



**Medicare Prescription Drug Plans**

# **2022 CIGNA COMPREHENSIVE DRUG LIST (Formulary)**

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

## **Plan covered**

**Cigna Essential Rx (PDP)**

HPMS Approved Formulary File Submission ID 22232, Version Number 9

This formulary was updated on 05/01/2022. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 (TTY users should call 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 [CignaMedicare.com](https://www.CignaMedicare.com). The Formulary, pharmacy network, and/or provider network may change at any time.

May 2022

22\_F\_S5617\_ESS\_V05  
INT\_22\_98644\_C\_Final\_10e



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

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

**This document includes a list of the drugs (formulary) for our plans, which is current as of May 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.**

**You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.**

### **What is the Cigna Comprehensive Drug List?**

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

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

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year.** In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Cigna Drug List?”

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. 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.
  - If we make these other changes, 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 how to request an exception, and you can find information in the section below titled “How do I request an exception to the Cigna Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022

coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed drug list is current as of May 2022. To get updated information about the drugs covered by Cigna, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 18. 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, HYPERTENSION / LIPIDS." If you know what your drug is used for, look for the category name in the list that begins on page 18. 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 that begins on page 63. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

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

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill these prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 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 18. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

### **Options for Maintenance Medications**

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

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

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

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

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

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Check the Drug Tier and Cost-share Tables on page 5 to see if your plan offers these savings.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna drug list, talk with your doctor about alternative medications which are covered on the drug list.

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

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

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

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

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

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

- If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost-sharing level.

Generally, Cigna will only approve your request for an exception if the alternative drug is 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 on our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a drug list exception.

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

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

The comprehensive drug list that begins on page 18 provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 63.

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., *atorvastatin*).

The information in the Requirements/Limits column tells you if Cigna 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 18 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg 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 [Cigna.com/member-resources](http://Cigna.com/member-resources) for the most current Pharmacy Directory.

### **For more information**

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

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

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

## Drug Tier and Cost-Share Table

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

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

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

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

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

**If you qualified for Extra Help with your drug costs, your costs may be different from those described below. Please refer to your Evidence of Coverage (EOC) or call Customer Service to find out what your costs are.**

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

Cigna Essential Rx (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
<b>ALABAMA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>ALASKA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	47%	49%	47%	49%	49%
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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>ARIZONA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>ARKANSAS</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>CALIFORNIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	42%	44%	42%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>COLORADO</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	47%	48%	47%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>CONNECTICUT</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	48%	46%	48%	48%
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.



<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>DELAWARE</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>DISTRICT OF COLUMBIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>FLORIDA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>GEORGIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>HAWAII</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>IDAHO</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>ILLINOIS</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>INDIANA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>IOWA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>KANSAS</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>KENTUCKY</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>LOUISIANA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$20 / \$40 / \$60	\$5 / \$10 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	19%	18%	19%	19%
Tier 4: Non-Preferred Drugs	40%	41%	40%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MAINE</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>MARYLAND</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MASSACHUSETTS</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	48%	46%	48%	48%
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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>MICHIGAN</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MINNESOTA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>MISSISSIPPI</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	50%	46%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MISSOURI</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>MONTANA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>NEBRASKA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>NEVADA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>NEW HAMPSHIRE</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>NEW JERSEY</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>NEW MEXICO</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	47%	49%	47%	49%	49%
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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>NEW YORK</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NORTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>NORTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>OHIO</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>OKLAHOMA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>OREGON</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>PENNSYLVANIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>PUERTO RICO</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>RHODE ISLAND</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	48%	46%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>SOUTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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.

<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>SOUTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>TENNESSEE</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>TEXAS</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>UTAH</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>VERMONT</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	48%	46%	48%	48%
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.



<b>Cigna Essential Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>WASHINGTON</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>WEST VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	20%	20%
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>WISCONSIN</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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%
<b>WYOMING</b>					
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$0 / \$0 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$20 / \$40 / \$60	\$6 / \$12 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	18%	20%	18%	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.



## Drug List Table of Contents:

The drugs on the drug list are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name within the drug list for your drug.

	Page
<b>ANTI - INFECTIVES</b> .....	18
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b> .....	24
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b> .....	30
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b> .....	39
<b>DERMATOLOGICALS/TOPICAL THERAPY</b> .....	43
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b> .....	45
<b>EAR, NOSE / THROAT MEDICATIONS</b> .....	46
<b>ENDOCRINE/DIABETES</b> .....	47
<b>GASTROENTEROLOGY</b> .....	50
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b> .....	52
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b> .....	53
<b>OBSTETRICS / GYNECOLOGY</b> .....	54
<b>OPHTHALMOLOGY</b> .....	57
<b>RESPIRATORY AND ALLERGY</b> .....	58
<b>UROLOGICALS</b> .....	60
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b> .....	60

### Drug List Key:

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

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700 (TTY users should call 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 [Cigna.com/member-resources](http://Cigna.com/member-resources).

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

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

**ST** – This drug has step therapy requirements

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	PA
AMBISOME	5	PA; NDS
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin intravenous recon soln 50 mg</i>	5	PA; NDS
<i>caspofungin intravenous recon soln 70 mg</i>	4	PA
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	4	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral</i>	2	
<i>nystatin oral suspension</i>	3	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>amantadine hcl</i>	3	
APRETUDE	4	
APTIVUS	4	QL (120/30)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
BARACLUDGE ORAL SOLUTION	4	QL (630/30)
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	4	
COMPLERA	4	QL (30/30)
DELSTRIGO	4	
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	3	QL (30/30)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	4	QL (180/30)
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	4	QL (30/30)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine</i>	3	QL (30/30)
EMTRICITABINE-TENOFOVIR (TDF) ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QL (30/30); NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	4	QL (680/28)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
EPIVIR HBV ORAL SOLUTION	3	
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	4	QL (30/30)
<i>famciclovir</i>	4	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	QL (60/30); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
INVIRASE ORAL TABLET	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	4	QL (60/30)
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	QL (180/30)
JULUCA	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KALETRA ORAL TABLET 100-25 MG	4	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	5	QL (120/30); NDS
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
<i>ledipasvir-sofosbuvir</i>	5	PA; QL (28/28); NDS
LEXIVA ORAL SUSPENSION	4	QL (1575/28)
<i>lopinavir-ritonavir oral solution</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	3	QL (480/30)
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir oral capsule</i>	3	
<i>oseltamivir oral suspension for reconstitution</i>	4	
PIFELTRO	4	
PREVYMIS	5	QL (30/30); NDS
PREZCOBIX	4	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
PREZISTA ORAL TABLET 800 MG	5	QL (30/30); NDS
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	4	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	QL (60/30); NDS
SELZENTRY ORAL TABLET 25 MG	4	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	5	QL (120/30); NDS
SOVALDI ORAL TABLET 400 MG	5	PA; QL (28/28); NDS
<i>stavudine oral capsule</i>	4	QL (60/30)
STRIBILD	5	QL (30/30); NDS
SYMTUZA	4	
TEMIXYS	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TROGARZO	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	4	QL (1680/28)
<i>zidovudine oral tablet</i>	2	QL (60/30)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml</i>	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefepime in dextrose 5%</i>	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
<i>cefepime intravenous</i>	4	PA
<i>cefixime</i>	4	
<i>cefotaxime injection recon soln 2 gram</i>	4	PA
<i>cefotetan in dextrose, iso-osm</i>	4	PA
<i>cefotetan injection</i>	4	PA
<i>cefoxitin</i>	4	PA
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefpodoxime</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
<i>ceftazidime in d5w</i>	4	PA
<i>ceftriaxone</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	5	NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	5	NDS
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
<i>bacitracin intramuscular</i>	4	
CAPASTAT	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin in 0.9% sod chlor</i>	4	PA
<i>clindamycin in 5% dextrose</i>	4	PA
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
<i>cycloserine</i>	4	
<i>dapsone oral</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (400/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	3	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem</i>	4	
<i>meropenem-0.9% sodium chloride</i>	4	
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS
<i>paromomycin</i>	4	
PASER	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRIFTIN	4	
PRIMAQUINE	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	4	PA
SYNERCID	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 750 MG/150 ML	4	
<i>vancomycin in dextrose 5% intravenous piggyback 500 mg/100 ml</i>	4	
<i>vancomycin injection</i>	4	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VANCOMYCIN-WATER INJECT (PEG)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection</i>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin injection</i>	4	PA
<i>penicillin g potassium injection recon soln 20 million unit</i>	4	PA
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
<i>moxifloxacin-sod.ace, sul-water</i>	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
<b>SULFAS / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	4	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
<i>tetracycline</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst</i>	4	
<i>trimethoprim</i>	2	

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60/30)
ABRAXANE	5	PA; NDS
ADCETRIS	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; QL (150/30); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	5	PA; QL (56/28); NDS
AFINITOR ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIMTA	5	PA; NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (60/365); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA
<i>arsenic trioxide</i>	4	B/D PA
ARZERRA	4	B/D PA
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	3	
BLNREP	4	PA
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
<i>bortezomib</i>	5	PA; NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180/30); NDS
BRUKINSA	5	PA; LA; NDS
BUSULFAN	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous</i>	5	B/D PA; NDS
<i>cyclophosphamide oral</i>	3	B/D PA
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	4	PA
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
<i>doxorubicin intravenous solution</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	4	B/D PA
DROXIA	4	
ELLENC	4	B/D PA
ELZONRIS	5	PA; NDS
EMCYT	4	
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
<i>epirubicin intravenous solution</i>	4	B/D PA
ERBITUX	4	B/D PA
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	4	PA; QL (120/30)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
EVEROLIMUS (ANTINEOPLASTIC) ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (150/30); NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i>	5	PA; QL (56/28); NDS
<i>everolimus (immunosuppressive)</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	4	
EXKIVITY	5	PA; LA; NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
<i>flutamide</i>	4	
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
<i>gemcitabine intravenous solution 100 mg/ml</i>	5	B/D PA; NDS
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
ICLUSIG	5	PA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
INFUGEM	5	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
IRESSA	5	PA; QL (30/30); NDS
<i>irinotecan</i>	4	B/D PA
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS
JEMPERLI	4	PA
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KISQALI	5	PA; QL (63/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	5	PA; QL (49/28); NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KLISYRI	4	ST; QL (5/30)
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS	5	PA; QL (240/30); NDS
LUMOXITI	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUPRON DEPOT-PED	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
MARGENZA	5	PA; NDS
MARQIBO	4	B/D PA
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	4	PA
<i>megestrol oral tablet 20 mg</i>	4	PA
<i>megestrol oral tablet 40 mg</i>	3	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	4	PA
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	4	B/D PA
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; LA; QL (120/30); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	4	PA; LA; QL (120/30)
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
ONCASPAR	4	
ONIVYDE	4	PA
ONUREG	4	PA; QL (14/28)
OPDIVO	5	PA; NDS
ORGOVYX	4	PA; LA; QL (32/30)
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PADCEV	4	PA
PEMAZYRE	5	PA; LA; QL (14/21); NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	5	NDS
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120/30); NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
ROMIDEPSIN INTRAVENOUS RECON SOLN	5	PA; NDS
<i>romidepsin intravenous solution</i>	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	4	PA
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	4	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SARCLISA	4	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (30/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus oral solution</i>	5	B/D PA; NDS
<i>sirolimus oral tablet</i>	4	B/D PA
SOLTAMOX	4	
SOMATULINE DEPOT	5	PA; NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
SUNITINIB	5	PA; QL (30/30); NDS
SUTENT	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	4	B/D PA
TAFINLAR	5	PA; QL (120/30); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	4	PA; LA
TECENTRIQ	5	PA; NDS
TEMODAR INTRAVENOUS	4	B/D PA
<i>temsirolimus</i>	4	B/D PA
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 200 MG	5	PA; QL (56/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
<i>toposar</i>	3	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; NDS
TRODELVY	4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21/28); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63/28); NDS
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO	5	PA; LA; QL (120/30); NDS
UKONIQ	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VECTIBIX	5	PA; NDS
VELCADE	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPROVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	4	PA; QL (120/30)
XTANDI ORAL TABLET 40 MG	4	PA; QL (120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XTANDI ORAL TABLET 80 MG	4	PA; QL (60/30)
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA	5	PA; LA; QL (90/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	4	PA
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	5	PA; QL (90/30); NDS
ZYNLONTA	4	PA

### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

#### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	QL (600/30)
BRIVIACT ORAL TABLET	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml)</i>	4	
<i>carbamazepine oral tablet</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable</i>	4	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	4	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	4	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT	4	
DIAZEPAM RECTAL	4	
DILANTIN	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	4	
EPRONTIA	4	PA; QL (480/30)
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FINTEPLA	4	PA; LA; QL (360/30)
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	4	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	QL (60/30)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>levetiracetam in nacl (iso-os)</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	4	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	3	QL (90/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>primidone</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	2	
VALTOCO	4	PA; QL (10/30)
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	4	QL (1200/30)
VIMPAT ORAL SOLUTION	4	QL (1200/30)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60/30)
VIMPAT ORAL TABLET 50 MG	4	QL (120/30)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/ DAY(150 MG X1-100MG X1)	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/ DAY (200 MG X1-150MG X1)	4	PA; QL (56/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XCOPRI ORAL TABLET 100 MG	4	PA
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60/30)
XCOPRI ORAL TABLET 50 MG	4	PA; QL (240/30)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14)	4	PA; QL (56/28)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	4	PA; QL (56/365)
<i>zonisamide</i>	3	PA
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150/30); NDS
NEUPRO	4	
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	QL (1800/30)
<i>lorazepam oral concentrate</i>	4	QL (150/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	4	PA; QL (8/28)
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	4	QL (18/28)
<i>rizatriptan</i>	4	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12/28); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; QL (60/30)
<i>donepezil oral tablet 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>galantamine oral tablet</i>	4	QL (60/30)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	4	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)
<i>memantine oral tablets, dose pack</i>	3	PA; QL (98/365)
NUDEXTA	4	PA
OCREVUS	4	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120/30)
VUMERITY	5	PA; QL (120/30); NDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>regonol</i>	4	
<i>tizanidine oral tablet</i>	2	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml)</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	PA
<i>endocet</i>	4	QL (360/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30)
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	2	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	2	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	4	QL (900/30); NDS
<i>morphine injection solution 10 mg/ml, 8 mg/ml</i>	4	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML	4	NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	NDS
<i>morphine intravenous syringe</i>	4	NDS
<i>morphine oral solution</i>	4	QL (900/30); NDS
MORPHINE ORAL TABLET	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	QL (90/30); NDS
XTAMPZA ER	3	QL (90/30); NDS
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28)
<i>celecoxib</i>	3	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diflunisal</i>	4	
DUEXIS	4	ST; QL (90/30)
<i>ec-naproxen</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	4	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	4	ST; QL (90/30)
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	3	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
NARCAN	3	
<i>oxaprozin</i>	4	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	4	QL (240/30); NDS
VIVITROL	5	NDS
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	4	QL (1/28)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>amitriptyline</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxapine</i>	4	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	4	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
BELSOMRA	3	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	3	QL (60/30)
<i>buspirone</i>	2	
CAPLYTA	4	QL (30/30)
<i>chlorpromazine</i>	4	
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
DAYVIGO	3	QL (30/30)
<i>desipramine</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)
EMSAM	4	QL (30/30)
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90/30)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (120/30)
<i>fluoxetine oral capsule 20 mg</i>	2	
<i>fluoxetine oral capsule 40 mg</i>	2	QL (90/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine oral solution</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	3	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63/90)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30/30)
LATUDA ORAL TABLET 80 MG	4	QL (60/30)
<i>lithium carbonate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	4	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	4	
LYBALVI	4	PA; QL (30/30)
<i>maprotiline</i>	4	
MARPLAN	4	QL (180/30)
<i>metadate er</i>	4	
<i>methylphenidate hcl oral tablet extended release</i>	4	QL (90/30)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
<i>mirtazapine oral tablet</i>	3	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	2	
<i>nefazodone</i>	4	
<i>nortriptyline</i>	2	
NUPLAZID	4	PA; QL (30/30)
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>oxazepam</i>	4	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	2	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	2	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60/30)
PAXIL ORAL SUSPENSION	4	ST; QL (900/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	4	QL (1/28)
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
REXULTI	4	QL (30/30)
RISPERDAL CONSTA	4	QL (2/28)
<i>risperidone oral solution</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	4	QL (30/30)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	2	QL (60/30)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (60/365)
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	4	ST; QL (60/365)
VRAYLAR ORAL CAPSULE	4	PA; QL (30/30)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (14/365)
XYREM	5	PA; LA; QL (540/30); NDS
<i>ziprasidone hcl oral capsule 20 mg</i>	4	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; QL (1/28)

