

Cigna-HealthSpring® Rx (PDP)

Medicare Part D Prescription Drug Plans

2019 Cigna-HealthSpring Rx COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna-HealthSpring Rx Secure-Essential (PDP)



This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Rx Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring Rx is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring Rx depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna-HealthSpring Rx. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Rx Secure-Essential (PDP).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Cigna-HealthSpring Rx Comprehensive Drug List?

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

Can the Drug List (formulary) change?

Generally, if you are taking a drug on our 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-HealthSpring Rx 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-

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

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 17. 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 17. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 59. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna-HealthSpring Rx requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring Rx before you fill these prescriptions. If you don't get approval, Cigna-HealthSpring Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx will cover. For example, Cigna-HealthSpring Rx allows for 1 tablet per day for simvastatin 10mg. This applies to a standard one-

month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).

- **Step Therapy:** In some cases, Cigna-HealthSpring Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring Rx will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx 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 17. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring Rx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna-HealthSpring Rx drug list?" on 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-HealthSpring Rx 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. You may be able to save up to 33% on your copays 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-HealthSpring Rx drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not in the Drug List?

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

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

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

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

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

drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

Generally, Cigna-HealthSpring Rx will only approve your request for an exception if the alternative drugs included 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-HealthSpring Rx will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring Rx's Drug List

The comprehensive drug list that begins on page 17, provides coverage information about all of the drugs covered by Cigna-HealthSpring Rx. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 59.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 17 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 for the most current Pharmacy Directory.

For more information

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

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

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

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-HealthSpring Rx is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4 or Tier 5.

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

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

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

Cigna-HealthSpring Rx uses preferred network pharmacies. See your Pharmacy Directory or visit www.CignaHealthSpring.com to search for a preferred retail or mail-order pharmacy near you.

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
ALABAMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$19 / \$38 / \$57	\$3 / \$6 / \$6	\$19 / \$38 / \$57	\$19
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ALASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
ARIZONA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$13 / \$26 / \$39	\$3 / \$6 / \$6	\$13 / \$26 / \$39	\$13
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	47%	50%	47%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
COLORADO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
DELAWARE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
FLORIDA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$13 / \$26 / \$39	\$3 / \$6 / \$6	\$13 / \$26 / \$39	\$13
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
GEORGIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$6	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
HAWAII					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$14 / \$28 / \$42	\$3 / \$6 / \$6	\$14 / \$28 / \$42	\$14
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
IDAHO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$14 / \$28 / \$42	\$3 / \$6 / \$6	\$14 / \$28 / \$42	\$14
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$16 / \$32 / \$48	\$3 / \$6 / \$6	\$16 / \$32 / \$48	\$16
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
INDIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
IOWA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
KANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$15 / \$30 / \$45	\$3 / \$6 / \$6	\$15 / \$30 / \$45	\$15
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	48%	50%	48%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MAINE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$17 / \$34 / \$51	\$3 / \$6 / \$6	\$17 / \$34 / \$51	\$17
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MARYLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$18 / \$36 / \$54	\$3 / \$6 / \$6	\$18 / \$36 / \$54	\$18
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$16 / \$32 / \$48	\$3 / \$6 / \$6	\$16 / \$32 / \$48	\$16
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MISSOURI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$15 / \$30 / \$45	\$3 / \$6 / \$6	\$15 / \$30 / \$45	\$15
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MONTANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEVADA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$17 / \$34 / \$51	\$3 / \$6 / \$6	\$17 / \$34 / \$51	\$17
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$6	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
NEW YORK					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$17 / \$34 / \$51	\$3 / \$6 / \$6	\$17 / \$34 / \$51	\$17
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
OHIO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$6	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	47%	50%	47%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
OREGON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$19 / \$38 / \$57	\$3 / \$6 / \$6	\$19 / \$38 / \$57	\$19
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
TEXAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
UTAH					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$14 / \$28 / \$42	\$3 / \$6 / \$6	\$14 / \$28 / \$42	\$14
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
VERMONT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$9 / \$18 / \$27	\$3 / \$6 / \$6	\$9 / \$18 / \$27	\$9
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure-Essential (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$6	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$13 / \$26 / \$39	\$3 / \$6 / \$6	\$13 / \$26 / \$39	\$13
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WYOMING					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$2	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$11 / \$22 / \$33	\$3 / \$6 / \$6	\$11 / \$22 / \$33	\$11
Tier 3: Preferred Brand Drugs	20%	20%	20%	20%	20%
Tier 4: Non-Preferred Drugs	49%	50%	49%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Analgesics		
Analgesics		
<i>acetaminophen/codeine oral soln</i>	2	NDS QL(2700/30)
<i>butalbital/acetaminophen/caffeine caps</i>	4	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	4	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA NDS QL(180/30)
<i>esgic caps</i>	4	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal</i>	2	
EC-NAPROSYN	4	
<i>etodolac</i>	4	
<i>etodolac er</i>	4	
<i>flurbiprofen</i>	2	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>meloxicam</i>	1	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	4	
<i>naproxen susp</i>	4	
<i>naproxen tabs 375mg, 500mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen tabs 250mg</i>	2	
<i>oxaprozin</i>	4	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj</i>	4	QL(150/30)
DURAMORPH	4	B/D PA NDS QL(180/30)
<i>fentanyl</i>	4	NDS QL(10/30)
INFUMORPH 200	4	NDS QL(200/30)
INFUMORPH 500	4	NDS QL(200/30)
<i>methadone hcl conc</i>	2	NDS QL(500/30)
<i>methadone hcl inj</i>	4	NDS QL(150/30)
<i>methadone hcl intensol</i>	2	NDS QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	2	NDS QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	2	NDS QL(600/30)
<i>methadone hcl tabs 10mg</i>	2	NDS QL(120/30)
<i>methadone hcl tabs 5mg</i>	2	NDS QL(180/30)
<i>mitigo</i>	4	NDS QL(200/30)
<i>morphine sulfate er tbcr</i>	3	NDS QL(90/30)
XTAMPZA ER	3	NDS QL(60/30)
Opioid Analgesics, Short-acting		
<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>ascomp/codeine</i>	4	PA NDS QL(180/30)
<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>endocet tabs 325mg; 10mg</i>	4	NDS QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	NDS QL(360/30)

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<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	4	B/D PA NDS
<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 oral soln</i>	4	NDS QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	4	NDS QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg</i>	4	NDS QL(360/30)
<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>	4	NDS QL(150/30)
<i>hydromorphone hcl dosette</i>	4	NDS
<i>hydromorphone hcl inj</i>	4	NDS
<i>hydromorphone hcl liqd</i>	4	NDS QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	4	NDS QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	4	NDS QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	4	NDS QL(150/30)
<i>lorcet</i>	4	NDS QL(360/30)
<i>lorcet hd</i>	4	NDS QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	NDS QL(180/30)
<i>morphine sulfate inj 150mg/30ml, 1mg/ml, 50mg/ml, 5mg/ml</i>	4	B/D PA NDS
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	4	B/D PA NDS QL(180/30)
MORPHINE SULFATE INJ 10MG/ML, 8MG/ML	4	B/D PA NDS QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate inj 10mg/ml</i>	4	B/D PA NDS QL(240/30)
MORPHINE SULFATE INJ 4MG/ML	4	B/D PA NDS QL(480/30)
<i>morphine sulfate inj 4mg/ml</i>	4	B/D PA NDS QL(480/30)
MORPHINE SULFATE INJ 2MG/ML	4	B/D PA NDS QL(1200/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	NDS QL(240/30)
<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)
MORPHINE SULFATE TABS	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>	4	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>	4	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	NDS QL(360/30)
<i>oxycodone/aspirin</i>	4	NDS QL(180/30)
<i>oxycodone/ibuprofen</i>	4	NDS QL(28/30)
<i>tramadol hcl</i>	2	NDS QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	4	NDS QL(240/30)

Anesthetics

Local Anesthetics

<i>glydo</i>	3	PA
<i>lidocaine hcl external soln</i>	2	PA
<i>lidocaine hcl gel</i>	3	PA
<i>lidocaine hcl inj</i>	4	
<i>lidocaine hcl jelly</i>	3	PA
<i>lidocaine hcl mouth/throat soln</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	4	PA QL(50/30)
<i>lidocaine ptch</i>	4	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>	4	
<i>disulfiram</i>	4	
<i>naltrexone hcl</i>	3	
Opioid Dependence Treatments		
<i>buprenorphine hcl subl</i>	4	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	4	QL(90/30)
SUBOXONE	3	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	3	PA QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	PA QL(90/30)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naloxone hcl inj 2mg/2ml</i>	3	
NARCAN	3	QL(4/30)
Smoking Cessation Agents		
<i>bupropion hcl sr</i>	3	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate crea</i>	4	
<i>gentamicin sulfate inj</i>	4	
<i>gentamicin sulfate oint</i>	3	
<i>gentamicin sulfate ophthalmic soln</i>	4	
<i>gentamicin sulfate pediatric</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	
<i>isotonic gentamicin</i>	4	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	4	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	2	
Antibacterials, Other		
ALCOHOL PREP PADS	3	
<i>baciim</i>	4	
<i>bacitracin inj</i>	4	
<i>bacitracin ophthalmic oint</i>	4	
<i>bacitracin/polymyxin b</i>	2	
<i>chloramphenicol sodium succinate</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin</i>	4	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin phosphate crea</i>	4	

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<i>clindamycin phosphate external soln</i>	4	
<i>clindamycin phosphate gel</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate lotn</i>	4	
<i>clindamycin phosphate swab</i>	3	
<i>clindamycin/sodium chloride</i>	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin inj 500mg</i>	5	B/D PA NDS
<i>lincomycin hcl</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susr</i>	5	NDS QL(1800/30)
<i>linezolid tabs</i>	5	NDS QL(60/30)
<i>mafenide acetate</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole crea</i>	4	
<i>metronidazole gel</i>	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i>	4	
<i>metronidazole lotn</i>	4	
<i>metronidazole tabs</i>	2	
<i>metronidazole vaginal</i>	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>	4	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate</i>	3	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polycin</i>	2	
<i>polymyxin b sulfate</i>	4	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
<i>rosadan</i>	3	
<i>silver sulfadiazine</i>	4	
SSD	4	
SULFAMYLON PACK	4	
SYNERCID	5	NDS
<i>tigecycline</i>	5	NDS
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
<i>vancomycin</i>	4	
<i>vancomycin hcl caps 125mg</i>	4	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	4	QL(80/10)
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm, 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	4	
<i>vandazole</i>	4	
XIFAXAN TABS 550MG	5	PA NDS QL(90/30)
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	4	
<i>cefaclor er</i>	4	
<i>cefadroxil</i>	2	
CEFAZOLIN	4	
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	4	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	4	
<i>cefdinir</i>	4	
<i>cefepime</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	
<i>ceftazidime/dextrose</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	NDS
Beta-lactam, Other		
AZACTAM	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	NDS
<i>cefotetan</i>	4	
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	3	
INVANZ	4	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
Beta-lactam, Penicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	2	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin-sulbactam</i>	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	4	
<i>oxacillin sodium</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin v potassium oral soln</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	2	
<i>pfizerpen inj 20mu, 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
Macrolides		
<i>azithromycin inj</i>	4	
<i>azithromycin pack</i>	3	
<i>azithromycin susr 200mg/5ml</i>	4	QL(90/30)
<i>azithromycin susr 100mg/5ml</i>	4	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	2	QL(12/28)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin</i>	4	
<i>clarithromycin er</i>	4	
<i>ery</i>	4	
ERY-TAB	4	

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ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	4	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	3	
Quinolones		
BAXDELA	4	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRODEX	3	
<i>ciprofloxacin hcl ophthalmic soln</i>	2	
<i>ciprofloxacin hcl tabs 250mg, 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hydrochloride</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin susr</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i>	4	
<i>levofloxacin oral soln</i>	3	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 250mg, 750mg</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hcl</i>	4	
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
<i>ofloxacin ophthalmic soln</i>	2	
<i>ofloxacin otic soln</i>	4	
<i>ofloxacin tabs</i>	2	
Sulfonamides		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfacetamide sodium lotn</i>	4	
<i>sulfacetamide sodium ophthalmic soln</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	4	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	4	
Tetracyclines		
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	4	
<i>minocycline hcl caps</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>mondoxylene nl</i>	2	QL(60/30)
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 1x50mg</i>	4	
<i>morgidox 2x100mg caps</i>	4	
<i>tetracycline hydrochloride</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	5	NDS QL(30/30) ST
APTIOM TABS 600MG	5	NDS QL(60/30) ST
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BRIVIACT TABS 100MG	5	NDS QL(120/30)
FYCOMPA SUSP	4	PA QL(720/30)
FYCOMPA TABS	4	PA QL(30/30)
<i>levetiracetam er tb24 750mg</i>	4	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	4	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>	4	QL(120/30)
<i>roweepra xr tb24 500mg</i>	4	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide</i>	4	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	4	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	4	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	2	QL(90/30)
<i>clonazepam tabs 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	3	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	3	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	3	QL(40/30)
<i>divalproex sodium</i>	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	4	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
GABITRIL TABS 12MG, 16MG	4	ST
GRALISE	3	
GRALISE STARTER	3	QL(156/365)
ONFI SUSP	4	QL(480/30)
ONFI TABS 10MG, 20MG	4	QL(60/30)
<i>phenobarbital elix</i>	4	QL(1500/30)
<i>phenobarbital tabs</i>	4	QL(120/30)
<i>primidone</i>	2	
SABRIL TABS	5	PA NDS QL(180/30)
<i>tiagabine hydrochloride</i>	4	ST
<i>valproate sodium inj 100mg/ml</i>	4	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA NDS QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	5	NDS
<i>felbamate tabs</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>topiramate</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Sodium Channel Agents		
BANZEL SUSP	5	PA NDS QL(2400/30)
BANZEL TABS 200MG	5	PA NDS QL(60/30)
BANZEL TABS 400MG	5	PA NDS QL(240/30)
<i>carbamazepine chew</i>	2	
<i>carbamazepine er</i>	4	
<i>carbamazepine susp</i>	4	
<i>carbamazepine tabs</i>	3	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	3	
<i>fosphenytoin sodium</i>	4	
<i>oxcarbazepine susp</i>	4	
<i>oxcarbazepine tabs</i>	3	
PEGANONE	4	
<i>phenytoin chew</i>	3	
<i>phenytoin infatabs</i>	3	
<i>phenytoin sodium</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin susp</i>	2	
VIMPAT INJ	4	QL(1200/30)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS	4	QL(60/30)
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
<i>rivastigmine tartrate</i>	4	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl tabs 10mg</i>	3	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	3	PA QL(90/30)
<i>memantine hcl titration pak</i>	3	PA QL(49/28)
<i>memantine hydrochloride er</i>	3	PA QL(30/30)
<i>memantine hydrochloride oral soln</i>	4	PA QL(360/30)
Antidepressants		
Antidepressants, Other		
BUPROPION HCL ER TB12 150MG	3	QL(60/30)
<i>bupropion hcl er tb12 100mg, 200mg</i>	3	QL(60/30)
<i>bupropion hcl sr</i>	3	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hcl xl</i>	3	QL(30/30)
<i>bupropion hydrochloride tabs 75mg</i>	3	QL(180/30)
<i>maprotiline hcl</i>	4	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	4	QL(30/30)
<i>nefazodone hcl</i>	4	QL(60/30)
<i>nefazodone hydrochloride</i>	4	QL(60/30)
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL(30/30) ST
Monoamine Oxidase Inhibitors		
EMSAM	5	NDS QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral soln</i>	4	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desvenlafaxine er</i>	4	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>	4	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	2	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	2	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	2	QL(90/30)
FETZIMA	4	QL(30/30) ST
FETZIMA TITRATION PACK	4	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine dr</i>	2	QL(4/28)
<i>fluoxetine hcl caps 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	2	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl oral soln</i>	2	QL(600/30)
<i>fluoxetine hydrochloride tabs 10mg</i>	2	QL(30/30)
<i>fluoxetine hydrochloride tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	3	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	3	QL(90/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
PAXIL SUSP	4	QL(900/30) ST
<i>sertraline hcl conc</i>	3	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	PA
<i>desipramine hcl</i>	4	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	4	
<i>prochlorperazine</i>	4	
<i>promethazine hcl supp</i>	4	
<i>promethazine hcl syrup</i>	4	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	2	PA
<i>promethazine hydrochloride tabs 50mg</i>	2	PA
<i>promethegan</i>	4	
<i>scopolamine</i>	4	QL(10/30)
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 40mg</i>	4	B/D PA QL(1/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>dronabinol</i>	4	PA QL(60/30)
EMEND SUSR	4	B/D PA QL(6/28)
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	4	B/D PA
<i>granisetron hcl tabs</i>	4	B/D PA QL(30/30)
<i>granisetron hydrochloride</i>	4	B/D PA
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	
<i>ondansetron hcl oral soln</i>	4	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)
<i>ondansetron odt</i>	2	B/D PA QL(90/30)
SANCUSO	5	NDS QL(4/28)
Antifungals		
Antifungals		
ABELCET	5	PA NDS
AMBISOME	5	PA NDS
<i>amphotericin b</i>	4	PA
<i>caspofungin acetate</i>	5	PA NDS
<i>ciclodan</i>	4	
<i>ciclopirox nail lacquer</i>	4	
<i>ciclopirox olamine</i>	4	
<i>ciclopirox sham</i>	4	
<i>ciclopirox susp</i>	4	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	3	
<i>clotrimazole lozg</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>econazole nitrate</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr</i>	4	
<i>fluconazole tabs</i>	2	
<i>flucytosine</i>	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	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>naftifine hcl</i>	4	
<i>naftifine hydrochloride</i>	4	
NATACYN	4	
NOXAFIL SUSP	5	PA NDS QL(600/30)
NOXAFIL TBEC	5	PA NDS QL(96/30)
<i>nyamyc</i>	4	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	3	
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>nystatin/triamcinolone</i>	4	
<i>nystop</i>	4	
SPORANOX ORAL SOLN	5	PA NDS
<i>terbinafine hcl tabs</i>	2	QL(90/365)
<i>terconazole</i>	4	
<i>voriconazole inj</i>	5	PA NDS
<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>	1	
<i>allopurinol sodium</i>	4	
<i>colchicine caps</i>	3	QL(60/30)
<i>colchicine tabs</i>	3	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	4	
<i>probenecid/colchicine</i>	4	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dihydroergotamine mesylate nasal soln</i>	4	PA QL(8/30)
<i>ergotamine tartrate/caffeine</i>	3	QL(40/28)
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl</i>	4	QL(9/30)
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	4	QL(12/30)
<i>sumatriptan</i>	4	QL(12/30)
<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)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	3	
<i>pyridostigmine bromide er</i>	3	
REGONOL	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	4	
<i>isoniazid inj</i>	4	
<i>isoniazid syrup</i>	4	
<i>isoniazid tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifampin</i>	4	
RIFATER	4	
SIRTURO	4	PA QL(188/365)
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
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 450mg/45ml, 50mg/5ml</i>	3	B/D PA
<i>cyclophosphamide caps</i>	4	B/D PA
<i>cyclophosphamide inj</i>	5	B/D PA NDS
<i>dacarbazine</i>	4	B/D PA
EVOMELA	5	PA NDS
GLEOSTINE	4	
HEXALEN	5	NDS
<i>ifosfamide inj 1gm, 3gm</i>	4	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	4	B/D PA
<i>thiotepa</i>	4	PA
TREANDA INJ 100MG	5	B/D PA NDS
TREANDA INJ 25MG	5	B/D PA NDS QL(8/21)

