i>	5	NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	5	NDS
BILTRICIDE	4	
<i>ivermectin</i>	3	
<i>praziquantel</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSR	5	NDS QL(150/30)
ALINIA TABS	5	NDS QL(20/30)
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	QL(24/30)
DARAPRIM	5	NDS QL(90/30)
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D PA QL(6/28)
PENTAM 300	4	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	4	PA QL(42/7)
<b>Pediculicides/Scabicides</b>		
<i>crotan</i>	4	
EURAX	4	
<i>lindane</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	2	
SKLICE	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl</i>	3	
<i>entacapone</i>	4	QL(240/30)
<i>tolcapone</i>	5	NDS
<b>Dopamine Agonists</b>		
APOKYN	5	PA NDS QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bromocriptine mesylate</i>	4	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	4	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	4	QL(90/30)
<i>ropinirole er tb24 2mg, 4mg, 6mg, 8mg</i>	4	QL(30/30)
<i>ropinirole er tb24 12mg</i>	4	QL(60/30)
<i>ropinirole hcl</i>	2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	4	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/ entacapone</i>	3	
RYTARY	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate</i>	3	QL(30/30)
<i>selegiline hcl</i>	3	
ZELAPAR	5	NDS
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl</i>	4	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl conc</i>	4	
<i>fluphenazine hcl elix</i>	4	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl tabs</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine caps 10mg, 5mg</i>	2	
<i>loxapine succinate</i>	2	
<i>perphenazine</i>	4	
<i>pimozide</i>	3	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prochlorperazine edisylate</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	NDS QL(1/28)
<i>aripiprazole odt</i>	5	NDS QL(60/30)
<i>aripiprazole oral soln</i>	3	QL(900/30)
<i>aripiprazole tabs</i>	3	QL(30/30)
ARISTADA INITIO	5	NDS QL(4.8/365)
ARISTADA INJ 441MG/1.6ML	5	NDS QL(1.6/28)
ARISTADA INJ 662MG/2.4ML	5	NDS QL(2.4/28)
ARISTADA INJ 882MG/3.2ML	5	NDS QL(3.2/28)
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9/56)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	NDS QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	NDS QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	NDS QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	5	NDS QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	5	NDS QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	5	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL(1.32/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	NDS QL(30/30)
LATUDA TABS 80MG	5	NDS QL(60/30)
NUPLAZID CAPS	5	PA NDS QL(30/30)
NUPLAZID TABS 10MG	5	PA NDS QL(30/30)
NUPLAZID TABS 17MG	5	PA NDS QL(60/30)
<i>olanzapine</i>	2	QL(30/30)
<i>olanzapine</i>	2	QL(30/30)
<i>olanzapine odt</i>	3	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL(30/30)
<i>paliperidone er tb24 6mg</i>	2	QL(60/30)
<i>paliperidone er tb24 9mg</i>	5	NDS QL(30/30)
<i>quetiapine fumarate</i>	2	QL(60/30)
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL(60/30)
REXULTI	5	NDS QL(30/30)
RISPERDAL CONSTA INJ 50MG	5	NDS QL(2/28)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	4	QL(2/28)
<i>risperidone m-tab</i>	3	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	3	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	3	QL(120/30)
<i>risperidone oral soln</i>	2	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	4	QL(60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VRAYLAR CAPS	5	NDS QL(30/30) ST
VRAYLAR CPPK	4	QL(14/365) ST
<i>ziprasidone hcl</i>	3	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	NDS QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	NDS QL(2/28)

### Treatment-Resistant

<i>clozapine odt tbdp 200mg</i>	5	NDS QL(120/30)
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	
<i>clozapine odt tbdp 150mg</i>	4	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	4	QL(270/30)
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL(120/30)
<i>clozapine tabs 100mg</i>	2	QL(270/30)
VERSACLOZ	4	QL(540/30)

### Antispasticity Agents

### Antispasticity Agents

<i>baclofen tabs</i>	2	
<i>dantrolene sodium</i>	3	
<i>tizanidine hcl caps</i>	4	
<i>tizanidine hcl tabs</i>	2	

### Antivirals

### Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	5	NDS
<i>ganciclovir inj 500mg, 500mg/10ml</i>	2	B/D PA
<i>valganciclovir</i>	5	NDS
<i>valganciclovir hydrochlorde</i>	5	NDS
ZIRGAN	3	

### Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	4	QL(30/30)
BARACLUDE ORAL SOLN	4	QL(630/30)
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INTRON A INJ 6000000UNIT/ ML	4	
INTRON A INJ 10MU, 10MU/ ML, 18MU, 50MU	5	NDS
<i>lamivudine tabs 100mg</i>	2	

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

EPCLUSA	5	PA NDS QL(28/28)
HARVONI	5	PA NDS QL(28/28)
VOSEVI	5	PA NDS QL(30/30)

### Anti-hepatitis C (HCV) Agents, Other

PEGASYS INJ 180MCG/0.5ML	5	PA NDS QL(2/28)
PEGASYS INJ 180MCG/ML	5	PA NDS QL(4/28)
PEGASYS PROCLICK	5	PA NDS QL(2/28)
<i>ribavirin caps</i>	3	QL(168/28)
<i>ribavirin tabs</i>	3	QL(168/28)

### Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	5	NDS QL(30/30)
GENVOYA	5	NDS QL(30/30)
ISENTRESS CHEW 100MG	5	NDS QL(180/30)
ISENTRESS CHEW 25MG	3	QL(180/30)
ISENTRESS HD	5	NDS QL(60/30)
ISENTRESS PACK	5	NDS QL(180/30)
ISENTRESS TABS	5	NDS QL(60/30)
JULUCA	5	NDS QL(30/30)
TIVICAY TABS 25MG, 50MG	5	NDS QL(60/30)
TIVICAY TABS 10MG	4	QL(60/30)

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

COMPLERA	5	NDS QL(30/30)
EDURANT	5	NDS QL(30/30)
<i>efavirenz caps 200mg</i>	3	QL(60/30)
<i>efavirenz caps 50mg</i>	3	QL(90/30)
<i>efavirenz tabs</i>	5	NDS QL(30/30)
INTELENCE TABS 100MG, 200MG	5	NDS QL(60/30)
INTELENCE TABS 25MG	4	QL(120/30)
<i>nevirapine er tb24 400mg</i>	3	QL(30/30)
<i>nevirapine er tb24 100mg</i>	3	QL(90/30)
<i>nevirapine tabs</i>	2	QL(60/30)
ODEFSEY	5	NDS QL(30/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RESCRIPTOR TABS 200MG	4	QL(180/30)
RESCRIPTOR TABS 100MG	4	QL(270/30)
STRIBILD	5	NDS QL(30/30)
SYMFI	5	NDS QL(30/30)
SYMFI LO	5	NDS QL(30/30)
VIRAMUNE SUSP	4	QL(1200/30)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral soln</i>	3	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NDS QL(60/30)
<i>abacavir tabs</i>	2	QL(60/30)
<i>abacavir/lamivudine</i>	5	NDS QL(30/30)
CIMDUO	5	NDS QL(30/30)
DESCOVY	5	NDS QL(30/30)
<i>didanosine</i>	3	QL(30/30)
EMTRIVA CAPS	4	QL(30/30)
EMTRIVA ORAL SOLN	4	QL(680/28)
<i>lamivudine oral soln</i>	2	QL(900/30)
<i>lamivudine tabs 300mg</i>	2	QL(30/30)
<i>lamivudine tabs 150mg</i>	2	QL(60/30)
<i>lamivudine/zidovudine</i>	2	QL(60/30)
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	QL(60/30)
<i>tenofovir disoproxil fumarate</i>	5	NDS QL(30/30)
TRIUMEQ	5	NDS QL(30/30)
TRUVADA	5	NDS QL(30/30)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	QL(1200/30)
VIREAD POWD	5	NDS QL(240/30)
VIREAD TABS 150MG, 200MG, 250MG	5	NDS QL(30/30)
ZERIT ORAL SOLN	4	QL(2400/30)
<i>zidovudine caps</i>	2	QL(180/30)
<i>zidovudine syrp</i>	2	QL(1680/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zidovudine tabs</i>	2	QL(60/30)
<b>Anti-HIV Agents, Other</b>		
ATRIPLA	5	NDS QL(30/30)
FUZEON	5	NDS QL(60/30)
SELZENTRY ORAL SOLN	5	NDS QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	NDS QL(60/30)
SELZENTRY TABS 300MG	5	NDS QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
TROGARZO	5	B/D PA NDS
TYBOST	3	QL(30/30)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS	5	NDS QL(120/30)
APTIVUS ORAL SOLN	5	NDS QL(285/28)
<i>atazanavir caps 300mg</i>	5	NDS QL(30/30)
<i>atazanavir caps 200mg</i>	5	NDS QL(60/30)
<i>atazanavir sulfate caps 300mg</i>	5	NDS QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	5	NDS QL(60/30)
<i>atazanavir sulfate caps 150mg</i>	4	QL(30/30)
CRIXIVAN CAPS 400MG	4	QL(180/30)
CRIXIVAN CAPS 200MG	4	QL(270/30)
EVOTAZ	5	NDS QL(30/30)
<i>fosamprenavir calcium</i>	5	NDS QL(120/30)
INVIRASE CAPS	5	NDS QL(300/30)
INVIRASE TABS	5	NDS QL(120/30)
KALETRA TABS 200MG; 50MG	5	NDS QL(120/30)
KALETRA TABS 100MG; 25MG	4	QL(300/30)
LEXIVA SUSP	4	QL(1575/28)
<i>lopinavir/ritonavir</i>	4	QL(480/30)
NORVIR CAPS	4	QL(360/30)
NORVIR ORAL SOLN	4	QL(480/30)
NORVIR PACK	4	QL(360/30)
NORVIR TABS	4	QL(360/30)