### CARDIOVASCULAR, HYPERTENSION / LIPIDS

#### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine</i>	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

#### ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiazid</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>betaxolol oral</i>	2	
BIDIL	3	QL (180/30)
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	4	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	4	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	4	
<i>captopril</i>	4	
<i>captopril-hydrochlorothiazide</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CAROSPIR	3	
<i>cartia xt</i>	3	
<i>carvedilol</i>	1	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	2	
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 240 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 420 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	
<i>dilt-xr</i>	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
<i>enalapril maleate oral tablet</i>	2	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	2	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	3	
<i>methyldopa</i>	4	
<i>metolazone</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol ta-hydrochlorothiazide</i>	3	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	2	
<i>nadolol</i>	4	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	4	
<i>nifedipine oral tablet extended release 24hr</i>	4	
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	2	
<i>olmesartan-hydrochlorothiazide</i>	2	
<i>perindopril erbumine</i>	2	
<i>pindolol</i>	3	
<i>prazosin</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propranolol oral capsule, extended release 24 hr</i>	4	
<i>propranolol oral solution</i>	4	
<i>propranolol oral tablet</i>	2	
<i>propranolol-hydrochlorothiazid</i>	3	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>telmisartan</i>	2	
<i>telmisartan-amlodipine</i>	4	
<i>telmisartan-hydrochlorothiazid</i>	4	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	3	
<i>timolol maleate oral</i>	4	
<i>toremide oral</i>	2	
<i>trandolapril</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	2	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	2	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral</i>	4	
BRILINTA	4	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	2	QL (30/30)
<i>dipyridamole oral</i>	3	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar) oral powder in packet</i>	4	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	4	
<i>cholestyramine-aspartame</i>	4	
<i>colesevelam</i>	4	
<i>colestipol</i>	4	
<i>ezetimibe</i>	3	QL (30/30)
<i>ezetimibe-simvastatin</i>	4	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	3	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	4	
<i>gemfibrozil</i>	2	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet extended release 24 hr</i>	4	
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite oral powder in packet</i>	3	
REPATHA PUSHTRONEX	3	PA; QL (3.5/28)
REPATHA SURECLICK	3	PA; QL (3/28)
REPATHA SYRINGE	3	PA; QL (3/28)
<i>rosuvastatin</i>	2	QL (30/30)
<i>simvastatin oral tablet</i>	1	QL (30/30)
VASCEPA	3	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	3	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO	3	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	4	QL (60/30)
VYNDAMAX	4	PA
VYNDAQEL	4	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (2/28); NDS
STELARA INTRAVENOUS	5	PA; QL (104/30); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl mucous membrane jelly</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch, medicated 5%</i>	4	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
<i>podofilox</i>	4	
REGRANEX	5	PA; NDS
SANTYL	4	
<i>silver sulfadiazine</i>	3	
SSD	3	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
<b>THERAPY FOR ACNE</b>		
<i>avita</i>	4	PA
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)

CAPITALIZED = BRAND NAME DRUG

Lower case *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate topical swab</i>	3	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>rosadan topical cream</i>	4	
<i>rosadan topical gel</i>	4	
<i>tazarotene topical cream</i>	4	PA
TAZORAC TOPICAL CREAM 0.05%	4	PA
<i>tretinoin microspheres topical gel 0.1%</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1%</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01%</i>	3	PA
<i>tretinoin topical gel 0.025%, 0.05%</i>	4	PA
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	4	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mafenide acetate</i>	4	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	4	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciclopirox topical solution</i>	4	
<i>ciclopirox topical suspension</i>	4	QL (60/28)
<i>clotrimazole topical cream</i>	2	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	4	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	4	QL (60/28)
<i>econazole</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	QL (30/30)
DENAVIR	4	QL (5/30)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1%</i>	2	
<i>alclometasone topical cream</i>	3	
<i>alclometasone topical ointment</i>	2	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone, augmented topical ointment</i>	4	
<i>clobetasol scalp</i>	4	QL (100/28)
<i>clobetasol topical cream</i>	4	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	4	QL (120/28)
<i>clobetasol topical lotion</i>	4	QL (118/28)
<i>clobetasol topical ointment</i>	4	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol topical spray, non-aerosol</i>	4	QL (125/28)
<i>clobetasol-emollient topical cream</i>	4	QL (120/28)
<i>clodan</i>	4	QL (236/28)
<i>desonide topical lotion</i>	4	
<i>desonide topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone</i>	4	
<i>fluocinolone and shower cap</i>	4	
<i>fluocinonide topical cream 0.05%</i>	3	QL (120/30)
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone topical cream 1%, 2.5%</i>	2	
<i>hydrocortisone topical lotion 2.5%</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	4	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm topical cream 0.1%</i>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>lindane topical shampoo</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
<i>tis-u-sol pentalyte</i>	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	
<i>anagrelide</i>	3	
<i>betaine</i>	5	NDS
CARBAGLU	5	PA; LA; NDS
<i>carglumic acid</i>	5	PA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10%-0.45% sodium chloride</i>	4	
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral tablet, dispersible</i>	5	PA; NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextrose 10% and 0.2% nacl</i>	4	
DEXTROSE 10% IN WATER (D10W)	4	
<i>dextrose 25% in water (d25w)</i>	4	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5% in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5%-lactated ringers</i>	4	
<i>dextrose 5%-0.2% sod chloride</i>	4	
<i>dextrose 5%-0.3% sod.chloride</i>	4	
<i>dextrose 50% in water (d50w)</i>	4	
<i>dextrose 70% in water (d70w)</i>	4	
<i>disulfiram</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180/30)
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>midodrine</i>	4	
<i>nitisinone</i>	5	NDS
NORTHERA ORAL CAPSULE 100 MG	5	PA; QL (90/30); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	PA; QL (180/30); NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NDS
<i>riluzole</i>	3	
<i>sevelamer carbonate</i>	4	
<i>sodium chloride 0.9% intravenous</i>	4	
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol)</i>	3	
<i>trientine</i>	5	PA; QL (240/30); NDS
VELPHORO	4	
VELTASSA	4	
<i>water for irrigation, sterile</i>	4	
XIAFLEX	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)
CHANTIX	4	
CHANTIX CONTINUING MONTH BOX	4	
CHANTIX STARTING MONTH BOX	4	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline</i>	4	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	3	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>oralone</i>	4	
<i>triamcinolone acetonide dental</i>	4	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	3	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	3	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin-polymyxin-hc otic (ear)</i>	4	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack)</i>	2	
<i>prednisone oral tablets, dose pack 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	2	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	2	QL (180/30)
<b>ALCOHOL PADS</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	QL (200/30)
<b>BAQSIMI</b>		
<i>bd safetyglide insulin syringe syringe 1 ml 31 gauge x 15/64"</i>	3	QL (200/30)
<i>bd ultra-fine micro pen needle</i>	3	QL (200/30)
<i>bd ultra-fine mini pen needle</i>	3	QL (200/30)
<i>bd ultra-fine nano pen needle</i>	3	QL (200/30)
<i>bd ultra-fine short pen needle</i>	3	QL (200/30)
BYDUREON BCISE	3	QL (4/28)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	4	
<i>dropsafe alcohol prep pads</i>	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	QL (120/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GVOKE	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 INSULN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100) INSULN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULN	3	
HUMULIN R U-500 (CONC) INSULIN	5	B/D PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	QL (200/30)
INVOKAMET	3	QL (60/30)
INVOKAMET XR	3	QL (60/30)
INVOKANA	3	QL (30/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LEVEMIR FLEXTOUCH U-100 INSULN	3	
LEVEMIR U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NOVOFINE PEN NEEDLE	3	QL (200/30)
NOVOTWIST PEN NEEDLE	3	QL (200/30)
OMNIPOD DASH INSULIN POD	3	QL (30/30)
OMNIPOD INSULIN MANAGEMENT	3	QL (1/365)
OMNIPOD INSULIN REFILL	3	QL (30/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5/28)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3/28)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	QL (200/30)
<i>pioglitazone</i>	2	QL (30/30)
<i>repaglinide oral tablet 0.5 mg</i>	4	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	4	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	4	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/25)
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	QL (200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	QL (200/30)
TECHLITE PEN NEEDLE	3	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	4	QL (30/30)
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	4	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	4	QL (60/30)
TRULICITY	3	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA 2-PAK	3	QL (9/30)
VICTOZA 3-PAK	3	QL (9/30)
XULTOPHY 100/3.6	3	QL (15/30)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral</i>	2	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
KORLYM	5	PA; QL (120/30); NDS
LUMIZYME	5	PA; NDS
<i>miglustat</i>	5	LA; NDS
NAGLAZYME	5	PA; NDS
NATPARA	5	PA; LA; QL (2/28); NDS
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (120/30)
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	4	
RAYALDEE	5	PA; NDS
SAMSCA ORAL TABLET 15 MG	5	PA; QL (120/30); NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; QL (300/30)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	B/D PA
<i>zoledronic ac-mannitol-0.9nacl</i>	4	B/D PA
<b>THYROID HORMONES</b>		
EUTHYROX	4	
LEVO-T	4	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	
<i>liothyronine oral</i>	2	
SYNTHROID	4	
<i>unithroid</i>	4	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine</i>	4	
<i>glycopyrrolate (pf) in water injection</i>	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>loperamide oral capsule</i>	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	4	PA
<i>aprepitant</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>budesonide oral</i>	4	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	3	
CYSTADANE	5	NDS
<i>dronabinol</i>	4	B/D PA; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator 2.5%</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	
LINZESS	3	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OCALIVA	4	PA; LA; QL (30/30)
<i>ondansetron</i>	2	B/D PA
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	
<i>proctosol hc topical</i>	4	
<i>proctozone-hc</i>	4	
RECTIV	4	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SUCRAID	4	PA
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VIOKACE	4	
<b>ULCER THERAPY</b>		
DEXILANT	4	ST; QL (30/30)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	4	QL (60/30)
<i>famotidine oral suspension</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	3	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	QL (60/30)
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/28)

### IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

#### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK	5	PA; NDS
INTRON A INJECTION RECON SOLN	5	B/D PA; NDS
MOZOBIL	5	B/D PA; NDS
NIVESTYM	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
PROCRIT	3	PA
PROLEUKIN	4	B/D PA
RETACRIT	4	PA
ZARXIO	5	PA; NDS
ZIEXTENZO	4	PA

#### VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	4	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
<i>fomepizole</i>	5	NDS
GARDASIL 9 (PF)	4	
HAVRIX (PF)	3	
HIBERIX (PF)	3	
HIZENTRA	4	B/D PA
IMOVAX RABIES VACCINE (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	4	
KINRIX (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PREHEVBRIO (PF)	3	B/D PA
PRIVIGEN	5	B/D PA; NDS
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	QL (2/999)
STAMARIL (PF)	4	
TDVAX	3	
TENIVAC (PF)	3	
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	4	B/D PA
TICOVAC	3	
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	4	QL (120/30)
<i>febuxostat</i>	4	ST
MITIGARE	3	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/168)
<i>raloxifene</i>	3	QL (30/30)
TERIPARATIDE	5	PA; QL (2.48/28); NDS
TYMLOS	5	PA; QL (1.56/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA INTRAVENOUS	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; QL (16/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN	5	PA; QL (4/28); NDS
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (12/365); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (8/365); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
<i>leflunomide</i>	3	QL (30/30)
<i>penicillamine</i>	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS

### OBSTETRICS / GYNECOLOGY

#### ESTROGENS / PROGESTINS

<i>camila</i>	4	
<i>deblitane</i>	4	
<i>dotti</i>	4	QL (8/28)
DUAVEE	4	PA
<i>errin</i>	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	4	QL (8/28)
<i>estradiol transdermal patch weekly</i>	4	QL (4/28)
<i>estradiol vaginal</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>heather</i>	4	
<i>hydroxyprogesterone caproate</i>	5	NDS
<i>incassia</i>	4	
JENCYCLA	4	
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	4	
<i>medroxyprogesterone oral</i>	2	
<i>nora-be</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norethindrone (contraceptive)</i>	4	
<i>norethindrone acetate</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	
NORLYDA	4	
PREMARIN VAGINAL	3	
<i>progesterone micronized</i>	4	
<i>sharobel</i>	4	
TULANA	4	
<i>yuvafem</i>	4	

#### MISCELLANEOUS OB/GYN

<i>clindamycin phosphate vaginal</i>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole</i>	4	
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	4	

#### ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	4	
<i>altavera (28)</i>	4	
<i>alyacen 1/35 (28)</i>	4	
<i>alyacen 7/7/7 (28)</i>	4	
<i>amethia</i>	4	
<i>amethyst (28)</i>	4	
<i>apri</i>	4	
<i>aranelle (28)</i>	4	
<i>ashlyna</i>	4	
<i>aubra</i>	4	
<i>aubra eq</i>	4	
<i>aurovela 1.5/30 (21)</i>	4	
<i>aurovela 1/20 (21)</i>	4	
<i>aurovela 24 fe</i>	4	
<i>aurovela fe 1.5/30 (28)</i>	4	
<i>aurovela fe 1-20 (28)</i>	4	
<i>aviane</i>	4	
<i>ayuna</i>	4	
<i>azurette (28)</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>balziva (28)</i>	4	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30 (28)</i>	4	
<i>blisovi fe 1/20 (28)</i>	4	
<i>briellyn</i>	4	
<i>camrese</i>	4	
<i>camrese lo</i>	4	
<i>caziant (28)</i>	4	
<i>charlotte 24 fe</i>	4	
<i>chateal (28)</i>	4	
<i>chateal eq (28)</i>	4	
<i>cryselle (28)</i>	4	
<i>cyclafem 1/35 (28)</i>	4	
<i>cyclafem 7/7/7 (28)</i>	4	
<i>cyred</i>	4	
<i>cyred eq</i>	4	
<i>dasetta 1/35 (28)</i>	4	
<i>dasetta 7/7/7 (28)</i>	4	
<i>daysee</i>	4	
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>desogestrel-ethinyl estradiol</i>	4	
<i>dolishale</i>	4	
<i>drospirenone-e.estradiol-lm.fa</i>	4	
<i>drospirenone-ethinyl estradiol</i>	4	
<i>elimest</i>	4	
<i>emoquette</i>	4	
<i>enpresse</i>	4	
<i>enskyce</i>	4	
<i>estarylla</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4	
<i>falmina (28)</i>	4	
<i>femynor</i>	4	
<i>gemmily</i>	4	
<i>hailey</i>	4	
<i>hailey 24 fe</i>	4	
<i>hailey fe 1.5/30 (28)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hailey fe 1/20 (28)</i>	4	
<i>iclevia</i>	4	
<i>introvale</i>	4	
<i>isibloom</i>	4	
<i>jaimiess</i>	4	
<i>jasmiel (28)</i>	4	
<i>jolessa</i>	4	
<i>juleber</i>	4	
<i>junel 1.5/30 (21)</i>	4	
<i>junel 1/20 (21)</i>	4	
<i>junel fe 1.5/30 (28)</i>	4	
<i>junel fe 1/20 (28)</i>	4	
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	4	
<i>kalliga</i>	4	
<i>kariva (28)</i>	4	
<i>kelnor 1/35 (28)</i>	4	
<i>kelnor 1-50 (28)</i>	4	
<i>kurvelo (28)</i>	4	
<i>l norgest/e.estradiol-e.estrad</i>	4	
<i>larin 1.5/30 (21)</i>	4	
<i>larin 1/20 (21)</i>	4	
<i>larin 24 fe</i>	4	
<i>larin fe 1.5/30 (28)</i>	4	
<i>larin fe 1/20 (28)</i>	4	
<i>larissia</i>	4	
<i>layolis fe</i>	4	
<i>leena 28</i>	4	
<i>lessina</i>	4	
<i>levonest (28)</i>	4	
<i>levonorgestrel-ethinyl estrad</i>	4	
<i>levonorg-eth estrad triphasic</i>	4	
<i>levora-28</i>	4	
<i>lillow (28)</i>	4	
<i>lojaimiess</i>	4	
<i>loryna (28)</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>low-ogestrel (28)</i>	4	
<i>lo-zumandimine (28)</i>	4	
<i>luteru (28)</i>	4	
<i>marlissa (28)</i>	4	
<i>merzee</i>	4	
<i>microgestin 1.5/30 (21)</i>	4	
<i>microgestin 1/20 (21)</i>	4	
<i>microgestin fe 1.5/30 (28)</i>	4	
<i>microgestin fe 1/20 (28)</i>	4	
<i>mili</i>	4	
<i>mono-linyah</i>	4	
<i>necon 0.5/35 (28)</i>	4	
<i>nikki (28)</i>	4	
<i>noreth-ethinyl estradiol-iron</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	4	
<i>norethindrone-e.estradiol-iron oral capsule</i>	4	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	4	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	4	
<i>norgestimate-ethinyl estradiol</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35 (21)</i>	4	
<i>nortrel 1/35 (28)</i>	4	
<i>nortrel 7/7/7 (28)</i>	4	
<i>nylia 1/35 (28)</i>	4	
<i>nylia 7/7/7 (28)</i>	4	
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	4	
<i>philith</i>	4	
<i>pimtrea (28)</i>	4	
<i>pirmella</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>portia 28</i>	4	
<i>previfem</i>	4	
<i>reclipsen (28)</i>	4	
<i>rivelsa</i>	4	
<i>setlakin</i>	4	
<i>simliya (28)</i>	4	
<i>simpesse</i>	4	
<i>sprintec (28)</i>	4	
<i>sronyx</i>	4	
<i>syeda</i>	4	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 (28)</i>	4	
<i>tarina fe 1-20 eq (28)</i>	4	
<i>taysofy</i>	4	
TILIA FE	4	
<i>tri femynor</i>	4	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	4	
<i>tri-lo-estarylla</i>	4	
TRI-LO-MARZIA	4	
<i>tri-lo-mili</i>	4	
<i>tri-lo-sprintec</i>	4	
<i>tri-mili</i>	4	
<i>tri-nymyo</i>	4	
<i>tri-sprintec (28)</i>	4	
<i>trivora (28)</i>	4	
<i>tri-vylibra</i>	4	
<i>tri-vylibra lo</i>	4	
<i>tyblume</i>	4	
<i>tydemy</i>	4	
<i>velivet triphasic regimen (28)</i>	4	
<i>vestura (28)</i>	4	
<i>vienva</i>	4	
VIORELE (28)	4	
<i>volnea (28)</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vyfemla</i> (28)	4	
<i>vylibra</i>	4	
<i>wera</i> (28)	4	
<i>wymzya fe</i>	4	
<i>zovia 1-35</i> (28)	4	
<i>zumandimine</i> (28)	4	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>bacitracin ophthalmic (eye)</i>	4	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>neo-polycin</i>	4	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	4	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	4	
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	4	
EYLEA	4	PA
<i>olopatadine ophthalmic (eye)</i>	4	
OXERVATE	4	PA; QL (112/56)
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	3	
RESTASIS	3	QL (60/30)
RESTASIS MULTIDOSE	3	QL (11/30)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XIIDRA	3	QL (60/30)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	3	
<i>latanoprost</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
<i>travoprost</i>	4	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	4	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>neo-polycin hc</i>	4	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
EYSUVIS	3	QL (20/30)
<i>fluorometholone</i>	4	
INVELTYS	3	
LOTEMAX	4	
LOTEMAX SM	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>desloratadine oral tablet</i>	3	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>epinephrine injection auto-injector</i>	3	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral syrup</i>	4	PA
<i>promethazine oral tablet</i>	2	PA
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR DISKUS	3	QL (60/30)
ADVAIR HFA	3	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	4	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	4	QL (13.4/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	
ALYQ	4	PA; QL (60/30)
AMBRISENTAN	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; QL (120/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; QL (60/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)
<i>cromolyn inhalation</i>	2	B/D PA
DALIRESP	4	PA; QL (30/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6/30)
<i>flunisolide</i>	3	QL (50/30)
<i>fluticasone propionate nasal</i>	2	QL (16/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KALYDECO ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
<i>metaproterenol oral syrup</i>	4	
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE	5	PA; QL (3/28); NDS
OFEV	5	PA; QL (60/30); NDS
PERFOROMIST	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
SAJAZIR	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
TADALAFIL (PULM. HYPERTENSION)	4	PA; QL (60/30)
<i>terbutaline</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; QL (84/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENTAVIS	4	PA
VENTOLIN HFA	4	QL (36/30)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	4	QL (60/30)

### UROLOGICALS

#### ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	QL (60/30)
<i>solifenacin</i>	4	
<i>tolterodine oral capsule, extended release 24hr</i>	4	ST
<i>tolterodine oral tablet</i>	4	

#### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)

#### MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	3	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	4	
RENACIDIN	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
-----------	-----------	----------------------

### VITAMINS, HEMATINICS / ELECTROLYTES

#### ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
NORMOSOL-R	4	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride oral capsule, extended release</i>	4	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet, er particles/crystals</i>	2	
<i>potassium chloride-0.45% nacl</i>	4	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
POTASSIUM CHLORIDE-D5-0.9%NACL	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45% intravenous parenteral solution</i>	4	
<i>sodium chloride 3% hypertonic</i>	4	
<i>sodium chloride 5% hypertonic</i>	4	
<i>sodium chloride intravenous</i>	4	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
PREMASOL 10%	4	B/D PA
PROCALAMINE 3%	4	B/D PA
PROSOL 20%	4	B/D PA
TRAVASOL 10%	4	B/D PA
TROPHAMINE 10%	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
BAL-CARE DHA	3	
C-NATE DHA	3	
COMPLETE NATAL DHA	3	
ELITE-OB	3	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS	3	
PNV-DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
<i>prenatal plus (calcium carb)</i>	3	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRENATAL VITAMIN PLUS LOW IRON	3	
PREPLUS	3	
SE-NATAL 19 CHEWABLE	3	
SE-NATAL-19	3	
TARON-C DHA	3	
TRINATAL RX 1	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VP-PNV-DHA	3	
<i>westab plus</i>	2	
<i>westgel dha</i>	2	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 17.



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<b>A</b>		AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	24
<i>abacavir-lamivudine</i>	18	AFINITOR ORAL TABLET 10 MG	24
<i>abacavir-lamivudine-zidovudine</i>	18	<i>afirmelle</i>	54
<i>abacavir oral solution</i>	18	AJOVY AUTOINJECTOR	33
<i>abacavir oral tablet</i>	18	AJOVY SYRINGE	33
ABELCET	18	<i>ala-cort topical cream 1%</i>	44
ABILIFY MAINTENA	35	<i>albendazole</i>	21
<i>abiraterone oral tablet 250 mg</i>	24	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	58
<i>abiraterone oral tablet 500 mg</i>	24	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	58
ABRAXANE	24	<i>albuterol sulfate inhalation solution for nebulization</i>	58
<i>acamprosate</i>	45	<i>albuterol sulfate oral syrup</i>	58
<i>acarbose oral tablet 25 mg</i>	47	<i>albuterol sulfate oral tablet</i>	58
<i>acarbose oral tablet 50 mg</i>	47	<i>albuterol sulfate oral tablet extended release 12 hr</i>	58
<i>acarbose oral tablet 100 mg</i>	47	<i>alclometasone topical cream</i>	44
<i>acebutolol</i>	39	<i>alclometasone topical ointment</i>	44
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml)</i>	33	ALCOHOL PADS	47
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	33	ALDURAZYME	49
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	34	ALECENSA	24
<i>acetazolamide</i>	57	<i>alendronate oral tablet 10 mg, 5 mg</i>	53
<i>acetazolamide sodium</i>	57	<i>alendronate oral tablet 35 mg, 70 mg</i>	53
<i>acetic acid otic (ear)</i>	46	<i>alfuzosin</i>	60
<i>acetylcysteine</i>	58	ALIMTA	24
<i>acitretin</i>	43	ALIQOPA	24
ACTHIB (PF)	52	<i>allopurinol</i>	53
ACTIMMUNE	52	<i>alose tron</i>	51
<i>acyclovir oral capsule</i>	18	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	58
<i>acyclovir oral suspension 200 mg/5 ml</i>	18	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	35
<i>acyclovir oral tablet</i>	18	<i>alprazolam oral tablet 2 mg</i>	35
<i>acyclovir sodium intravenous solution</i>	18	<i>altavera (28)</i>	54
<i>acyclovir topical ointment</i>	44	ALUNBRIG ORAL TABLET 30 MG	24
ADACEL(TDAP ADOLESN/ADULT)(PF)	52	ALUNBRIG ORAL TABLET 180 MG, 90 MG	24
ADCETRIS	24	ALUNBRIG ORAL TABLETS, DOSE PACK	24
ADEMPAS	58	<i>alyacen 1/35 (28)</i>	54
ADVAIR DISKUS	58	<i>alyacen 7/7/7 (28)</i>	54
ADVAIR HFA	58	ALYQ	58
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	24	<i>amantadine hcl</i>	18
		AMBISOME	18

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
AMBRISENTAN	58	<i>apri</i>	54
<i>amethia</i>	54	APTIOM ORAL TABLET 200 MG	30
<i>amethyst (28)</i>	54	APTIOM ORAL TABLET 400 MG	30
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	21	APTIOM ORAL TABLET 600 MG, 800 MG	30
<i>amiloride</i>	39	APTIVUS	18
<i>amiloride-hydrochlorothiazide</i>	39	<i>aranelle (28)</i>	54
<i>aminocaproic acid oral</i>	41	ARCALYST	52
AMINOSYN II 15%	61	ARIKAYCE	21
AMINOSYN-PF 7% (SULFITE-FREE)	61	<i>aripiprazole oral solution</i>	35
<i>amiodarone intravenous solution</i>	39	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	35
<i>amiodarone oral tablet 100 mg, 400 mg</i>	39	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	35
<i>amiodarone oral tablet 200 mg</i>	39	<i>aripiprazole oral tablet, disintegrating</i>	35
<i>amitriptyline</i>	35	ARNUITY ELLIPTA	58
<i>amlodipine</i>	39	ARRANON	24
<i>amlodipine-benazepril</i>	39	<i>arsenic trioxide</i>	24
<i>amlodipine-valsartan</i>	39	ARZERRA	24
<i>amlodipine-valsartan-hcthiazid</i>	39	<i>asenapine maleate sublingual tablet 5 mg</i>	35
<i>ammonium lactate</i>	43	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	35
<i>amoxapine</i>	35	<i>ashlyna</i>	54
<i>amoxicillin oral capsule</i>	23	ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	47
<i>amoxicillin oral suspension for reconstitution</i>	23	<i>atazanavir oral capsule 150 mg, 300 mg</i>	18
<i>amoxicillin oral tablet</i>	23	<i>atazanavir oral capsule 200 mg</i>	18
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	23	<i>atenolol</i>	39
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	23	<i>atenolol-chlorthalidone</i>	39
<i>amoxicillin-pot clavulanate oral tablet</i>	23	ATGAM	52
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	23	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	35
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	23	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	35
<i>amphotericin b</i>	18	<i>atorvastatin</i>	42
<i>amphotericin b liposome</i>	18	<i>atovaquone</i>	21
<i>ampicillin oral capsule 500 mg</i>	23	<i>atovaquone-proguanil</i>	21
<i>ampicillin sodium</i>	23	<i>atropine ophthalmic (eye) drops</i>	57
<i>ampicillin-sulbactam</i>	23	ATROVENT HFA	58
<i>anagrelide</i>	45	<i>abra</i>	54
<i>anastrozole</i>	24	<i>abra eq</i>	54
ANORO ELLIPTA	58	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	23
<i>apraclonidine</i>	58	<i>aurovela 1.5/30 (21)</i>	54
<i>aprepitant</i>	51	<i>aurovela 1/20 (21)</i>	54
APRETUDE	18	<i>aurovela 24 fe</i>	54