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VALCHLOR	5	PA NDS QL(60/30)
YONDELIS	5	PA NDS
ZANOSAR	4	B/D PA
Antiandrogens		
<i>bicalutamide</i>	3	QL(30/30)
ERLEADA	5	PA NDS QL(120/30)
<i>flutamide</i>	4	
<i>nilutamide</i>	5	NDS QL(60/30)
XTANDI	5	PA NDS QL(120/30)
YONSA	5	PA NDS QL(120/30)
ZYTIGA TABS 500MG	5	PA NDS QL(60/30)
ZYTIGA TABS 250MG	5	PA NDS QL(120/30)
Antiangiogenic Agents		
POMALYST	5	PA NDS QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	5	PA NDS QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	PA NDS QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	PA NDS QL(28/28)
THALOMID CAPS 200MG	5	PA NDS QL(56/28)
Antiestrogens/Modifiers		
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	
Antimetabolites		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	PA NDS
ARRANON	4	
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
<i>cytarabine</i>	4	B/D PA
<i>cytarabine aqueous</i>	4	B/D PA
DROXIA	4	
ELITEK	5	B/D PA NDS
<i>fluorouracil inj</i>	4	B/D PA
FOLOTYN	5	B/D PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
LONSURF TABS 8.19MG; 20MG	5	PA NDS QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	PA NDS QL(100/28)
<i>mercaptopurine</i>	4	
NIPENT	5	B/D PA NDS
PURIXAN	5	PA NDS QL(300/30)
TABLOID	4	
VYXEOS	5	B/D PA NDS
Antineoplastics, Other		
ABRAXANE	5	PA NDS
<i>adriamycin inj 2mg/ml</i>	4	B/D PA
<i>azacitidine</i>	5	B/D PA NDS
BELEODAQ	5	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</i>	3	B/D PA
<i>cisplatin</i>	4	B/D PA
<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	NDS
<i>dexrazoxane</i>	4	B/D PA
DOCETAXEL INJ 200MG/10ML	5	B/D PA NDS

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	B/D PA NDS
<i>doxorubicin hcl</i>	4	B/D PA
<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>	4	B/D PA
ERWINAZE	5	B/D PA NDS QL(60/28)
ETHYOL	5	B/D PA NDS
<i>fludarabine phosphate inj 50mg</i>	4	B/D PA
HALAVEN	5	PA NDS
<i>idarubicin hcl inj 10mg/10ml</i>	5	B/D PA NDS
<i>idarubicin hydrochloride inj 10mg/10ml</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	PA NDS
JEVTANA	5	PA NDS
KISQALI	5	PA NDS QL(63/28)
LARTRUVO	5	PA NDS
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	4	
<i>leucovorin calcium tabs 10mg, 15mg, 25mg</i>	4	
<i>leucovorin calcium tabs 5mg</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	PA NDS QL(120/30)
MEKTOVI	5	PA NDS QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	PA NDS QL(3/28)
ODOMZO	5	PA NDS QL(30/30)
ONCASPAR	5	B/D PA NDS
<i>oxaliplatin inj 100mg</i>	5	B/D PA NDS
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	B/D PA
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	4	B/D PA
PORTRAZZA	5	PA NDS QL(100/21)
PROLEUKIN	5	B/D PA NDS
<i>romidepsin</i>	5	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	PA NDS QL(28/28)
TRISENOX	4	B/D PA
VELCADE	5	PA NDS QL(14/21)
VENCLEXTA STARTING PACK	5	PA NDS QL(84/365)
VENCLEXTA TABS 50MG	4	PA QL(30/30)
VENCLEXTA TABS 10MG	4	PA QL(60/30)
VENCLEXTA TABS 100MG	5	PA NDS QL(120/30)
VERZENIO	5	PA NDS QL(60/30)
<i>vinblastine sulfate</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine sulfate</i>	4	B/D PA
<i>vinorelbine tartrate inj 50mg/5ml</i>	4	B/D PA
ZEJULA	5	PA NDS QL(90/30)
ZOLINZA	5	NDS QL(120/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	4	QL(60/30)
<i>letrozole</i>	2	QL(30/30)
Enzyme Inhibitors		
<i>etoposide inj</i>	3	B/D PA
<i>irinotecan hydrochloride</i>	4	B/D PA
KYPROLIS	5	B/D PA NDS
<i>toposar</i>	3	B/D PA
<i>topotecan hcl inj 4mg</i>	5	NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	PA NDS QL(56/28)
AFINITOR DISPERZ TBSO 5MG	5	PA NDS QL(112/28)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	PA NDS QL(28/28)
AFINITOR TABS 10MG	5	PA 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	PA NDS QL(30/30)
BOSULIF TABS 100MG	5	PA 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	PA NDS QL(30/30)
CAPRELSA TABS 100MG	5	PA 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	PA NDS QL(63/28)
ERIVEDGE	5	PA NDS QL(28/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FARYDAK	5	PA NDS QL(6/21)
GILOTRIF	5	PA NDS QL(30/30)
IBRANCE	5	PA NDS QL(21/28)
ICLUSIG TABS 45MG	5	PA NDS QL(30/30)
ICLUSIG TABS 15MG	5	PA 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)
IMBRUVICA TABS	5	PA NDS QL(30/30)
INLYTA	5	PA NDS QL(120/30)
IRESSA	5	PA NDS QL(30/30)
JAKAFI	5	PA NDS QL(60/30)
LENVIMA 10 MG DAILY DOSE	5	PA NDS QL(30/30)
LENVIMA 12MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 14 MG DAILY DOSE	5	PA NDS QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	PA NDS QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 4 MG DAILY DOSE	5	PA NDS QL(30/30)
LENVIMA 8 MG DAILY DOSE	5	PA NDS QL(60/30)
LYNPARZA CAPS	5	PA NDS QL(448/28)
MEKINIST TABS 2MG	5	PA NDS QL(30/30)
MEKINIST TABS 0.5MG	5	PA NDS QL(90/30)
NEXAVAR	5	PA NDS QL(120/30)
SPRYCEL	5	PA NDS QL(30/30)
STIVARGA	5	PA NDS
SUTENT	5	PA NDS QL(28/28)
TAFINLAR	5	PA NDS QL(120/30)
TAGRISSO	5	PA NDS QL(30/30)
TARCEVA TABS 100MG, 150MG	5	PA NDS QL(30/30)
TARCEVA TABS 25MG	5	PA NDS QL(60/30)
TASIGNA CAPS 150MG, 200MG	5	PA NDS QL(112/28)
TASIGNA CAPS 50MG	5	PA NDS QL(420/30)
<i>temsirolimus</i>	5	B/D PA NDS QL(4/28)
TIBSOVO	5	PA NDS QL(60/30)
TYKERB	5	PA NDS QL(180/30)

Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TARGRETIN GEL	5	NDS QL(60/30)
<i>tretinoin caps</i>	5	NDS
Antiparasitics		
Anthelmintics		
ALBENZA	5	NDS
BILTRICIDE	4	
<i>ivermectin</i>	3	
<i>praziquantel</i>	4	
Antiprotozoals		
ALINIA SUSR	5	NDS QL(150/30)
ALINIA TABS	5	NDS QL(20/30)
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<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	3	B/D PA QL(6/28)
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	4	QL(42/7)
Pediculicides/Scabicides		
<i>lindane</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>amantadine hcl caps</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amantadine hcl syrp</i>	3	
<i>amantadine hcl tabs</i>	4	
<i>entacapone</i>	4	QL(240/30)
Dopamine Agonists		
APOKYN	5	PA NDS QL(60/30)
<i>bromocriptine mesylate</i>	4	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>ropinirole hcl</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	4	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa/levodopa/ entacapone</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	4	QL(30/30)
<i>selegiline hcl</i>	3	
Antipsychotics		
1st Generation/Typical		
<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>	4	
<i>haloperidol lactate</i>	4	
<i>loxapine</i>	4	
<i>loxapine succinate</i>	4	
<i>perphenazine</i>	4	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	4	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
2nd Generation/Atypical		
ABILIFY MAINTENA	5	NDS QL(1/28)
<i>aripiprazole odt</i>	5	NDS QL(60/30)
<i>aripiprazole oral soln</i>	4	QL(900/30)
<i>aripiprazole tabs</i>	4	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)
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	4	QL(30/30)
LATUDA TABS 80MG	4	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 inj</i>	4	QL(30/30)
<i>olanzapine odt</i>	4	QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olanzapine tabs</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	4	QL(60/30) ST
<i>quetiapine fumarate</i>	2	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>	4	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	4	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	4	QL(120/30)
<i>risperidone oral soln</i>	4	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	4	QL(60/30)
VRAYLAR CAPS	5	NDS QL(30/30) ST
VRAYLAR CPPK	4	QL(14/365) ST
<i>ziprasidone hcl</i>	4	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	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>	3	
<i>clozapine tabs 200mg</i>	4	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clozapine tabs 100mg</i>	4	QL(270/30)
VERSACLOZ	4	QL(540/30)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium</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>	3	B/D PA
<i>valganciclovir</i>	5	NDS
<i>valganciclovir hydrochloride</i>	5	NDS
ZIRGAN	3	
Anti-hepatitis B (HBV) Agents		
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	3	
INTRON A INJ 6000000UNIT/ ML	4	
INTRON A INJ 10MU, 10MU/ ML, 18MU, 50MU	5	NDS
<i>lamivudine tabs 100mg</i>	3	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
EPCLUSA	3	PA QL(28/28)
HARVONI	3	PA 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)

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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>	4	QL(30/30)
<i>nevirapine er tb24 100mg</i>	4	QL(90/30)
<i>nevirapine tabs</i>	4	QL(60/30)
ODEFSEY	5	NDS QL(30/30)
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)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir oral soln</i>	3	QL(960/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NDS QL(60/30)
<i>abacavir tabs</i>	4	QL(60/30)
<i>abacavir/lamivudine</i>	5	NDS QL(30/30)
CIMDUO	5	NDS QL(30/30)
DESCOVY	5	NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>didanosine</i>	4	QL(30/30)
EMTRIVA CAPS	3	QL(30/30)
EMTRIVA ORAL SOLN	3	QL(680/28)
<i>lamivudine oral soln</i>	3	QL(900/30)
<i>lamivudine tabs 300mg</i>	3	QL(30/30)
<i>lamivudine tabs 150mg</i>	3	QL(60/30)
<i>lamivudine/zidovudine</i>	4	QL(60/30)
RETROVIR IV INFUSION	4	
<i>stavudine</i>	4	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>	4	QL(180/30)
<i>zidovudine syrup</i>	4	QL(1680/28)
<i>zidovudine tabs</i>	4	QL(60/30)
Anti-HIV Agents, Other		
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)
Anti-HIV Agents, Protease Inhibitors		
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	3	QL(360/30)
NORVIR ORAL SOLN	3	QL(480/30)
NORVIR PACK	4	QL(360/30)
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	4	QL(210/30)
REYATAZ PACK	5	NDS QL(180/30)
<i>ritonavir</i>	3	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)
Anti-influenza Agents		
<i>oseltamivir phosphate caps</i>	3	
<i>oseltamivir phosphate susr</i>	4	
<i>rimantadine hcl</i>	2	
Antitherpetic Agents		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	4	QL(30/30)
<i>acyclovir sodium</i>	4	B/D PA
<i>acyclovir susp</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir tabs</i>	2	
<i>famciclovir</i>	4	QL(60/30)
<i>trifluridine</i>	4	
<i>valacyclovir hcl tabs 1gm</i>	3	QL(30/30)
<i>valacyclovir hydrochloride</i>	3	QL(30/30)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl</i>	2	
<i>doxepin hcl</i>	4	PA
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	3	QL(180/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	4	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	4	
<i>lorazepam intensol</i>	4	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>oxazepam</i>	2	QL(120/30)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 150mg, 600mg</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate tabs</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	QL(90/30)
BYDUREON	4	QL(4/28)
BYDUREON BCISE	4	QL(4/28)
BYDUREON PEN	4	QL(4/28)
BYETTA INJ 5MCG/0.02ML	4	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	4	QL(2.4/30)
CYCLOSET	4	QL(180/30)
FARXIGA	3	QL(30/30)
FORTAMET	4	QL(60/30) ST
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	2	QL(60/30)
<i>glipizide er tb24 5mg</i>	2	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	2	QL(240/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 10mg</i>	2	QL(60/30)
<i>glipizide xl tb24 5mg</i>	2	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	2	QL(240/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 er tb24 1000mg (generic for Glumetza)</i>	4	QL(60/30) ST
<i>metformin hcl er tb24 500mg (generic for Glumetza)</i>	4	QL(120/30) ST
<i>metformin hcl er tb24 1000mg, 500mg (generic for Fortamet)</i>	4	QL(60/30)
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hydrochloride tabs 500mg</i>	1	QL(150/30)
<i>nateglinide</i>	2	QL(90/30)
OZEMPIC	3	QL(3/28)
<i>pioglitazone hcl</i>	2	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	4	QL(120/30)
<i>repaglinide tabs 2mg</i>	4	QL(240/30)
SYMLINPEN 120	4	PA QL(10.8/28)
SYMLINPEN 60	4	PA 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)
Glycemic Agents		
GLUCAGEN HYPOKIT	3	QL(4/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
SOLIQUA 100/33	3	QL(18/30) ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN	4	
ELIQUIS STARTER PACK	4	QL(74/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELIQUIS TABS 2.5MG	4	QL(60/30)
ELIQUIS TABS 5MG	4	QL(74/30)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	4	QL(30/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
<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)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	NDS QL(24/90)
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>heparin sodium inj 5000unit/0.5ml</i>	4	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/dextrose</i>	4	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>jantoven</i>	1	
PRADAXA	4	QL(60/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	3	QL(102/365)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XARELTO TABS 10MG, 20MG	3	QL(30/30)
XARELTO TABS 15MG	3	QL(60/30)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	3	
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	4	PA QL(12/28)
PROMACTA	5	PA NDS QL(30/30)
ZARXIO	5	PA NDS
Hemostasis Agents		
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(12/28)
RETACRIT INJ 40000UNIT/ML	5	PA NDS QL(6/28)
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	3	QL(30/28)
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	QL(60/30)
BRILINTA	3	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(2/365)
<i>clopidogrel tabs 75mg</i>	2	QL(30/30)
<i>dipyridamole tabs</i>	2	PA
<i>prasugrel</i>	4	QL(30/30)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	4	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	4	QL(8/28)
<i>clonidine hcl tabs</i>	2	
<i>midodrine hcl</i>	4	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	2	QL(60/30)
<i>prazosin hcl</i>	4	

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enalapril maleate/hydrochlorothiazide</i>	2	
<i>fosinopril sodium</i>	2	QL(60/30)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	2	
<i>moexipril/hydrochlorothiazide</i>	2	
<i>perindopril erbumine</i>	2	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	2	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	2	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg</i>	2	QL(30/30)
<i>trandolapril tabs 2mg, 4mg</i>	2	QL(60/30)
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	4	
<i>amiodarone hcl tabs 400mg</i>	4	
<i>amiodarone hcl tabs 100mg, 200mg</i>	2	
<i>amiodarone hydrochloride inj</i>	4	
<i>dofetilide</i>	4	QL(60/30)
<i>flecainide acetate</i>	4	
<i>lidocaine hcl inj</i>	4	
<i>mexiletine hcl</i>	4	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	4	

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

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<i>propranolol hcl inj</i>	4	
<i>propranolol hcl oral soln</i>	4	
<i>propranolol hcl tabs</i>	2	
<i>propranolol hydrochloride tabs 60mg</i>	2	
<i>propranolol/hydrochlorothiazide</i>	3	
<i>timolol maleate tabs</i>	4	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	3	QL(60/30)
<i>amlodipine besylate tabs 10mg</i>	1	QL(30/30)
<i>amlodipine besylate tabs 5mg</i>	1	QL(60/30)
<i>amlodipine besylate tabs 2.5mg</i>	1	QL(120/30)
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	2	QL(30/30)
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	2	QL(60/30)
<i>amlodipine besylate/valsartan</i>	2	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem cd cp24 180mg</i>	3	
<i>diltiazem hcl er cp12</i>	3	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	3	
<i>diltiazem hcl er tb24</i>	3	
<i>diltiazem hcl inj</i>	4	
<i>diltiazem hcl tabs</i>	2	
<i>EXFORGE HCT TABS 5MG; 12.5MG; 160MG</i>	4	QL(30/30) ST
<i>exforge hct tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(30/30) ST
<i>felodipine er</i>	2	QL(60/30)
<i>isradipine</i>	4	
<i>matzim la</i>	3	
<i>nicardipine hcl</i>	4	
<i>nifedipine er tb24 90mg</i>	3	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nifedipine er tb24 30mg, 60mg</i>	3	QL(60/30)
<i>nimodipine</i>	4	
<i>nisoldipine er tb24 20mg, 30mg, 40mg</i>	4	
<i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i>	4	QL(30/30)
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	3	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	QL(30/30)
<i>verapamil hcl er cp24 200mg</i>	2	QL(60/30)
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl inj</i>	4	
<i>VERAPAMIL HCL SR CP24 360MG</i>	3	QL(30/30)
<i>verapamil hcl tabs</i>	1	
Cardiovascular Agents, Other		
<i>atropine sulfate inj 0.5mg/5ml</i>	4	
<i>CORLANOR</i>	4	PA QL(60/30)
<i>DEMSE</i>	5	NDS
<i>digitek tabs 0.125mg</i>	3	QL(30/30)
<i>digitek tabs 0.25mg</i>	4	PA
<i>digox tabs 250mcg</i>	4	PA
<i>digox tabs 125mcg</i>	3	QL(30/30)
<i>digoxin inj</i>	4	PA
<i>digoxin tabs 250mcg</i>	4	PA
<i>digoxin tabs 125mcg</i>	3	QL(30/30)
<i>NORTHERA CAPS 100MG</i>	5	PA NDS QL(90/30)
<i>NORTHERA CAPS 200MG, 300MG</i>	5	PA NDS QL(180/30)
<i>pentoxifylline er</i>	2	
<i>RANEXA</i>	3	QL(60/30)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
Diuretics, Loop		
<i>bumetanide inj</i>	4	
<i>bumetanide tabs 2mg</i>	3	
<i>bumetanide tabs 0.5mg, 1mg</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ethacrynate sodium</i>	4	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>torseamide</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<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>	4	QL(30/30)
<i>fenofibrate tabs 48mg, 54mg</i>	4	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	4	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	4	QL(60/30)
<i>gemfibrozil</i>	2	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	2	QL(30/30)
<i>lovastatin tabs 40mg</i>	2	QL(60/30)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(30/30)
<i>pravastatin sodium</i>	1	QL(30/30)
<i>rosuvastatin calcium</i>	4	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
Dyslipidemics, Other		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	4	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)
<i>niacin er tbc 500mg</i>	4	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	4	QL(60/30)
<i>niacor</i>	2	
NIASPAN TBCR 500MG	4	QL(30/30) ST
NIASPAN TBCR 1000MG, 750MG	4	QL(60/30) ST
<i>omega-3-acid ethyl esters</i>	4	QL(120/30)
<i>prevalite</i>	4	
REPATHA	3	PA QL(3/30)
REPATHA PUSHTRONEX SYSTEM	3	PA QL(3.5/30)
REPATHA SURECLICK	3	PA QL(3/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
WELCHOL	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	4	
<i>hydralazine hcl tabs</i>	2	
<i>minoxidil</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	QL(180/30)
<i>isosorbide dinitrate er</i>	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isosorbide dinitrate tabs</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	4	QL(30/30)
<i>nitroglycerin inj</i>	4	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin subl</i>	2	
<i>nitroglycerin transdermal</i>	2	QL(30/30)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine/ dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(30/30)
<i>amphetamine/ dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	3	QL(90/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextroamphetamine sulfate oral soln</i>	4	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	4	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL(180/30)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
<i>clonidine hcl er</i>	4	QL(120/30)
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	4	QL(90/30)
<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 tabs</i>	4	QL(90/30)
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL(30/30) ST
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	4	QL(60/30) ST