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PREZCOBIX	5	NDS QL(30/30)
PREZISTA SUSP	5	NDS QL(400/30)
PREZISTA TABS 800MG	5	NDS QL(30/30)
PREZISTA TABS 600MG	5	NDS QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	3	QL(210/30)
REYATAZ PACK	5	NDS QL(180/30)
<i>ritonavir</i>	4	QL(360/30)
SYMTUZA	5	NDS QL(30/30)
VIRACEPT TABS 625MG	5	NDS QL(120/30)
VIRACEPT TABS 250MG	5	NDS QL(270/30)
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate</i>	3	
<i>rimantadine hcl</i>	2	
<b>Antitherpetic Agents</b>		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	4	QL(30/30)
<i>acyclovir sodium</i>	2	B/D PA
<i>acyclovir susp</i>	4	
<i>acyclovir tabs</i>	2	
<i>famciclovir</i>	3	QL(60/30)
<i>trifluridine</i>	3	
<i>valacyclovir hcl tabs 1gm</i>	2	QL(30/30)
<i>valacyclovir hydrochloride</i>	2	QL(30/30)
ZOVIRAX CREA	5	NDS QL(5/30)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl</i>	2	
<i>doxepin hcl</i>	3	PA
<b>Benzodiazepines</b>		
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	3	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	3	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clorazepate dipotassium tabs 15mg</i>	3	QL(180/30)
<i>diazepam conc</i>	2	QL(240/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL(240/30)
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	2	QL(150/30)
<i>lorazepam inj</i>	2	
<i>lorazepam intensol</i>	2	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>oxazepam</i>	2	QL(120/30)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
LITHIUM	3	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	QL(90/30)
AVANDIA	4	QL(60/30) ST
BYDUREON	4	QL(4/28)
BYDUREON BCISE	4	QL(4/28)
BYDUREON PEN	4	QL(4/28)
FARXIGA	3	QL(30/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	1	QL(60/30)
<i>glipizide er tb24 5mg</i>	1	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	1	QL(240/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 10mg</i>	1	QL(60/30)
<i>glipizide xl tb24 5mg</i>	1	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	1	QL(240/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
GLYXAMBI	3	QL(30/30)
INVOKAMET	4	QL(60/30)
INVOKAMET XR	4	QL(60/30)
INVOKANA	4	QL(30/30)
JANUMET	3	QL(60/30)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JARDIANCE	3	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
<i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hydrochloride oral soln</i>	3	QL(750/30)
<i>metformin hydrochloride tabs 500mg</i>	1	QL(150/30)
<i>miglitol</i>	4	QL(90/30)
<i>nateglinide</i>	2	QL(90/30)
OZEMPIC	3	QL(3/28)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	3	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL(120/30)
<i>repaglinide tabs 2mg</i>	2	QL(240/30)
RIOMET	3	QL(750/30)
SYMLINPEN 120	4	QL(10.8/28)
SYMLINPEN 60	4	QL(6/30)
SYNJARDY	3	QL(60/30)
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	3	QL(30/30)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60/30)
TRADJENTA	3	QL(30/30)
TRULICITY	3	QL(2/28)
VICTOZA	3	QL(9/30)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG	3	QL(30/30)
XIGDUO XR TB24 5MG; 1000MG	3	QL(60/30)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
<b>Insulins</b>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	4	ST
NOVOLIN 70/30 RELION	4	ST
NOVOLIN N	4	ST
NOVOLIN N RELION	4	ST
NOVOLIN R	4	ST
NOVOLIN R INNOLET	4	ST
NOVOLIN R RELION	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST
NOVOLOG PENFILL	4	ST
SOLIQUA 100/33	3	QL(18/30) ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST

### Blood Products/Modifiers/Volume Expanders

#### Anticoagulants

COUMADIN	4	
ELIQUIS STARTER PACK	3	QL(74/30)
ELIQUIS TABS 2.5MG	3	QL(60/30)
ELIQUIS TABS 5MG	3	QL(74/30)
<i>enoxaparin sodium</i>	3	
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	NDS QL(12/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	NDS QL(18/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	NDS QL(24/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL(6/30) ST
FRAGMIN INJ 7500UNIT/0.3ML	5	NDS QL(9/30) ST
FRAGMIN INJ 12500UNIT/0.5ML	5	NDS QL(15/30) ST
FRAGMIN INJ 15000UNIT/0.6ML	5	NDS QL(18/30) ST
FRAGMIN INJ 18000UNIT/0.72ML	5	NDS QL(21.6/30) ST
FRAGMIN INJ 95000UNIT/3.8ML	5	NDS QL(22.8/30) ST
FRAGMIN INJ 10000UNIT/ML	5	NDS QL(30/30) ST
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/ DEXTROSE	4	
<i>heparin sodium/nacl 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>jantoven</i>	2	
PRADAXA	4	QL(60/30)
<i>warfarin sodium</i>	2	
XARELTO STARTER PACK	3	QL(102/365)
XARELTO TABS 10MG, 20MG	3	QL(30/30)
XARELTO TABS 15MG	3	QL(60/30)
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA NDS QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA NDS QL(1.2/28)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA NDS QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA NDS QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA NDS QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA NDS QL(4/28)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	4	PA QL(4/28)
LEUKINE INJ 250MCG	5	PA NDS
MOZOBIL	5	NDS QL(9.6/30)
PROCRIT INJ 40000UNIT/ML	5	PA NDS QL(6/28)
PROCRIT INJ 20000UNIT/ML	5	PA NDS QL(12/28)
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(12/28)
PROMACTA	5	PA NDS QL(30/30)
ZARXIO	5	NDS
<b>Hemostasis Agents</b>		
<i>aminocaproic acid</i>	2	
RETACRIT INJ 40000UNIT/ML	5	PA NDS QL(6/28)
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(12/28)
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	3	QL(30/28)
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	3	QL(60/30)
BRILINTA	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(2/365)
<i>clopidogrel tabs 75mg</i>	2	QL(30/30)
<i>prasugrel</i>	4	QL(30/30)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	2	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	QL(8/28)
<i>clonidine hcl tabs</i>	1	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	2	QL(60/30)
<i>phenoxybenzamine hydrochloride</i>	5	NDS
<i>prazosin hcl</i>	2	
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl caps 10mg</i>	2	QL(60/30)
<b>Angiotensin II Receptor Antagonists</b>		
EDARBI	4	QL(30/30) ST
EDARBYCLOR	4	ST
ENTRESTO	3	PA QL(60/30)
<i>irbesartan</i>	1	QL(30/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>losartan potassium tabs 100mg</i>	1	QL(30/30)
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL(60/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olmesartan medoxomil</i>	4	QL(30/30)
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	4	QL(30/30)
<i>telmisartan</i>	1	QL(30/30)
<i>valsartan</i>	1	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	1	QL(30/30)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl</i>	1	QL(60/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	QL(30/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	QL(60/30)
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/ hydrochlorothiazide</i>	1	
<i>enalaprilat</i>	2	
<i>fosinopril sodium</i>	1	QL(60/30)
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</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>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	2	QL(60/30)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hcl tabs</i>	2	
<i>amiodarone hydrochloride inj</i>	2	
<i>dofetilide</i>	4	QL(60/30)
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>procainamide hcl</i>	2	
<i>procainamide hydrochloride inj 100mg/ml</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er cp12 225mg, 325mg</i>	4	
<i>propafenone hydrochloride er cp12 425mg</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl af</i>	2	
<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	2	
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	
<i>sotalol hydrochloride af tabs 160mg</i>	2	
<i>sotalol hydrochloride tabs 120mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	2	



## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
CARDENE IV	4	
<i>cartia xt</i>	2	
<i>dilt-cd cp24 180mg, 240mg</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd cp24 180mg</i>	2	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	2	
<i>diltiazem hcl er tb24</i>	2	
<i>felodipine er</i>	1	QL(60/30)
<i>isradipine</i>	3	
<i>matzim la</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifedipine er tb24 90mg</i>	2	QL(30/30)
<i>nifedipine er tb24 30mg, 60mg</i>	2	QL(60/30)
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	QL(30/30)
<i>verapamil hcl er cp24 200mg</i>	2	QL(60/30)
<i>verapamil hcl er tbcr</i>	2	
<i>verapamil hcl inj</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	QL(30/30)
VERAPAMIL HCL SR CP24 360MG	3	QL(30/30)
<i>verapamil hcl tabs</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>atropine sulfate inj 0.5mg/5ml</i>	4	
CORLANOR	4	PA QL(60/30)
DEMSEER	3	
<i>digitek tabs 0.125mg</i>	2	QL(30/30)
<i>digitek tabs 0.25mg</i>	2	PA

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<i>digox tabs 125mcg</i>	2	QL(30/30)
<i>digox tabs 250mcg</i>	2	PA
<i>digoxin inj</i>	2	PA
DIGOXIN ORAL SOLN	3	PA QL(150/30)
<i>digoxin tabs 125mcg</i>	2	QL(30/30)
<i>digoxin tabs 250mcg</i>	2	PA
LANOXIN TABS 62.5MCG	4	QL(30/30)
LANOXIN TABS 187.5MCG	4	PA QL(30/30)
NORTHERA CAPS 100MG	5	PA NDS QL(90/30)
NORTHERA CAPS 200MG, 300MG	5	PA NDS QL(180/30)
<i>pentoxifylline er</i>	2	
RANEXA	3	QL(60/30)
TEKTURNA	4	QL(30/30)
TEKTURNA HCT	4	QL(30/30)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>Diuretics, Loop</b>		
<i>bumetanide</i>	2	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>toremide</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide caps</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	QL(120/30)
PRALUENT	5	PA NDS
<i>prevalite</i>	2	
REPATHA	5	PA NDS
REPATHA PUSHTRONEX SYSTEM	5	PA NDS
REPATHA SURECLICK	5	PA NDS
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl inj</i>	4	
<i>hydralazine hcl tabs</i>	2	
<i>minoxidil</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	4	QL(180/30)
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	QL(30/30)
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin inj</i>	4	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin subl</i>	2	
<i>nitroglycerin transdermal</i>	2	QL(30/30)
RECTIV	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/ dextroamphetamine cp24</i> 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	3	QL(30/30)
<i>amphetamine/ dextroamphetamine cp24</i> 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg	3	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs</i> 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs</i> 5mg; 5mg; 5mg	2	QL(90/30)
<i>dextroamphetamine sulfate er cp24</i> 5mg	3	QL(60/30)
<i>dextroamphetamine sulfate er cp24</i> 10mg	3	QL(90/30)
<i>dextroamphetamine sulfate er cp24</i> 15mg	3	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	3	QL(1800/30)
<i>dextroamphetamine sulfate tabs</i> 5mg	3	QL(60/30)
<i>dextroamphetamine sulfate tabs</i> 10mg	3	QL(180/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
<i>clonidine hcl er</i>	4	QL(120/30)
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	4	QL(90/30)
<i>methylphenidate hydrochloride cd</i>	4	QL(30/30)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	3	QL(90/30)
<i>methylphenidate hydrochloride chew 10mg</i>	3	QL(180/30)
<i>methylphenidate hydrochloride er cp24 20mg, 30mg, 40mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL(60/30)
<i>methylphenidate hydrochloride er tb24 18mg</i>	4	QL(120/30)
<i>methylphenidate hydrochloride er tbc 10mg, 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er tbc 36mg</i>	4	QL(60/30)
<i>methylphenidate hydrochloride er tbc 20mg</i>	4	QL(90/30)
<i>methylphenidate hydrochloride er tbc 18mg</i>	4	QL(120/30)
<i>methylphenidate hydrochloride oral soln</i>	3	QL(900/30)
<i>methylphenidate hydrochloride tabs</i>	3	QL(90/30)
<b>Central Nervous System, Other</b>		
HETLIOZ	5	PA NDS QL(30/30)
HORIZANT	4	
LYRICA CR TB24 330MG	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYRICA CR TB24 165MG, 82.5MG	3	QL(90/30)
NUEDEXTA	4	PA QL(60/30)
<i>riluzole</i>	2	
<i>tetrabenazine tabs 12.5mg</i>	5	NDS QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	NDS QL(120/30)
<b>Fibromyalgia Agents</b>		
SAVELLA	4	QL(60/30)
SAVELLA TITRATION PACK	4	QL(110/365)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	PA NDS QL(60/30)
AVONEX	5	PA NDS QL(4/28)
AVONEX PEN	5	PA NDS QL(4/28)
COPAXONE INJ 40MG/ML	5	PA NDS QL(12/28)
COPAXONE INJ 20MG/ML	5	PA NDS QL(30/30)
EXTAVIA	5	PA NDS QL(15/30)
TECFIDERA CPDR 120MG	5	PA NDS QL(14/30)
TECFIDERA CPDR 240MG	5	PA NDS QL(60/30)
TECFIDERA STARTER PACK	5	PA NDS QL(120/365)
TYSABRI	5	PA NDS QL(15/28)
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/throat soln</i>	2	
<i>dentagel</i>	2	
KEPIVANCE	5	NDS
<i>oralone dental paste</i>	3	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>phos-flur</i>	2	
<i>pilocarpine hcl tabs</i>	3	
<i>pilocarpine hydrochloride</i>	3	
<i>sf</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin</i>	4	
<i>adapalene crea</i>	3	
<i>adapalene gel</i>	3	
<i>adapalene lotn</i>	3	
<i>ammonium lactate</i>	2	
<i>amnesteem</i>	4	
AZELEX	3	
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	4	QL(60/30)
<i>calcipotriene oint</i>	3	QL(120/30)
<i>calcitrene</i>	4	QL(120/30)
<i>claravis</i>	4	
<i>clindamycin phosphate/tretinoin</i>	4	
CONDYLOX	4	
CURITY GAUZE PADS 2"X2"	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000/30)
<i>diclofenac sodium gel 3%</i>	5	NDS QL(100/30)
<i>doxycycline cpdr</i>	4	
DRITHO-CREME HP	3	
ELIDEL	4	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA	4	
<i>fluorouracil crea 5%</i>	3	
<i>fluorouracil crea 0.5%</i>	5	NDS
<i>fluorouracil external soln</i>	2	
GORDONS UREA OINT 40%	4	
<i>imiquimod</i>	3	QL(12/30)
<i>isotretinoin</i>	4	
LEVULAN KERASTICK	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methoxsalen</i>	4	
<i>myorisan</i>	4	
ORACEA	4	
PICATO GEL 0.05%	4	QL(2/56)
PICATO GEL 0.015%	4	QL(3/56)
<i>podocon 25 in benzoin tincture</i>	2	
<i>podofilox</i>	2	
REGRANEX	5	PA NDS QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	2	
<i>selenium sulfide sham 2.25%</i>	2	
<i>tazarotene</i>	4	
TAZORAC CREA	4	
TAZORAC GEL	4	QL(100/30)
TOLAK	4	
<i>tretinoin crea</i>	4	PA QL(45/30)
<i>tretinoin gel 0.025%</i>	4	PA
<i>tretinoin gel 0.05%</i>	4	PA QL(45/30)
<i>tretinoin gel 0.01%</i>	3	PA QL(45/30)
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
<i>zenatane</i>	4	

### Electrolytes/Minerals/Metals/Vitamins

#### Electrolyte/Mineral Replacement

AMINOSYN 7%/ ELECTROLYTES	3	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	3	B/D PA

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AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	3	B/D PA
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D PA
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D PA

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	3	B/D PA
CLINIMIX N9G15E	3	B/D PA
CLINISOL SF 15%	3	B/D PA
<i>clinpro 5000</i>	2	
<i>cytra k crystals</i>	2	
<i>denta 5000 plus</i>	2	
DEXTROSE10%/NACL 0.45%	3	B/D PA
DEXTROSE5% / ELECTROLYTE #48 VIAFLEX	3	B/D PA
<i>dextrose 10%</i>	4	B/D PA
DEXTROSE 10%/NACL 0.2%	3	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	3	B/D PA
<i>dextrose 20%</i>	4	B/D PA
<i>dextrose 25%</i>	4	B/D PA
<i>dextrose 30%</i>	4	B/D PA
<i>dextrose 40%</i>	4	B/D PA
<i>dextrose 5%</i>	2	
DEXTROSE 5%/LACTATED RINGERS	3	B/D PA
DEXTROSE 5%/NACL 0.2%	3	
DEXTROSE 5%/NACL 0.225%	3	B/D PA
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>dextrose 50%</i>	4	B/D PA
<i>dextrose 70%</i>	4	
<i>effer-k tbf 25meq</i>	2	
<i>effervescent pot chloride</i>	2	
<i>effervescent potassium</i>	2	
<i>fluoride</i>	2	
<i>fluoritab chew 0.5mg, 1mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoritab oral soln</i>	2	
<i>flura-drops</i>	2	
FREAMINE HBC 6.9%	3	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D PA
HEPATAMINE	3	B/D PA
<i>hyperlyte-cr</i>	2	B/D PA
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D PA
ISOLYTE-S PH 7.4	3	B/D PA
<i>k-effervescent</i>	2	
K-PHOS	3	
K-PHOS NO 2	3	
K-TAB	3	
<i>k-vescent tbf</i>	2	
KABIVEN	4	B/D PA
KCL 0.075%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/NACL 0.2%	3	B/D PA
KCL 0.15%/D5W/NACL 0.225%	3	B/D PA
KCL 0.15%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/NACL 0.9%	3	B/D PA
KCL 0.3%/D5W/NACL 0.45%	3	B/D PA
KCL 0.3%/D5W/NACL 0.9%	3	B/D PA
<i>klor-con</i>	2	
<i>klor-con 10</i>	3	
<i>klor-con 8</i>	3	