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>aurovela fe 1.5/30 (28)</i> .....	54	<i>benazepril-hydrochlorothiazide</i> .....	39
<i>aurovela fe 1-20 (28)</i> .....	54	BENDEKA .....	24
<i>aviane</i> .....	54	BENLYSTA INTRAVENOUS .....	53
<i>avita</i> .....	43	<i>benztropine injection</i> .....	32
<i>ayuna</i> .....	54	<i>benztropine oral</i> .....	32
AYVAKIT .....	24	BESIVANCE .....	57
<i>azacitidine</i> .....	24	BESPONSA .....	24
<i>azathioprine oral tablet 50 mg</i> .....	24	BESREMI .....	52
<i>azathioprine sodium</i> .....	24	<i>betaine</i> .....	45
<i>azelastine nasal</i> .....	46	<i>betamethasone, augmented topical cream</i> .....	44
<i>azelastine ophthalmic (eye)</i> .....	57	<i>betamethasone, augmented topical gel</i> .....	44
<i>azithromycin intravenous</i> .....	21	<i>betamethasone, augmented topical lotion</i> .....	44
<i>azithromycin oral packet</i> .....	21	<i>betamethasone, augmented topical ointment</i> .....	45
<i>azithromycin oral suspension for reconstitution</i> .....	21	<i>betamethasone dipropionate</i> .....	44
<i>azithromycin oral tablet</i> .....	21	<i>betamethasone valerate topical cream</i> .....	44
<i>aztreonam</i> .....	21	<i>betamethasone valerate topical lotion</i> .....	44
<i>azurette (28)</i> .....	54	<i>betamethasone valerate topical ointment</i> .....	44
<b>B</b>		BETASERON SUBCUTANEOUS KIT .....	52
<i>bacitracin intramuscular</i> .....	21	<i>betaxolol oral</i> .....	39
<i>bacitracin ophthalmic (eye)</i> .....	57	<i>bethanechol chloride</i> .....	60
<i>bacitracin-polymyxin b</i> .....	57	<i>bexarotene</i> .....	24
<i>baclofen oral tablet</i> .....	33	BEXSERO .....	52
BAL-CARE DHA .....	61	<i>bicalutamide</i> .....	24
<i>balsalazide</i> .....	51	BICILLIN L-A .....	23
BALVERSA .....	24	BIDIL .....	39
<i>balziva (28)</i> .....	55	BIKTARVY .....	18
BAQSIMI .....	47	<i>bisoprolol fumarate</i> .....	39
BARACLUDE ORAL SOLUTION .....	18	<i>bisoprolol-hydrochlorothiazide</i> .....	39
BAVENCIO .....	24	BLENREP .....	24
BCG VACCINE, LIVE (PF) .....	52	<i>bleomycin</i> .....	24
<i>bd safetyglide insulin syringe</i> <i>syringe 1 ml 31 gauge x 15/64"</i> .....	47	BLINCYTO INTRAVENOUS KIT .....	24
<i>bd ultra-fine micro pen needle</i> .....	47	<i>blisovi 24 fe</i> .....	55
<i>bd ultra-fine mini pen needle</i> .....	47	<i>blisovi fe 1.5/30 (28)</i> .....	55
<i>bd ultra-fine nano pen needle</i> .....	47	<i>blisovi fe 1/20 (28)</i> .....	55
<i>bd ultra-fine short pen needle</i> .....	47	BOOSTRIX TDAP .....	52
BELEODAQ .....	24	<i>bortezomib</i> .....	24
BELSOMRA .....	35	BOSULIF ORAL TABLET 100 MG .....	24
<i>benazepril</i> .....	39	BOSULIF ORAL TABLET 400 MG, 500 MG .....	24
		BOTOX .....	52
		BRAFTOVI ORAL CAPSULE 75 MG .....	24

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
BREO ELLIPTA	58	<b>C</b>	
<i>briellyn</i>	55		
BRILINTA	41		
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	58		
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	58		
<i>brinzolamide</i>	57		
BRIVIACT INTRAVENOUS	30		
BRIVIACT ORAL SOLUTION	30		
BRIVIACT ORAL TABLET	30		
<i>bromocriptine</i>	32		
BRUKINSA	24		
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	58		
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	59		
<i>budesonide oral</i>	51		
<i>bumetanide injection</i>	39		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	39		
<i>bumetanide oral tablet 2 mg</i>	39		
<i>buprenorphine hcl injection</i>	34		
<i>buprenorphine hcl sublingual</i>	34		
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	34		
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	34		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	34		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	34		
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	34		
<i>bupropion hcl oral tablet 75 mg</i>	35		
<i>bupropion hcl oral tablet 100 mg</i>	35		
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	35		
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	35		
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	35		
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	35		
<i>bupropion hcl (smoking deter)</i>	46		
<i>bupirone</i>	35		
BUSULFAN	24		
<i>butorphanol nasal</i>	34		
BYDUREON BCISE	47		
CABENUVA	18		
<i>cabergoline</i>	49		
CABOMETYX	24		
<i>calcipotriene scalp</i>	43		
<i>calcipotriene topical cream</i>	43		
<i>calcipotriene topical ointment</i>	43		
<i>calcitonin (salmon) nasal</i>	49		
<i>calcitriol intravenous solution 1 mcg/ml</i>	49		
<i>calcitriol oral</i>	49		
<i>calcium acetate(phosphat bind)</i>	60		
CALQUENCE	24		
<i>camila</i>	54		
<i>camrese</i>	55		
<i>camrese lo</i>	55		
<i>candesartan-hydrochlorothiazid</i>	39		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	39		
<i>candesartan oral tablet 32 mg</i>	39		
CAPASTAT	21		
CAPLYTA	35		
CAPRELSA ORAL TABLET 100 MG	25		
CAPRELSA ORAL TABLET 300 MG	25		
<i>captopril</i>	39		
<i>captopril-hydrochlorothiazide</i>	39		
CARBAGLU	45		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	30		
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml)</i>	30		
<i>carbamazepine oral tablet</i>	30		
<i>carbamazepine oral tablet, chewable</i>	31		
<i>carbamazepine oral tablet extended release 12 hr</i>	31		
<i>carbidopa</i>	32		
<i>carbidopa-levodopa-entacapone</i>	32		
<i>carbidopa-levodopa oral tablet</i>	32		
<i>carbidopa-levodopa oral tablet, disintegrating</i>	32		
<i>carbidopa-levodopa oral tablet extended release</i>	32		
<i>carboplatin intravenous solution</i>	25		
<i>carglumic acid</i>	45		
<i>carmustine</i>	25		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
CAROSPIR	40	celecoxib	34
carteolol	57	CELONTIN ORAL CAPSULE 300 MG	31
cartia xt	40	cephalexin oral capsule 250 mg, 500 mg	21
carvedilol	40	cephalexin oral suspension for reconstitution	21
caspofungin intravenous recon soln 50 mg	18	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	50
caspofungin intravenous recon soln 70 mg	18	CHANTIX	46
CAYSTON	21	CHANTIX CONTINUING MONTH BOX	46
caziant (28)	55	CHANTIX STARTING MONTH BOX	46
cefaclor oral capsule	20	charlotte 24 fe	55
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	20	chateal (28)	55
cefaclor oral tablet extended release 12 hr	20	chateal eq (28)	55
cefadroxil oral capsule	20	CHEMET	45
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	20	chloramphenicol sod succinate	21
cefadroxil oral tablet	20	chlorhexidine gluconate mucous membrane	46
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	20	chloroquine phosphate	21
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg	20	chlorothiazide sodium	40
cefazolin intravenous	20	chlorpromazine	35
cefdinir	20	chlorthalidone oral tablet 25 mg, 50 mg	40
cefepime in dextrose 5%	21	cholestyramine-aspartame	42
cefepime in dextrose, iso-osm	21	CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	42
cefepime injection	21	cholestyramine (with sugar) oral powder in packet	42
cefepime intravenous	21	CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	50
cefixime	21	ciclodan topical solution	44
cefotaxime injection recon soln 2 gram	21	ciclopirox topical cream	44
cefotetan in dextrose, iso-osm	21	ciclopirox topical shampoo	44
cefotetan injection	21	ciclopirox topical solution	44
cefoxitin	21	ciclopirox topical suspension	44
cefoxitin in dextrose, iso-osm	21	cilostazol	41
cefpodoxime	21	CILOXAN OPHTHALMIC (EYE) OINTMENT	57
cefprozil	21	CIMDUO	18
ceftazidime	21	cinacalcet oral tablet 30 mg, 60 mg	50
ceftazidime in d5w	21	cinacalcet oral tablet 90 mg	50
ceftriaxone	21	CINRYZE	59
ceftriaxone in dextrose, iso-os	21	ciprofloxacin-dexamethasone	46
cefuroxime axetil oral tablet	21	ciprofloxacin hcl ophthalmic (eye)	57
cefuroxime sodium injection recon soln 750 mg	21	ciprofloxacin hcl oral tablet 100 mg	23
cefuroxime sodium intravenous	21	ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	23
		ciprofloxacin in 5% dextrose	23
		CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	23