Central Nervous System, Other

HETLIOZ	5	PA NDS QL(30/30)
LYRICA CR TB24 330MG	3	QL(60/30)
LYRICA CR TB24 165MG, 82.5MG	3	QL(90/30)
NUDEXTA	4	PA QL(60/30)
<i>riluzole</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	5	PA NDS QL(90/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tetrabenazine tabs 25mg</i>	5	PA NDS QL(120/30)
Multiple Sclerosis Agents		
AMPYRA	5	PA NDS QL(60/30)
AVONEX	5	PA NDS QL(4/28)
AVONEX PEN	5	PA NDS QL(4/28)
BETASERON	5	PA NDS QL(14/28)
COPAXONE INJ 40MG/ML	5	PA NDS QL(12/28)
COPAXONE INJ 20MG/ML	5	PA NDS QL(30/30)
GILENYA	5	PA NDS QL(30/30)
TYSABRI	5	PA NDS QL(15/28)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat soln</i>	1	
<i>oralone dental paste</i>	4	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	4	
Dermatological Agents		
Dermatological Agents		
<i>acitretin</i>	4	PA
<i>ammonium lactate</i>	2	
<i>amnesteam</i>	4	
<i>avita crea</i>	4	PA QL(45/30)
<i>avita gel</i>	4	PA
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	4	QL(60/30)
<i>calcipotriene oint</i>	4	QL(120/30)
<i>calcitrene</i>	4	QL(120/30)
<i>calcitriol oint</i>	3	QL(800/30)
<i>claravis</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CURITY GAUZE PADS 2"X2"	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	4	QL(1050/30)
<i>erythromycin/benzoyl peroxide</i>	4	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil crea 0.5%</i>	5	NDS
<i>fluorouracil external soln</i>	4	
<i>imiquimod</i>	4	QL(12/30)
<i>isotretinoin</i>	4	
<i>methoxsalen</i>	4	
<i>myorisan</i>	4	
PICATO GEL 0.05%	4	QL(2/56)
PICATO GEL 0.015%	4	QL(3/56)
<i>podofilox</i>	4	
RECTIV	4	QL(30/30)
REGANEX	5	PA NDS QL(15/30)
SANTYL	4	
<i>selenium sulfide lotn</i>	2	
<i>tacrolimus oint</i>	4	QL(100/90)
<i>tazarotene</i>	4	
TAZORAC CREA 0.05%	4	
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	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMINOSYN 7%/ ELECTROLYTES	4	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN II	4	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN M	4	B/D PA
AMINOSYN-HBC	4	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	4	B/D PA
AMINOSYN-RF	4	B/D PA
CARBAGLU	5	PA NDS
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D PA
CLINIMIX 5%/DEXTROSE 15%	4	B/D PA
CLINIMIX 5%/DEXTROSE 20%	4	B/D PA
CLINIMIX 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	4	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX N9G15E	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	4	B/D PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	4	B/D PA
DEXTROSE 10%	4	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	4	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEXTROSE 20%	4	B/D PA
DEXTROSE 25%	4	B/D PA
DEXTROSE 30%	4	B/D PA
DEXTROSE 40%	4	B/D PA
DEXTROSE 5%	4	
<i>dextrose 5%/lactated ringers</i>	4	B/D PA
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
DEXTROSE 50%	4	B/D PA
DEXTROSE 70%	4	
<i>fluoride</i>	1	
<i>fluoritab chew 0.5mg, 1mg</i>	1	
FREAMINE HBC 6.9%	4	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D PA
HEPATAMINE	4	B/D PA
KABIVEN	4	B/D PA
KCL 0.075%/D5W/NACL 0.45%	4	B/D PA
KCL 0.15%/D5W/NACL 0.2%	4	B/D PA
KCL 0.15%/D5W/NACL 0.225%	4	B/D PA
KCL 0.15%/D5W/NACL 0.45%	4	B/D PA
KCL 0.15%/D5W/NACL 0.9%	4	B/D PA
KCL 0.3%/D5W/NACL 0.45%	4	B/D PA
KCL 0.3%/D5W/NACL 0.9%	4	B/D PA
<i>klor-con</i>	2	
KLOR-CON 10	3	
KLOR-CON 8	3	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	B/D PA
LACTATED RINGERS VIAFLEX	4	B/D PA
<i>ludent</i>	1	
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML	4	B/D PA
<i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	4	B/D PA
NEPHRAMINE	4	B/D PA
NORMOSOL -R	4	B/D PA
NORMOSOL-M IN D5W	4	B/D PA
NORMOSOL-R	4	B/D PA
NORMOSOL-R IN D5W	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
<i>potassium chloride cr</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride inj</i> 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	B/D PA
<i>potassium chloride oral soln</i>	4	
<i>potassium chloride sr</i>	2	
<i>potassium chloride/dextrose inj</i> 5%; 20meq/l, 5%; 40meq/l	4	B/D PA
<i>potassium chloride/dextrose/ lactated ringers</i>	4	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	B/D PA
<i>potassium citrate er</i>	4	
PREMASOL	4	B/D PA
PROCALAMINE	4	B/D PA
PROSOL	4	B/D PA
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	4	B/D PA
<i>sodium bicarbonate inj</i>	4	
<i>sodium bicarbonate partial fill</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	4	
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
SODIUM LACTATE INJ 5MEQ/ ML	4	B/D PA
TPN ELECTROLYTES	4	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	4	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	NDS
CUPRIMINE	5	NDS
DEPEN TITRATABS	5	NDS
EXJADE	5	NDS ST
JADENU	5	NDS
JADENU SPRINKLE	5	NDS
<i>kionex</i>	3	
SAMSCA TABS 15MG	5	PA NDS QL(30/30)
SAMSCA TABS 30MG	5	PA NDS QL(60/30)
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	3	
<i>sps</i>	3	

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SYPRINE	5	NDS
<i>trientine hydrochloride</i>	5	NDS
Phosphate Binders		
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate pack</i>	4	QL(180/30)
<i>sevelamer carbonate tabs</i>	4	QL(540/30)
Vitamins		
<i>multivitamin with fluoride chew</i>	2	
VP-PNV-DHA	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	4	
<i>dicyclomine hcl caps</i>	2	
<i>dicyclomine hcl oral soln</i>	4	
<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>	4	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate subl</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	4	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	4	
Gastrointestinal Agents, Other		
<i>cromolyn sodium conc</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA NDS
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl inj</i>	4	
<i>metoclopramide hcl oral soln</i>	2	
<i>metoclopramide hcl tabs</i>	2	

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)
<i>ursodiol caps</i>	3	
<i>ursodiol tabs</i>	4	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine inj</i>	4	
<i>famotidine premixed</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>ranitidine hcl caps</i>	4	
<i>ranitidine hcl inj</i>	4	
<i>ranitidine hcl syrp</i>	4	
<i>ranitidine hcl tabs</i>	1	
<i>ranitidine hydrochloride inj</i>	4	
Irritable Bowel Syndrome Agents		
<i>alosecron hydrochloride tabs 1mg</i>	5	PA NDS QL(60/30)
<i>alosecron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
AMITIZA	3	QL(60/30)
LINZESS	3	QL(30/30)
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	
KRISTALOSE PACK 20GM	4	
<i>lactulose oral soln</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>polyethylene glycol 3350 powd</i>	3	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
Protectants		
<i>misoprostol</i>	3	
<i>sucalfate</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Proton Pump Inhibitors		
<i>esomeprazole magnesium</i>	4	QL(60/30)
<i>esomeprazole sodium</i>	4	
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>omeprazole/sodium bicarbonate caps</i>	4	QL(30/30) ST
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	5	PA NDS
ALDURAZYME	5	PA NDS
CEREZYME	5	B/D PA NDS
CREON	3	
CYSTADANE	5	NDS
CYSTAGON	4	
ELAPRASE	5	PA NDS
FABRAZYME	5	B/D PA NDS
KUVAN	5	PA NDS
LUMIZYME	5	PA NDS
<i>miglustat</i>	5	NDS QL(90/30)
NAGLAZYME	5	PA NDS
ORFADIN	5	NDS
<i>sodium phenylbutyrate</i>	5	PA NDS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL(30/30)
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 5mg</i>	3	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxybutynin chloride syrps</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>tolterodine tartrate</i>	4	QL(60/30)
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>bethanechol chloride</i>	3	
ELMIRON	4	
<i>phenazopyridine hydrochloride</i>	2	
<i>phenazopyridine hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-methapred</i>	4	
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>augmented betamethasone dipropionate crea</i>	2	
<i>augmented betamethasone dipropionate gel</i>	3	
<i>augmented betamethasone dipropionate lotn</i>	4	
<i>augmented betamethasone dipropionate oint</i>	4	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate crea</i>	3	
<i>betamethasone valerate foam</i>	4	
<i>betamethasone valerate lotn</i>	3	
<i>betamethasone valerate oint</i>	3	

CAPITALIZED = BRAND NAME DRUG

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clobetasol propionate crea</i>	4	
<i>clobetasol propionate emollient</i>	4	
<i>clobetasol propionate external soln</i>	4	
<i>clobetasol propionate foam</i>	4	
<i>clobetasol propionate gel</i>	4	
CLOBETASOL PROPIONATE LIQD	4	
CLOBETASOL PROPIONATE LOTN	4	
<i>clobetasol propionate oint</i>	4	
<i>clobetasol propionate sham</i>	4	
CLOBEX	4	
<i>clodan</i>	4	
<i>cortisone acetate</i>	4	
<i>desonide lotn</i>	4	
<i>desonide oint</i>	4	
<i>desoximetasone crea</i>	4	
<i>desoximetasone gel</i>	4	
<i>desoximetasone oint</i>	4	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide external soln</i>	4	
<i>fluocinonide gel</i>	4	
<i>fluocinonide oint</i>	4	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate oint</i>	4	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate (lipid)</i>	4	
<i>hydrocortisone butyrate (lipophilic)</i>	4	
<i>hydrocortisone butyrate crea</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone butyrate external soln</i>	4	
<i>hydrocortisone butyrate oint</i>	4	
<i>hydrocortisone external crea</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone rectal crea</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	4	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	4	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
<i>prednicarbate oint</i>	2	
<i>prednisolone</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral soln</i>	2	
<i>prednisone tabs 50mg</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 10mg</i>	2	
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	4	
<i>proctozone-hc</i>	4	
SOLU-CORTEF	4	
TEXACORT	3	
<i>triamcinolone acetonide crea</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>triamcinolone acetonide inj 40mg/ml</i>	4	
<i>triamcinolone acetonide lotn</i>	3	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm crea 0.1%</i>	2	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate inj</i>	4	
<i>desmopressin acetate nasal soln</i>	4	QL(15/30)
<i>desmopressin acetate tabs</i>	2	
GENOTROPIN	5	PA NDS
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
INCRELEX	4	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

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)

Androgens

<i>danazol caps 50mg</i>	3	
<i>danazol caps 100mg, 200mg</i>	4	
<i>testosterone cypionate</i>	4	
<i>testosterone enanthate</i>	4	QL(5/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA QL(300/30)
<i>testosterone pump</i>	4	PA QL(300/30)

Estrogens

<i>altavera</i>	3	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	3	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
<i>apri</i>	2	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	QL(91/91)
<i>aubra</i>	3	
<i>aviane</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	2	
<i>bekyree</i>	4	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	3	QL(91/91)
<i>camrese lo</i>	4	QL(91/91)
<i>caziant</i>	2	
<i>cesia</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	QL(91/91)
DELESTROGEN INJ 10MG/ML	4	
<i>delyla</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEPO-ESTRADIOL	4	
desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg	3	
desogestrel/ethinyl estradiol tabs 0; 0	2	
elinest	3	
emoquette	2	
enpresse-28	2	
enskyce	3	
estarylla	2	
estradiol crea	4	
estradiol ptw	4	PA QL(8/28)
estradiol ptwk	4	PA QL(4/28)
estradiol tabs 10mcg	4	QL(18/28)
estradiol tabs 0.5mg, 1mg, 2mg	2	PA
estradiol valerate	4	
ESTRING	4	QL(1/90)
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	4	
falmina	2	
femynor	2	
fyavolv tabs 2.5mcg; 0.5mg	4	PA
introvale	4	QL(91/91)
isibloom	3	
jevantique lo	4	PA
jolessa	3	QL(91/91)
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kimidess	2	
kurvelo	3	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
larissia	2	
lessina	2	
levonest	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	3	QL(91/91)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	3	
levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg	4	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0	4	QL(91/91)
levora 0.15/30-28	2	
low-ogestrel	2	
lutera	3	
marlissa	2	
melodetta 24 fe	2	
MENEST	4	PA
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
mili	2	
mono-linyah	3	
myzilra	3	
necon 0.5/35-28	3	
necon 7/7/7	3	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg	4	PA
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs	3	
norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg	3	
norgestimate/ethinyl estradiol tabs 0; 0	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
ogestrel	3	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	2	
PREMARIN CREA	3	
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	4	QL(91/91)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
TRINESSA	3	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>yuvafem</i>	4	QL(18/28)
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Progesterone Agonists/Antagonists		
MAKENA INJ 275MG/1.1ML	5	PA NDS
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	QL(10/28)
<i>errin</i>	2	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate</i>	5	PA NDS
<i>incassia</i>	2	
<i>jencycla</i>	3	
JOLIVETTE	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate inj</i>	4	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate tabs 20mg</i>	4	PA
<i>megestrol acetate tabs 40mg</i>	3	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	3	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	PA QL(30/30)
<i>raloxifene hydrochloride</i>	3	QL(30/30)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	4	
<i>levoxyl tabs 100mcg, 112mcg, 175mcg</i>	4	
<i>liothyronine sodium inj</i>	4	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	4	QL(16/28)
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)
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
SIGNIFOR	5	PA 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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NDS QL(0.5/28)
SOMAVERT	5	PA 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)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	4	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA NDS QL(20/30)
FIRAZYR	5	PA NDS QL(18/30)
RUCONEST	5	PA NDS QL(8/30)
Immune Suppressants		
<i>azathioprine inj</i>	4	PA
<i>azathioprine tabs</i>	2	PA
<i>cyclosporine</i>	4	PA
<i>cyclosporine modified</i>	4	PA
ENBREL INJ 25MG/0.5ML	3	PA QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	3	PA QL(8/28)
ENBREL MINI	3	PA QL(8/28)
ENBREL SURECLICK	3	PA QL(8/28)
<i>gengraf</i>	4	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	3	PA QL(2/28)
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	3	PA QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH)	3	PA NDS QL(4/365)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK)	3	PA NDS QL(6/365)
HUMIRA PEN	3	PA QL(4/28)
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	3	PA QL(6/365)
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	3	PA QL(12/365)
HUMIRA PEN-PS/UV STARTER INJ	3	PA QL(6/365)
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	3	PA QL(8/365)
<i>methotrexate sodium</i>	4	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps</i>	4	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA NDS
<i>mycophenolate mofetil tabs</i>	4	PA
<i>mycophenolic acid dr</i>	4	PA
NULOJIX	5	PA NDS QL(150/30)
RAPAMUNE ORAL SOLN	5	PA NDS
RENFLEXIS	5	PA NDS
SANDIMMUNE ORAL SOLN	4	PA
<i>sirolimus</i>	4	PA
<i>tacrolimus caps</i>	4	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)
Immunizing Agents, Passive		
ATGAM	4	PA

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

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

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	4	
<i>mesalamine</i>	4	

Glucocorticoids

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sulfonamides		
<i>sulfasalazine</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	4	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	4	QL(90/30)
<i>doxercalciferol caps 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 tabs</i>	3	QL(1/28)
MIACALCIN	5	NDS
<i>pamidronate disodium</i>	4	B/D PA
<i>paricalcitol caps 4mcg</i>	4	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	4	QL(90/30)
PROLIA	4	QL(1/180)
SENSIPAR TABS 30MG, 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>	4	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	4	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)
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
INTRALIPID	4	B/D PA
KORLYM	5	PA NDS QL(120/30)
LACTATED RINGERS IRRIGATION	4	
<i>levocarnitine</i>	2	
LIPOSYN III	4	B/D PA
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	4	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	4	
<i>physiosol irrigation</i>	4	
RINGERS IRRIGATION	4	
<i>sodium chloride irrigation 0.9%</i>	4	
<i>sterile water irrigation</i>	4	
<i>sterile water irrigation plastic bottle</i>	4	
<i>sterile water irrigation w/hanger</i>	4	
TECHLITE PEN NEEDLES/31G X 6 MM	3	QL(200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanoid Analogs

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

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic soln</i>	3	
CYSTARAN	5	PA NDS QL(60/28)
<i>proparacaine hcl</i>	1	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl ophthalmic soln</i>	4	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl ophthalmic soln</i>	4	QL(5/30)
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	4	

Ophthalmic Anti-inflammatories

<i>bromfenac</i>	4	
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CAPITALIZED = BRAND NAME DRUG

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NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	
PROLENSA	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	4	
<i>apraclonidine</i>	4	
AZOPT	3	
<i>betaxolol hcl ophthalmic soln</i>	4	
<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)
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	4	
SIMBRINZA	4	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate ophthalmic soln</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>fluocinolone acetonide</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
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>	4	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	3	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)
<i>mometasone furoate susp</i>	4	QL(34/30) ST
NASONEX	4	QL(34/30) ST
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	4	QL(12/30) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	4	QL(13.8/30) ST
Antihistamines		
<i>azelastine hcl nasal soln</i>	4	QL(30/25)
<i>desloratadine</i>	4	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	4	QL(300/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
Antileukotrienes		
<i>montelukast sodium chew</i>	2	QL(30/30)
<i>montelukast sodium pack</i>	4	QL(30/30)
<i>montelukast sodium tabs</i>	2	QL(30/30)
<i>zafirlukast</i>	4	QL(60/30)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8/30)
COMBIVENT RESPIMAT	4	QL(8/30)
INCRUSE ELLIPTA	3	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	2	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA QL(540/30)
SPIRIVA HANDIHALER	4	QL(30/30) ST
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<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>	4	
ANORO ELLIPTA	3	QL(60/30)
BROVANA	4	B/D PA QL(120/30)
<i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i>	4	
<i>epinephrine auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2/30)
<i>levalbuterol tartrate hfa</i>	4	QL(30/30)
<i>metaproterenol sulfate</i>	4	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SEREVENT DISKUS	3	QL(60/30)
<i>terbutaline sulfate</i>	4	
VENTOLIN HFA	4	QL(36/30)
Cystic Fibrosis Agents		
CAYSTON	5	PA 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)
<i>tobramycin nebu</i>	5	B/D PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	4	
DALIRESP TABS 500MCG	4	PA QL(30/30)
DALIRESP TABS 250MCG	4	PA QL(60/365)
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA NDS QL(90/30)
REMODULIN	5	B/D PA NDS
<i>sildenafil tabs 20mg</i>	3	PA QL(90/30)
TRACLEER TABS	5	PA NDS QL(60/30)
TRACLEER TBSO	5	PA NDS
VENTAVIS	5	PA NDS QL(270/30)
Pulmonary Fibrosis Agents		
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)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	4	B/D PA

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Covered Drugs By Category

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ARALAST NP	5	B/D PA NDS
PROLASTIN-C INJ 1000MG	5	B/D PA NDS
<i>ribavirin inhalation soln</i>	5	B/D PA NDS
TRELEGY ELLIPTA	3	QL(60/30)
XOLAIR	5	PA NDS QL(6/28)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>methocarbamol tabs</i>	2	PA
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
Sleep Disorder Agents		
GABA Receptor Modulators		
<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>	2	PA QL(30/30)
Sleep Disorders, Other		
<i>armodafinil</i>	4	PA QL(30/30)
SILENOR	3	QL(30/30)
XYREM	5	PA NDS QL(540/30)