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<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	3	
LACTATED RINGERS VIAFLEX	3	
<i>ludent</i>	2	
<i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	4	B/D PA
NEPHRAMINE	3	B/D PA
NORMOSOL -R	3	B/D PA
NORMOSOL-M IN D5W	3	B/D PA
NORMOSOL-R	3	B/D PA
NORMOSOL-R IN D5W	3	B/D PA
PERIKABIVEN	4	B/D PA
PLASMA-LYTE A	3	B/D PA
PLASMA-LYTE-148	3	B/D PA
PLENAMINE	3	B/D PA
<i>potassium chloride cr</i>	2	
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 2MEQ/ML, 40MEQ/100ML	4	B/D PA
<i>potassium chloride inj 2meq/ml</i>	4	B/D PA
<i>potassium chloride oral soln</i>	3	
<i>potassium chloride sr</i>	2	
POTASSIUM CHLORIDE/ DEXTROSE INJ 5%; 20MEQ/L, 5%; 40MEQ/L	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJ 20MEQ/L; 0.45%, 20MEQ/L; 0.9%, 40MEQ/L; 0.9%	3	B/D PA
<i>potassium citrate er</i>	3	
<i>potassium citrate/citric acid</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D PA
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	3	B/D PA
PROCALAMINE	3	B/D PA
PROSOL	4	B/D PA
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	3	
<i>sf 5000 plus</i>	2	
<i>sodium bicarbonate inj</i>	2	B/D PA
<i>sodium bicarbonate partial fill</i>	2	B/D PA
SODIUM CHLORIDE 0.45%	4	
SODIUM CHLORIDE INJ 0.9%, 2.5MEQ/ML, 3%, 5%	4	
<i>sodium citrate/citric acid</i>	2	
<i>sodium fluoride chew 0.5mg, 1mg</i>	2	
<i>sodium fluoride oral soln</i>	2	
SODIUM LACTATE INJ 5MEQ/ ML	3	B/D PA
TPN ELECTROLYTES	4	B/D PA



## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	2	
<i>sps</i>	2	
SYPRINE	5	NDS
<i>trientine hydrochloride</i>	5	NDS
VELTASSA	3	
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
<i>sevelamer carbonate pack</i>	4	QL(180/30)
<i>sevelamer carbonate tabs</i>	4	QL(540/30)
VELPHORO	4	QL(180/30)
<b>Vitamins</b>		
<i>multi-vitamin/fluoride drops</i>	2	
<i>multivitamin with fluoride chew</i>	2	
<i>multivitamin with fluoride oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ ml; 5unit/ml; 1500unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ ml; 5unit/ml</i>	2	
<i>multivitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.5mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1mg; 1.05mg; 15unit; 2500unit</i>	2	
<i>multivitamin/fluoride oral soln</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>multivitamin/fluoride/iron</i>	2	
<i>multivitamins/fluoride</i>	2	
<i>mvc-fluoride</i>	2	
<i>tl-fluorivite</i>	2	
<i>tri-vitamin/fluoride</i>	2	
<i>vitamins a/c/d/fluoride</i>	2	
VP-PNV-DHA	3	

### Gastrointestinal Agents

#### Antispasmodics, Gastrointestinal

<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.4mg/ml, 1mg/ml</i>	2	
<i>atropine sulfate inj 0.25mg/5ml</i>	4	
<i>dicyclomine hcl caps</i>	2	
<i>dicyclomine hcl oral soln</i>	3	
<i>dicyclomine hydrochloride tabs</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs</i>	2	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate sublingual</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	3	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	4	

#### Gastrointestinal Agents, Other

CHENODAL	5	NDS
<i>cromolyn sodium conc</i>	4	
<i>diphenoxylate/atropine liqd</i>	3	
<i>diphenoxylate/atropine tabs</i>	2	
GATTEX	5	PA NDS
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl</i>	2	
OSMOPREP	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RELISTOR INJ 8MG/0.4ML	5	PA NDS QL(11.2/28)
RELISTOR INJ 12MG/0.6ML	5	PA NDS QL(16.8/28)
TRULANCE	4	QL(30/30)
<i>ursodiol</i>	3	

### Histamine2 (H2) Receptor Antagonists

<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl</i>	2	
<i>ranitidine hydrochloride inj</i>	2	

### Irritable Bowel Syndrome Agents

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

### Laxatives

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/Flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose oral soln</i>	2	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>pegylax</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polyethylene glycol 3350</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL(60/30) ST
<i>esomeprazole magnesium</i>	3	QL(60/30)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	3	QL(60/30)
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN	5	NDS
ALDURAZYME	5	NDS
CEREZYME	5	B/D PA NDS
CREON	3	
CYSTADANE	5	NDS
CYSTAGON	4	
ELAPRASE	5	NDS
ELELYSO	5	NDS
FABRAZYME	5	B/D PA NDS
KUVAN	5	PA NDS
LUMIZYME	5	NDS
<i>miglustat</i>	5	NDS QL(90/30)
NAGLAZYME	5	NDS
ORFADIN	5	NDS
RAVICTI	5	PA NDS QL(525/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium phenylbutyrate</i>	5	PA NDS
XIAFLEX	5	PA NDS
ZENPEP	3	

### Genitourinary Agents

#### Antispasmodics, Urinary

<i>flavoxate hcl</i>	2	
GELNIQUE	4	QL(30/30)
GELNIQUE PUMP	4	QL(30/30)
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 5mg</i>	2	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL(60/30)
<i>oxybutynin chloride syrup</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>tolterodine tartrate</i>	3	QL(60/30)
<i>tolterodine tartrate er</i>	4	QL(30/30)
<i>tropium chloride</i>	2	QL(60/30)
<i>tropium chloride er</i>	3	QL(30/30)
VESICARE	4	QL(30/30)

#### Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2	QL(30/30)
<i>dutasteride</i>	2	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL(30/30)
<i>finasteride tabs 5mg</i>	2	QL(30/30)
<i>tamsulosin hcl</i>	2	QL(60/30)

#### Genitourinary Agents, Other

<i>acetic acid 0.25%</i>	3	
<i>bethanechol chloride</i>	2	
ELMIRON	4	
LITHOSTAT	4	

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<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ala-cort crea 1%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate crea</i>	2	
<i>betamethasone valerate lotn</i>	2	
<i>betamethasone valerate oint</i>	2	
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate external soln</i>	2	
<i>clobetasol propionate foam</i>	4	
<i>clobetasol propionate gel</i>	2	
<i>clobetasol propionate liqd</i>	4	
<i>clobetasol propionate lotn</i>	2	
<i>clobetasol propionate oint</i>	2	
<i>clobetasol propionate sham</i>	4	
<i>clocortolone pivalate</i>	2	
<i>clocortolone pivalate pump</i>	2	
<i>clodan</i>	4	
CORDRAN TAPE	4	
CORTIFOAM	5	NDS
<i>cortisone acetate</i>	3	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	4	
<i>desonide</i>	3	
<i>desoximetasone crea</i>	4	
<i>desoximetasone gel</i>	4	
<i>desoximetasone oint</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinonide crea 0.1%</i>	4	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide external soln</i>	3	
<i>fluocinonide gel</i>	2	
<i>fluocinonide oint</i>	3	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate lotn</i>	2	
<i>fluticasone propionate oint</i>	2	
<i>halobetasol propionate</i>	3	
<i>hydrocortisone butyrate crea</i>	4	
<i>hydrocortisone butyrate external soln</i>	3	
<i>hydrocortisone butyrate oint</i>	3	
<i>hydrocortisone external crea</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone rectal crea</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	3	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PANDEL	3	
<i>prednicarbate</i>	2	
<i>prednisolone</i>	3	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
SOLU-CORTEF	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 2GM	3	HI
TEXACORT	3	
<i>triamcinolone acetonide aers</i>	4	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm crea 0.1%</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate nasal soln</i>	4	QL(15/30)
<i>desmopressin acetate tabs</i>	2	
EGRIFTA	5	PA NDS QL(60/30)
GENOTROPIN	5	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
H.P. ACTHAR	5	PA NDS QL(5/5)
INCRELEX	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	5	PA NDS
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)
<i>oxandrolone tabs 10mg</i>	4	PA QL(60/30)
<b>Androgens</b>		
<i>danazol</i>	4	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	QL(5/30)
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL(300/30)
<i>testosterone pump</i>	3	QL(300/30)
<b>Estrogens</b>		
ALORA	4	PA QL(8/28)
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	PA
<i>amethia</i>	2	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
ANGELIQ	4	PA
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL(91/91)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	