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>cisplatin intravenous solution</i> .....	25	<i>clomipramine</i> .....	35
<i>citalopram oral solution</i> .....	35	<i>clonazepam oral tablet 0.5 mg, 1 mg</i> .....	31
<i>citalopram oral tablet 10 mg, 20 mg</i> .....	35	<i>clonazepam oral tablet 2 mg</i> .....	31
<i>citalopram oral tablet 40 mg</i> .....	35	<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i> .....	31
<i>cladribine</i> .....	25	<i>clonazepam oral tablet, disintegrating</i> <i>0.125 mg, 0.25 mg</i> .....	31
<i>claravis</i> .....	43	<i>clonazepam oral tablet, disintegrating 2 mg</i> .....	31
<i>clarithromycin</i> .....	21	<i>clonidine</i> .....	40
<i>clindamycin hcl</i> .....	21	<i>clonidine hcl oral tablet</i> .....	40
<i>clindamycin in 0.9% sod chlor</i> .....	21	<i>clopidogrel oral tablet 75 mg</i> .....	41
<i>clindamycin in 5% dextrose</i> .....	21	<i>clopidogrel oral tablet 300 mg</i> .....	41
<i>clindamycin pediatric</i> .....	21	<i>clorazepate dipotassium oral tablet 3.75 mg</i> .....	36
<i>clindamycin phosphate injection</i> .....	21	<i>clorazepate dipotassium oral tablet 7.5 mg</i> .....	36
<i>clindamycin phosphate topical gel</i> .....	43	<i>clorazepate dipotassium oral tablet 15 mg</i> .....	35
<i>clindamycin phosphate topical lotion</i> .....	43	<i>clotrimazole-betamethasone topical cream</i> .....	44
<i>clindamycin phosphate topical solution</i> .....	43	<i>clotrimazole-betamethasone topical lotion</i> .....	44
<i>clindamycin phosphate topical swab</i> .....	44	<i>clotrimazole mucous membrane</i> .....	18
<i>clindamycin phosphate vaginal</i> .....	54	<i>clotrimazole topical cream</i> .....	44
CLINIMIX 4.25%/D5W SULFIT FREE .....	45	<i>clotrimazole topical solution</i> .....	44
CLINIMIX 4.25%/D10W SULF FREE .....	61	<i>clozapine oral tablet 25 mg, 50 mg</i> .....	36
CLINIMIX 5%/D15W SULFITE FREE .....	61	<i>clozapine oral tablet 100 mg, 200 mg</i> .....	36
CLINIMIX 5%-D20W(SULFITE-FREE) .....	61	<i>clozapine oral tablet, disintegrating</i> .....	36
CLINIMIX 6%-D5W (SULFITE-FREE) .....	61	C-NATE DHA .....	61
CLINIMIX 8%-D10W(SULFITE-FREE) .....	61	COARTEM .....	21
CLINIMIX 8%-D14W(SULFITE-FREE) .....	61	<i>colchicine oral tablet</i> .....	53
CLINIMIX E 4.25%/D10W SUL FREE .....	61	<i>colesevelam</i> .....	42
CLINISOL SF 15% .....	61	<i>colestipol</i> .....	42
<i>clobazam oral suspension</i> .....	31	<i>colistin (colistimethate na)</i> .....	21
<i>clobazam oral tablet 10 mg</i> .....	31	COMBIGAN .....	57
<i>clobazam oral tablet 20 mg</i> .....	31	COMBIVENT RESPIMAT .....	59
<i>clobetasol-emollient topical cream</i> .....	45	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) .....	25
<i>clobetasol scalp</i> .....	45	COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) .....	25
<i>clobetasol topical cream</i> .....	45	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) .....	25
<i>clobetasol topical foam</i> .....	45	COMPLERA .....	18
<i>clobetasol topical gel</i> .....	45	COMPLETE NATAL DHA .....	61
<i>clobetasol topical lotion</i> .....	45	<i>compro</i> .....	51
<i>clobetasol topical ointment</i> .....	45	<i>constulose</i> .....	51
<i>clobetasol topical shampoo</i> .....	45	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML .....	33
<i>clobetasol topical spray, non-aerosol</i> .....	45		
<i>clodan</i> .....	45		
<i>clofarabine</i> .....	25		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	33	<i>danazol</i>	50
COPIKTRA	25	<i>dantrolene oral</i>	33
CORLANOR ORAL TABLET	42	DANYELZA	25
CORTIFOAM	51	<i>dapsone oral</i>	21
COTELLIC	25	DAPTACEL (DTAP PEDIATRIC) (PF)	52
CREON	51	DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	21
CRESEMBA ORAL	18	<i>daptomycin intravenous recon soln 500 mg</i>	21
<i>cromolyn inhalation</i>	59	DARZALEX	25
<i>cromolyn ophthalmic (eye)</i>	57	DARZALEX FASPRO	25
<i>cromolyn oral</i>	51	<i>dasetta 1/35 (28)</i>	55
<i>cryselle (28)</i>	55	<i>dasetta 7/7/7 (28)</i>	55
<i>cyclafem 1/35 (28)</i>	55	<i>daunorubicin intravenous solution</i>	25
<i>cyclafem 7/7/7 (28)</i>	55	DAURISMO ORAL TABLET 25 MG	25
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	33	DAURISMO ORAL TABLET 100 MG	25
<i>cyclophosphamide intravenous</i>	25	<i>daysee</i>	55
<i>cyclophosphamide oral</i>	25	DAYVIGO	36
<i>cycloserine</i>	21	<i>deblitane</i>	54
CYCLOSET	47	<i>decitabine</i>	25
<i>cyclosporine intravenous</i>	25	<i>deferasirox oral tablet, dispersible</i>	45
<i>cyclosporine modified</i>	25	DELSTRIGO	18
<i>cyclosporine oral capsule</i>	25	DENAVIR	44
CYRAMZA	25	DENG VAXIA (PF)	52
<i>cyred</i>	55	DESCOVY	18
<i>cyred eq</i>	55	<i>desipramine</i>	36
CYSTADANE	51	<i>desloratadine oral tablet</i>	58
CYSTAGON	60	<i>desmopressin injection</i>	50
CYSTARAN	57	<i>desmopressin nasal spray with pump</i>	50
<i>cytarabine</i>	25	<i>desmopressin oral</i>	50
<i>cytarabine (pf)</i>	25	<i>desog-e.estradiol/e.estradiol</i>	55
<b>D</b>		<i>desogestrel-ethinyl estradiol</i>	55
<i>d2.5%-0.45% sodium chloride</i>	45	<i>desonide topical lotion</i>	45
<i>d5%-0.45% sodium chloride</i>	45	<i>desonide topical ointment</i>	45
<i>d5% and 0.9% sodium chloride</i>	45	<i>desoximetasone topical cream</i>	45
<i>d10%-0.45% sodium chloride</i>	45	<i>desoximetasone topical gel</i>	45
<i>dacarbazine</i>	25	<i>desoximetasone topical ointment</i>	45
<i>dactinomycin</i>	25	<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	36
<i>dalfampridine</i>	33	<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	36
DALIRESP	59		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i> . . . . .	36	<i>diclofenac potassium oral tablet 50 mg</i> . . . . .	34
<i>dexamethasone intensol</i> . . . . .	47	<i>diclofenac sodium ophthalmic (eye)</i> . . . . .	57
<i>dexamethasone oral elixir</i> . . . . .	47	<i>diclofenac sodium topical gel 1%</i> . . . . .	34
<i>dexamethasone oral solution</i> . . . . .	47	<i>dicloxacillin</i> . . . . .	23
<i>dexamethasone oral tablet</i> . . . . .	47	<i>dicyclomine oral capsule</i> . . . . .	50
<i>dexamethasone sodium phos (pf) injection solution</i> . . . . .	47	<i>dicyclomine oral solution</i> . . . . .	50
<i>dexamethasone sodium phosphate injection solution</i> . . . . .	47	<i>dicyclomine oral tablet</i> . . . . .	50
<i>dexamethasone sodium phosphate ophthalmic (eye)</i> . . . . .	58	DIFICID ORAL SUSPENSION FOR RECONSTITUTION . . . . .	21
DEXILANT . . . . .	51	DIFICID ORAL TABLET . . . . .	21
<i>dexmethylphenidate oral tablet</i> . . . . .	36	<i>diflunisal</i> . . . . .	35
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> . . . . .	36	<i>digitek</i> . . . . .	42
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i> . . . . .	36	<i>digox</i> . . . . .	42
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i> . . . . .	36	<i>digoxin injection solution</i> . . . . .	42
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i> . . . . .	36	<i>digoxin oral solution</i> . . . . .	42
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i> . . . . .	36	<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> . . . . .	42
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i> . . . . .	36	<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> . . . . .	42
<i>dextroamphetamine oral capsule, extended release</i> . . . . .	36	<i>dihydroergotamine nasal</i> . . . . .	33
<i>dextroamphetamine oral tablet</i> . . . . .	36	DILANTIN . . . . .	31
<i>dextrose 5%-0.2% sod chloride</i> . . . . .	46	<i>diltiazem hcl intravenous</i> . . . . .	40
<i>dextrose 5%-0.3% sod.chloride</i> . . . . .	46	<i>diltiazem hcl oral capsule, extended release 12 hr</i> . . . . .	40
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION . . . . .	46	<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> . . . . .	40
<i>dextrose 5% in water (d5w) intravenous piggyback</i> . . . . .	46	<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 420 mg</i> . . . . .	40
<i>dextrose 5%-lactated ringers</i> . . . . .	46	<i>diltiazem hcl oral capsule, ext.rel 24h degradable 240 mg</i> . . . . .	40
<i>dextrose 10% and 0.2% nacl</i> . . . . .	46	<i>diltiazem hcl oral tablet</i> . . . . .	40
DEXTROSE 10% IN WATER (D10W) . . . . .	46	<i>diltiazem hcl oral tablet extended release 24 hr</i> . . . . .	40
<i>dextrose 25% in water (d25w)</i> . . . . .	46	<i>dilt-xr</i> . . . . .	40
<i>dextrose 50% in water (d50w)</i> . . . . .	46	<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> . . . . .	33
<i>dextrose 70% in water (d70w)</i> . . . . .	46	<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> . . . . .	33
DIACOMIT . . . . .	31	<i>diphenhydramine hcl injection solution 50 mg/ml</i> . . . . .	58
<i>diazepam injection</i> . . . . .	36	<i>diphenoxylate-atropine</i> . . . . .	50
<i>diazepam intensol</i> . . . . .	36	<i>dipyridamole oral</i> . . . . .	41
<i>diazepam oral concentrate</i> . . . . .	36	<i>disulfiram</i> . . . . .	46
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> . . . . .	36	<i>divalproex oral capsule, delayed rel sprinkle</i> . . . . .	31
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i> . . . . .	32	<i>divalproex oral tablet, delayed release (dr/ec)</i> . . . . .	31
<i>diazepam oral tablet</i> . . . . .	36	<i>divalproex oral tablet extended release 24 hr</i> . . . . .	31
DIAZEPAM RECTAL . . . . .	31		
<i>diazoxide</i> . . . . .	47		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	25	<i>droxidopa oral capsule 200 mg, 300 mg</i>	46
<i>dofetilide</i>	39	DUAVEE	54
<i>dolishale</i>	55	DUEXIS	35
<i>donepezil oral tablet 5 mg</i>	33	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	36
<i>donepezil oral tablet 10 mg</i>	33	<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	36
<i>donepezil oral tablet, disintegrating 5 mg</i>	33	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	43
<i>donepezil oral tablet, disintegrating 10 mg</i>	33	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	43
<i>dorzolamide</i>	57	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	43
<i>dorzolamide-timolol</i>	57	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	43
<i>dotti</i>	54	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	43
DOVATO	18	<i>dutasteride</i>	60
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	40	<b>E</b>	
<i>doxazosin oral tablet 8 mg</i>	40	<i>ec-naproxen</i>	35
<i>doxepin oral capsule</i>	36	<i>econazole</i>	44
<i>doxepin oral concentrate</i>	36	EDURANT	18
<i>doxercalciferol</i>	50	<i>efavirenz-emtricitabin-tenofovir</i>	18
<i>doxorubicin intravenous recon soln 50 mg</i>	25	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	18
<i>doxorubicin intravenous solution</i>	25	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	18
<i>doxorubicin, peg-liposomal</i>	25	<i>efavirenz oral capsule 50 mg</i>	18
<i>doxy-100</i>	23	<i>efavirenz oral capsule 200 mg</i>	18
<i>doxycycline hyclate oral capsule</i>	23	<i>efavirenz oral tablet</i>	18
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	23	ELAPRASE	50
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	23	<i>electrolyte-48 in d5w</i>	61
<i>doxycycline monohydrate oral suspension for reconstitution</i>	23	<i>elinest</i>	55
<i>doxycycline monohydrate oral tablet</i>	23	ELIQUIS	41
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	36	ELIQUIS DVT-PE TREAT 30D START	41
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	36	ELITE-OB	61
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	36	ELLENCE	25
<i>dronabinol</i>	51	ELMIRON	60
<i>dropsafe alcohol prep pads</i>	47	ELZONRIS	25
<i>drospirenone-e.estradiol-lm.fa</i>	55	EMCYT	25
<i>drospirenone-ethinyl estradiol</i>	55	EMEND ORAL SUSPENSION FOR RECONSTITUTION	51
DROXIA	25		
<i>droxidopa oral capsule 100 mg</i>	46		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>emoquette</i> .....	55	<i>ergotamine-caffeine</i> .....	33
EMPLICITI .....	25	ERIVEDGE .....	25
EMSAM .....	36	ERLEADA .....	25
<i>emtricitabine</i> .....	18	<i>erlotinib oral tablet 25 mg</i> .....	25
EMTRICITABINE-TENOFOVIR (TDF) ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG .....	18	<i>erlotinib oral tablet 100 mg, 150 mg</i> .....	25
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> .....	18	<i>errin</i> .....	54
EMTRIVA ORAL SOLUTION .....	18	<i>ertapenem</i> .....	22
EMVERM .....	21	<i>ery pads</i> .....	44
<i>enalapril-hydrochlorothiazide</i> .....	40	<i>erythrocin (as stearate) oral tablet 250 mg</i> .....	21
<i>enalapril maleate oral tablet</i> .....	40	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG ..	21
ENBREL MINI .....	53	<i>erythromycin-benzoyl peroxide</i> .....	44
ENBREL SUBCUTANEOUS RECON SOLN .....	53	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> .....	21
ENBREL SUBCUTANEOUS SOLUTION .....	53	<i>erythromycin ophthalmic (eye)</i> .....	57
ENBREL SUBCUTANEOUS SYRINGE .....	53	<i>erythromycin oral capsule, delayed release(dr/ec)</i> .....	21
ENBREL SURECLICK .....	53	<i>erythromycin oral tablet</i> .....	21
<i>endocet</i> .....	34	<i>erythromycin with ethanol topical gel</i> .....	44
ENGERIX-B PEDIATRIC (PF) .....	52	<i>erythromycin with ethanol topical solution</i> .....	44
ENGERIX-B (PF) .....	52	ESBRIET ORAL CAPSULE .....	59
ENHERTU .....	25	ESBRIET ORAL TABLET 267 MG .....	59
<i>enoxaparin</i> .....	41	ESBRIET ORAL TABLET 801 MG .....	59
<i>enpresse</i> .....	55	<i>escitalopram oxalate oral solution</i> .....	36
<i>enskyce</i> .....	55	<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i> .....	36
<i>entacapone</i> .....	32	<i>escitalopram oxalate oral tablet 20 mg</i> .....	36
<i>entecavir</i> .....	19	<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> .....	51
ENTRESTO .....	42	<i>estarylla</i> .....	55
<i>enulose</i> .....	51	<i>estradiol oral</i> .....	54
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG ..	19	<i>estradiol transdermal patch semiweekly</i> .....	54
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG ..	19	<i>estradiol transdermal patch weekly</i> .....	54
EPCLUSA ORAL TABLET 200-50 MG .....	19	<i>estradiol vaginal</i> .....	54
EPCLUSA ORAL TABLET 400-100 MG .....	19	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> ...	54
EPIDIOLEX .....	31	<i>ethacrynate sodium</i> .....	40
<i>epinastine</i> .....	57	<i>ethambutol</i> .....	22
<i>epinephrine injection auto-injector</i> .....	58	<i>ethosuximide</i> .....	31
<i>epinephrine injection solution 1 mg/ml</i> .....	58	<i>ethynodiol diac-eth estradiol</i> .....	55
<i>epirubicin intravenous solution</i> .....	25	<i>etodolac</i> .....	35
<i>epitol</i> .....	31	ETOPOPHOS .....	25
EPIVIR HBV ORAL SOLUTION .....	19	<i>etoposide intravenous</i> .....	25
EPRONTIA .....	31	<i>etravirine</i> .....	19
ERBITUX .....	25		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>fluocinonide topical solution</i> .....	45	<i>furosemide oral tablet</i> .....	40
<i>fluoride (sodium) oral tablet</i> .....	61	FUZEON SUBCUTANEOUS RECON SOLN .....	19
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i> .....	61	FYCOMPA ORAL SUSPENSION .....	31
<i>fluorometholone</i> .....	58	FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG .....	31
<i>fluorouracil intravenous</i> .....	26	FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG .....	31
<i>fluorouracil topical cream 5%</i> .....	43		
<i>fluorouracil topical solution</i> .....	43	<b>G</b>	
<i>fluoxetine oral capsule 10 mg</i> .....	36	<i>gabapentin oral capsule 100 mg, 300 mg</i> .....	31
<i>fluoxetine oral capsule 20 mg</i> .....	36	<i>gabapentin oral capsule 400 mg</i> .....	31
<i>fluoxetine oral capsule 40 mg</i> .....	36	<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i> .....	31
<i>fluoxetine oral solution</i> .....	37	<i>gabapentin oral tablet 600 mg</i> .....	31
<i>fluphenazine decanoate</i> .....	37	<i>gabapentin oral tablet 800 mg</i> .....	31
<i>fluphenazine hcl injection</i> .....	37	<i>galantamine oral capsule, ext rel. pellets 24 hr</i> .....	33
<i>fluphenazine hcl oral concentrate</i> .....	37	<i>galantamine oral solution</i> .....	33
<i>fluphenazine hcl oral elixir</i> .....	37	<i>galantamine oral tablet</i> .....	33
<i>fluphenazine hcl oral tablet</i> .....	37	GARDASIL 9 (PF) .....	52
<i>flurbiprofen oral tablet 100 mg</i> .....	35	GATTEX 30-VIAL .....	51
<i>flurbiprofen sodium</i> .....	57	GATTEX ONE-VIAL .....	51
<i>flutamide</i> .....	26	GAUZE PAD TOPICAL BANDAGE 2 X 2 " .....	47
<i>fluticasone propionate nasal</i> .....	59	<i>gavilyte-c</i> .....	51
<i>fluticasone propionate topical cream</i> .....	45	<i>gavilyte-n</i> .....	51
<i>fluticasone propionate topical ointment</i> .....	45	GAVRETO .....	26
<i>fluvoxamine oral tablet 50 mg</i> .....	37	GAZYVA .....	26
<i>fluvoxamine oral tablet 100 mg, 25 mg</i> .....	37	<i>gemcitabine intravenous recon soln.</i> .....	26
FOLIVANE-OB .....	61	<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> .....	26
FOLOTYN .....	26	<i>gemcitabine intravenous solution 100 mg/ml</i> .....	26
<i>fomepizole</i> .....	52	<i>gemfibrozil</i> .....	42
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> .....	41	<i>gemmily</i> .....	55
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> .....	41	GEMTESA .....	60
<i>formoterol fumarate</i> .....	59	<i>generlac</i> .....	51
<i>fosamprenavir</i> .....	19	<i>gengraf</i> .....	26
<i>fosinopril</i> .....	40	GENOTROPIN .....	52
<i>fosinopril-hydrochlorothiazide</i> .....	40	GENOTROPIN MINIQUICK .....	52
<i>fosphenytoin</i> .....	31	<i>gentak ophthalmic (eye) ointment</i> .....	57
FOTIVDA .....	26	<i>gentamicin injection solution 40 mg/ml</i> .....	22
<i>fulvestrant</i> .....	26	<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i> .....	22
<i>furosemide injection</i> .....	40		
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> .....	40		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>gentamicin ophthalmic (eye) drops</i> .....	57	<i>halobetasol propionate topical ointment</i> .....	45
<i>gentamicin sulfate (ped) (pf)</i> .....	22	<i>haloperidol</i> .....	37
<i>gentamicin topical cream</i> .....	44	<i>haloperidol decanoate</i> .....	37
<i>gentamicin topical ointment</i> .....	44	<i>haloperidol lactate injection</i> .....	37
GENVOYA.....	19	<i>haloperidol lactate oral</i> .....	37
GILOTRIF.....	26	HARVONI ORAL PELLETS IN PACKET 33.75-150 MG...	19
<i>glimepiride oral tablet 1 mg</i> .....	47	HARVONI ORAL PELLETS IN PACKET 45-200 MG.....	19
<i>glimepiride oral tablet 2 mg</i> .....	47	HARVONI ORAL TABLET 45-200 MG.....	19
<i>glimepiride oral tablet 4 mg</i> .....	47	HARVONI ORAL TABLET 90-400 MG.....	19
<i>glipizide-metformin oral tablet 2.5-250 mg</i> .....	48	HAVRIX (PF).....	52
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> .....	48	<i>heather</i> .....	54
<i>glipizide oral tablet 5 mg</i> .....	47	<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> .....	41
<i>glipizide oral tablet 10 mg</i> .....	47	<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> .....	41
<i>glipizide oral tablet extended release 24hr 2.5 mg</i> .....	47	<i>heparin (porcine) injection solution</i> .....	41
<i>glipizide oral tablet extended release 24hr 5 mg</i> .....	47	<i>heparin (porcine) in nacl (pf)</i> .....	41
<i>glipizide oral tablet extended release 24hr 10 mg</i> .....	47	<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> ....	41
GLUCAGEN HYPOKIT.....	48	HETLIOZ.....	37
GLUCAGON EMERGENCY KIT (HUMAN).....	48	HIBERIX (PF).....	52
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	50	HIZENTRA.....	52
<i>glycopyrrolate (pf) in water injection</i> .....	50	HUMALOG JUNIOR KWIKPEN U-100.....	48
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i> .....	50	HUMALOG KWIKPEN INSULIN.....	48
<i>glydo</i> .....	43	HUMALOG MIX 50-50 INSULN U-100.....	48
<i>granisetron hcl oral</i> .....	51	HUMALOG MIX 50-50 KWIKPEN.....	48
<i>griseofulvin microsize</i> .....	18	HUMALOG MIX 75-25 KWIKPEN.....	48
<i>griseofulvin ultramicrosize</i> .....	18	HUMALOG MIX 75-25(U-100)INSULN.....	48
<i>guanfacine oral tablet extended release 24 hr</i> .....	37	HUMALOG U-100 INSULIN.....	48
GVOKE.....	48	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.....	53
GVOKE HYPOPEN 1-PACK.....	48	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	53
GVOKE HYPOPEN 2-PACK.....	48	HUMIRA(CF) PEN CROHNS-UC-HS.....	53
GVOKE PFS 1-PACK SYRINGE.....	48	HUMIRA(CF) PEN PEDIATRIC UC.....	53
GVOKE PFS 2-PACK SYRINGE.....	48	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	53
		HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML.....	53
<b>H</b>		HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML.....	53
<i>hailey</i> .....	55		
<i>hailey 24 fe</i> .....	55		
<i>hailey fe 1.5/30 (28)</i> .....	55		
<i>hailey fe 1/20 (28)</i> .....	55		
HALAVEN.....	26		
<i>halobetasol propionate topical cream</i> .....	45		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	53	IBRANCE	26
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	54	<i>ibu</i>	35
HUMIRA PEN	53	<i>ibuprofen-famotidine</i>	35
HUMIRA PEN CROHNS-UC-HS START	53	<i>ibuprofen oral suspension</i>	35
HUMIRA PEN PSOR-UVEITS-ADOL HS	53	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	35
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	53	<i>icatibant</i>	59
HUMULIN 70/30 U-100 INSULIN	48	<i>iclevia</i>	55
HUMULIN 70/30 U-100 KWIKPEN	48	ICLUSIG	26
HUMULIN N NPH INSULIN KWIKPEN	48	<i>idarubicin</i>	26
HUMULIN N NPH U-100 INSULIN	48	IDHIFA	26
HUMULIN R REGULAR U-100 INSULN	48	<i>ifosfamide</i>	26
HUMULIN R U-500 (CONC) INSULIN	48	<i>imatinib oral tablet 100 mg</i>	26
HUMULIN R U-500 (CONC) KWIKPEN	48	<i>imatinib oral tablet 400 mg</i>	26
<i>hydralazine injection</i>	40	IMBRUVICA ORAL CAPSULE 70 MG	26
<i>hydralazine oral</i>	40	IMBRUVICA ORAL CAPSULE 140 MG	26
<i>hydrochlorothiazide</i>	40	IMBRUVICA ORAL TABLET	26
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	34	IMFINZI	26
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 5-325 mg, 7.5-325 mg	34	<i>imipenem-cilastatin</i>	22
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	34	<i>imipramine hcl</i>	37
<i>hydrocortisone-acetic acid</i>	46	<i>imiquimod topical cream in packet 5%</i>	43
<i>hydrocortisone oral</i>	47	IMOVAX RABIES VACCINE (PF)	52
<i>hydrocortisone rectal</i>	51	<i>incassia</i>	54
<i>hydrocortisone topical cream 1%, 2.5%</i>	45	INCRELEX	46
<i>hydrocortisone topical cream</i> <i>with perineal applicator 2.5%</i>	51	INCRUSE ELLIPTA	59
<i>hydrocortisone topical lotion 2.5%</i>	45	<i>indapamide</i>	40
<i>hydrocortisone topical ointment 1%, 2.5%</i>	45	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	52
<i>hydrocortisone valerate</i>	45	INFUGEM	26
<i>hydromorphone oral liquid</i>	34	INFUMORPH P/F	34
<i>hydromorphone oral tablet</i>	34	INLYTA ORAL TABLET 1 MG	26
<i>hydroxychloroquine</i>	22	INLYTA ORAL TABLET 5 MG	26
<i>hydroxyprogesterone caproate</i>	54	INQOVI	26
<i>hydroxyurea</i>	26	INREBIC	26
<i>hydroxyzine hcl oral tablet</i>	58	INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	48
<b>I</b>		INTELENCE ORAL TABLET 25 MG	19
<i>ibandronate oral</i>	53	INTELENCE ORAL TABLET 100 MG, 200 MG	19
		INTRALIPID INTRAVENOUS EMULSION 20%, 30%	61
		INTRON A INJECTION RECON SOLN	52
		<i>introvale</i>	55