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		<i>afeditab cr</i>	40	<i>amantadine hcl caps</i>	31
<i>abacavir/lamivudine</i>	34	AFINITOR DISPERZ TBSO 2MG, 3MG	30	<i>amantadine hcl syrup</i>	32
<i>abacavir oral soln</i>	34	AFINITOR DISPERZ TBSO 5MG	30	<i>amantadine hcl tabs</i>	32
<i>abacavir sulfate/ lamivudine/zidovudine</i>	34	AFINITOR TABS 2.5MG, 5MG, 7.5MG	30	AMBISOME	26
<i>abacavir tabs</i>	34	AFINITOR TABS 10MG	30	<i>a-methapred</i>	47
ABELCET	26	<i>ala-cort crea 1%</i>	47	<i>amethia</i>	49
ABILIFY MAINTENA	32	ALBENZA	31	<i>amethia lo</i>	49
ABRAXANE	28	<i>albuterol sulfate er</i>	57	<i>amikacin sulfate</i>	19
<i>acamprosate calcium dr</i>	19	<i>albuterol sulfate nebu 0.5%</i>	57	<i>amiloride hcl</i>	41
<i>acarbose</i>	36	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	57	<i>amiloride/hydrochlorothiazide</i>	41
<i>acebutolol hcl</i>	39	<i>albuterol sulfate syrup</i>	57	AMINO ACID	54
<i>acetaminophen/codeine oral soln</i>	17	<i>albuterol sulfate tabs</i>	57	<i>aminophylline</i>	57
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	17	<i>alclometasone dipropionate</i>	47	AMINOSYN	43
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	17	ALCOHOL PREP PADS	19	AMINOSYN 7%/ELECTROLYTES	44
<i>acetazolamide</i>	40	ALDURAZYME	47	AMINOSYN 8.5%/ ELECTROLYTES	44
<i>acetazolamide er</i>	56	ALECENSA	30	AMINOSYN-HBC	44
<i>acetazolamide sodium</i>	40	<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	54	AMINOSYN II	44
<i>acetic acid</i>	56	<i>alendronate sodium tabs 35mg, 70mg</i>	54	AMINOSYN II 8.5%/ ELECTROLYTES	44
<i>acetylcysteine inhalation soln</i>	57	<i>alfuzosin hcl er</i>	47	AMINOSYN M	44
<i>acitretin</i>	43	ALIMTA	28	AMINOSYN-PF	44
ACTEMRA INJ 162MG/0.9ML	53	ALINIA SUSR	31	AMINOSYN-PF 7%	44
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	53	ALINIA TABS	31	AMINOSYN-RF	44
ACTHIB	53	ALIQOPA	30	<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	39
ACTIMMUNE	53	<i>allopurinol</i>	26	<i>amiodarone hcl tabs 100mg, 200mg</i>	39
<i>acyclovir caps</i>	35	<i>allopurinol sodium</i>	26	<i>amiodarone hcl tabs 400mg</i>	39
<i>acyclovir oint</i>	35	<i>alosetron hydrochloride tabs 0.5mg</i>	46	<i>amiodarone hydrochloride inj</i>	39
<i>acyclovir sodium</i>	35	<i>alosetron hydrochloride tabs 1mg</i>	46	AMITIZA	46
<i>acyclovir susp</i>	35	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	35	<i>amitriptyline hcl</i>	25
<i>acyclovir tabs</i>	35	<i>alprazolam tabs 2mg</i>	35	<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	40
ADACEL	53	<i>altavera</i>	49	<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	40
ADAGEN	47	ALUNBRIG TABS 30MG	30	<i>amlodipine besylate tabs 2.5mg</i>	40
ADEMPAS	57	ALUNBRIG TABS 180MG, 90MG	30	<i>amlodipine besylate tabs 5mg</i>	40
<i>adriamycin inj 2mg/ml</i>	28	ALUNBRIG TBPK	30	<i>amlodipine besylate tabs 10mg</i>	40
<i>adrucil</i>	28	<i>alyacen 1/35</i>	49		
ADVAIR DISKUS	56	<i>alyacen 7/77</i>	49		
ADVAIR HFA	56				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amlodipine besylate/valsartan</i>	40	<i>aprepitant caps 40mg</i>	25	<i>atorvastatin calcium</i>	41
<i>amlodipine/valsartan/hctz</i>	40	<i>aprepitant caps 80mg</i>	26	<i>atovaquone</i>	31
<i>ammonium lactate</i>	43	<i>aprepitant caps 125mg</i>	26	<i>atovaquone/proguanil hcl</i>	31
<i>amnesteam</i>	43	<i>aprepitant caps pack</i>	26	ATRIPLA	34
<i>amoxapine</i>	25	<i>apri</i>	49	<i>atropine sulfate inj 0.5mg/5ml</i>	40
<i>amoxicillin caps</i>	21	APRISO	54	<i>atropine sulfate inj</i> <i>0.25mg/5ml, 1mg/ml, 8mg/20ml</i>	46
<i>amoxicillin chew</i>	21	APTIOM TABS 200MG, 400MG, 800MG	22	<i>atropine sulfate ophthalmic soln</i>	55
<i>amoxicillin/clavulanate potassium</i>	21	APTIOM TABS 600MG	22	ATROVENT HFA	57
<i>amoxicillin/clavulanate</i> <i>potassium er</i>	21	APTIVUS CAPS	34	<i>aubra</i>	49
<i>amoxicillin susr</i>	21	APTIVUS ORAL SOLN	34	<i>augmented betamethasone</i> <i>dipropionate crea</i>	47
<i>amoxicillin tabs</i>	21	ARALAST NP	58	<i>augmented betamethasone</i> <i>dipropionate gel</i>	47
<i>amphetamine/dextroamphetamine</i> <i>cp24 1.25mg; 1.25mg; 1.25mg;</i> <i>1.25mg, 6.25mg; 6.25mg;</i> <i>6.25mg; 6.25mg</i>	42	<i>aranelle</i>	49	<i>augmented betamethasone</i> <i>dipropionate lotn</i>	47
<i>amphetamine/dextroamphetamine</i> <i>cp24 2.5mg; 2.5mg; 2.5mg;</i> <i>2.5mg, 3.75mg; 3.75mg; 3.75mg;</i> <i>3.75mg, 5mg; 5mg; 5mg; 5mg,</i> <i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	42	ARCALYST	53	<i>augmented betamethasone</i> <i>dipropionate oint</i>	47
<i>amphetamine/dextroamphetamine</i> <i>tabs 1.25mg; 1.25mg; 1.25mg;</i> <i>1.25mg, 1.875mg; 1.875mg;</i> <i>1.875mg; 1.875mg, 2.5mg; 2.5mg;</i> <i>2.5mg; 2.5mg, 3.125mg; 3.125mg;</i> <i>3.125mg; 3.125mg, 3.75mg;</i> <i>3.75mg; 3.75mg; 3.75mg,</i> <i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	42	ARISTADA INITIO	32	AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	21
<i>amphetamine/dextroamphetamine</i> <i>tabs 5mg; 5mg; 5mg; 5mg</i>	42	ARISTADA INJ 441MG/1.6ML	32	AVASTIN	31
<i>amphotericin b</i>	26	ARISTADA INJ 662MG/2.4ML	32	<i>aviane</i>	49
<i>ampicillin</i>	21	ARISTADA INJ 882MG/3.2ML	32	<i>avita crea</i>	43
<i>ampicillin sodium</i>	21	ARISTADA INJ 1064MG/3.9ML	32	<i>avita gel</i>	43
<i>ampicillin-sulbactam</i>	21	<i>armodafinil</i>	58	AVONEX	43
AMPYRA	43	ARNUITY ELLIPTA	56	AVONEX PEN	43
ANADROL-50	49	ARRANON	28	<i>azacitidine</i>	28
<i>anagrelide hydrochloride</i>	38	<i>ascomp/codeine</i>	17	AZACTAM	21
<i>anaspaz</i>	46	<i>ashlyna</i>	49	AZACTAM IN ISO-OSMOTIC DEXTROSE	21
<i>anastrozole</i>	30	<i>aspirin/dipyridamole</i>	38	<i>azathioprine inj</i>	52
ANORO ELLIPTA	57	<i>atazanavir caps 200mg</i>	34	<i>azathioprine tabs</i>	52
APOKYN	32	<i>atazanavir caps 300mg</i>	34	<i>azelastine hcl nasal soln</i>	56
<i>apraclonidine</i>	56	<i>atazanavir sulfate caps 150mg</i>	34	<i>azelastine hcl ophthalmic soln</i>	55
		<i>atazanavir sulfate caps 200mg</i>	34	<i>azithromycin inj</i>	21
		<i>atazanavir sulfate caps 300mg</i>	34	<i>azithromycin pack</i>	21
		<i>atenolol</i>	39	<i>azithromycin susr 100mg/5ml</i>	21
		<i>atenolol/chlorthalidone</i>	39	<i>azithromycin susr 200mg/5ml</i>	21
		ATGAM	53	<i>azithromycin tabs 250mg, 500mg</i>	21
		<i>atomoxetine caps</i> <i>10mg, 18mg, 25mg, 40mg</i>	42	<i>azithromycin tabs 600mg</i>	21
		<i>atomoxetine caps</i> <i>100mg, 60mg, 80mg</i>	42	AZOPT	56

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>aztreonam inj 1gm</i>	21	BENLYSTA INJ 120MG	53	<i>brimonidine tartrate</i>	
<i>aztreonam inj 2gm</i>	21	BENLYSTA INJ 400MG	53	<i>ophthalmic soln 0.2%</i>	56
<i>azurette</i>	49	<i>benztropine mesylate inj</i>	31	<i>brimonidine tartrate</i>	
B		<i>benztropine mesylate tabs</i>	31	<i>ophthalmic soln 0.15%</i>	56
<i>baciim</i>	19	BESIVANCE	22	BRIVIACT INJ	22
<i>bacitracin inj</i>	19	BESPONSA.....	31	BRIVIACT ORAL SOLN	22
<i>bacitracin ophthalmic oint</i>	19	<i>betamethasone dipropionate</i>	47	BRIVIACT TABS	
<i>bacitracin/polymyxin b</i>	19	<i>betamethasone valerate crea</i>	47	10MG, 25MG, 50MG, 75MG	22
<i>baclofen tabs</i>	33	<i>betamethasone valerate foam</i>	47	BRIVIACT TABS 100MG.....	23
<i>balsalazide disodium</i>	54	<i>betamethasone valerate lotn</i>	47	<i>bromfenac</i>	55
<i>balziva</i>	49	<i>betamethasone valerate oint</i>	47	<i>bromocriptine mesylate</i>	32
BANZEL SUSP	24	BETASERON	43	BROVANA	57
BANZEL TABS 200MG	24	<i>betaxolol hcl ophthalmic soln</i>	56	<i>budesonide cpep</i>	54
BANZEL TABS 400MG	24	<i>betaxolol hcl tabs</i>	39	<i>budesonide susp</i>	56
BAVENCIO.....	31	<i>bethanechol chloride</i>	47	<i>bumetanide inj</i>	40
BAXDELA.....	22	<i>bexarotene</i>	31	<i>bumetanide tabs 0.5mg, 1mg</i>	40
BCG VACCINE.....	53	BEXSERO	53	<i>bumetanide tabs 2mg</i>	40
BD INSULIN SYRINGE		<i>bicalutamide</i>	28	<i>buprenorphine hcl inj</i>	17
SAFETYGLIDE/1ML/29G X 1/2".....	54	BICILLIN L-A.....	21	<i>buprenorphine hcl/naloxone hcl</i>	19
BD INSULIN SYRINGE		BICNU.....	27	<i>buprenorphine hcl subl</i>	19
ULTRAFINE/0.3ML/31G X 5/16".....	54	BIDIL.....	41	<i>bupropion hcl er tb12</i>	
BD INSULIN SYRINGE		BIKTARVY	34	100mg, 200mg	24
ULTRAFINE/0.5ML/30G X 1/2".....	54	BILTRICIDE.....	31	BUPROPION HCL ER	
BD INSULIN SYRINGE		<i>bisoprolol fumarate</i>	39	TB12 150MG.....	24
ULTRAFINE/1ML/31G X 5/16".....	55	<i>bisoprolol fumarate/</i>		<i>bupropion hcl sr</i>	19
BD PEN NEEDLE/MINI/		<i>hydrochlorothiazide</i>	39	<i>bupropion hcl sr</i>	24
ULTRAFINE/31G X 3/16".....	55	<i>bleomycin</i>	28	<i>bupropion hcl tabs 100mg</i>	24
BD PEN NEEDLE/NANO/		<i>bleomycin sulfate</i>	28	<i>bupropion hcl xl</i>	24
ULTRA FINE/32G X 4MM	55	BLEPHAMIDE.....	22	<i>bupropion hydrochloride tabs 75mg</i> ..	24
BD PEN NEEDLE/ULTRAFINE/		BLEPHAMIDE S.O.P.....	22	<i>buspirone hcl</i>	35
29G X 12.7MM.....	55	<i>blisovi fe 1.5/30</i>	49	<i>busulfan</i>	27
<i>bekyree</i>	49	<i>blisovi fe 1/20</i>	49	BUSULFEX.....	27
BELEODAQ.....	28	BOOSTRIX	53	<i>butalbital/acetaminophen/</i>	
<i>benazepril hcl</i>	38	BORTEZOMIB	28	<i>caffeine caps</i>	17
<i>benazepril hcl/hydrochlorothiazide</i>		BOSULIF TABS 100MG.....	30	<i>butalbital/acetaminophen/</i>	
<i>tabs 10mg; 12.5mg, 20mg;</i>		BOSULIF TABS 400MG, 500MG ..	30	<i>caffeine tabs 325mg; 50mg; 40mg</i> ..	17
<i>25mg, 5mg; 6.25mg</i>	38	BRAFTOVI.....	28	<i>butalbital/aspirin/caffeine caps</i>	17
<i>benazepril hcl/hydrochlorothiazide</i>		BREO ELLIPTA	56	<i>butalbital/aspirin/caffeine/codeine</i> ...	17
<i>tabs 20mg; 12.5mg</i>	38	<i>briellyn</i>	49	<i>butorphanol tartrate inj 1mg/ml</i>	17
BENDEKA.....	27	BRILINTA.....	38	<i>butorphanol tartrate inj 2mg/ml</i>	17
				<i>butorphanol tartrate nasal soln</i>	17

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
BYDUREON	36	<i>carbidopa/levodopa/entacapone</i>	32	CEREZYME	47
BYDUREON BCISE	36	<i>carbidopa/levodopa er</i>	32	<i>cesia</i>	49
BYDUREON PEN	36	<i>carbidopa/levodopa odt</i>	32	CHANTIX	19
BYETTA INJ 5MCG/0.02ML	36	<i>carboplatin inj 150mg/15ml</i>	28	CHANTIX CONTINUING MONTH PAK	19
BYETTA INJ 10MCG/0.04ML	36	<i>carboplatin inj 450mg/45ml, 50mg/5ml</i>	27	CHANTIX STARTING MONTH PAK	19
C		<i>carteolol hcl</i>	56	<i>chateal</i>	49
<i>cabergoline</i>	52	<i>cartia xt</i>	40	CHEMET	45
CABOMETYX TABS 20MG, 60MG	30	<i>carvedilol</i>	39	<i>chloramphenicol sodium succinate</i>	19
CABOMETYX TABS 40MG	30	<i>carvedilol phosphate</i>	39	<i>chlorhexidine gluconate mouth/throat soln</i>	43
<i>calcipotriene crea</i>	43	<i>caspofungin acetate</i>	26	<i>chloroquine phosphate</i>	31
<i>calcipotriene external soln</i>	43	CAYSTON	57	<i>chlorothiazide</i>	41
<i>calcipotriene oint</i>	43	<i>caziant</i>	49	<i>chlorothiazide sodium</i>	41
<i>calcitonin-salmon</i>	54	<i>cefaclor</i>	20	<i>chlorpromazine hcl</i>	32
<i>calcitrene</i>	43	<i>cefaclor er</i>	20	<i>chlorthalidone</i>	41
<i>calcitriol caps</i>	54	<i>cefadroxil</i>	20	<i>cholestyramine</i>	41
<i>calcitriol inj</i>	54	CEFAZOLIN	20	<i>cholestyramine light</i>	41
<i>calcitriol oint</i>	43	<i>cefazolin sodium/ dextrose inj 2gm; 3%</i>	20	<i>chorionic gonadotropin</i>	49
<i>calcitriol oral soln</i>	54	<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	20	<i>ciclodan</i>	26
<i>calcium acetate caps</i>	46	<i>cefdinir</i>	20	<i>ciclopirox nail lacquer</i>	26
<i>calcium acetate tabs 667mg</i>	46	<i>cefepime</i>	20	<i>ciclopirox olamine</i>	26
CALQUENCE	30	<i>cefepime/dextrose</i>	20	<i>ciclopirox sham</i>	26
<i>camila</i>	51	<i>cefixime</i>	20	<i>ciclopirox susp</i>	26
<i>camrese</i>	49	<i>cefotaxime sodium</i>	20	<i>cidofovir</i>	33
<i>camrese lo</i>	49	<i>cefotetan</i>	21	<i>cilostazol</i>	38
<i>candesartan cilexetil</i>	38	<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	20	CILOXAN OINT	22
<i>candesartan cilexetil/ hydrochlorothiazide</i>	38	<i>cefeproxime proxetil</i>	21	CIMDUO	34
CAPASTAT SULFATE	27	<i>cefprozil</i>	21	CINRYZE	52
CAPRELSA TABS 100MG	30	<i>ceftazidime</i>	21	CIPRODEX	22
CAPRELSA TABS 300MG	30	<i>ceftazidime/dextrose</i>	21	<i>ciprofloxacin hcl ophthalmic soln</i>	22
<i>captopril</i>	38	<i>ceftriaxone in iso-osmotic dextrose</i>	21	<i>ciprofloxacin hcl tabs 100mg</i>	22
<i>captopril/hydrochlorothiazide</i>	38	<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	21	<i>ciprofloxacin hcl tabs 250mg, 750mg</i>	22
CARBAGLU	44	<i>cefuroxime axetil</i>	21	<i>ciprofloxacin hydrochloride</i>	22
<i>carbamazepine chew</i>	24	<i>cefuroxime sodium</i>	21	<i>ciprofloxacin i.v.-in d5w</i>	22
<i>carbamazepine er</i>	24	CELONTIN	23	<i>ciprofloxacin susr</i>	22
<i>carbamazepine susp</i>	24	<i>cephalexin caps 250mg, 500mg</i>	21	<i>cisplatin</i>	28
<i>carbamazepine tabs</i>	24	<i>cephalexin susr</i>	21	<i>citalopram hydrobromide oral soln</i>	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>citalopram hydrobromide tabs 10mg</i>	24	<i>clobetasol propionate crea</i>	48	<i>clozapine odt tbdp 100mg</i>	33
<i>citalopram hydrobromide tabs 20mg</i>	24	<i>clobetasol propionate emollient</i>	48	<i>clozapine odt tbdp 150mg</i>	33
<i>citalopram hydrobromide tabs 40mg</i>	24	<i>clobetasol propionate external soln</i>	48	<i>clozapine odt tbdp 200mg</i>	33
<i>cladribine</i>	28	<i>clobetasol propionate foam</i>	48	<i>clozapine tabs 25mg, 50mg</i>	33
<i>claravis</i>	43	<i>clobetasol propionate gel</i>	48	<i>clozapine tabs 100mg</i>	33
<i>clarithromycin</i>	21	CLOBETASOL PROPIONATE LIQD	48	<i>clozapine tabs 200mg</i>	33
<i>clarithromycin er</i>	21	CLOBETASOL PROPIONATE LOTN	48	COARTEM	31
<i>clindacin etz pledgets</i>	19	<i>clobetasol propionate oint</i>	48	<i>colchicine caps</i>	26
<i>clindacin-p</i>	19	<i>clobetasol propionate sham</i>	48	<i>colchicine tabs</i>	26
<i>clindamycin</i>	19	CLOBEX	48	<i>colestipol hcl</i>	41
<i>clindamycin hcl caps</i>	19	<i>clodan</i>	48	<i>colistimethate sodium</i>	20
<i>clindamycin phosphate crea</i>	19	<i>clofarabine</i>	28	COMBIGAN	55
<i>clindamycin phosphate external soln</i>	20	<i>clomipramine hcl</i>	25	COMBIVENT RESPIMAT	57
<i>clindamycin phosphate gel</i>	20	<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	23	COMETRIQ 60MG DAILY DOSE KIT	30
<i>clindamycin phosphate in d5w</i>	20	<i>clonazepam odt tbdp 1mg</i>	23	COMETRIQ 100MG DAILY DOSE KIT	30
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	20	<i>clonazepam odt tbdp 2mg</i>	23	COMETRIQ 140MG DAILY DOSE KIT	30
<i>clindamycin phosphate lotn</i>	20	<i>clonazepam tabs 0.5mg</i>	23	COMPLERA	34
<i>clindamycin phosphate swab</i>	20	<i>clonazepam tabs 1mg</i>	23	<i>compro</i>	25
<i>clindamycin/sodium chloride</i>	20	<i>clonazepam tabs 2mg</i>	23	<i>constulose</i>	46
CLINIMIX 2.75%/DEXTROSE 5%	44	<i>clonidine hcl er</i>	42	COPAXONE INJ 20MG/ML	43
CLINIMIX 4.25%/DEXTROSE 5%	44	<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	38	COPAXONE INJ 40MG/ML	43
CLINIMIX 4.25%/DEXTROSE 10%	44	<i>clonidine hcl ptwk 0.3mg/24hr</i>	38	CORLANOR	40
CLINIMIX 4.25%/DEXTROSE 20%	44	<i>clonidine hcl tabs</i>	38	<i>cortisone acetate</i>	48
CLINIMIX 4.25%/DEXTROSE 25%	44	<i>clopidogrel tabs 75mg</i>	38	COTELLIC	30
CLINIMIX 5%/DEXTROSE 15%	44	<i>clopidogrel tabs 300mg</i>	38	COUMADIN	37
CLINIMIX 5%/DEXTROSE 20%	44	<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	35	CREON	47
CLINIMIX 5%/DEXTROSE 25%	44	<i>clorazepate dipotassium tabs 15mg</i>	35	CRIXIVAN CAPS 200MG	35
CLINIMIX E 2.75%/ DEXTROSE 10%	44	<i>clotrimazole/betamethasone dipropionate crea</i>	26	CRIXIVAN CAPS 400MG	35
CLINIMIX E 4.25%/ DEXTROSE 10%	44	<i>clotrimazole/betamethasone dipropionate lotn</i>	26	<i>cromolyn sodium conc</i>	46
CLINIMIX E 4.25%/ DEXTROSE 25%	44	<i>clotrimazole external crea</i>	26	<i>cromolyn sodium nebu</i>	57
CLINIMIX E 5%/DEXTROSE 25%	44	<i>clotrimazole external soln</i>	26	<i>cromolyn sodium ophthalmic soln</i>	55
CLINIMIX N9G15E	44	<i>clotrimazole lozg</i>	26	<i>cryselle-28</i>	49
CLINISOL SF 15%	44	<i>clozapine odt tbdp 12.5mg, 25mg</i>	33	CUPRIMINE	45
				CURITY GAUZE PADS 2"X2"	43
				<i>cyclafem 1/35</i>	49
				<i>cyclafem 7/77</i>	49