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<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL(91/91)
<i>camrese lo</i>	2	QL(91/91)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA QL(4/28)
COMBIPATCH	4	PA QL(8/28)
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>daysee</i>	2	QL(91/91)
<i>delyla</i>	2	
DEPO-ESTRADIOL	3	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL	4	QL(30/30)
<i>drospirenone/ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol crea</i>	3	
<i>estradiol pttw</i>	2	PA QL(8/28)
<i>estradiol ptwk</i>	2	PA QL(4/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	2	PA
<i>estradiol tabs 10mcg</i>	4	QL(18/28)
<i>estradiol/norethindrone acetate</i>	2	PA
ESTRING	4	QL(1/90)
<i>estropipate</i>	2	PA
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>fyavolv</i>	2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gianvi</i>	2	
<i>introvale</i>	2	QL(91/91)
<i>isibloom</i>	2	
<i>jevantique lo</i>	2	PA
<i>jinteli</i>	2	PA
<i>jolessa</i>	2	QL(91/91)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	4	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	4	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL(91/91)
<i>levora 0.15/30-28</i>	2	
<i>lopreeza</i>	2	PA
<i>loryna</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>low-ogestrel</i>	2	
<i>luta</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	4	PA
MENOSTAR	4	PA QL(4/28)
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	PA
<i>mimvey lo</i>	2	PA
<i>mono-linyah</i>	2	
MONONESSA	4	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 7/7/7</i>	3	
<i>nikki</i>	2	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	4	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NUVARING	4	QL(1/28)
<i>ocella</i>	2	
<i>ogestrel</i>	3	
<i>orsythia</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	PA
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMARIN TABS	4	PA QL(30/30)
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	2	QL(91/91)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	3	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	QL(3/28)
<i>yuvaferm</i>	4	QL(18/28)
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
<b>Progesterone Agonists/Antagonists</b>		
MAKENA	5	PA NDS
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	3	QL(10/28)
DEPO-SUBQ PROVERA 104	3	QL(0.65/90)
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	PA NDS
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>jolivette</i>	3	
<i>lyza</i>	2	
MAKENA	5	PA NDS
<i>medroxyprogesterone acetate inj</i>	2	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	2	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>megestrol acetate tabs</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>progesterone</i>	2	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	4	PA QL(30/30)
<i>raloxifene hydrochloride</i>	2	QL(30/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium inj</i>	5	NDS
<i>levothyroxine sodium tabs</i>	2	
LEVOXYL	3	
<i>liothyronine sodium</i>	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	5	NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	3	QL(16/28)
ELIGARD INJ 30MG	4	PA QL(1/120)
ELIGARD INJ 45MG	4	PA QL(1/180)
ELIGARD INJ 7.5MG	4	PA QL(1/30)
ELIGARD INJ 22.5MG	4	PA QL(1/90)
FIRMAGON INJ 80MG	4	B/D PA QL(1/28)
FIRMAGON INJ 120MG	5	B/D PA NDS QL(4/365)
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA NDS QL(1/30)
LUPRON DEPOT (3-MONTH)	5	PA QL(1/84)
LUPRON DEPOT (4-MONTH)	5	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	5	PA QL(1/168)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUPRON DEPOT-PED (1-MONTH)	5	PA NDS QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	5	PA QL(1/84)
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA NDS
SIGNIFOR	5	NDS QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA NDS QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA NDS QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NDS QL(0.5/28)
SOMAVERT	5	NDS QL(30/30)
SYNAREL	5	PA NDS
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA NDS QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)
TRIPTODUR	5	PA NDS QL(1/168)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	3	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT	5	PA NDS
CINRYZE	5	PA NDS QL(20/30)
FIRAZYR	5	PA NDS QL(18/30)
KALBITOR	5	PA NDS
RUCONEST	5	PA NDS QL(8/30)
<b>Immune Suppressants</b>		
ASTAGRAF XL	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>azathioprine</i>	2	PA
CELLCEPT TABS	5	PA NDS
<i>cyclosporine caps</i>	4	PA
<i>cyclosporine inj</i>	2	PA
<i>cyclosporine modified caps</i>	3	PA
<i>cyclosporine modified oral soln</i>	4	PA
ENBREL INJ 25MG/0.5ML	5	PA NDS QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	5	PA NDS QL(8/28)
ENBREL MINI	5	PA NDS QL(8/28)
ENBREL SURECLICK	5	PA NDS QL(8/28)
ENVARUSUS XR TB24 4MG	5	PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	4	PA
<i>gengraf</i>	3	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	PA NDS QL(2/28)
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	PA NDS QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH)	5	PA NDS QL(4/365)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK)	5	PA NDS QL(6/365)
HUMIRA PEN	5	PA NDS QL(4/28)
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA NDS QL(6/365)
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA NDS QL(12/365)
HUMIRA PEN-PS/UV STARTER INJ	5	PA NDS QL(6/365)
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA NDS QL(8/365)
<i>methotrexate sodium</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps</i>	2	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA NDS
<i>mycophenolate mofetil tabs</i>	2	PA
<i>mycophenolic acid dr</i>	3	PA
NEORAL	4	PA
NULOJIX	5	PA NDS QL(150/30)
ORENCIA INJ 250MG	5	PA NDS
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA NDS
RENFLEXIS	5	PA NDS
SANDIMMUNE CAPS 100MG	5	PA NDS
SANDIMMUNE CAPS 25MG	4	PA
SANDIMMUNE INJ	4	PA
SANDIMMUNE ORAL SOLN	4	PA
<i>sirolimus</i>	4	PA
<i>tacrolimus caps</i>	2	PA
TORISEL	5	B/D PA NDS QL(4/28)
XATMEP	4	PA
ZORTRESS TABS 0.25MG	4	PA QL(60/30)
ZORTRESS TABS 0.75MG	5	PA NDS QL(60/30)
ZORTRESS TABS 0.5MG	5	PA NDS QL(120/30)
<b>Immunizing Agents, Passive</b>		
ATGAM	5	PA NDS
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	5	B/D PA NDS
GAMMAKED INJ 1GM/10ML	3	B/D PA
GAMUNEX-C INJ 1GM/10ML	4	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D PA NDS
THYMOGLOBULIN	3	B/D PA
<b>Immunomodulators</b>		
ACTEMRA INJ 162MG/0.9ML	5	PA NDS QL(3.6/28)
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA NDS QL(40/28)
ACTIMMUNE	5	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARCALYST	5	PA NDS
BENLYSTA INJ 400MG	5	PA NDS QL(9/28)
BENLYSTA INJ 120MG	5	PA NDS QL(30/28)
<i>leflunomide</i>	3	QL(30/30)
RIDAURA	4	
SIMULECT	5	B/D PA NDS
SYNAGIS	5	PA NDS
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	QL(0.5/365)
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	QL(0.5/365)
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	3	B/D PA QL(8/365)
GARDASIL 9	3	QL(1.5/365)
HAVRIX	3	
HEPLISAV-B	3	B/D PA QL(3/365)
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D PA
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	QL(2/365)
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	QL(2/365)
QUADRACEL	3	
RABAVERT	3	B/D PA
RECOMBIVAX HB	3	B/D PA QL(3/365)
ROTARIX	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROTATEQ	3	
SHINGRIX	3	QL(2/999)
STAMARIL	3	QL(1/999)
TENIVAC	3	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	QL(1/365)
VARIZIG	4	QL(12/30)
VAXCHORA	3	
YF-VAX	3	
ZOSTAVAX	3	QL(1/999)

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	4	
CANASA	5	NDS QL(30/30)
<i>mesalamine</i>	4	
<i>mesalamine dr tbec 1.2gm</i>	4	QL(120/30)

#### Glucocorticoids

<i>budesonide cpep</i>	4	
<i>colocort</i>	3	
<i>hydrocortisone enem</i>	3	

#### Sulfonamides

<i>sulfasalazine</i>	2	
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### Metabolic Bone Disease Agents

#### Metabolic Bone Disease Agents

<i>alendronate sodium oral soln</i>	2	QL(300/28)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	2	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	4	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	4	QL(120/30)
<i>doxercalciferol caps 1mcg</i>	4	QL(240/30)
<i>etidronate disodium</i>	2	
FORTEO	5	PA NDS QL(2.4/28)
<i>ibandronate sodium inj</i>	3	QL(3/90)
<i>ibandronate sodium tabs</i>	1	QL(1/28)
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	B/D PA
<i>paricalcitol caps 4mcg</i>	3	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	3	QL(90/30)
<i>paricalcitol inj</i>	4	
PROLIA	4	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	3	QL(1/30)
<i>risedronate sodium tabs 35mg</i>	3	QL(4/28)
SENSIPAR TABS 30MG, 60MG	5	NDS QL(60/30)
SENSIPAR TABS 90MG	5	NDS QL(120/30)
XGEVA	5	PA NDS QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	2	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D PA QL(100/365)