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	37	<i>isoniazid oral tablet</i>	22
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	37	<i>isosorbide dinitrate oral tablet</i>	42
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	37	<i>isosorbide mononitrate</i>	42
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	37	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	44
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	37	<i>itraconazole oral capsule</i>	18
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	37	<i>itraconazole oral solution</i>	18
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	37	<i>ivermectin oral</i>	22
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	37	IXEMPRA	26
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	37	IXIARO (PF)	52
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	37	<b>J</b>	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	37	<i>jaimiess</i>	55
INVELTYS	58	JAKAFI	26
INVIRASE ORAL TABLET	19	<i>jantoven</i>	41
INVOKAMET	48	JANUMET	48
INVOKAMET XR	48	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	48
INVOKANA	48	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	48
IPOL	52	JANUVIA	48
<i>ipratropium-albuterol</i>	59	JARDIANCE	48
<i>ipratropium bromide inhalation</i>	59	<i>jasmiel (28)</i>	55
<i>ipratropium bromide nasal</i>	46	JEMPERLI	26
<i>irbesartan</i>	40	JENCYCLA	54
<i>irbesartan-hydrochlorothiazide</i>	40	JEVTANA	26
IRESSA	26	<i>jolessa</i>	55
<i>irinotecan</i>	26	<i>juleber</i>	55
ISENTRESS HD	19	JULUCA	19
ISENTRESS ORAL POWDER IN PACKET	19	<i>junel 1.5/30 (21)</i>	55
ISENTRESS ORAL TABLET	19	<i>junel 1/20 (21)</i>	55
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	19	<i>junel fe 1.5/30 (28)</i>	55
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	19	<i>junel fe 1/20 (28)</i>	55
<i>isibloom</i>	55	<i>junel fe 24</i>	55
<i>isoniazid oral solution</i>	22	<b>K</b>	
		KABIVEN	61
		KADCYLA	26
		<i>kaitlib fe</i>	55
		KALETRA ORAL TABLET 100-25 MG	19
		KALETRA ORAL TABLET 200-50 MG	19

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>kalliga</i> .....	55	<i>lamivudine oral tablet 100 mg, 300 mg</i> .....	19
KALYDECO ORAL GRANULES IN PACKET .....	59	<i>lamivudine oral tablet 150 mg</i> .....	19
KALYDECO ORAL TABLET .....	59	<i>lamivudine-zidovudine</i> .....	19
KANJINTI .....	26	<i>lamotrigine oral tablet</i> .....	31
<i>kariva (28)</i> .....	55	<i>lamotrigine oral tablet, chewable dispersible</i> .....	31
<i>kelnor 1/35 (28)</i> .....	55	LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) .....	42
<i>kelnor 1-50 (28)</i> .....	55	LANOXIN PEDIATRIC .....	42
<i>ketoconazole oral</i> .....	18	<i>lansoprazole oral capsule, delayed release(dr/ec)</i> .....	52
<i>ketoconazole topical cream</i> .....	44	LANTUS SOLOSTAR U-100 INSULIN .....	48
<i>ketoconazole topical shampoo</i> .....	44	LANTUS U-100 INSULIN .....	48
<i>ketorolac ophthalmic (eye)</i> .....	57	<i>lapatinib</i> .....	27
KEYTRUDA .....	26	<i>larin 1.5/30 (21)</i> .....	55
KINRIX (PF) .....	52	<i>larin 1/20 (21)</i> .....	55
KISQALI .....	26	<i>larin 24 fe</i> .....	55
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG .....	26	<i>larin fe 1.5/30 (28)</i> .....	55
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG .....	27	<i>larin fe 1/20 (28)</i> .....	55
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG .....	27	<i>larissia</i> .....	55
KLISYRI .....	27	<i>latanoprost</i> .....	57
<i>klor-con</i> .....	60	LATUDA ORAL TABLET 80 MG .....	37
<i>klor-con 8</i> .....	60	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG .....	37
<i>klor-con 10</i> .....	60	<i>layolis fe</i> .....	55
<i>klor-con m10</i> .....	60	<i>ledipasvir-sofosbuvir</i> .....	19
<i>klor-con m20</i> .....	60	<i>leena 28</i> .....	55
KLOXXADO .....	35	<i>leflunomide</i> .....	54
KORLYM .....	50	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG .....	27
K-PHOS ORIGINAL .....	60	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) .....	27
<i>kurvelo (28)</i> .....	55	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) .....	27
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .....	32	<i>lessina</i> .....	55
KYPROLIS .....	27	<i>letrozole</i> .....	27
<b>L</b>		<i>leucovorin calcium injection</i> .....	24
<i>labetalol oral</i> .....	40	<i>leucovorin calcium oral tablet 5 mg</i> .....	24
<i>lactated ringers intravenous</i> .....	60	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i> .....	24
<i>lactated ringers irrigation</i> .....	45	LEUKERAN .....	27
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i> .....	51	<i>leuprolide subcutaneous kit</i> .....	27
<i>lamivudine oral solution</i> .....	19	LEVEMIR FLEXTOUCH U-100 INSULN .....	48
		LEVEMIR U-100 INSULIN .....	48



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>levetiracetam in nacl (iso-os)</i> .....	31	<i>linezolid oral tablet</i> .....	22
<i>levetiracetam intravenous</i> .....	31	LINZESS .....	51
<i>levetiracetam oral solution 100 mg/ml</i> .....	31	<i>liothyronine oral</i> .....	50
<i>levetiracetam oral tablet</i> .....	31	<i>lisinopril</i> .....	40
<i>levetiracetam oral tablet extended release 24 hr</i> .....	31	<i>lisinopril-hydrochlorothiazide</i> .....	40
<i>levobunolol ophthalmic (eye) drops 0.5%</i> .....	57	<i>lithium carbonate</i> .....	37
<i>levocarnitine oral tablet</i> .....	46	<i>l norgest/e.estradiol-e.estrad</i> .....	55
<i>levocarnitine (with sugar)</i> .....	46	<i>lojaimiess</i> .....	55
<i>levocetirizine oral tablet</i> .....	58	LONSURF ORAL TABLET 15-6.14 MG .....	27
<i>levofloxacin in d5w</i> .....	23	LONSURF ORAL TABLET 20-8.19 MG .....	27
<i>levofloxacin intravenous</i> .....	23	<i>loperamide oral capsule</i> .....	51
<i>levofloxacin oral solution</i> .....	23	<i>lopinavir-ritonavir oral solution</i> .....	19
<i>levofloxacin oral tablet</i> .....	23	<i>lopinavir-ritonavir oral tablet 100-25 mg</i> .....	19
<i>levonest (28)</i> .....	55	<i>lopinavir-ritonavir oral tablet 200-50 mg</i> .....	19
<i>levonorgestrel-ethinyl estrad</i> .....	55	<i>lorazepam injection solution</i> .....	37
<i>levonorg-eth estrad triphasic</i> .....	55	<i>lorazepam injection syringe 2 mg/ml</i> .....	37
<i>levora-28</i> .....	55	<i>lorazepam intensol</i> .....	37
LEVO-T .....	50	<i>lorazepam oral concentrate</i> .....	32
<i>levothyroxine oral tablet</i> .....	50	<i>lorazepam oral tablet 0.5 mg, 1 mg</i> .....	37
<i>levoxyl oral tablet 100 mcg, 112 mcg,</i> <i>125 mcg, 137 mcg, 150 mcg, 175 mcg,</i> <i>200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> .....	50	<i>lorazepam oral tablet 2 mg</i> .....	37
LEXIVA ORAL SUSPENSION .....	19	LORBRENA ORAL TABLET 25 MG .....	27
LIBTAYO .....	27	LORBRENA ORAL TABLET 100 MG .....	27
<i>lidocaine hcl injection solution</i> .....	43	<i>loryna (28)</i> .....	55
<i>lidocaine hcl mucous membrane jelly</i> .....	43	<i>losartan</i> .....	40
<i>lidocaine hcl mucous membrane jelly in applicator</i> .....	44	<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i> .....	40
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i> ..	43	<i>losartan-hydrochlorothiazide oral tablet</i> <i>100-12.5 mg, 100-25 mg</i> .....	40
<i>lidocaine (pf) injection solution</i> .....	43	LOTEMAX .....	58
<i>lidocaine (pf) intravenous</i> .....	39	LOTEMAX SM .....	58
<i>lidocaine-prilocaine topical cream</i> .....	43	<i>lovastatin oral tablet 10 mg</i> .....	42
<i>lidocaine topical adhesive patch, medicated 5%</i> .....	43	<i>lovastatin oral tablet 20 mg, 40 mg</i> .....	42
<i>lidocaine topical ointment</i> .....	43	<i>low-ogestrel (28)</i> .....	56
<i>lidocaine viscous</i> .....	43	<i>loxapine succinate</i> .....	37
<i>lillow (28)</i> .....	55	<i>lo-zumandimine (28)</i> .....	56
<i>lincomycin</i> .....	22	<i>ludent fluoride oral tablet, chewable</i> <i>1 mg (2.2 mg sod. fluoride)</i> .....	61
<i>lindane topical shampoo</i> .....	45	LUMAKRAS .....	27
<i>linezolid-0.9% sodium chloride</i> .....	22	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01% .....	58
<i>linezolid in dextrose 5%</i> .....	22	LUMIZYME .....	50
<i>linezolid oral suspension for reconstitution</i> .....	22	LUMOXITI .....	27