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	58	<i>decitabine</i>	28	<i>dextroamphetamine sulfate tabs 10mg</i>	42
<i>cyclophosphamide caps</i>	27	DELESTROGEN INJ 10MG/ML.....	49	<i>dextrose 2.5%/nacl 0.45%</i>	44
<i>cyclophosphamide inj</i>	27	<i>delyla</i>	49	DEXTROSE 5%.....	44
<i>cycloserine</i>	27	DEMSEER.....	40	<i>dextrose5% /electrolyte #48 viaflex</i> ..	44
CYCLOSET.....	36	DEPEN TITRATABS.....	45	<i>dextrose 5%/lactated ringers</i>	44
<i>cyclosporine</i>	52	DEPO-ESTRADIOL.....	50	<i>dextrose 5%/nacl 0.2%</i>	44
<i>cyclosporine modified</i>	52	DEPO-PROVERA.....	51	DEXTROSE 5%/NACL 0.3%.....	44
CYRAMZA.....	31	DESCOVY.....	34	<i>dextrose 5%/nacl 0.9%</i>	44
<i>cyred</i>	49	<i>desipramine hcl</i>	25	<i>dextrose 5%/nacl 0.33%</i>	44
CYSTADANE.....	47	<i>desloratadine</i>	56	<i>dextrose 5%/nacl 0.45%</i>	44
CYSTAGON.....	47	<i>desmopressin acetate inj</i>	49	<i>dextrose 5%/nacl 0.225%</i>	44
CYSTARAN.....	55	<i>desmopressin acetate nasal soln</i> ..	49	DEXTROSE 10%.....	44
<i>cytarabine</i>	28	<i>desmopressin acetate tabs</i>	49	<i>dextrose 10%/nacl 0.2%</i>	44
<i>cytarabine aqueous</i>	28	<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	50	<i>dextrose10%/nacl 0.45%</i>	44
D		<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	50	DEXTROSE 20%.....	44
<i>dacarbazine</i>	27	<i>desonide lotn</i>	48	DEXTROSE 25%.....	44
<i>dactinomycin</i>	28	<i>desonide oint</i>	48	DEXTROSE 30%.....	44
DALIRESP TABS 250MCG.....	57	<i>desoximetasone crea</i>	48	DEXTROSE 40%.....	44
DALIRESP TABS 500MCG.....	57	<i>desoximetasone gel</i>	48	DEXTROSE 50%.....	44
<i>danazol caps 50mg</i>	49	<i>desoximetasone oint</i>	48	DEXTROSE 70%.....	44
<i>danazol caps 100mg, 200mg</i>	49	<i>desvenlafaxine er</i>	25	DIASTAT ACUDIAL GEL 10MG.....	23
<i>dantrolene sodium</i>	33	<i>dexamethasone</i>	48	DIASTAT ACUDIAL GEL 20MG.....	23
<i>dapsone tabs</i>	27	<i>dexamethasone intensol</i>	48	DIASTAT PEDIATRIC.....	23
DAPTACEL.....	53	<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i> ... 48		<i>diazepam inj 5mg/ml</i>	35
<i>daptomycin inj 500mg</i>	20	<i>dexamethasone sodium phosphate ophthalmic soln</i>	56	<i>diazepam oral soln</i>	35
DARAPRIM.....	31	<i>dexamethylphenidate hcl</i>	42	<i>diazepam rectal gel gel 2.5mg</i>	23
<i>darifenacin hydrobromide er</i>	47	<i>dexrazoxane</i>	28	<i>diazepam rectal gel gel 10mg</i>	23
DARZALEX.....	31	<i>dextroamphetamine sulfate er cp24 5mg</i>	42	<i>diazepam rectal gel gel 20mg</i>	23
<i>dasetta 1/35</i>	49	<i>dextroamphetamine sulfate er cp24 10mg</i>	42	<i>diazepam tabs</i>	35
<i>dasetta 7/7/7</i>	49	<i>dextroamphetamine sulfate er cp24 15mg</i>	42	<i>diclofenac potassium</i>	17
<i>daunorubicin hcl</i>	28	<i>dextroamphetamine sulfate oral soln</i>	42	<i>diclofenac sodium dr</i>	17
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	28	<i>dextroamphetamine sulfate tabs 5mg</i>	42	<i>diclofenac sodium er</i>	17
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML.....	28			<i>diclofenac sodium gel 1%</i>	43
<i>daysee</i>	49			<i>diclofenac sodium ophthalmic soln</i>	56
<i>deblitane</i>	51			<i>diclofenac sodium transdermal soln</i>	43
				<i>dicloxacillin sodium</i>	21
				<i>dicyclomine hcl caps</i>	46

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>dicyclomine hcl oral soln</i>	46	<i>donepezil hcl tbdp 10mg</i>	24	EDARBI	38
<i>dicyclomine hydrochloride tabs</i>	46	<i>donepezil hydrochloride tabs 5mg</i>	24	EDARBYCLOR	38
<i>didanosine</i>	34	<i>donepezil hydrochloride tabs 10mg</i>	24	<i>ed-spaz</i>	46
<i>diflunisal</i>	17	<i>dorzolamide hcl</i>	56	EDURANT	34
<i>digitek tabs 0.25mg</i>	40	<i>dorzolamide hcl/timolol maleate</i>	56	<i>efavirenz caps 50mg</i>	34
<i>digitek tabs 0.125mg</i>	40	<i>doxazosin mesylate tabs</i> <i>1mg, 2mg, 4mg</i>	38	<i>efavirenz caps 200mg</i>	34
<i>digoxin inj</i>	40	<i>doxazosin mesylate tabs 8mg</i>	38	<i>efavirenz tabs</i>	34
<i>digoxin tabs 125mcg</i>	40	<i>doxepin hcl</i>	35	ELAPRASE	47
<i>digoxin tabs 250mcg</i>	40	<i>doxercalciferol caps 0.5mcg</i>	54	<i>elinst</i>	50
<i>digox tabs 125mcg</i>	40	<i>doxercalciferol caps 1mcg</i>	54	ELIQUIS STARTER PACK	37
<i>digox tabs 250mcg</i>	40	<i>doxercalciferol caps 2.5mcg</i>	54	ELIQUIS TABS 2.5MG	37
<i>dihydroergotamine mesylate inj</i>	26	<i>doxorubicin hcl</i>	29	ELIQUIS TABS 5MG	37
<i>dihydroergotamine mesylate</i> <i>nasal soln</i>	27	<i>doxorubicin hcl liposome</i>	29	ELITEK	28
DILANTIN CAPS 30MG	24	<i>doxorubicin hydrochloride</i> <i>liposomal</i>	29	ELMIRON	47
<i>diltiazem cd cp24 180mg</i>	40	<i>doxy 100</i>	22	EMCYT	28
<i>diltiazem hcl er cp12</i>	40	<i>doxycycline hyclate caps</i>	22	EMEND SUSR	26
<i>diltiazem hcl er cp24 120mg,</i> <i>180mg, 240mg, 300mg, 420mg</i>	40	<i>doxycycline hyclate tabs</i> <i>100mg, 20mg</i>	22	<i>emoquette</i>	50
<i>diltiazem hcl er tb24</i>	40	<i>doxycycline monohydrate caps</i> <i>100mg, 50mg</i>	22	EMPLICITI	31
<i>diltiazem hcl inj</i>	40	<i>doxycycline monohydrate tabs</i>	22	EMSAM	24
<i>diltiazem hcl tabs</i>	40	<i>doxycycline susr</i>	22	EMTRIVA CAPS	34
<i>dilt-xr</i>	40	<i>dronabinol</i>	26	EMTRIVA ORAL SOLN	34
<i>diphenhydramine hcl inj</i>	56	DROXIA	28	<i>enalapril maleate</i>	38
<i>diphenoxylate/atropine</i>	46	DUAVEE	51	<i>enalapril maleate/</i> <i>hydrochlorothiazide</i>	39
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	53	<i>duloxetine hcl cpep 20mg</i>	25	ENBREL INJ 25MG/0.5ML	52
<i>dipyridamole tabs</i>	38	<i>duloxetine hydrochloride</i> <i>cpep 30mg</i>	25	ENBREL INJ 25MG, 50MG/ML	52
<i>disulfiram</i>	19	<i>duloxetine hydrochloride</i> <i>cpep 60mg</i>	25	ENBREL MINI	52
<i>divalproex sodium</i>	23	DURAMORPH	17	ENBREL SURECLICK	52
<i>divalproex sodium dr</i>	23	DUREZOL	56	<i>endocet tabs</i> <i>325mg; 2.5mg, 325mg; 5mg</i>	17
<i>divalproex sodium er</i>	23	<i>dutasteride</i>	47	<i>endocet tabs 325mg; 7.5mg</i>	17
<i>docetaxel inj 160mg/16ml,</i> <i>160mg/8ml, 20mg/2ml, 20mg/ml,</i> <i>80mg/4ml, 80mg/8ml</i>	29	<i>dutasteride/tamsulosin</i> <i>hydrochloride</i>	47	<i>endocet tabs 325mg; 10mg</i>	17
DOCETAXEL INJ 200MG/10ML	28	E		ENGERIX-B INJ 10MCG/0.5ML	53
<i>dofetilide</i>	39	EC-NAPROSYN	17	ENGERIX-B INJ 20MCG/ML	53
<i>donepezil hcl tabs 5mg</i>	24	<i>econazole nitrate</i>	26	<i>enoxaparin sodium inj 30mg/0.3ml</i>	37
<i>donepezil hcl tabs 10mg</i>	24			<i>enoxaparin sodium inj 40mg/0.4ml</i>	37
<i>donepezil hcl tbdp 5mg</i>	24			<i>enoxaparin sodium inj 60mg/0.6ml</i>	37
				<i>enoxaparin sodium inj 100mg/ml,</i> <i>150mg/ml, 300mg/3ml</i>	37

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>enoxaparin sodium inj</i> 120mg/0.8ml, 80mg/0.8ml.....	37	<i>escitalopram oxalate oral soln</i>	25	<i>falmina</i>	50
<i>enpresse-28</i>	50	<i>escitalopram oxalate tabs 5mg</i>	25	<i>famciclovir</i>	35
<i>enskyce</i>	50	<i>escitalopram oxalate tabs 10mg</i>	25	<i>famotidine inj</i>	46
<i>entacapone</i>	32	<i>escitalopram oxalate tabs 20mg</i>	25	<i>famotidine premixed</i>	46
<i>entecavir</i>	33	<i>esgic caps</i>	17	<i>famotidine tabs 20mg, 40mg</i>	46
ENTRESTO	38	<i>esomeprazole magnesium</i>	47	FANAPT TABS 1MG, 2MG, 4MG ...	32
<i>enulose</i>	46	<i>esomeprazole sodium</i>	47	FANAPT TABS 10MG, 12MG, 6MG, 8MG.....	32
EPCLUSA	33	<i>estarylla</i>	50	FANAPT TITRATION PACK	32
<i>epinastine hcl</i>	55	<i>estradiol crea</i>	50	FARESTON.....	28
<i>epinephrine auto-injector</i> 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml.....	57	<i>estradiol pttw</i>	50	FARXIGA	36
<i>epinephrine hcl inj</i> 1mg/10ml, 1mg/ml, 30mg/30ml.....	57	<i>estradiol ptwk</i>	50	FARYDAK	30
<i>epirubicin hcl inj 200mg/100ml</i>	29	<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	50	FASLODEX	28
<i>epitol</i>	24	<i>estradiol tabs 10mcg</i>	50	<i>felbamate susp</i>	23
EPIVIR HBV ORAL SOLN	33	<i>estradiol valerate</i>	50	<i>felbamate tabs</i>	23
ERBITUX	31	ESTRING	50	<i>felodipine er</i>	40
<i>ergotamine tartrate/caffeine</i>	27	<i>ethacrynate sodium</i>	41	<i>femynor</i>	50
ERIVEDGE	30	<i>ethambutol hcl</i>	27	<i>fenofibrate caps 43mg, 50mg</i>	41
ERLEADA	28	<i>ethosuximide</i>	23	<i>fenofibrate caps 67mg</i>	41
<i>errin</i>	51	<i>ethynodiol diacetate/ethinyl</i> <i>estradiol tabs 50mcg; 1mg</i>	50	<i>fenofibrate caps 130mg, 150mg</i>	41
<i>ertapenem</i>	21	ETHYOL	29	<i>fenofibrate caps 134mg, 200mg</i>	41
<i>ertapenem sodium</i>	21	<i>etidronate disodium</i>	54	<i>fenofibrate micronized caps 67mg</i> ...	41
ERWINAZE	29	<i>etodolac</i>	17	<i>fenofibrate micronized caps</i> <i>134mg, 200mg</i>	41
<i>ery</i>	21	<i>etodolac er</i>	17	<i>fenofibrate tabs 48mg, 54mg</i>	41
ERY-TAB.....	21	<i>etoposide inj</i>	30	<i>fenofibrate tabs 145mg, 160mg</i>	41
ERYTHROCIN LACTOBIONATE ...	22	EVOMELA	27	<i>fenofibric acid dr cpdr 45mg</i>	41
<i>erythrocin stearate</i>	22	EVOTAZ	35	<i>fenofibric acid dr cpdr 135mg</i>	41
<i>erythromycin base</i>	22	<i>exemestane</i>	30	<i>fentanyl</i>	17
<i>erythromycin/benzoyl peroxide</i>	43	EXFORGE HCT TABS 5MG; 12.5MG; 160MG.....	40	<i>fentanyl citrate inj</i> 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml	18
<i>erythromycin ethylsuccinate</i>	22	<i>exforge hct tabs</i> 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	40	<i>fentanyl citrate oral transmucosal</i> <i>lpop 200mcg, 400mcg, 600mcg</i>	18
<i>erythromycin external soln</i>	22	EXJADE	45	<i>fentanyl citrate oral transmucosal</i> <i>lpop 1200mcg, 1600mcg, 800mcg</i> ..	18
<i>erythromycin gel</i>	22	<i>ezetimibe</i>	41	FETZIMA	25
<i>erythromycin oint</i>	22	<i>ezetimibe/simvastatin</i>	41	FETZIMA TITRATION PACK	25
<i>erythromycin pads</i>	22	F		<i>finasteride tabs 5mg</i>	47
ESBRIET CAPS	57	FABRAZYME	47	FIRAZYR	52
ESBRIET TABS 267MG.....	57			FIRMAGON INJ 80MG.....	52
ESBRIET TABS 801MG.....	57				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
FIRMAGON INJ 120MG	52	<i>fluoxetine hydrochloride</i>		FREAMINE III INJ	
<i>flecainide acetate</i>	39	<i>tabs 10mg</i>	25	89MEQ/L; 710MG/100ML;	
FLOVENT DISKUS AEPB		<i>fluoxetine hydrochloride</i>		950MG/100ML; 3MEQ/L;	
100MCG/BLIST, 50MCG/BLIST	56	<i>tabs 20mg</i>	25	24MG/100ML; 1400MG/100ML;	
FLOVENT DISKUS AEPB		<i>fluphenazine decanoate</i>	32	280MG/100ML; 690MG/100ML;	
250MCG/BLIST	56	<i>fluphenazine hcl conc</i>	32	910MG/100ML; 730MG/100ML;	
FLOVENT HFA AERO		<i>fluphenazine hcl elix</i>	32	530MG/100ML; 560MG/100ML;	
44MCG/ACT	56	<i>fluphenazine hcl inj</i>	32	10MMOLE/L; 120MG/100ML;	
FLOVENT HFA AERO		<i>fluphenazine hcl tabs</i>	32	1120MG/100ML; 590MG/100ML;	
110MCG/ACT	56	<i>flurbiprofen</i>	17	10MEQ/L; 400MG/100ML;	
FLOVENT HFA AERO		<i>flurbiprofen sodium</i>	56	150MG/100ML; 660MG/100ML	44
220MCG/ACT	56	<i>flutamide</i>	28	<i>furosemide inj</i>	41
<i>fluconazole in nacl</i>	26	<i>fluticasone propionate crea</i>	48	<i>furosemide oral soln</i>	41
<i>fluconazole susr</i>	26	<i>fluticasone propionate oint</i>	48	<i>furosemide tabs</i>	41
<i>fluconazole tabs</i>	26	<i>fluticasone propionate susp</i>	56	FUZEON	34
<i>flucytosine</i>	26	<i>fluvoxamine maleate tabs</i>	25	<i>fyavolv tabs 2.5mcg; 0.5mg</i>	50
<i>fludarabine phosphate inj 50mg</i>	29	25mg, 50mg	25	FYCOMPA SUSP	23
<i>fludrocortisone acetate</i>	48	<i>fluvoxamine maleate tabs 100mg</i>	25	FYCOMPA TABS	23
<i>flunisolide</i>	56	FOLOTYN	28		
<i>fluocinolone acetonide</i>	48	<i>fondaparinux sodium inj</i>		G	
<i>fluocinolone acetonide</i>	56	2.5mg/0.5ml	37	<i>gabapentin caps 100mg</i>	23
<i>fluocinolone acetonide body</i>	48	<i>fondaparinux sodium inj</i>		<i>gabapentin caps 300mg, 400mg</i>	23
<i>fluocinolone acetonide scalp</i>	48	5mg/0.4ml	37	<i>gabapentin oral soln</i>	23
<i>fluocinonide crea 0.05%</i>	48	<i>fondaparinux sodium inj</i>		<i>gabapentin tabs 600mg</i>	23
<i>fluocinonide external soln</i>	48	7.5mg/0.6ml	37	<i>gabapentin tabs 800mg</i>	23
<i>fluocinonide gel</i>	48	<i>fondaparinux sodium inj</i>		GABITRIL TABS 12MG, 16MG	23
<i>fluocinonide oint</i>	48	10mg/0.8ml	37	<i>galantamine hydrobromide er</i>	24
<i>fluoride</i>	44	FORTAMET	36	<i>galantamine hydrobromide</i>	
<i>fluoritab chew 0.5mg, 1mg</i>	44	FORTEO	54	<i>oral soln</i>	24
<i>fluorometholone</i>	56	<i>fosamprenavir calcium</i>	35	<i>galantamine hydrobromide tabs</i>	24
<i>fluorouracil crea 0.5%</i>	43	<i>fosinopril sodium</i>	39	GAMMAKED INJ 1GM/10ML	53
<i>fluorouracil crea 5%</i>	43	<i>fosinopril sodium/</i>		GAMMAKED INJ	
<i>fluorouracil external soln</i>	43	<i>hydrochlorothiazide</i>	39	10GM/100ML, 2.5GM/25ML,	
<i>fluorouracil inj</i>	28	<i>fosphenytoin sodium</i>	24	20GM/200ML, 5GM/50ML	53
<i>fluoxetine caps 10mg</i>	25	FREAMINE HBC 6.9%	44	GAMUNEX-C INJ 1GM/10ML	53
<i>fluoxetine caps 20mg</i>	25			GAMUNEX-C INJ 10GM/100ML,	
<i>fluoxetine dr</i>	25			2.5GM/25ML, 20GM/200ML,	
<i>fluoxetine hcl caps 10mg</i>	25			40GM/400ML, 5GM/50ML	53
<i>fluoxetine hcl caps 20mg</i>	25			<i>ganciclovir inj</i>	
<i>fluoxetine hcl caps 40mg</i>	25			500mg, 500mg/10ml	33
<i>fluoxetine hcl oral soln</i>	25			GARDASIL 9	53
				GATTEX	46
				<i>gavilyte-c</i>	46