### Miscellaneous Therapeutic Agents

#### Miscellaneous Therapeutic Agents

AMINO ACID	4	B/D PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	QL(200/30)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	QL(200/30)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	QL(200/30)
BD PEN NEEDLE/MINI/ ULTRAFINE/31G X 3/16"	3	QL(200/30)
BD PEN NEEDLE/NANO/ ULTRA FINE/32G X 4MM	3	QL(200/30)
BD PEN NEEDLE/ ULTRAFINE/29G X 12.7MM	3	QL(200/30)
BOTOX INJ 200UNIT	4	PA QL(1/90)
BOTOX INJ 100UNIT	4	PA QL(4/90)
CARNITOR INJ	4	B/D PA
DYSPORE	4	PA
FERRIPROX	5	NDS
INTRALIPID	3	B/D PA
KORLYM	5	PA NDS QL(120/30)
LACTATED RINGERS IRRIGATION	3	
<i>levocarnitine</i>	2	
LIPOSYN III	3	B/D PA
<i>methylergonovine maleate inj</i>	2	
NATPARA	5	PA NDS QL(2/28)
NOVOFINE 31	3	QL(200/30)
NOVOFINE 32GX6MM	3	QL(200/30)
NOVOFINE AUTOCOVER 30GX8MM	3	QL(200/30)
NOVOTWIST 32GX5MM	3	QL(200/30)
NUTRILIPID	3	B/D PA
OMNIPOD 5 PACK	3	QL(30/30)
OMNIPOD DASH 5 PACK	3	QL(30/30)
OMNIPOD DASH SYSTEM	3	QL(1/365)
OMNIPOD STARTER KIT	3	QL(1/365)
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
RINGERS IRRIGATION	3	
SODIUM CHLORIDE IRRIGATION 0.9%	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
STERILE WATER IRRIGATION	3	
STERILE WATER IRRIGATION PLASTIC BOTTLE	3	
STERILE WATER IRRIGATION W/HANGER	3	
TECHLITE PEN NEEDLES/31G X 6 MM	3	QL(200/30)
TECHLITE PEN NEEDLES/31G X 8MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 4MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 6MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 8MM	3	QL(200/30)
TIS-U-SOL	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA NDS

### Ophthalmic Agents

#### Ophthalmic Prostaglandin and Prostanamide Analogs

<i>bimatoprost ophthalmic soln</i>	2	QL(5/30)
COMBIGAN	4	
<i>latanoprost</i>	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)

#### Ophthalmic Agents, Other

<i>atropine sulfate oint</i>	2	
<i>atropine sulfate ophthalmic soln</i>	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	2	
<i>cyclopentolate hydrochloride ophthalmic soln 0.5%</i>	2	
CYSTARAN	5	NDS QL(60/28)
<i>homatropine</i>	2	
<i>homatropine hbr</i>	2	
LACRISERT	4	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>phenylephrine hcl ophthalmic soln 10%, 2.5%</i>	3	
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic soln</i>	2	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	QL(5/30)
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	3	
PAZEO	3	QL(2.5/30)
<b>Ophthalmic Anti-inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
NEVANAC	4	ST
PRED MILD	4	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROLENSA	3	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	4	
ALPHAGAN P OPHTHALMIC SOLN 0.1%	4	
<i>apraclonidine</i>	3	
AZOPT	3	
<i>betaxolol hcl</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	3	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)
<i>dorzolamide hcl/timolol maleate</i>	2	QL(10/30)
IOPIDINE OPHTHALMIC SOLN 1%	4	
<i>levobunolol hcl</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate ophthalmic soln</i>	2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>aurodex</i>	2	
COLY-MYCIN S	4	
<i>fluocinolone acetonide</i>	2	

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<i>fluocinolone acetonide ear drops</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	3	

### Respiratory Tract/Pulmonary Agents

#### Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ARNUITY ELLIPTA	3	QL(30/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp</i>	2	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	3	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)

#### Antihistamines

<i>azelastine hcl nasal soln</i>	3	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	4	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
<i>promethazine hcl inj</i>	2	PA

#### Antileukotrienes

<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	3	QL(60/30)

#### Bronchodilators, Anticholinergic

COMBIVENT RESPIMAT	3	QL(8/30)
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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INCRUSE ELLIPTA	3	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	2	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA QL(540/30)

#### Bronchodilators, Sympathomimetic

ADRENALIN INJ	3	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PA QL(360/30)
<i>albuterol sulfate syrp</i>	2	
<i>albuterol sulfate tabs</i>	2	
ANORO ELLIPTA	3	QL(60/30)
BROVANA	4	B/D PA QL(120/30)
<i>epinephrine hcl inj 1mg/ml, 30mg/30ml</i>	2	
<i>epinephrine auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2/30)
EIPEN 2-PAK	3	QL(2/30)
EIPEN-JR 2-PAK	3	QL(2/30)
<i>isoproterenol hydrochloride</i>	3	
ISUPREL	3	
<i>levalbuterol</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	B/D PA QL(270/30)
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	B/D PA QL(540/30)
<i>levalbuterol tartrate hfa</i>	3	QL(30/30)
<i>metaproterenol sulfate</i>	3	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
SEREVENT DISKUS	3	QL(60/30)
<i>terbutaline sulfate</i>	3	
VENTOLIN HFA	4	QL(36/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	NDS QL(84/56)
KALYDECO	5	PA NDS QL(60/30)
ORKAMBI PACK	5	PA NDS QL(56/28)
ORKAMBI TABS	5	PA NDS QL(120/30)
PULMOZYME	5	B/D PA NDS QL(150/30)
TOBI PODHALER	5	NDS QL(1568/365)
<i>tobramycin nebu</i>	5	B/D PA NDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	4	
DALIRESP TABS 500MCG	3	PA QL(30/30)
DALIRESP TABS 250MCG	3	PA QL(60/365)
THEO-24	4	
<i>theophylline</i>	4	
<i>theophylline cr</i>	3	
<i>theophylline er tb12 300mg, 450mg</i>	3	
<i>theophylline er tb24</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	5	PA NDS QL(60/30)
ADEMPAS	5	PA NDS QL(90/30)
OPSUMIT	5	PA NDS QL(30/30)
REMODULIN	5	B/D PA NDS
<i>sildenafil tabs 20mg</i>	3	PA QL(90/30)
<i>tadalafil tabs 20mg</i>	5	PA NDS QL(60/30)
TRACLEER TABS	5	PA NDS QL(60/30)
TRACLEER TBSO	5	PA NDS
TYVASO	5	B/D PA NDS
TYVASO REFILL	5	B/D PA NDS
TYVASO STARTER	5	B/D PA NDS
VENTAVIS	5	PA NDS QL(270/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA NDS QL(270/30)
ESBRIET TABS 801MG	5	PA NDS QL(90/30)
ESBRIET TABS 267MG	5	PA NDS QL(270/30)
OFEV	5	PA NDS QL(60/30)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP	5	B/D PA NDS
GLASSIA	5	B/D PA NDS
PROLASTIN-C INJ 1000MG	5	B/D PA NDS
<i>promethazine vc plain</i>	2	PA
<i>ribavirin inhalation soln</i>	5	B/D PA NDS
TRELEGY ELLIPTA	3	QL(60/30)
XOLAIR	5	PA NDS QL(6/28)
ZEMAIRA	5	B/D PA NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL(60/365)
<i>temazepam caps 15mg, 30mg</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(30/30)
<i>zolpidem tartrate tabs</i>	3	QL(30/30)
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil</i>	4	PA QL(30/30)
ROZEREM	4	QL(30/30)
SILENOR	3	QL(30/30)
XYREM	5	PA NDS QL(540/30)

CAPITALIZED = BRAND NAME DRUG

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

**HI** = Home Infusion drug

**PA** = Prior Authorization may be required

You can find more information on the symbols by going to page 6.