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
LUPRON DEPOT	27	<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	27
LUPRON DEPOT (3 MONTH)	27	<i>megestrol oral tablet 20 mg</i>	27
LUPRON DEPOT (4 MONTH)	27	<i>megestrol oral tablet 40 mg</i>	27
LUPRON DEPOT (6 MONTH)	27	MEKINIST ORAL TABLET 0.5 MG	27
LUPRON DEPOT-PED	27	MEKINIST ORAL TABLET 2 MG	27
LUPRON DEPOT-PED (3 MONTH)	27	MEKTOVI	27
INTRAMUSCULAR SYRINGE KIT 11.25 MG	27	<i>meloxicam oral tablet 7.5 mg</i>	35
LUPRON DEPOT-PED (3 MONTH)	27	<i>meloxicam oral tablet 15 mg</i>	35
INTRAMUSCULAR SYRINGE KIT 30 MG	27	<i>melphalan hcl</i>	27
<i>lutera (28)</i>	56	<i>memantine oral capsule, sprinkle, er 24hr</i>	33
LYBALVI	37	<i>memantine oral solution</i>	33
LYNPARZA	27	<i>memantine oral tablet 5 mg</i>	33
LYSODREN	27	<i>memantine oral tablet 10 mg</i>	33
LYUMJEV KWIKPEN U-100 INSULIN	48	<i>memantine oral tablets, dose pack</i>	33
LYUMJEV KWIKPEN U-200 INSULIN	48	MENACTRA (PF) INTRAMUSCULAR SOLUTION	52
LYUMJEV U-100 INSULIN	48	MENQUADFI (PF)	52
<i>lyza</i>	54	MENVEO A-C-Y-W-135-DIP (PF)	52
<b>M</b>		<i>mercaptopurine</i>	27
<i>mafenide acetate</i>	44	<i>meropenem</i>	22
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	60	<i>meropenem-0.9% sodium chloride</i>	22
<i>magnesium sulfate injection</i>	60	<i>merzee</i>	56
<i>magnesium sulfate in water</i>	60	<i>mesalamine oral capsule, extended release 24hr</i>	51
<i>malathion</i>	45	<i>mesalamine rectal enema</i>	51
<i>maprotiline</i>	37	<i>mesna</i>	24
<i>maraviroc oral tablet 150 mg</i>	19	MESNEX ORAL	24
<i>maraviroc oral tablet 300 mg</i>	19	<i>metadate er</i>	37
MARGENZA	27	<i>metaproterenol oral syrup</i>	59
<i>marlissa (28)</i>	56	<i>metformin oral tablet 1,000 mg</i>	48
MARPLAN	37	<i>metformin oral tablet 500 mg</i>	48
MARQIBO	27	<i>metformin oral tablet 850 mg</i>	48
MATULANE	27	<i>metformin oral tablet extended release 24 hr 500 mg</i>	48
<i>matzim la</i>	40	<i>metformin oral tablet extended release 24 hr 750 mg</i>	48
MAVYRET ORAL PELLETS IN PACKET	19	<i>methadone injection solution</i>	34
MAVYRET ORAL TABLET	19	<i>methadone intensol</i>	34
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	51	<i>methadone oral concentrate</i>	34
<i>medroxyprogesterone intramuscular</i>	54	<i>methadone oral solution 5 mg/5 ml</i>	34
<i>medroxyprogesterone oral</i>	54	<i>methadone oral solution 10 mg/5 ml</i>	34
<i>mefloquine</i>	22	<i>methadone oral tablet 5 mg</i>	34
		<i>methadone oral tablet 10 mg</i>	34

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>methazolamide</i> .....	57	<i>mirtazapine oral tablet</i> .....	37
<i>methenamine hippurate</i> .....	24	<i>mirtazapine oral tablet, disintegrating</i> .....	38
<i>methimazole oral tablet 10 mg, 5 mg</i> .....	47	<i>misoprostol</i> .....	52
<i>methocarbamol oral</i> .....	33	MITIGARE .....	53
<i>methotrexate sodium injection</i> .....	27	<i>mitomycin intravenous</i> .....	27
<i>methotrexate sodium oral</i> .....	27	<i>mitoxantrone</i> .....	27
<i>methotrexate sodium (pf)</i> .....	27	M-M-R II (PF) .....	52
<i>methoxsalen</i> .....	43	M-NATAL PLUS .....	61
<i>methyl dopa</i> .....	40	<i>modafinil oral tablet 100 mg</i> .....	38
<i>methylphenidate hcl oral tablet</i> .....	37	<i>modafinil oral tablet 200 mg</i> .....	38
<i>methylphenidate hcl oral tablet extended release</i> .....	37	<i>moexipril</i> .....	40
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i> .....	37	<i>molindone</i> .....	38
<i>methylprednisolone</i> .....	47	<i>mometasone topical</i> .....	45
<i>methylprednisolone acetate</i> .....	47	MONJUVI .....	27
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> .....	47	<i>mono-lynyah</i> .....	56
<i>methylprednisolone sodium succ intravenous</i> .....	47	<i>montelukast oral granules in packet</i> .....	59
<i>metoclopramide hcl oral solution</i> .....	51	<i>montelukast oral tablet</i> .....	59
<i>metoclopramide hcl oral tablet</i> .....	51	<i>montelukast oral tablet, chewable</i> .....	59
<i>metolazone</i> .....	40	<i>morphine concentrate oral solution</i> .....	34
<i>metoprolol succinate</i> .....	40	MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML, 5 MG/ML .....	34
<i>metoprolol ta-hydrochlorothiaz</i> .....	40	<i>morphine injection solution 10 mg/ml, 8 mg/ml</i> .....	34
<i>metoprolol tartrate oral</i> .....	40	MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML ..	34
<i>metronidazole in nacl (iso-os)</i> .....	22	<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i> .....	34
<i>metronidazole oral tablet</i> .....	22	<i>morphine intravenous syringe</i> .....	34
<i>metronidazole topical</i> .....	44	<i>morphine oral solution</i> .....	34
<i>metronidazole vaginal</i> .....	54	MORPHINE ORAL TABLET .....	34
<i>metyrosine</i> .....	40	<i>morphine oral tablet extended release</i> .....	34
<i>mexiletine</i> .....	39	<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> .....	34
<i>microgestin 1.5/30 (21)</i> .....	56	MOVANTIK .....	51
<i>microgestin 1/20 (21)</i> .....	56	<i>moxifloxacin ophthalmic (eye) drops</i> .....	57
<i>microgestin fe 1.5/30 (28)</i> .....	56	<i>moxifloxacin oral</i> .....	23
<i>microgestin fe 1/20 (28)</i> .....	56	<i>moxifloxacin-sod.ace, sul-water</i> .....	23
<i>midodrine</i> .....	46	<i>moxifloxacin-sod.chloride(iso)</i> .....	23
<i>miglustat</i> .....	50	MOZOBIL .....	52
<i>mili</i> .....	56	<i>mupirocin</i> .....	44
<i>minocycline oral capsule</i> .....	23	<i>mupirocin calcium</i> .....	44
<i>minoxidil oral</i> .....	40	MVASI .....	27
		<i>mycophenolate mofetil (hcl)</i> .....	27

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>mycophenolate mofetil oral capsule</i> .....	27	<i>neomycin-polymyxin-hc otic (ear)</i> .....	47
<i>mycophenolate mofetil oral suspension for reconstitution</i> ..	27	<i>neo-polycin</i> .....	57
<i>mycophenolate mofetil oral tablet</i> .....	28	<i>neo-polycin hc</i> .....	58
<i>mycophenolate sodium</i> .....	28	NERLYNX .....	28
MYLOTARG.....	28	NEUPRO .....	32
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR.....	60	<i>nevirapine oral suspension</i> .....	19
<b>N</b>		<i>nevirapine oral tablet</i> .....	19
<i>nabumetone</i> .....	35	<i>nevirapine oral tablet extended release 24 hr 100 mg</i> .....	19
<i>nadolol</i> .....	40	<i>nevirapine oral tablet extended release 24 hr 400 mg</i> .....	19
<i>nafticillin in dextrose iso-osm</i> .....	23	NEXAVAR.....	28
<i>nafticillin injection</i> .....	23	NEXLETOL.....	42
<i>nafticillin intravenous recon soln 2 gram</i> .....	23	NEXLIZET.....	42
NAGLAZYME.....	50	<i>niacin oral tablet extended release 24 hr</i> .....	42
<i>naloxone injection solution</i> .....	35	<i>nicardipine intravenous solution</i> .....	40
<i>naloxone injection syringe 1 mg/ml</i> .....	35	<i>nicardipine oral</i> .....	40
<i>naloxone nasal</i> .....	35	NICOTROL.....	46
<i>naltrexone</i> .....	35	NICOTROL NS.....	46
<i>naproxen oral suspension</i> .....	35	<i>nifedipine oral tablet extended release</i> .....	40
<i>naproxen oral tablet</i> .....	35	<i>nifedipine oral tablet extended release 24hr</i> .....	40
<i>naproxen oral tablet, delayed release (dr/ec)</i> .....	35	<i>nikki (28)</i> .....	56
<i>naproxen sodium oral tablet 275 mg, 550 mg</i> .....	35	<i>nilutamide</i> .....	28
<i>naratriptan</i> .....	33	<i>nimodipine</i> .....	40
NARCAN.....	35	NINLARO.....	28
NATACYN.....	57	NIPENT.....	28
<i>nateglinide oral tablet 60 mg</i> .....	48	<i>nisoldipine</i> .....	40
<i>nateglinide oral tablet 120 mg</i> .....	48	<i>nitazoxanide</i> .....	22
NATPARA.....	50	<i>nitisinone</i> .....	46
NAYZILAM.....	31	<i>nitrofurantoin</i> .....	24
<i>necon 0.5/35 (28)</i> .....	56	<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> ...	24
<i>nefazodone</i> .....	38	<i>nitrofurantoin monohyd/m-cryst</i> .....	24
<i>nelarabine</i> .....	28	<i>nitroglycerin intravenous</i> .....	42
<i>neomycin</i> .....	22	<i>nitroglycerin sublingual</i> .....	42
<i>neomycin-bacitracin-poly-hc</i> .....	58	<i>nitroglycerin transdermal patch 24 hour</i> .....	42
<i>neomycin-bacitracin-polymyxin</i> .....	57	<i>nitroglycerin translingual</i> .....	42
<i>neomycin-polymyxin b-dexameth</i> .....	58	NIVESTYM.....	52
<i>neomycin-polymyxin b gu</i> .....	45	<i>nora-be</i> .....	54
<i>neomycin-polymyxin-gramicidin</i> .....	57	<i>noreth-ethinyl estradiol-iron</i> .....	56
<i>neomycin-polymyxin-hc ophthalmic (eye)</i> .....	58	<i>norethindrone acetate</i> .....	54
		<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> .....	54

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> .....	56	<b>O</b>	
<i>norethindrone (contraceptive)</i> .....	54	OCALIVA .....	51
<i>norethindrone-e.estradiol-iron oral capsule</i> .....	56	<i>ocella</i> .....	56
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> .....	56	OCREVUS .....	33
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i> .....	56	<i>octreotide acetate</i> .....	28
<i>norgestimate-ethinyl estradiol</i> .....	56	ODEFSEY .....	19
NORLYDA .....	54	ODOMZO .....	28
NORMOSOL-R .....	60	OFEV .....	59
NORTHERA ORAL CAPSULE 100 MG .....	46	<i>ofloxacin ophthalmic (eye)</i> .....	57
NORTHERA ORAL CAPSULE 200 MG, 300 MG .....	46	OGIVRI .....	28
<i>nortrel 0.5/35 (28)</i> .....	56	<i>olanzapine intramuscular</i> .....	38
<i>nortrel 1/35 (21)</i> .....	56	<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> .....	38
<i>nortrel 1/35 (28)</i> .....	56	<i>olanzapine oral tablet 15 mg, 20 mg</i> .....	38
<i>nortrel 7/7/7 (28)</i> .....	56	<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> .....	38
<i>nortriptyline</i> .....	38	<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> .....	38
NORVIR ORAL POWDER IN PACKET .....	19	<i>olmesartan</i> .....	40
NORVIR ORAL SOLUTION .....	19	<i>olmesartan-hydrochlorothiazide</i> .....	40
NOVOFINE PEN NEEDLE .....	49	<i>olopatadine ophthalmic (eye)</i> .....	57
NOVOTWIST PEN NEEDLE .....	49	<i>omeprazole oral capsule, delayed release(dr/ec)</i> .....	52
NUBEQA .....	28	OMNIPOD DASH INSULIN POD .....	49
NUCALA SUBCUTANEOUS AUTO-INJECTOR .....	59	OMNIPOD INSULIN MANAGEMENT .....	49
NUCALA SUBCUTANEOUS SYRINGE .....	59	OMNIPOD INSULIN REFILL .....	49
NUEDEXTA .....	33	ONCASPAR .....	28
NULOJIX .....	28	<i>ondansetron</i> .....	51
NUPLAZID .....	38	<i>ondansetron hcl intravenous</i> .....	51
NUZYRA INTRAVENOUS .....	23	<i>ondansetron hcl oral solution</i> .....	51
NUZYRA ORAL .....	23	<i>ondansetron hcl oral tablet</i> .....	51
<i>nyamyc</i> .....	44	<i>ondansetron hcl (pf)</i> .....	51
<i>nylia 1/35 (28)</i> .....	56	ONIVYDE .....	28
<i>nylia 7/7/7 (28)</i> .....	56	ONUREG .....	28
<i>nymyo</i> .....	56	OPDIVO .....	28
<i>nystatin oral suspension</i> .....	18	<i>oralone</i> .....	46
<i>nystatin oral tablet</i> .....	18	ORGOVYX .....	28
<i>nystatin topical cream</i> .....	44	<i>orsythia</i> .....	56
<i>nystatin topical ointment</i> .....	44	<i>oseltamivir oral capsule</i> .....	19
<i>nystatin topical powder</i> .....	44	<i>oseltamivir oral suspension for reconstitution</i> .....	19
<i>nystatin-triamcinolone</i> .....	44	<i>oxacillin injection</i> .....	23
<i>nystop</i> .....	44	<i>oxaliplatin</i> .....	28
		<i>oxandrolone oral tablet 2.5 mg</i> .....	50