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>gavilyte-g</i>	46	<i>glipizide/metformin hcl tabs</i> 2.5mg; 500mg, 5mg; 500mg	36	<i>heparin sodium/nacl 0.45% inj</i> 50unit/ml; 0.45%	37
<i>gavilyte-n/flavor pack</i>	46	<i>glipizide tabs 5mg</i>	36	<i>heparin sodium/ sodium chloride 0.9%</i>	37
GAZYVA	31	<i>glipizide tabs 10mg</i>	36	<i>heparin sodium/ sodium chloride 0.9% premix</i>	37
<i>gemcitabine</i>	28	<i>glipizide xl tb24 2.5mg</i>	36	HEPATAMINE	44
<i>gemcitabine hcl</i>	28	<i>glipizide xl tb24 5mg</i>	36	HEPLISAV-B	53
<i>gemcitabine hydrochloride inj</i> 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml	28	<i>glipizide xl tb24 10mg</i>	36	HERCEPTIN INJ 150MG	31
<i>gemcitabine hydrochloride inj</i> 1gm, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml	28	GLUCAGEN HYPOKIT	36	HERCEPTIN INJ 440MG	31
<i>gemfibrozil</i>	41	GLUCAGON EMERGENCY KIT ...	37	HETLIOZ	42
<i>generlac</i>	46	<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i> ...	46	HEXALEN	27
<i>gengraf</i>	52	<i>glycopyrrolate tabs</i>	46	HIBERIX	54
GENOTROPIN	49	<i>glydo</i>	18	HUMALOG	37
GENOTROPIN MINIQUICK INJ 0.2MG	49	GLYXAMBI	36	HUMALOG JUNIOR KWIKPEN ...	37
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ...	49	GRALISE	23	HUMALOG KWIKPEN	37
<i>gentak</i>	19	GRALISE STARTER	23	HUMALOG MIX 50/50	37
<i>gentamicin sulfate/ 0.9% sodium chloride</i>	19	<i>granisetron hcl inj</i> 0.1mg/ml, 1mg/ml	26	HUMALOG MIX 50/50 KWIKPEN ...	37
<i>gentamicin sulfate crea</i>	19	<i>granisetron hcl tabs</i>	26	HUMALOG MIX 75/25	37
<i>gentamicin sulfate inj</i>	19	<i>granisetron hydrochloride</i>	26	HUMALOG MIX 75/25 KWIKPEN ...	37
<i>gentamicin sulfate oint</i>	19	<i>griseofulvin microsize</i>	26	HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	52
<i>gentamicin sulfate ophthalmic soln</i> ...	19	<i>griseofulvin ultramicronsize</i>	26	HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	52
<i>gentamicin sulfate pediatric</i>	19	GUANIDINE HCL	27	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK)	53
GENVOYA	34	H		HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH)	52
GEODON INJ	32	HALAVEN	29	HUMIRA PEN	53
GILENYA	43	<i>halobetasol propionate</i>	48	HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	53
GILOTTRIF	30	<i>haloperidol</i>	32	HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	53
GLEOSTINE	27	<i>haloperidol decanoate</i>	32	HUMIRA PEN-PS/UV STARTER INJ	53
<i>glimepiride tabs 1mg</i>	36	<i>haloperidol lactate</i>	32	HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	53
<i>glimepiride tabs 2mg</i>	36	HARVONI	33	HUMULIN 70/30	37
<i>glimepiride tabs 4mg</i>	36	HAVRIX	53		
<i>glipizide er tb24 2.5mg</i>	36	<i>heather</i>	51		
<i>glipizide er tb24 5mg</i>	36	<i>heparin sodium/d5w</i>	37		
<i>glipizide er tb24 10mg</i>	36	<i>heparin sodium/dextrose</i>	37		
<i>glipizide/metformin hcl tabs</i> 2.5mg; 250mg	36	<i>heparin sodium inj 5000unit/0.5ml</i> ...	37		
		<i>heparin sodium inj</i> 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	37		
		<i>heparin sodium/nacl 0.9%</i>	37		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
HUMULIN 70/30 KWIKPEN	37	<i>hydromorphone hcl tabs 2mg, 4mg</i>	18	INCRELEX	49
HUMULIN N	37	<i>hydromorphone hcl tabs 8mg</i>	18	INCRUSE ELLIPTA	57
HUMULIN N KWIKPEN	37	<i>hydroxychloroquine sulfate</i>	31	<i>indapamide</i>	41
HUMULIN R	37	<i>hydroxyprogesterone caproate</i>	51	INFANRIX	54
HUMULIN R U-500 (CONCENTRATED)	37	<i>hydroxyurea</i>	28	INFUMORPH 200	17
HUMULIN R U-500 KWIKPEN	37	<i>hyoscyamine sulfate elix</i>	46	INFUMORPH 500	17
<i>hydralazine hcl inj</i>	41	<i>hyoscyamine sulfate odt</i>	46	INLYTA	30
<i>hydralazine hcl tabs</i>	41	<i>hyoscyamine sulfate subl</i>	46	INTELENCE TABS 25MG	34
<i>hydrochlorothiazide</i>	41	<i>hyoscyamine sulfate tabs</i>	46	INTELENCE TABS 100MG, 200MG	34
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	18	<i>hyoscyamine sulfate tbdp</i>	46	INTRALIPID	55
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	18	I		INTRON A INJ 10MU, 10MU/ML, 18MU, 50MU	33
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	18	<i>ibandronate sodium tabs</i>	54	INTRON A INJ 6000000UNIT/ML	33
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg</i>	18	IBRANCE	30	<i>introvale</i>	50
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	18	<i>ibudone tabs 5mg; 200mg</i>	18	INVANZ	21
<i>hydrocodone bitartrate/ acetaminophen tabs 325mg; 2.5mg</i>	18	<i>ibuprofen susp</i>	17	INVEGA SUSTENNA INJ 39MG/0.25ML	32
<i>hydrocodone/ibuprofen</i>	18	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	17	INVEGA SUSTENNA INJ 78MG/0.5ML	32
<i>hydrocortisone/acetic acid</i>	56	<i>ibu tabs 600mg, 800mg</i>	17	INVEGA SUSTENNA INJ 117MG/0.75ML	32
<i>hydrocortisone butyrate crea</i>	48	ICLUSIG TABS 15MG	30	INVEGA SUSTENNA INJ 156MG/ML	32
<i>hydrocortisone butyrate external soln</i>	48	ICLUSIG TABS 45MG	30	INVEGA SUSTENNA INJ 234MG/1.5ML	32
<i>hydrocortisone butyrate (lipid)</i>	48	<i>idarubicin hcl inj 10mg/10ml</i>	29	INVEGA TRINZA INJ 273MG/0.875ML	32
<i>hydrocortisone butyrate (lipophilic)</i>	48	<i>idarubicin hydrochloride inj 10mg/10ml</i>	29	INVEGA TRINZA INJ 410MG/1.315ML	32
<i>hydrocortisone butyrate oint</i>	48	IDHIFA	30	INVEGA TRINZA INJ 546MG/1.75ML	32
<i>hydrocortisone enem</i>	54	<i>ifosfamide inj 1gm, 3gm</i>	27	INVEGA TRINZA INJ 819MG/2.625ML	32
<i>hydrocortisone external crea</i>	48	<i>imatinib mesylate</i>	30	INVIRASE CAPS	35
<i>hydrocortisone lotn 2.5%</i>	48	IMBRUVICA CAPS 70MG	30	INVIRASE TABS	35
<i>hydrocortisone oint 1%, 2.5%</i>	48	IMBRUVICA CAPS 140MG	30	INVOKAMET	36
<i>hydrocortisone rectal crea</i>	48	IMBRUVICA TABS	30	INVOKAMET XR	36
<i>hydrocortisone tabs</i>	48	IMFINZI	31	INVOKANA	36
<i>hydrocortisone valerate</i>	48	<i>imipenem/cilastatin inj 250mg; 250mg</i>	21	IPOL INACTIVATED IPV	54
<i>hydromorphone hcl dosette</i>	18	<i>imipenem/cilastatin inj 500mg; 500mg</i>	21	<i>ipratropium bromide/ albuterol sulfate</i>	57
<i>hydromorphone hcl inj</i>	18	<i>imipramine hcl tabs 25mg, 50mg</i>	25		
<i>hydromorphone hcl liqd</i>	18	<i>imipramine hydrochloride</i>	25		
		<i>imiquimod</i>	43		
		IMOVAX RABIES (H.D.C.V.)	54		
		<i>incassia</i>	51		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>ipratropium bromide inhalation soln</i>	57	JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG...	36	<i>ketorolac tromethamine ophthalmic soln</i>	56
<i>ipratropium bromide nasal soln</i>	57	JANUVIA	36	KEYTRUDA.....	31
<i>irbesartan</i>	38	JARDIANCE	36	<i>kimidess</i>	50
<i>irbesartan/hydrochlorothiazide</i>	38	<i>jencycla</i>	51	KINRIX	54
IRESSA.....	30	JENTADUETO	36	<i>kionex</i>	45
<i>irinotecan</i>	29	JENTADUETO XR TB24 2.5MG; 1000MG.....	36	KISQALI	29
<i>irinotecan hcl</i>	29	JENTADUETO XR TB24 5MG; 1000MG	36	KISQALI FEMARA 200 DOSE.....	27
<i>irinotecan hydrochloride</i>	29	<i>jevantique lo</i>	50	KISQALI FEMARA 400 DOSE.....	27
ISENTRESS CHEW 25MG.....	34	JEVTANA.....	29	KISQALI FEMARA 600 DOSE.....	27
ISENTRESS CHEW 100MG	34	<i>jolessa</i>	50	<i>klor-con</i>	44
ISENTRESS HD.....	34	JOLIVETTE.....	51	KLOR-CON 8	44
ISENTRESS PACK	34	<i>juleber</i>	50	KLOR-CON 10	44
ISENTRESS TABS	34	JULUCA	34	<i>klor-con m10</i>	45
<i>isibloom</i>	50	<i>junel 1.5/30</i>	50	<i>klor-con m20</i>	45
<i>isoniazid inj</i>	27	<i>junel 1/20</i>	50	<i>klor-con sprinkle</i>	45
<i>isoniazid syrup</i>	27	<i>junel fe 1.5/30</i>	50	KORLYM.....	55
<i>isoniazid tabs</i>	27	<i>junel fe 1/20</i>	50	KRISTALOSE PACK 20GM	46
<i>isosorbide dinitrate er</i>	41	K		<i>kurvelo</i>	50
<i>isosorbide dinitrate tabs</i>	42	KABIVEN	44	KUVAN	47
<i>isosorbide mononitrate</i>	42	KADCYLA	31	KYPROLIS.....	30
<i>isosorbide mononitrate er</i>	42	KALETRA TABS 100MG; 25MG ...	35	L	
<i>isotonic gentamicin</i>	19	KALETRA TABS 200MG; 50MG ...	35	<i>labetalol hcl</i>	39
<i>isotretinoin</i>	43	KALYDECO.....	57	LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	45
<i>isradipine</i>	40	<i>kariva</i>	50	LACTATED RINGERS IRRIGATION	55
ISTODAX (OVERFILL).....	29	KCL 0.3%/D5W/NAACL 0.9%	44	LACTATED RINGERS VIAFLEX... ..	45
<i>itraconazole caps</i>	26	KCL 0.3%/D5W/NAACL 0.45%	44	<i>lactulose oral soln</i>	46
<i>ivermectin</i>	31	KCL 0.15%/D5W/NAACL 0.2%	44	<i>lamivudine oral soln</i>	34
IXIARO	54	KCL 0.15%/D5W/NAACL 0.9%	44	<i>lamivudine tabs 100mg</i>	33
J		KCL 0.15%/D5W/NAACL 0.45%	44	<i>lamivudine tabs 150mg</i>	34
JADENU.....	45	KCL 0.15%/D5W/NAACL 0.225% ...	44	<i>lamivudine tabs 300mg</i>	34
JADENU SPRINKLE.....	45	KCL 0.075%/D5W/NAACL 0.45% ...	44	<i>lamivudine/zidovudine</i>	34
JAKAFI	30	<i>kelnor 1/35</i>	50	<i>lamotrigine</i>	23
<i>jantoven</i>	37	<i>kelnor 1/50</i>	50	<i>lamotrigine er</i>	23
JANUMET	36	<i>ketoconazole crea</i>	26	<i>lamotrigine odt</i>	23
JANUMET XR TB24 1000MG; 50MG	36	<i>ketoconazole sham</i>	26	LANTUS.....	37
		<i>ketoconazole tabs</i>	26		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
LANTUS SOLOSTAR	37	levocetirizine dihydrochloride		linezolid inj	20
larin 1.5/30	50	oral soln	56	linezolid susr	20
larin 1/20	50	levocetirizine dihydrochloride tabs	57	linezolid tabs	20
larin fe 1.5/30	50	levofloxacin in d5w	22	LINZESS	46
larin fe 1/20	50	levofloxacin inj	22	liothyronine sodium inj	52
larissia	50	levofloxacin oral soln	22	liothyronine sodium tabs	52
LARTRUVO	29	levofloxacin tabs 250mg, 750mg	22	lipodox 50	29
latanoprost	55	levofloxacin tabs 500mg	22	LIPOSYN III	55
LATUDA TABS 80MG	32	levoleucovorin calcium inj		lisinopril	39
LATUDA TABS		175mg/17.5ml	29	lisinopril/hydrochlorothiazide tabs	
120MG, 20MG, 40MG, 60MG	32	levoleucovorin inj 175mg/17.5ml,		12.5mg; 10mg, 25mg; 20mg	39
leflunomide	53	250mg/25ml, 50mg	29	lisinopril/hydrochlorothiazide tabs	
LENVIMA 4 MG DAILY DOSE	30	levonest	50	12.5mg; 20mg	39
LENVIMA 8 MG DAILY DOSE	30	levonorgestrel and ethinyl		lithium carbonate caps	
LENVIMA 10 MG DAILY DOSE	30	estradiol tabs 0; 0	50	150mg, 600mg	35
LENVIMA 12MG DAILY DOSE	30	levonorgestrel/ethinyl estradiol		lithium carbonate caps 300mg	35
LENVIMA 14 MG DAILY DOSE	30	tabs 0; 0, 20mcg; 0.1mg	50	lithium carbonate er	35
LENVIMA 18 MG DAILY DOSE	30	levonorgestrel/ethinyl estradiol		lithium carbonate tabs	35
LENVIMA 20 MG DAILY DOSE	30	tabs 0.03mg; 0.15mg	50	LONSURF TABS 6.14MG; 15MG	28
LENVIMA 24 MG DAILY DOSE	30	levonorgestrel/ethinyl estradiol		LONSURF TABS 8.19MG; 20MG	28
lessina	50	tabs 0.03mg; 0.15mg, 0; 0	50	loperamide hcl caps	46
letrozole	30	levora 0.15/30-28	50	lopinavir/ritonavir	35
leucovorin calcium inj		levothyroxine sodium tabs	51	lorazepam conc	35
100mg, 350mg, 500mg, 50mg	29	levoxyl tabs		lorazepam inj 2mg/ml, 4mg/ml	35
leucovorin calcium tabs 5mg	29	100mcg, 112mcg, 175mcg	52	lorazepam intensol	35
leucovorin calcium tabs		LEVOXYL TABS 125MCG,		lorazepam tabs 0.5mg, 1mg	35
10mg, 15mg, 25mg	29	137MCG, 150MCG, 200MCG,		lorazepam tabs 2mg	35
LEUKERAN	27	25MCG, 50MCG, 75MCG, 88MCG	52	lorcet	18
leuprolide acetate	52	LEXIVA SUSP	35	lorcet hd	18
levabuterol tartrate hfa	57	lidocaine hcl external soln	18	lorcet plus tabs 325mg; 7.5mg	18
LEVEMIR	37	lidocaine hcl gel	18	losartan potassium/	
LEVEMIR FLEXTOUCH	37	lidocaine hcl inj	18	hydrochlorothiazide tabs	
levetiracetam er tb24 500mg	23	lidocaine hcl inj	39	12.5mg; 50mg	38
levetiracetam er tb24 750mg	23	lidocaine hcl jelly	18	losartan potassium/	
levetiracetam inj	23	lidocaine hcl mouth/throat soln	18	hydrochlorothiazide tabs	
levetiracetam oral soln	23	lidocaine hcl viscous	19	12.5mg; 100mg, 25mg; 100mg	38
levetiracetam/sodium chloride	23	lidocaine oint	19	losartan potassium tabs	
levetiracetam tabs	23	lidocaine/prilocaine crea	19	25mg, 50mg	38
levobunolol hcl	56	lidocaine ptch	19	losartan potassium tabs 100mg	38
levocarnitine	55	lidocaine viscous	19	LOTEMAX	56
		lincomycin hcl	20	lovastatin tabs 10mg, 20mg	41
		lindane	31		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>lovastatin tabs 40mg</i>	41	MARPLAN	24	<i>metformin hcl er tb24 1000mg</i> (generic for <i>Glumetza</i>)	36
<i>low-ogestrel</i>	50	MATULANE	27	<i>metformin hcl tabs 850mg</i>	36
<i>loxapine</i>	32	<i>matzim la</i>	40	<i>metformin hcl tabs 1000mg</i>	36
<i>loxapine succinate</i>	32	<i>meclizine hcl tabs</i>	25	<i>metformin hydrochloride</i> <i>tabs 500mg</i>	36
<i>ludent</i>	45	<i>medroxyprogesterone acetate inj</i> ..	51	<i>methadone hcl conc</i>	17
LUMIGAN	55	<i>medroxyprogesterone acetate tabs</i> ..	51	<i>methadone hcl inj</i>	17
LUMIZYME	47	<i>mefloquine hcl</i>	31	<i>methadone hcl intensol</i>	17
LUPRON DEPOT (1-MONTH)	52	<i>megestrol acetate susp 40mg/ml</i> ..	51	<i>methadone hcl oral soln 5mg/5ml</i> ..	17
LUPRON DEPOT (3-MONTH)	52	<i>megestrol acetate tabs 20mg</i>	51	<i>methadone hcl oral soln 10mg/5ml</i> ..	17
LUPRON DEPOT (4-MONTH)	52	<i>megestrol acetate tabs 40mg</i>	51	<i>methadone hcl tabs 5mg</i>	17
LUPRON DEPOT (6-MONTH)	52	MEKINIST TABS 0.5MG	30	<i>methadone hcl tabs 10mg</i>	17
LUPRON DEPOT-PED (1-MONTH)	52	MEKINIST TABS 2MG	30	<i>methazolamide</i>	40
LUPRON DEPOT-PED (3-MONTH)	52	MEKTOVI	29	<i>methenamine hippurate</i>	20
<i>lutera</i>	50	<i>melodetta 24 fe</i>	50	<i>methimazole</i>	52
LYNPARZA CAPS	30	<i>meloxicam</i>	17	<i>methocarbamol tabs</i>	58
LYNPARZA TABS	29	<i>melphalan hydrochloride</i>	27	<i>methotrexate sodium</i>	53
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	23	<i>memantine hcl tabs 5mg</i>	24	<i>methotrexate tabs</i>	53
LYRICA CAPS 225MG, 300MG	23	<i>memantine hcl tabs 10mg</i>	24	<i>methoxsalen</i>	43
LYRICA CR TB24 165MG, 82.5MG ..	42	<i>memantine hcl titration pak</i>	24	<i>methscopolamine bromide</i>	46
LYRICA CR TB24 330MG	42	<i>memantine hydrochloride er</i>	24	<i>methylclothiazide</i>	41
LYRICA ORAL SOLN	23	<i>memantine hydrochloride oral soln</i> ..	24	<i>methylphenidate hydrochloride</i> <i>er tb24 18mg</i>	42
LYSODREN	52	MENACTRA	54	<i>methylphenidate hydrochloride</i> <i>er tb24 27mg, 54mg</i>	42
<i>lyza</i>	51	MENEST	50	<i>methylphenidate hydrochloride</i> <i>er tb24 36mg</i>	42
M		MENVEO	54	<i>methylphenidate hydrochloride</i> <i>er tbcr 10mg, 27mg, 54mg</i>	42
<i>mafenide acetate</i>	20	<i>mercaptopurine</i>	28	<i>methylphenidate hydrochloride</i> <i>er tbcr 18mg</i>	42
<i>magnesium sulfate in d5w</i>	23	<i>meropenem</i>	21	<i>methylphenidate hydrochloride</i> <i>er tbcr 20mg</i>	42
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML	45	<i>meropenem/sodium chloride</i>	21	<i>methylphenidate hydrochloride</i> <i>er tbcr 36mg</i>	42
<i>magnesium sulfate inj</i> <i>20gm/500ml, 2gm/50ml,</i> <i>40gm/1000ml, 4gm/100ml,</i> <i>4gm/50ml, 50%</i>	45	<i>mesalamine</i>	54	<i>methylphenidate</i> <i>hydrochloride tabs</i>	42
MAKENA INJ 275MG/1.1ML	51	<i>mesna</i>	29	<i>methylprednisolone acetate inj</i> <i>40mg/ml, 80mg/ml</i>	48
<i>malathion</i>	31	MESNEX TABS	29	<i>methylprednisolone dose pack</i>	48
<i>maprotiline hcl</i>	24	<i>metadate er</i>	42		
<i>marlissa</i>	50	<i>metaproterenol sulfate</i>	57		
		<i>metformin hcl er tb24 500mg</i> (generic for <i>Glucophage XR</i>)	36		
		<i>metformin hcl er tb24 500mg</i> (generic for <i>Glumetza</i>)	36		
		<i>metformin hcl er tb24 750mg</i> (generic for <i>Glucophage XR</i>)	36		
		<i>metformin hcl er tb24 1000mg,</i> <i>500mg (generic for Fortamet)</i>	36		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>methylprednisolone</i>		<i>mitomycin inj 40mg</i>	29	MULTAQ.....	39
<i>sodiumsuccinate inj 125mg, 40mg</i> ..	48	<i>mitoxantrone hcl.</i>	29	<i>multivitamin with fluoride chew</i>	46
<i>methylprednisolone tabs</i>	48	M-M-R II	54	<i>mupirocin crea</i>	20
<i>metipranolol</i>	56	<i>moexipril hcl.</i>	39	<i>mupirocin oint</i>	20
<i>metoclopramide hcl inj</i>	46	<i>moexipril/hydrochlorothiazide.</i>	39	MUSTARGEN	27
<i>metoclopramide hcl oral soln</i>	46	<i>mometasone furoate crea</i>	48	<i>mycophenolate mofetil caps</i>	53
<i>metoclopramide hcl tabs</i>	46	<i>mometasone furoate external soln</i> ..	48	<i>mycophenolate mofetil inj</i>	53
<i>metolazone</i>	41	<i>mometasone furoate oint</i>	48	<i>mycophenolate mofetil susr</i>	53
<i>metoprolol/hydrochlorothiazide</i>	39	<i>mometasone furoate susp</i>	56	<i>mycophenolate mofetil tabs</i>	53
<i>metoprolol succinate er</i>	39	<i>mondoxyne nl</i>	22	<i>mycophenolic acid dr</i>	53
<i>metoprolol tartrate inj</i>	39	<i>mono-lynyah.</i>	50	MYLOTARG.....	31
<i>metoprolol tartrate tabs</i>	39	<i>montelukast sodium chew</i>	57	<i>myorisan.</i>	43
<i>metronidazole crea</i>	20	<i>montelukast sodium pack</i>	57	MYRBETRIQ.....	47
<i>metronidazole gel</i>	20	<i>montelukast sodium tabs</i>	57	<i>myzilra.</i>	50
<i>metronidazole inj</i>		<i>morgidox 1x50mg</i>	22	N	
<i>500mg/100ml; 0.79%, 5mg/ml</i>	20	<i>morgidox 1x100mg caps</i>	22	<i>nabumetone.</i>	17
<i>metronidazole in nacl 0.79%</i>	20	<i>morgidox 2x100mg caps</i>	22	<i>nadolol.</i>	39
<i>metronidazole lotn</i>	20	<i>morphine sulfate er tbc</i>	17	<i>nadolol/bendroflumethiazide.</i>	39
<i>metronidazole tabs</i>	20	<i>morphine sulfate inj</i>		<i>nafacillin sodium.</i>	21
<i>metronidazole vaginal.</i>	20	<i>0.5mg/ml, 1mg/ml</i>	18	<i>naftifine hcl.</i>	26
<i>mexiletine hcl</i>	39	MORPHINE SULFATE INJ 2MG/ML ..	18	<i>naftifine hydrochloride</i>	26
MIACALCIN	54	MORPHINE SULFATE INJ 4MG/ML ..	18	NAGLAZYME	47
<i>mibelas 24 fe.</i>	50	<i>morphine sulfate inj 4mg/ml</i>	18	<i>nalbuphine hcl inj 10mg/ml</i>	18
<i>microgestin 1.5/30</i>	50	<i>morphine sulfate inj 10mg/ml</i>	18	<i>nalbuphine hcl inj 20mg/ml</i>	18
<i>microgestin 1/20</i>	50	MORPHINE SULFATE INJ		<i>naloxone hcl inj</i>	
<i>microgestin fe</i>	50	10MG/ML, 8MG/ML	18	<i>0.4mg/ml, 4mg/10ml</i>	19
<i>microgestin fe 1.5/30</i>	50	<i>morphine sulfate inj 150mg/30ml,</i>		<i>naloxone hcl inj 2mg/2ml</i>	19
<i>midodrine hcl.</i>	38	<i>1mg/ml, 50mg/ml, 5mg/ml</i>	18	<i>naltrexone hcl</i>	19
<i>miglustat</i>	47	<i>morphine sulfate</i>		<i>naproxen dr</i>	17
<i>mili</i>	50	<i>oral soln 10mg/5ml</i>	18	<i>naproxen sodium tabs</i>	
<i>minitran</i>	42	<i>morphine sulfate</i>		<i>275mg, 550mg</i>	17
<i>minocycline hcl caps</i>	22	<i>oral soln 20mg/5ml</i>	18	<i>naproxen susp</i>	17
<i>minocycline hcl tabs</i>	22	<i>morphine sulfate</i>		<i>naproxen tabs 250mg.</i>	17
<i>minoxidil</i>	41	<i>oral soln 100mg/5ml</i>	18	<i>naproxen tabs 375mg, 500mg</i>	17
<i>mirtazapine</i>	24	MORPHINE SULFATE TABS	18	<i>naratriptan hcl</i>	27
<i>mirtazapine odt.</i>	24	<i>moxifloxacin hcl</i>	22	NARCAN	19
<i>misoprostol</i>	46	<i>moxifloxacin hydrochloride</i>		NASONEX	56
MITIGARE	26	<i>ophthalmic soln</i>	22	NATACYN	26
<i>mitigo.</i>	17	<i>moxifloxacin hydrochloride/</i>		<i>nateglinide</i>	36
<i>mitomycin inj 20mg, 5mg</i>	29	<i>sodium hydrochloride</i>	22		
		MOZOBIL	38		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
NATPARA.....	55	NINLARO.....	29	NORVIR PACK.....	35
NEBUPENT.....	31	NIPENT.....	28	NOVOFINE 31.....	55
<i>necon 0.5/35-28</i>	50	<i>nisoldipine er tb24</i> 17mg, 25.5mg, 34mg, 8.5mg.....	40	NOVOFINE 32GX6MM.....	55
<i>necon 7/7/7</i>	50	<i>nisoldipine er tb24</i> 20mg, 30mg, 40mg.....	40	NOVOFINE AUTOCOVER 30GX8MM.....	55
<i>nefazodone hcl</i>	24	<i>nitrofurantoin</i>	20	NOVOTWIST 32GX5MM.....	55
<i>nefazodone hydrochloride</i>	24	<i>nitrofurantoin macrocrystals</i>	20	NOXAFIL SUSP.....	26
<i>neomycin/bacitracin/polymyxin</i>	20	<i>nitrofurantoin monohydrate</i>	20	NOXAFIL TBEC.....	26
<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	20	<i>nitrofurantoin monohydrate/ macrocrystals</i>	20	NUEDEXTA.....	42
<i>neomycin/polymyxin b sulfates</i>	19	<i>nitroglycerin inj</i>	42	<i>nulev</i>	46
<i>neomycin/polymyxin/ dexamethasone</i>	56	<i>nitroglycerin lingual</i>	42	NULOJIX.....	53
<i>neomycin/polymyxin/gramicidin</i>	20	<i>nitroglycerin subl</i>	42	NUPLAZID CAPS.....	32
<i>neomycin/polymyxin/hc</i>	56	<i>nitroglycerin transdermal</i>	42	NUPLAZID TABS 10MG.....	32
<i>neomycin/polymyxin/ hydrocortisone</i>	20	<i>nora-be</i>	51	NUPLAZID TABS 17MG.....	32
<i>neomycin/polymyxin/ hydrocortisone</i>	56	<i>norethindrone</i>	51	NUTRILIPID.....	55
<i>neomycin sulfate</i>	19	<i>norethindrone acetate</i>	51	<i>nyamyc</i>	26
<i>neo-polycin</i>	20	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	50	<i>nystatin crea</i>	26
<i>neo-polycin hc</i>	20	<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	50	<i>nystatin oint</i>	26
NEPHRAMINE.....	45	<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	50	<i>nystatin powd</i>	26
NERLYNX.....	29	<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	50	<i>nystatin susp</i>	26
NEUPRO.....	32	<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	50	<i>nystatin tabs</i>	26
<i>nevirapine er tb24 100mg</i>	34	<i>norlyroc</i>	51	<i>nystatin/triamcinolone</i>	26
<i>nevirapine er tb24 400mg</i>	34	NORMOSOL-M IN D5W.....	45	<i>nystop</i>	26
<i>nevirapine tabs</i>	34	NORMOSOL -R.....	45	O	
NEXAVAR.....	30	NORMOSOL-R.....	45	<i>octreotide acetate</i>	52
<i>niacin er tbc 500mg</i>	41	NORMOSOL-R IN D5W.....	45	ODEFSEY.....	34
<i>niacin er tbc 1000mg, 750mg</i>	41	NORTHERA CAPS 100MG.....	40	ODOMZO.....	29
<i>niacor</i>	41	NORTHERA CAPS 200MG, 300MG.....	40	OFEV.....	57
NIASPAN TBCR 500MG.....	41	<i>nortrel 0.5/35 (28)</i>	50	<i>ofloxacin ophthalmic soln</i>	22
NIASPAN TBCR 1000MG, 750MG.....	41	<i>nortrel 1/35</i>	50	<i>ofloxacin otic soln</i>	22
<i>nicardipine hcl</i>	40	<i>nortrel 7/7/7</i>	50	<i>ofloxacin tabs</i>	22
NICOTROL INHALER.....	19	<i>nortriptyline hcl</i>	25	<i>ogestrel</i>	50
NICOTROL NS.....	19	NORVIR CAPS.....	35	<i>olanzapine inj</i>	32
<i>nifedipine er tb24 30mg, 60mg</i>	40	NORVIR ORAL SOLN.....	35	<i>olanzapine odt</i>	32
<i>nifedipine er tb24 90mg</i>	40			<i>olanzapine tabs</i>	33
<i>nilutamide</i>	28			<i>olmesartan medoxomil</i>	38
<i>nimodipine</i>	40			<i>olmesartan medoxomil/ hydrochlorothiazide</i>	38
				<i>olopatadine hcl ophthalmic soln</i>	55