*Lower case italic* = Generic drug

**NDS** = Non-extended day supply medication

**QL** = Quantity Limits listed as (qty/days)

**ST** = Step Therapy rules apply

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<b>A</b>		<i>adefovir dipivoxil</i> . . . . .	24	<i>alosetron hydrochloride tabs 1mg</i> . . . . .	40
<i>abacavir/lamivudine</i> . . . . .	25	ADEMPAS . . . . .	53	ALPHAGAN P	
<i>abacavir oral soln</i> . . . . .	25	ADRENALIN INJ . . . . .	52	OPHTHALMIC SOLN 0.1% . . . . .	51
<i>abacavir sulfate/ lamivudine/zidovudine</i> . . . . .	25	<i>adriamycin inj 2mg/ml</i> . . . . .	19	<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i> . . . . .	26
<i>abacavir tabs</i> . . . . .	25	<i>adrucil</i> . . . . .	18	<i>alprazolam odt tbdp 2mg</i> . . . . .	26
ABELCET . . . . .	16	ADVAIR DISKUS . . . . .	52	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i> . . . . .	26
ABILIFY MAINTENA . . . . .	23	ADVAIR HFA . . . . .	52	<i>alprazolam tabs 2mg</i> . . . . .	26
ABRAXANE . . . . .	19	<i>afeditab cr</i> . . . . .	31	<i>altavera</i> . . . . .	43
<i>acamprosate calcium dr</i> . . . . .	8	AFINITOR DISPERZ TBSO 2MG, 3MG . . . . .	20	ALUNBRIG TABS 30MG . . . . .	20
<i>acarbose</i> . . . . .	26	AFINITOR DISPERZ TBSO 5MG . . . . .	20	ALUNBRIG TABS 180MG, 90MG . . . . .	20
<i>acebutolol hcl</i> . . . . .	30	AFINITOR TABS 2.5MG, 5MG, 7.5MG . . . . .	20	ALUNBRIG TBPK . . . . .	20
<i>acetaminophen/codeine oral soln</i> . . . . .	7	AFINITOR TABS 10MG . . . . .	20	<i>alyacen 1/35</i> . . . . .	43
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i> . . . . .	7	<i>ala-cort crea 1%</i> . . . . .	42	<i>amabelz</i> . . . . .	43
<i>acetaminophen/codeine tabs 300mg; 60mg</i> . . . . .	7	ALBENZA . . . . .	22	<i>amantadine hcl</i> . . . . .	22
<i>acetazolamide</i> . . . . .	32	<i>albuterol sulfate er</i> . . . . .	52	AMBISOME . . . . .	16
<i>acetazolamide er</i> . . . . .	51	<i>albuterol sulfate nebu 0.5%</i> . . . . .	52	<i>amethia</i> . . . . .	43
<i>acetazolamide sodium</i> . . . . .	32	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i> . . . . .	52	<i>amethia lo</i> . . . . .	43
<i>acetic acid</i> . . . . .	51	<i>albuterol sulfate syrp</i> . . . . .	52	<i>amikacin sulfate</i> . . . . .	9
<i>acetic acid 0.25%</i> . . . . .	41	<i>albuterol sulfate tabs</i> . . . . .	52	<i>amiloride hcl</i> . . . . .	32
<i>acetylcysteine inhalation soln</i> . . . . .	53	<i>alclometasone dipropionate</i> . . . . .	42	<i>amiloride/hydrochlorothiazide</i> . . . . .	32
<i>acitretin</i> . . . . .	35	ALCOHOL PREP PADS . . . . .	9	AMINO ACID . . . . .	49
ACTEMRA INJ 162MG/0.9ML . . . . .	48	ALDURAZYME . . . . .	41	<i>aminocaproic acid</i> . . . . .	29
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML . . . . .	48	ALECENSA . . . . .	20	<i>aminophylline</i> . . . . .	53
ACTHIB . . . . .	48	<i>alendronate sodium oral soln</i> . . . . .	49	AMINOSYN 7%/ ELECTROLYTES . . . . .	35
ACTIMMUNE . . . . .	48	<i>alendronate sodium tabs 10mg, 40mg, 5mg</i> . . . . .	49	AMINOSYN 8.5%/ ELECTROLYTES . . . . .	35
<i>acyclovir caps</i> . . . . .	26	<i>alendronate sodium tabs 35mg, 70mg</i> . . . . .	49	AMINOSYN-HBC . . . . .	36
<i>acyclovir oint</i> . . . . .	26	<i>alfuzosin hcl er</i> . . . . .	41	AMINOSYN II 8.5%/ ELECTROLYTES . . . . .	35
<i>acyclovir sodium</i> . . . . .	26	ALIMTA . . . . .	18	AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML . . . . .	36
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<i>acyclovir tabs</i> . . . . .	26	ALINIA TABS . . . . .	22		
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<i>adapalene gel</i> . . . . .	35	ALORA . . . . .	43		
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AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	36	<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i> .....	31	ANADROL-50 .....	43
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		<i>amoxicillin</i> .....	11	<i>aprepitant caps 80mg</i> .....	16
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		<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i> .....	33	<i>aprip</i> .....	43
		<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> .....	33	APRISO .....	49
		<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg, 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i> .....	33	APTOM TABS 200MG, 400MG, 800MG .....	13
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		<i>ampicillin</i> .....	11	APTIVUS ORAL SOLN .....	25
		<i>ampicillin sodium inj 10gm, 1gm, 2gm</i> .....	11	ARALAST NP .....	53
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				ARANESP ALBUMIN FREE INJ 25MCG/0.42ML .....	29
				ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML .....	29
				ARANESP ALBUMIN FREE INJ 60MCG/0.3ML .....	29
				ARANESP ALBUMIN FREE INJ 100MCG/0.5ML .....	29
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<i>aripiprazole odt</i>	23	AVANDIA	26	BAXDELA	12
<i>aripiprazole oral soln</i>	23	AVASTIN	21	BCG VACCINE	48
<i>aripiprazole tabs</i>	23	AVELOX INJ	12	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	49
ARISTADA INITIO	23	<i>aviane</i>	43	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	50
ARISTADA INJ 441MG/1.6ML	23	AVONEX	34	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	50
ARISTADA INJ 662MG/2.4ML	23	AVONEX PEN	34	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	50
ARISTADA INJ 882MG/3.2ML	23	<i>azacitidine</i>	19	BD PEN NEEDLE/MINI/ ULTRAFINE/31G X 3/16"	50
ARISTADA INJ 1064MG/3.9ML	23	AZACTAM	11	BD PEN NEEDLE/NANO/ ULTRA FINE/32G X 4MM	50
<i>armodafinil</i>	53	AZACTAM IN ISO-OSMOTIC DEXTROSE	11	BD PEN NEEDLE/ ULTRAFINE/29G X 12.7MM	50
ARNUITY ELLIPTA	52	AZASITE	11	<i>bekyree</i>	44
ARRANON	18	<i>azathioprine</i>	47	BELEODAQ	19
<i>ashlyna</i>	43	<i>azelastine hcl nasal soln</i>	52	<i>benazepril hcl</i>	30
<i>aspirin/dipyridamole</i>	29	<i>azelastine hcl ophthalmic soln</i>	51	<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	30
ASTAGRAF XL	47	AZELEX	35	<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	30
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<i>atazanavir caps 300mg</i>	25	AZITHROMYCIN PACK	11	BENLYSTA INJ 120MG	48
<i>atazanavir sulfate caps 150mg</i>	25	<i>azithromycin susr 100mg/5ml</i>	12	BENLYSTA INJ 400MG	48
<i>atazanavir sulfate caps 200mg</i>	25	<i>azithromycin susr 200mg/5ml</i>	11	<i>benztropine mesylate inj</i>	22
<i>atazanavir sulfate caps 300mg</i>	25	<i>azithromycin tabs 250mg, 500mg</i>	12	<i>benztropine mesylate tabs</i>	22
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<i>atovaquone</i>	22	<i>bacitracin inj</i>	9	<i>betamethasone valerate lotn</i>	42
<i>atovaquone/proguanil hcl</i>	22	<i>bacitracin ophthalmic oint</i>	9	<i>betamethasone valerate oint</i>	42
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<i>atropine sulfate inj 0.5mg/5ml</i>	31	BACTOCILL IN DEXTROSE	11		
<i>atropine sulfate inj 0.25mg/5ml</i>	40	<i>balsalazide disodium</i>	49		
<i>atropine sulfate oint</i>	50	<i>balziva</i>	44		
<i>atropine sulfate ophthalmic soln</i>	50	BANZEL SUSP	14		
<i>aubra</i>	43	BANZEL TABS 200MG	14		
		BANZEL TABS 400MG	14		