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>olopatadine hydrochloride</i>		<i>oxybutynin chloride er tb24</i>		<i>peg 3350/electrolytes</i>	46
<i>ophthalmic soln 0.2%</i>	55	<i>10mg, 15mg</i>	47	<i>peg-3350/electrolytes</i>	46
<i>omega-3-acid ethyl esters</i>	41	<i>oxybutynin chloride syrp</i>	47	<i>peg-3350/nacl/na bicarbonate/kcl</i>	46
<i>omeprazole cpdr</i>	47	<i>oxybutynin chloride tabs</i>	47	PEGANONE	24
<i>omeprazole/sodium</i>		<i>oxycodone/acetaminophen</i>		PEGASYS INJ 180MCG/0.5ML	33
<i>bicarbonate caps</i>	47	<i>tabs 325mg; 2.5mg, 325mg; 5mg</i>	18	PEGASYS INJ 180MCG/ML	33
OMNIPOD 5 PACK	55	<i>oxycodone/acetaminophen</i>		PEGASYS PROCLICK	33
OMNIPOD DASH 5 PACK	55	<i>tabs 325mg; 7.5mg</i>	18	<i>penicillin g potassium</i>	21
OMNIPOD DASH SYSTEM	55	<i>oxycodone/acetaminophen</i>		<i>penicillin v potassium oral soln</i>	21
OMNIPOD STARTER KIT	55	<i>tabs 325mg; 10mg</i>	18	<i>penicillin v potassium tabs 250mg</i>	21
ONCASPAR	29	<i>oxycodone/aspirin</i>	18	<i>penicillin v potassium tabs 500mg</i>	21
<i>ondansetron hcl inj</i>		<i>oxycodone hcl conc</i>	18	PENTAM 300	31
<i>40mg/20ml, 4mg/2ml</i>	26	<i>oxycodone hcl oral soln</i>	18	<i>pentoxifylline er</i>	40
<i>ondansetron hcl oral soln</i>	26	<i>oxycodone hcl tabs</i>		PERFOROMIST	57
<i>ondansetron hcl tabs 4mg, 8mg</i>	26	<i>10mg, 15mg, 20mg, 5mg</i>	18	PERIKABIVEN	45
<i>ondansetron hcl tabs 24mg</i>	26	<i>oxycodone hcl tabs 30mg</i>	18	<i>perindopril erbumine</i>	39
<i>ondansetron odt</i>	26	<i>oxycodone/ibuprofen</i>	18	<i>periogard</i>	43
ONFI SUSP	23	OZEMPIC	36	PERJETA	31
ONFI TABS 10MG, 20MG	23	P		<i>permethrin</i>	31
OPDIVO	31	<i>pacerone</i>	39	<i>perphenazine</i>	32
<i>oralone dental paste</i>	43	<i>paclitaxel inj 100mg/16.7ml,</i>		<i>perphenazine/amitriptyline</i>	25
ORFADIN	47	<i>150mg/25ml, 300mg/50ml</i>	29	<i>pfizerpen inj 20mu, 5000000unit</i>	21
ORKAMBI PACK	57	<i>paliperidone er tb24</i>		<i>phenadoz</i>	25
ORKAMBI TABS	57	<i>1.5mg, 3mg, 9mg</i>	33	<i>phenazopyridine hydrochloride</i>	47
<i>orphenadrine citrate er</i>	58	<i>paliperidone er tb24 6mg</i>	33	<i>phenazopyridine hydrocholride</i>	47
<i>orsythia</i>	51	<i>pamidronate disodium</i>	54	<i>phenelzine sulfate</i>	24
<i>oscimin</i>	46	PANRETIN	31	<i>phenobarbital elix</i>	23
<i>oseltamivir phosphate caps</i>	35	<i>pantoprazole sodium inj</i>	47	<i>phenobarbital tabs</i>	23
<i>oseltamivir phosphate susr</i>	35	<i>pantoprazole sodium tbec</i>	47	<i>phenytoin chew</i>	24
<i>oxacillin sodium</i>	21	<i>paricalcitol caps 1mcg, 2mcg</i>	54	<i>phenytoin infatabs</i>	24
<i>oxaliplatin inj 100mg</i>	29	<i>paricalcitol caps 4mcg</i>	54	<i>phenytoin sodium</i>	24
<i>oxaliplatin inj</i>		<i>paroex</i>	43	<i>phenytoin sodium extended</i>	24
<i>100mg/20ml, 50mg/10ml</i>	29	<i>paromomycin sulfate</i>	19	<i>phenytoin susp</i>	24
<i>oxandrolone tabs 2.5mg</i>	49	<i>paroxetine hcl tabs 10mg</i>	25	<i>philith</i>	51
<i>oxandrolone tabs 10mg</i>	49	<i>paroxetine hcl tabs 20mg</i>	25	PHOSPHOLINE IODIDE	56
<i>oxaprozin</i>	17	<i>paroxetine hcl tabs 30mg, 40mg</i>	25	PHYSIOLYTE	55
<i>oxazepam</i>	35	PASER	27	<i>physiosol irrigation</i>	55
<i>oxcarbazepine susp</i>	24	PAXIL SUSP	25	PICATO GEL 0.05%	43
<i>oxcarbazepine tabs</i>	24	PEDIARIX	54	PICATO GEL 0.015%	43
<i>oxybutynin chloride er tb24 5mg</i>	47	PEDVAX HIB	54	<i>pilocarpine hcl</i>	43

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>pilocarpine hcl</i>	56	<i>prasugrel</i>	38	<i>prochlorperazine maleate</i>	32
<i>pilocarpine hydrochloride</i>	43	<i>pravastatin sodium</i>	41	PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML.....	38
<i>pimozide</i>	32	<i>praziquantel</i>	31	PROCRIT INJ 20000UNIT/ML.....	38
<i>pimtreea</i>	51	<i>prazosin hcl</i>	38	PROCRIT INJ 40000UNIT/ML.....	38
<i>pindolol</i>	39	<i>prednicarbate oint</i>	48	<i>procto-med hc</i>	48
<i>pioglitazone hcl</i>	36	<i>prednisolone</i>	48	<i>procto-pak</i>	48
<i>pioglitazone hcl/metformin hcl</i>	36	<i>prednisolone acetate</i>	56	<i>proctosol hc</i>	48
<i>piperacillin sodium/ tazobactam sodium</i>	21	<i>prednisolone sodium phosphate ophthalmic soln</i>	56	<i>proctozone-hc</i>	48
<i>piperacillin/tazobactam</i>	21	<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	48	<i>progesterone caps</i>	51
<i>pirmella 1/35</i>	51	<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	48	PROGLYCEM.....	37
<i>pirmella 7/7/7</i>	51	<i>prednisone intensol</i>	48	PROLASTIN-C INJ 1000MG.....	58
PLENAMINE.....	45	<i>prednisone oral soln</i>	48	PROLENSA.....	56
<i>podofilox</i>	43	<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	48	PROLEUKIN.....	29
<i>polycin</i>	20	<i>prednisone tabs 50mg</i>	48	PROLIA.....	54
<i>polyethylene glycol 3350 powd</i>	46	<i>prednisone tbpk 5mg</i>	48	PROMACTA.....	38
<i>polymyxin b sulfate</i>	20	<i>prednisone tbpk 10mg</i>	48	<i>promethazine hcl supp</i>	25
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	20	PREMARIN CREA.....	51	<i>promethazine hcl syrup</i>	25
POMALYST.....	28	PREMASOL.....	45	<i>promethazine hcl tabs 12.5mg, 25mg</i>	25
<i>portia-28</i>	51	<i>prevalite</i>	41	<i>promethazine hydrochloride tabs 50mg</i>	25
PORTRAZZA.....	29	<i>previfem</i>	51	<i>promethegan</i>	25
<i>potassium chloride cr</i>	45	PREZCOBIX.....	35	<i>propafenone hcl</i>	39
<i>potassium chloride/dextrose inj 5%; 20meq/l, 5%; 40meq/l</i>	45	PREZISTA SUSP.....	35	<i>propafenone hcl er cp12 225mg, 325mg</i>	39
<i>potassium chloride/dextrose/ lactated ringers</i>	45	PREZISTA TABS 75MG.....	35	<i>propafenone hydrochloride er cp12 425mg</i>	39
<i>potassium chloride/dextrose/ sodium chloride</i>	45	PREZISTA TABS 150MG.....	35	<i>propantheline bromide</i>	46
<i>potassium chloride er</i>	45	PREZISTA TABS 600MG.....	35	<i>proparacaine hcl</i>	55
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	45	PREZISTA TABS 800MG.....	35	<i>propranolol hcl er</i>	39
<i>potassium chloride oral soln</i>	45	PRIFTIN.....	27	<i>propranolol hcl inj</i>	40
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	45	PRIMAQUINE PHOSPHATE.....	31	<i>propranolol hcl oral soln</i>	40
<i>potassium chloride sr</i>	45	<i>primidone</i>	23	<i>propranolol hcl tabs</i>	40
<i>potassium citrate er</i>	45	PROAIR HFA.....	57	<i>propranolol hydrochloride tabs 60mg</i>	40
POTELIGEO.....	31	PROAIR RESPICLICK.....	57	<i>propranolol/hydrochlorothiazide</i>	40
PRADAXA.....	37	<i>probenecid</i>	26	<i>propylthiouracil</i>	52
<i>pramipexole dihydrochloride</i>	32	<i>probenecid/colchicine</i>	26	PROQUAD.....	54
		PROCALAMINE.....	45	PROSOL.....	45
		<i>prochlorperazine</i>	25		
		<i>prochlorperazine edisylate</i>	32		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>protriptyline hcl</i>	25	RENFLEXIS.....	53	<i>risperidone tabs 4mg</i>	33
PULMOZYME.....	57	<i>repaglinide tabs 0.5mg, 1mg</i>	36	<i>ritonavir</i>	35
PURIXAN.....	28	<i>repaglinide tabs 2mg</i>	36	RITUXAN.....	31
<i>pyrazinamide</i>	27	REPATHA.....	41	RITUXAN HYCELA.....	31
<i>pyridostigmine bromide</i>	27	REPATHA PUSHTRONEX SYSTEM.....	41	<i>rivastigmine tartrate</i>	24
<i>pyridostigmine bromide er</i>	27	REPATHA SURECLICK.....	41	<i>rivastigmine transdermal system</i>	24
Q		RESCRIPTOR TABS 100MG.....	34	<i>rizatriptan benzoate</i>	27
QUADRACEL.....	54	RESCRIPTOR TABS 200MG.....	34	<i>rizatriptan benzoate odt</i>	27
<i>quasense</i>	51	RESTASIS.....	55	<i>romidepsin</i>	29
<i>quetiapine fumarate</i>	33	RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML.....	38	<i>ropinirole hcl</i>	32
<i>quinapril hcl</i>	39	RETACRIT INJ 40000UNIT/ML.....	38	<i>rosadan</i>	20
<i>quinapril/hydrochlorothiazide tabs</i> 12.5mg; 10mg.....	39	RETROVIR IV INFUSION.....	34	<i>rosuvastatin calcium</i>	41
<i>quinapril/hydrochlorothiazide tabs</i> 12.5mg; 20mg, 25mg; 20mg.....	39	REVLIMID CAPS 10MG, 2.5MG, 5MG.....	28	ROTARIX.....	54
<i>quinidine sulfate</i>	39	REVLIMID CAPS 15MG, 20MG, 25MG.....	28	ROTATEQ.....	54
<i>quinine sulfate</i>	31	REXULTI.....	33	<i>roweepira</i>	23
R		REYATAZ PACK.....	35	<i>roweepira xr tb24 500mg</i>	23
RABAVERT.....	54	<i>ribavirin caps</i>	33	<i>roweepira xr tb24 750mg</i>	23
<i>raloxifene hydrochloride</i>	51	<i>ribavirin inhalation soln</i>	58	RUBRACA.....	29
<i>ramipril</i>	39	<i>ribavirin tabs</i>	33	RUCONEST.....	52
RANEXA.....	40	<i>rifabutin</i>	27	RYDAPT.....	29
<i>ranitidine hcl caps</i>	46	<i>rifampin</i>	27	S	
<i>ranitidine hcl inj</i>	46	RIFATER.....	27	SABRIL TABS.....	23
<i>ranitidine hcl syrup</i>	46	<i>riluzole</i>	42	<i>salsalate</i>	17
<i>ranitidine hcl tabs</i>	46	<i>rimantadine hcl</i>	35	SAMSCA TABS 15MG.....	45
<i>ranitidine hydrochloride inj</i>	46	<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	45	SAMSCA TABS 30MG.....	45
RAPAMUNE ORAL SOLN.....	53	RINGERS IRRIGATION.....	55	SANCUSO.....	26
<i>rasagiline mesylate</i>	32	RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG.....	33	SANDIMMUNE ORAL SOLN.....	53
<i>reclipsen</i>	51	RISPERDAL CONSTA INJ 50MG.....	33	SANTYL.....	43
RECOMBIVAX HB.....	54	<i>risperidone m-tab</i>	33	SAPHRIS.....	33
RECTIV.....	43	<i>risperidone odt tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg.....	33	<i>scopolamine</i>	25
REGONOL.....	27	<i>risperidone odt tbdp 4mg</i>	33	<i>selegiline hcl</i>	32
REGRANEX.....	43	<i>risperidone oral soln</i>	33	<i>selenium sulfide lotn</i>	43
RELISTOR INJ 8MG/0.4ML.....	46	<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg.....	33	SELZENTRY ORAL SOLN.....	34
RELISTOR INJ 12MG/0.6ML.....	46			SELZENTRY TABS 25MG.....	34
REMODULIN.....	57			SELZENTRY TABS 150MG, 75MG.....	34
				SELZENTRY TABS 300MG.....	34
				SENSIPAR TABS 30MG, 60MG.....	54
				SENSIPAR TABS 90MG.....	54