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<i>morphine sulfate inj 150mg/30ml,</i> 1mg/ml, 50mg/ml, 5mg/ml	8	<i>mycophenolate mofetil caps</i>	48	<i>necon 0.5/35-28</i>	45
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<i>morphine sulfate oral soln 20mg/5ml</i>	8	<i>mycophenolate mofetil sus</i>	48	<i>nefazodone hcl</i>	14
<i>morphine sulfate oral soln 100mg/5ml</i>	8	<i>mycophenolate mofetil tabs</i>	48	<i>nefazodone hydrochloride</i>	14
<i>morphine sulfate tabs</i>	8	<i>mycophenolic acid dr</i>	48	<i>neomycin/bacitracin/polymyxin</i>	10
MOVIPREP	40	MYLOTARG	21	<i>neomycin/polymyxin/</i> <i>bacitracin/hydrocortisone</i>	10
MOXIFLOXACIN HCL INJ	12	<i>myorisan</i>	35	<i>neomycin/polymyxin b sulfates</i>	9
<i>moxifloxacin hcl tabs</i>	12	MYRBETRIQ	41	<i>neomycin/polymyxin/</i> <i>dexamethasone</i>	51
<i>moxifloxacin hydrochloride ophthalmic soln</i>	12	<i>myzilra</i>	45	<i>neomycin/polymyxin/gramicidin</i>	10
<i>moxifloxacin hydrochloride/</i> <i>sodium hydrochloride</i>	12	<b>N</b>		<i>neomycin/polymyxin/hc</i>	52
MOZOBIL	29	<i>nabumetone</i>	7	<i>neomycin/polymyxin/</i> <i>hydrocortisone ophthalmic susp</i>	10
MULTAQ	30	<i>nadolol</i>	31	<i>neomycin/polymyxin/</i> <i>hydrocortisone otic soln</i>	52
<i>multivitamin/fluoride chew</i> 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.5mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1mg; 1.05mg; 15unit; 2500unit	39	<i>nadolol/bendroflumethiazide</i>	31	<i>neomycin sulfate</i>	9
<i>multi-vitamin/fluoride drops</i>	39	NAFCILLIN	11	<i>neo-polycin</i>	10
<i>multivitamin/fluoride/iron</i>	40	<i>nafcillin sodium</i>	11	<i>neo-polycin hc</i>	10
		<i>naftifine hcl</i>	16	NEORAL	48
		<i>naftifine hydrochloride</i>	16	NEPHRAMINE	38
		NAFTIN GEL	16	NERLYNX	19
		NAGLAZYME	41	NEUPRO	22
		<i>nalbuphine hcl inj 10mg/ml</i>	8	NEVANAC	51
		<i>nalbuphine hcl inj 20mg/ml</i>	8	<i>nevirapine er tb24 100mg</i>	24
		<i>naloxone hcl</i>	9	<i>nevirapine er tb24 400mg</i>	24
		<i>naltrexone hcl</i>	9	<i>nevirapine tabs</i>	24
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<i>nicardipine hcl</i>	31	NORMOSOL-R IN D5W	38	NUVARING	45
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<i>nikki</i>	45	<i>nortrel 7/7/7</i>	45		
<i>nilutamide</i>	18	<i>nortriptyline hcl</i>	16	<b>O</b>	
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NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	33	NORVIR TABS	25	ODOMZO	20
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<i>nitrofurantoin macrocrystals</i>	10	NOVOFINE 32GX6MM	50	<i>ofloxacin</i>	12
<i>nitrofurantoin monohydrate</i>	10	NOVOFINE AUTOCOVER 30GX8MM	50	<i>ogestrel</i>	45
<i>nitrofurantoin monohydrate/ macrocrystals</i>	10	NOVOLIN 70/30	28	<i>olanzapine</i>	23
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<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	45	NOVOLOG PENFILL	28	OMNIPOD DASH 5 PACK	50
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	45	NOVOTWIST 32GX5MM	50	OMNIPOD DASH SYSTEM	50
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		NULOJIX	48	<i>ondansetron hcl tabs 4mg, 8mg</i>	16
		NULYTELY/FLAVOR PACKS	40	<i>ondansetron hcl tabs 24mg</i>	16
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<i>orsythia</i>	45		<i>paricalcitol inj</i>	49	<i>phenelzine sulfate</i>	15
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<i>oxacillin sodium</i>	11		<i>paroxetine hcl tabs 30mg, 40mg</i>	15	<i>phenytoin</i>	14
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<i>oxycodone/acetaminophen</i> tabs 325mg; 7.5mg	8	PEGASYS INJ 180MCG/ML	24	<i>pilocarpine hcl tabs</i>	34	
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<i>oxycodone hcl oral soln</i>	8	<i>penicillin g potassium</i> <i>in iso-osmotic dextrose</i>	11	<i>pindolol</i>	31	
<i>oxycodone hcl tabs</i> 10mg, 15mg, 20mg, 5mg	8	<i>penicillin g procaine</i>	11	<i>pioglitazone hcl</i>	27	
<i>oxycodone hcl tabs 30mg</i>	8	<i>penicillin g sodium</i>	11	<i>pioglitazone hcl-glimepiride</i>	27	
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PORTRAZZA	20	<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	43	<i>primidone</i>	14
<i>potassium chloride cr</i>	38	<i>prednisone</i>	43	PRISTIQ	15
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POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 2MEQ/ML, 40MEQ/100ML	38	PREMARIN TABS	45	<i>procainamide hcl</i>	30
<i>potassium chloride inj 2meq/ml</i>	38	PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	38	<i>procainamide hydrochloride inj 100mg/ml</i>	30
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<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	22	PREMASEL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	38	<i>proctosol hc</i>	43
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	22	PREMASEL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	38	<i>proctozone-hc</i>	43
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<i>promethazine hcl tabs</i>		<i>quinapril hcl</i>	30	REVLIMID CAPS	
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<i>promethazine hydrochloride</i>		<i>quinapril/hydrochlorothiazide tabs</i>		15MG, 20MG, 25MG	18
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<i>vinorelbine tartrate inj 50mg/5ml</i> .....	20	10MG; 1000MG, 10MG; 500MG,		<i>zoledronic acid inj 4mg/5ml</i> .....	49
<i>viorele</i> .....	46	2.5MG; 1000MG, 5MG; 500MG .....	27	<i>zoledronic acid inj 5mg/100ml</i> .....	49
VIRACEPT TABS 250MG .....	26	XOLAIR .....	53	ZOLINZA .....	20
VIRACEPT TABS 625MG .....	26	XTAMPZA ER .....	7	<i>zolmitriptan</i> .....	17
VIRAMUNE SUSP .....	25	XTANDI .....	18	<i>zolmitriptan odt</i> .....	17
VIREAD POWD .....	25	<i>xulane</i> .....	46	<i>zolidem tartrate tabs</i> .....	53
VIREAD TABS		XULTOPHY 100/3.6 .....	28	<i>zonisamide</i> .....	13
150MG, 200MG, 250MG .....	25	XYREM .....	53	ZORTRESS TABS 0.5MG .....	48
<i>vitamins a/c/d/fluoride</i> .....	40			ZORTRESS TABS 0.25MG .....	48
VIVITROL .....	9	<b>Y</b>		ZORTRESS TABS 0.75MG .....	48
<i>voriconazole inj</i> .....	17	YERVOY INJ 50MG/10ML .....	21	ZOSTAVAX .....	49
<i>voriconazole susr</i> .....	17	YERVOY INJ 200MG/40ML .....	21	<i>zovia 1/35e</i> .....	46
<i>voriconazole tabs</i> .....	17	YF-VAX .....	49	ZOVIRAX CREA .....	26
VOSEVI .....	24	YONDELIS .....	18	ZUBSOLV SUBL 0.7MG; 0.18MG ...	9
VOTRIENT .....	21	YONSA .....	18	ZUBSOLV SUBL	
VP-PNV-DHA .....	40	<i>yuvafem</i> .....	46	1.4MG; 0.36MG, 11.4MG;	
VRAYLAR CAPS .....	24			2.9MG, 2.9MG; 0.71MG,	
VRAYLAR CPPK .....	24	<b>Z</b>		5.7MG; 1.4MG, 8.6MG; 2.1MG .....	9
<i>vyfemla</i> .....	46	<i>zafirlukast</i> .....	52	ZYDELIG .....	21
<i>vylibra</i> .....	46	<i>zaleplon</i> .....	53	ZYKADIA .....	21
VYXEOS .....	19	ZALTRAP .....	21	ZYLET .....	9
		ZANOSAR .....	18	ZYPREXA RELPREVV	
<b>W</b>		<i>zarah</i> .....	46	INJ 210MG .....	24
<i>warfarin sodium</i> .....	28	ZARXIO .....	29	ZYPREXA RELPREVV	
<i>wymzya fe</i> .....	46	<i>zebutal caps 325mg; 50mg; 40mg</i> ...	7	INJ 300MG .....	24
		ZEJULA .....	20	ZYPREXA RELPREVV	
<b>X</b>		ZELAPAR .....	22	INJ 405MG .....	24
XALKORI .....	21	ZELBORAF .....	21	ZYTIGA TABS 250MG .....	18
XARELTO STARTER PACK .....	28	ZEMAIRA .....	53	ZYTIGA TABS 500MG .....	18
XARELTO TABS 10MG, 20MG .....	28	<i>zenatane</i> .....	35		
XARELTO TABS 15MG .....	28	<i>zenchent</i> .....	46		
XATMEP .....	48	ZENPEP .....	41		
XEOMIN INJ 100UNIT, 50UNIT .....	50	ZERIT ORAL SOLN .....	25		
XEOMIN INJ 200UNIT .....	50	<i>zidovudine caps</i> .....	25		
XGEVA .....	49	<i>zidovudine syrp</i> .....	25		
XIAFLEX .....	41	<i>zidovudine tabs</i> .....	25		
XIFAXAN TABS 550MG .....	10	ZIOPTAN .....	50		

## Notes

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**1-800-627-7534 (TTY 711)**

October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m. local time. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time (a voicemail system is available on weekends and holidays).



**CignaHealthSpring.com**

This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-627-7534 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m. local time, or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com). All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc.

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