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
SEREVENT DISKUS	57	SOMATULINE DEPOT INJ 120MG/0.5ML	52	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	22
<i>sertraline hcl conc</i>	25	SOMAVERT	52	<i>sulfadiazine</i>	22
<i>sertraline hcl tabs 25mg</i>	25	<i>sorine</i>	39	<i>sulfamethoxazole/trimethoprim ds</i>	22
<i>sertraline hcl tabs 50mg</i>	25	<i>sotalol hcl</i>	39	<i>sulfamethoxazole/trimethoprim inj</i>	22
<i>sertraline hcl tabs 100mg</i>	25	<i>sotalol hcl (af)</i>	39	<i>sulfamethoxazole/ trimethoprim susp</i>	22
<i>setlakin</i>	51	<i>sotalol hcl af</i>	39	<i>sulfamethoxazole/ trimethoprim tabs</i>	22
<i>sevelamer carbonate pack</i>	46	<i>sotalol hydrochloride (af) tabs 80mg</i>	39	SULFAMYLON PACK	20
<i>sevelamer carbonate tabs</i>	46	<i>sotalol hydrochloride af tabs 160mg</i>	39	<i>sulfasalazine</i>	54
<i>sharobel</i>	51	<i>sotalol hydrochloride tabs 120mg</i>	39	<i>sulfatrim pediatric</i>	22
SHINGRIX	54	SPIRIVA HANDIHALER	57	<i>sulindac</i>	17
SIGNIFOR	52	<i>spironolactone</i>	41	<i>sumatriptan</i>	27
<i>sildenafil tabs 20mg</i>	57	<i>spironolactone/hydrochlorothiazide</i>	41	<i>sumatriptan succinate inj 4mg/0.5ml</i>	27
SILENOR	58	SPORANOX ORAL SOLN	26	<i>sumatriptan succinate inj 6mg/0.5ml</i>	27
<i>silver sulfadiazine</i>	20	<i>sprintec 28</i>	51	<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	27
SIMBRINZA	56	SPRITAM TB3D 750MG	23	<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	27
SIMULECT	53	SPRITAM TB3D 1000MG, 250MG, 500MG	23	<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	27
<i>simvastatin</i>	41	SPRYCEL	30	<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	27
<i>sirolimus</i>	53	<i>sps</i>	45	<i>sumatriptan succinate tabs</i>	27
SIRTURO	27	<i>sronyx</i>	51	SUPREP BOWEL PREP KIT	46
<i>sodium bicarbonate inj</i>	45	SSD	20	SUTENT	30
<i>sodium bicarbonate partial fill</i>	45	STAMARIL	54	SYLATRON	29
<i>sodium chloride 0.45%</i>	45	<i>stavudine</i>	34	SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	56
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	45	<i>sterile water irrigation</i>	55	SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	56
<i>sodium chloride irrigation 0.9%</i>	55	<i>sterile water irrigation plastic bottle</i>	55	SYMFI	34
<i>sodium fluoride chew 0.5mg, 1mg</i>	45	<i>sterile water irrigation w/hanger</i>	55	SYMFI LO	34
SODIUM LACTATE INJ 5MEQ/ML	45	STIVARGA	30	SYMLINPEN 60	36
<i>sodium phenylbutyrate</i>	47	STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	42	SYMLINPEN 120	36
<i>sodium polystyrene sulfonate powd</i>	45	<i>streptomycin sulfate</i>	19	SYMTUZA	35
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	45	STRIBILD	34	SYNAGIS	53
<i>sodium sulfacetamide ophthalmic soln</i>	22	SUBOXONE	19	SYNAREL	52
SOLQUA 100/33	37	<i>sucralfate</i>	46	SYNERCID	20
SOLTAMOX	28	<i>sulfacetamide sodium lotn</i>	22	SYNJARDY	36
SOLU-CORTEF	48	<i>sulfacetamide sodium ophthalmic soln</i>	22	SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	36
SOMATULINE DEPOT INJ 60MG/0.2ML	52				
SOMATULINE DEPOT INJ 90MG/0.3ML	52				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	36	<i>temazepam caps 22.5mg, 7.5mg</i>	58	<i>timolol maleate ophthalmic soln</i>	56
SYNRIBO	29	<i>temsirolimus</i>	30	<i>timolol maleate tabs</i>	40
SYNTHROID	52	TENIVAC	54	TIS-U-SOL	55
SYPRINE	46	<i>tenofovir disoproxil fumarate</i>	34	TIVICAY TABS 10MG	34
T		<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	38	TIVICAY TABS 25MG, 50MG	34
TABLOID	28	<i>terazosin hcl caps 10mg</i>	38	<i>tizanidine hcl tabs</i>	33
<i>tacrolimus caps</i>	53	<i>terbinafine hcl tabs</i>	26	TOBRADEX OINT	56
<i>tacrolimus oint</i>	43	<i>terbutaline sulfate</i>	57	<i>tobramycin/dexamethasone</i>	56
TAFINLAR	30	<i>terconazole</i>	26	<i>tobramycin nebu</i>	57
TAGRISSO	30	<i>testosterone cypionate</i>	49	<i>tobramycin ophthalmic soln</i>	19
<i>tamoxifen citrate</i>	28	<i>testosterone enanthate</i>	49	<i>tobramycin sulfate inj</i> <i>1.2gm, 10mg/ml, 80mg/2ml</i>	19
<i>tamsulosin hcl</i>	47	<i>testosterone gel</i> <i>25mg/2.5gm, 50mg/5gm</i>	49	<i>tobramycin sulfate ophthalmic soln</i>	19
TARCEVA TABS 25MG	30	<i>testosterone pump</i>	49	TOLAK	43
TARCEVA TABS 100MG, 150MG	30	TETANUS/DIPHTHERIA		<i>tolterodine tartrate</i>	47
TARGRETIN GEL	31	TOXOIDS-ADSORBED	54	<i>topiramate</i>	23
<i>tarina fe 1/20</i>	51	<i>tetrabenazine tabs 12.5mg</i>	42	<i>toposar</i>	30
TASIGNA CAPS 50MG	30	<i>tetrabenazine tabs 25mg</i>	43	<i>topotecan hcl inj 4mg</i>	30
TASIGNA CAPS 150MG, 200MG	30	<i>tetracycline hydrochloride</i>	22	TORISEL	53
<i>tazarotene</i>	43	TEXACORT	48	<i>torse mide</i>	41
<i>tazicef inj 1gm, 2gm, 6gm</i>	21	THALOMID CAPS 100MG, 150MG, 50MG	28	TOUJEO MAX SOLOSTAR	37
TAZORAC CREA 0.05%	43	THALOMID CAPS 200MG	28	TOUJEO SOLOSTAR	37
<i>taztia xt cp24</i> <i>120mg, 180mg, 240mg, 300mg</i>	40	<i>theophylline cr</i>	57	TPN ELECTROLYTES	45
TECENTRIQ	31	<i>theophylline er tb12</i> <i>300mg, 450mg</i>	57	TRACLEER TABS	57
TECHLITE PEN NEEDLES/ 31G X 6 MM	55	<i>theophylline er tb24</i>	57	TRACLEER TBSO	57
TECHLITE PEN NEEDLES/ 31G X 8MM	55	<i>thioridazine hcl</i>	32	TRADJENTA	36
TECHLITE PEN NEEDLES/ 32G X 4MM	55	<i>thiotepa</i>	27	<i>tramadol hcl</i>	18
TECHLITE PEN NEEDLES/ 32G X 6MM	55	<i>thiothixene</i>	32	<i>tramadol hydrochloride/ acetaminophen</i>	18
TECHLITE PEN NEEDLES/ 32G X 8MM	55	THYMOGLOBULIN	53	<i>trandolapril tabs 1mg</i>	39
TEFLARO	21	THYROLAR-1	52	<i>trandolapril tabs 2mg, 4mg</i>	39
<i>telmisartan</i>	38	THYROLAR-1/2	52	<i>tranexamic acid inj</i>	38
<i>telmisartan/amlodipine</i>	38	THYROLAR-1/4	52	<i>tranexamic acid tabs</i>	38
<i>telmisartan/hydrochlorothiazide</i>	38	THYROLAR-2	52	<i>tranylcypromine sulfate</i>	24
<i>temazepam caps 15mg, 30mg</i>	58	THYROLAR-3	52	TRAVASOL	45
		<i>tiagabine hydrochloride</i>	23	TRAVATAN Z	55
		TIBSOVO	30	<i>trazodone hydrochloride</i>	24
		<i>tigecycline</i>	20	TREANDA INJ 25MG	27
		<i>timolol maleate</i> <i>ophthalmic gel forming</i>	56	TREANDA INJ 100MG	27
				TRECTOR	27

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TRELEGY ELLIPTA	58	<i>tri-sprintec</i>	51	<i>vancomycin hcl inj</i>	
TRELSTAR MIXJECT INJ 3.75MG	52	TRIUMEQ	34	0.9%; 1gm/200ml, 10gm, 1gm, 500mg, 5gm, 750mg	20
TRELSTAR MIXJECT INJ 11.25MG	52	<i>trivora-28</i>	51	<i>vancomycin hydrochloride/sodium</i>	
TRELSTAR MIXJECT INJ 22.5MG	52	<i>tri-vylibra</i>	51	<i>chloride inj 0.9%; 750mg/150ml</i>	20
TRESIBA FLEXTOUCH	37	TROGARZO	34	<i>vandazole</i>	20
<i>tretinoin caps</i>	31	TROPHAMINE	45	VAQTA	54
<i>tretinoin crea</i>	43	<i>tropicamide</i>	55	VARIVAX	54
<i>tretinoin gel 0.01%</i>	43	TRULICITY	36	VARIZIG	54
<i>tretinoin gel 0.05%</i>	43	TRUMENBA	54	VASCEPA CAPS 0.5GM	41
<i>tretinoin gel 0.025%</i>	43	TRUVADA	34	VASCEPA CAPS 1GM	41
<i>tretinoin microsphere</i>	43	TWINRIX	54	VAXCHORA	54
<i>tretinoin microsphere</i>		TYBOST	34	VECTIBIX	31
<i>pump gel 0.1%</i>	43	<i>tydemy</i>	51	VELCADE	29
<i>triamcinolone acetonide crea</i>	48	TYKERB	30	<i>velivet</i>	51
<i>triamcinolone acetonide</i>		TYPHIM VI	54	VENCLEXTA STARTING PACK	29
<i>dental paste</i>	43	TYSABRI	43	VENCLEXTA TABS 10MG	29
<i>triamcinolone acetonide</i>				VENCLEXTA TABS 50MG	29
<i>inj 40mg/ml</i>	49	U		VENCLEXTA TABS 100MG	29
<i>triamcinolone acetonide lotn</i>	49	UNITHROID	52	<i>venlafaxine hcl</i>	25
<i>triamcinolone acetonide oint</i>	49	UNITUXIN	31	<i>venlafaxine hcl er cp24 37.5mg</i>	25
<i>triamterene/hydrochlorothiazide</i>	41	<i>ursodiol caps</i>	46	<i>venlafaxine hcl er cp24 75mg</i>	25
<i>triderm crea 0.1%</i>	49	<i>ursodiol tabs</i>	46	<i>venlafaxine hcl er cp24 150mg</i>	25
<i>trientine hydrochloride</i>	46	V		VENTAVIS	57
<i>tri-estarylla</i>	51	<i>valacyclovir hcl tabs 1gm</i>	35	VENTOLIN HFA	57
<i>trifluoperazine hcl</i>	32	<i>valacyclovir hydrochloride</i>	35	<i>verapamil hcl er cp24 100mg,</i>	
<i>trifluridine</i>	35	VALCHLOR	28	<i>120mg, 180mg, 240mg, 300mg</i>	40
<i>trihexyphenidyl hcl</i>	31	<i>valganciclovir</i>	33	<i>verapamil hcl er cp24 200mg</i>	40
<i>tri-legest fe</i>	51	<i>valganciclovir hydrochloride</i>	33	<i>verapamil hcl er tbcr</i>	40
<i>tri-linyah</i>	51	<i>valproate sodium inj 100mg/ml</i>	23	<i>verapamil hcl inj</i>	40
<i>trilyte</i>	46	<i>valproic acid</i>	23	VERAPAMIL HCL	
<i>trimethoprim</i>	20	<i>valsartan</i>	38	SR CP24 360MG	40
<i>trimethoprim sulfate/ polymyxin b sulfate</i>	20	<i>valsartan/hydrochlorothiazide</i>	38	<i>verapamil hcl tabs</i>	40
<i>tri-mili</i>	51	<i>vancomycin</i>	20	VERSACLOZ	33
<i>trimipramine maleate</i>	25	<i>vancomycin hcl caps 125mg</i>	20	VERZENIO	29
TRINESSA	51	<i>vancomycin hcl caps 250mg</i>	20	V-GO 20	55
TRINTELLIX	24	<i>vancomycin hcl in dextrose</i>	20	V-GO 30	55
<i>tri-previfem</i>	51			V-GO 40	55
TRIPTODUR	52			VICTOZA	36
TRISENOX	29			VIDEX EC CPDR 125MG	34
				VIDEX PEDIATRIC	34

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>vienna</i>	51	XARELTO TABS 15MG	38	<i>zoledronic acid inj 4mg/5ml</i>	54
<i>vigabatrin</i>	23	XATMEP	53	<i>zoledronic acid inj 5mg/100ml</i>	54
VIIBRYD	25	XGEVA	54	ZOLINZA	29
VIIBRYD STARTER PACK	25	XIFAXAN TABS 550MG	20	<i>zolpidem tartrate tabs</i>	58
VIMPAT INJ	24	XIGDUO XR TB24 5MG; 1000MG ..	36	<i>zonisamide</i>	23
VIMPAT ORAL SOLN	24	XIGDUO XR TB24		ZORTRESS TABS 0.5MG	53
VIMPAT TABS	24	10MG; 1000MG, 10MG; 500MG,		ZORTRESS TABS 0.25MG	53
<i>vinblastine sulfate</i>	29	2.5MG; 1000MG, 5MG; 500MG ..	36	ZORTRESS TABS 0.75MG	53
<i>vincasar pfs</i>	29	XOLAIR	58	ZOSTAVAX	54
<i>vincristine sulfate</i>	29	XTAMPZA ER	17	<i>zovia 1/35e</i>	51
<i>vinorelbine tartrate inj 50mg/5ml</i> ..	29	XTANDI	28	ZUBSOLV SUBL 0.7MG; 0.18MG ..	19
<i>viorele</i>	51	XULTOPHY 100/3.6	37	ZUBSOLV SUBL	
VIRACEPT TABS 250MG	35	XYREM	58	1.4MG; 0.36MG, 11.4MG;	
VIRACEPT TABS 625MG	35	Y		2.9MG, 2.9MG; 0.71MG,	
VIRAMUNE SUSP	34	YERVOY INJ 50MG/10ML	31	5.7MG; 1.4MG, 8.6MG; 2.1MG	19
VIREAD POWD	34	YERVOY INJ 200MG/40ML	31	ZYDELIG	31
VIREAD TABS		YF-VAX	54	ZYKADIA	31
150MG, 200MG, 250MG	34	YONDELIS	28	ZYPREXA RELPREVV	
<i>voriconazole inj</i>	26	YONSA	28	INJ 210MG	33
<i>voriconazole susr</i>	26	<i>yuvafem</i>	51	ZYPREXA RELPREVV	
<i>voriconazole tabs</i>	26	Z		INJ 300MG	33
VOSEVI	33	<i>zafirlukast</i>	57	ZYPREXA RELPREVV	
VOTRIENT	31	<i>zaleplon</i>	58	INJ 405MG	33
VP-PNV-DHA	46	ZALTRAP	31	ZYTIGA TABS 250MG	28
VRAYLAR CAPS	33	ZANOSAR	28	ZYTIGA TABS 500MG	28
VRAYLAR CPPK	33	ZARXIO	38		
<i>vyfemla</i>	51	<i>zebutal caps 325mg; 50mg; 40mg</i> ..	17		
<i>vylibra</i>	51	ZEJULA	29		
VYXEOS	28	ZELBORAF	31		
W		<i>zenatane</i>	43		
<i>warfarin sodium</i>	37	<i>zenchent</i>	51		
WELCHOL	41	ZERIT ORAL SOLN	34		
<i>wera</i>	51	<i>zidovudine caps</i>	34		
X		<i>zidovudine syrp</i>	34		
XALKORI	31	<i>zidovudine tabs</i>	34		
XARELTO STARTER PACK	37	<i>ziprasidone hcl</i>	33		
XARELTO TABS 10MG, 20MG	38	ZIRGAN	33		



1-800-222-6700 (TTY 711)

8 a.m. - 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.



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This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Rx Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit 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. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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