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>oxandrolone oral tablet 10 mg</i> .....	50	PEDIARIX (PF).....	52
<i>oxaprozin</i> .....	35	PEDVAX HIB (PF) .....	52
<i>oxazepam</i> .....	38	<i>peg 3350-electrolytes oral recon soln</i>	
<i>oxcarbazepine oral suspension</i> .....	31	<i>236-22.74-6.74 -5.86 gram</i> .....	51
<i>oxcarbazepine oral tablet</i> .....	31	PEGASYS SUBCUTANEOUS SOLUTION .....	52
OXERVATE .....	57	PEGASYS SUBCUTANEOUS SYRINGE .....	52
<i>oxybutynin chloride oral syrup</i> .....	60	<i>peg-electrolyte soln</i> .....	51
<i>oxybutynin chloride oral tablet</i> .....	60	PEMAZYRE.....	28
<i>oxybutynin chloride oral tablet extended release 24hr</i> .....	60	<i>penicillamine</i> .....	54
<i>oxycodone-acetaminophen oral tablet</i>		<i>penicillin g potassium injection recon soln 20 million unit</i> ..	23
<i>10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> .....	34	<i>penicillin v potassium</i> .....	23
<i>oxycodone oral concentrate</i> .....	34	PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" .....	49
<i>oxycodone oral solution</i> .....	34	PENTACEL (PF).....	52
<i>oxycodone oral tablet 5 mg</i> .....	34	<i>pentamidine inhalation</i> .....	22
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> .....	34	<i>pentamidine injection</i> .....	22
<i>oxymorphone oral tablet extended release 12 hr</i> .....	34	PENTASA.....	51
OZEMPIC SUBCUTANEOUS PEN INJECTOR		<i>pentoxifylline</i> .....	41
0.25 MG OR 0.5 MG(2 MG/1.5 ML).....	49	PERFOROMIST.....	59
OZEMPIC SUBCUTANEOUS PEN INJECTOR		PERIKABIVEN .....	61
1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) ...	49	<i>perindopril erbumine</i> .....	40
<b>P</b>		PERJETA .....	28
<i>pacerone oral tablet 100 mg, 400 mg</i> .....	39	<i>permethrin</i> .....	45
<i>pacerone oral tablet 200 mg</i> .....	39	<i>perphenazine</i> .....	38
<i>paclitaxel</i> .....	28	<i>perphenazine-amitriptyline</i> .....	38
PADCEV .....	28	PERSERIS.....	38
<i>paliperidone oral tablet extended</i>		<i>pfizerpen-g</i> .....	23
<i>release 24hr 1.5 mg, 9 mg</i> .....	38	<i>phenelzine</i> .....	38
<i>paliperidone oral tablet extended</i>		<i>phenobarbital oral elixir</i> .....	31
<i>release 24hr 3 mg, 6 mg</i> .....	38	<i>phenobarbital oral tablet</i> .....	31
<i>pamidronate</i> .....	50	<i>phenobarbital sodium injection solution</i> .....	31
PANRETIN.....	43	<i>phenytoin oral suspension 125 mg/5 ml</i> .....	31
<i>pantoprazole oral tablet, delayed release (dr/ec)</i> .....	52	<i>phenytoin oral tablet, chewable</i> .....	31
<i>paricalcitol oral</i> .....	50	<i>phenytoin sodium extended</i> .....	31
<i>paromomycin</i> .....	22	<i>phenytoin sodium intravenous solution</i> .....	31
<i>paroxetine hcl oral suspension</i> .....	38	PHESGO .....	28
<i>paroxetine hcl oral tablet 10 mg</i> .....	38	<i>philith</i> .....	56
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i> .....	38	PIFELTRO .....	19
<i>paroxetine hcl oral tablet 30 mg</i> .....	38	<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i> .....	57
PASER .....	22	<i>pilocarpine hcl oral</i> .....	46
PAXIL ORAL SUSPENSION .....	38	<i>pimozide</i> .....	38

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>pimtrex</i> (28) .....	56	<i>potassium citrate</i> .....	60
<i>pindolol</i> .....	40	POTELIGEO .....	28
<i>pioglitazone</i> .....	49	<i>pramipexole oral tablet</i> .....	32
<i>piperacillin-tazobactam</i> .....	23	<i>prasugrel</i> .....	41
PIQRAY .....	28	<i>pravastatin</i> .....	42
<i>pirmella</i> .....	56	<i>praziquantel</i> .....	22
PLENAMINE .....	61	<i>prazosin</i> .....	40
PNV-DHA .....	61	<i>prednicarbate topical ointment</i> .....	45
PNV-OMEGA .....	61	<i>prednisolone acetate</i> .....	58
PNV-SELECT .....	61	<i>prednisolone oral solution</i> .....	47
<i>podofilox</i> .....	43	<i>prednisolone sodium phosphate ophthalmic (eye)</i> .....	58
POLIVY .....	28	<i>prednisolone sodium phosphate oral solution</i> <i>15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> .....	47
<i>polycin</i> .....	57	<i>prednisolone sodium phosphate oral solution</i> <i>25 mg/5 ml (5 mg/ml)</i> .....	47
<i>polymyxin b sulf-trimethoprim</i> .....	57	<i>prednisone intensol</i> .....	47
POMALYST .....	28	<i>prednisone oral solution</i> .....	47
<i>portia</i> 28 .....	56	<i>prednisone oral tablet</i> .....	47
PORTRAZZA .....	28	<i>prednisone oral tablets, dose pack 5 mg, 5 mg (48 pack)</i> ..	47
<i>posaconazole oral tablet, delayed release (dr/ec)</i> .....	18	<i>prednisone oral tablets, dose pack</i> <i>10 mg, 10 mg (48 pack)</i> .....	47
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L .....	60	<i>pregabalin oral capsule</i> <i>100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> .....	31
<i>potassium chlorid-d5-0.45%nacl</i> <i>intravenous parenteral solution 30 meq/l</i> .....	60	<i>pregabalin oral capsule 200 mg</i> .....	31
<i>potassium chloride-0.45% nacl</i> .....	61	<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	32
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L ...	61	<i>pregabalin oral solution</i> .....	32
POTASSIUM CHLORIDE-D5-0.9%NACL .....	61	PREHEVBRIO (PF) .....	52
<i>potassium chloride in 0.9%nacl intravenous</i> <i>parenteral solution 20 meq/l, 40 meq/l</i> .....	60	PREMARIN VAGINAL .....	54
<i>potassium chloride in 5% dex intravenous</i> <i>parenteral solution 20 meq/l</i> .....	60	PREMASOL 10% .....	61
<i>potassium chloride in lr-d5 intravenous</i> <i>parenteral solution 20 meq/l</i> .....	60	<i>prenatal plus (calcium carb)</i> .....	61
<i>potassium chloride intravenous</i> .....	60	PRENATAL VITAMIN PLUS LOW IRON .....	62
<i>potassium chloride in water intravenous piggyback</i> <i>10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml,</i> <i>20 meq/50 ml, 40 meq/100 ml</i> .....	60	PREPLUS .....	62
<i>potassium chloride oral capsule, extended release</i> .....	61	<i>prevalite oral powder in packet</i> .....	42
<i>potassium chloride oral liquid</i> .....	61	<i>previfem</i> .....	56
<i>potassium chloride oral packet</i> .....	61	PREVYMIS .....	19
<i>potassium chloride oral tablet, er particles/crystals</i> .....	61	PREZCOBIX .....	19
<i>potassium chloride oral tablet extended release</i> .....	61	PREZISTA ORAL SUSPENSION .....	20
		PREZISTA ORAL TABLET 75 MG .....	20
		PREZISTA ORAL TABLET 150 MG .....	20
		PREZISTA ORAL TABLET 600 MG .....	20
		PREZISTA ORAL TABLET 800 MG .....	20

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
PRIFTIN	22	PROSOL 20%	61
PRIMAQUINE	22	<i>protriptyline</i>	38
<i>primidone</i>	32	PULMOZYME	59
PRIVIGEN	52	PURIXAN	28
PR NATAL 400	61	<i>pyrazinamide</i>	22
PR NATAL 400 EC	61	<i>pyridostigmine bromide oral syrup</i>	33
PR NATAL 430	61	<i>pyridostigmine bromide oral tablet 60 mg</i>	33
PR NATAL 430 EC	61	<i>pyridostigmine bromide oral tablet extended release</i>	33
<i>probenecid</i>	53	<i>pyrimethamine</i>	22
<i>probenecid-colchicine</i>	53	<b>Q</b>	
PROCALAMINE 3%	61	QINLOCK	28
<i>prochlorperazine</i>	51	QUADRACEL (PF)	52
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	51	<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	38
<i>prochlorperazine maleate</i>	51	<i>quetiapine oral tablet 200 mg</i>	38
PROCRIT	52	<i>quetiapine oral tablet 300 mg, 400 mg</i>	38
<i>procto-med hc</i>	51	<i>quinapril</i>	41
<i>procto-pak</i>	51	<i>quinapril-hydrochlorothiazide</i>	41
<i>proctosol hc topical</i>	51	<i>quinidine sulfate oral tablet</i>	39
<i>proctozone-hc</i>	51	<i>quinine sulfate</i>	22
<i>progesterone micronized</i>	54	<b>R</b>	
PROGRAF INTRAVENOUS	28	RABAVERT (PF)	52
PROGRAF ORAL GRANULES IN PACKET	28	<i>raloxifene</i>	53
PROLASTIN-C INTRAVENOUS RECON SOLN	46	<i>ramipril</i>	41
PROLASTIN-C INTRAVENOUS SOLUTION	46	<i>ranolazine</i>	42
PROLEUKIN	52	<i>rasagiline</i>	32
PROLIA	53	RAYALDEE	50
PROMACTA ORAL POWDER IN PACKET 12.5 MG	42	<i>reclipsen (28)</i>	56
PROMACTA ORAL POWDER IN PACKET 25 MG	42	RECOMBIVAX HB (PF)	52
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	42	RECTIV	51
PROMACTA ORAL TABLET 75 MG	42	<i>regonol</i>	33
<i>promethazine oral syrup</i>	58	REGANEX	43
<i>promethazine oral tablet</i>	58	REMICADE	51
<i>propafenone</i>	39	RENACIDIN	60
<i>propranolol-hydrochlorothiazid</i>	41	<i>repaglinide oral tablet 0.5 mg</i>	49
<i>propranolol oral capsule, extended release 24 hr</i>	41	<i>repaglinide oral tablet 1 mg</i>	49
<i>propranolol oral solution</i>	41	<i>repaglinide oral tablet 2 mg</i>	49
<i>propranolol oral tablet</i>	41	REPATHA PUSHTRONEX	42
<i>propylthiouracil</i>	47		
PROQUAD (PF)	52		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
REPATHA SURECLICK	42	<i>romidepsin intravenous solution</i>	28
REPATHA SYRINGE	42	<i>ropinirole oral tablet</i>	32
RESTASIS	57	<i>rosadan topical cream</i>	44
RESTASIS MULTIDOSE	57	<i>rosadan topical gel</i>	44
RETACRIT	52	<i>rosuvastatin</i>	42
RETEVMO ORAL CAPSULE 40 MG	28	ROTARIX	53
RETEVMO ORAL CAPSULE 80 MG	28	ROTATEQ VACCINE	53
RETROVIR INTRAVENOUS	20	<i>roweepra oral tablet 500 mg</i>	32
REVLIMID	28	ROZLYTREK ORAL CAPSULE 100 MG	28
REXULTI	38	ROZLYTREK ORAL CAPSULE 200 MG	28
REYATAZ ORAL POWDER IN PACKET	20	RUBRACA	28
RHOPRESSA	58	<i>rufinamide</i>	32
<i>ribavirin oral capsule</i>	20	RUKOBIA	20
<i>ribavirin oral tablet 200 mg</i>	20	RUXIENCE	28
<i>rifabutin</i>	22	RYBELSUS	49
<i>rifampin</i>	22	RYBREVANT	28
<i>riluzole</i>	46	RYDAPT	28
<i>rimantadine</i>	20	RYLAZE	28
<i>ringer's intravenous</i>	61	RYTARY	32
<i>ringer's irrigation</i>	45		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	54	<b>S</b>	
RISPERDAL CONSTA	38	SAJAZIR	59
<i>risperidone oral solution</i>	38	SAMSCA ORAL TABLET 15 MG	50
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	38	SANCUSO	51
<i>risperidone oral tablet 1 mg</i>	38	SANDIMMUNE ORAL SOLUTION	28
<i>risperidone oral tablet 2 mg</i>	38	SANTYL	43
<i>risperidone oral tablet 3 mg</i>	38	<i>sapropterin</i>	50
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	38	SARCLISA	28
<i>risperidone oral tablet, disintegrating 1 mg</i>	38	SCSEMBLIX ORAL TABLET 20 MG	28
<i>risperidone oral tablet, disintegrating 2 mg</i>	38	SCSEMBLIX ORAL TABLET 40 MG	28
<i>risperidone oral tablet, disintegrating 3 mg</i>	38	<i>scopolamine base</i>	51
<i>ritonavir</i>	20	SECUADO	38
<i>rivastigmine</i>	33	<i>selegiline hcl</i>	32
<i>rivastigmine tartrate</i>	33	<i>selenium sulfide topical lotion</i>	43
<i>rivelsa</i>	56	SELZENTRY ORAL SOLUTION	20
<i>rizatriptan</i>	33	SELZENTRY ORAL TABLET 25 MG	20
ROCKLATAN	58	SELZENTRY ORAL TABLET 150 MG, 75 MG	20
ROMIDEPSIN INTRAVENOUS RECON SOLN	28	SELZENTRY ORAL TABLET 300 MG	20
		SE-NATAL-19	62

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
SE-NATAL 19 CHEWABLE	62	<i>sotalol oral</i>	39
SEREVENT DISKUS	59	SOTYLIZE	39
<i>sertraline oral concentrate</i>	38	SOVALDI ORAL TABLET 400 MG	20
<i>sertraline oral tablet</i>	38	<i>spironolactone</i>	41
<i>setlakin</i>	56	<i>spironolacton-hydrochlorothiaz</i>	41
<i>sevelamer carbonate</i>	46	<i>sprintec (28)</i>	56
<i>sharobel</i>	54	SPRITAM	32
SHINGRIX (PF)	53	SPRYCEL ORAL TABLET 20 MG, 70 MG	29
SIGNIFOR	28	SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	29
<i>sildenafil (pulm.hypertension) oral tablet</i>	59	<i>sps (with sorbitol)</i>	46
<i>silver sulfadiazine</i>	43	<i>sronyx</i>	56
<i>simliya (28)</i>	56	SSD	43
<i>simpesse</i>	56	STAMARIL (PF)	53
SIMULECT	28	<i>stavudine oral capsule</i>	20
<i>simvastatin oral tablet</i>	42	STELARA INTRAVENOUS	43
<i>sirolimus oral solution</i>	28	STELARA SUBCUTANEOUS SOLUTION	43
<i>sirolimus oral tablet</i>	28	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	43
SIRTURO	22	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	43
SIVEXTRO INTRAVENOUS	22	STIVARGA	29
SIVEXTRO ORAL	22	<i>streptomycin</i>	22
SKYRIZI SUBCUTANEOUS PEN INJECTOR	43	STRIBILD	20
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	43	<i>subvenite</i>	32
SKYRIZI SUBCUTANEOUS SYRINGE KIT	43	<i>subvenite starter (blue) kit</i>	32
<i>sodium bicarbonate intravenous syringe</i>	61	<i>subvenite starter (green) kit</i>	32
<i>sodium chloride 0.9% intravenous</i>	46	<i>subvenite starter (orange) kit</i>	32
<i>sodium chloride 0.45% intravenous parenteral solution</i>	61	SUCRAID	51
<i>sodium chloride 3% hypertonic</i>	61	<i>sucalfate oral tablet</i>	52
<i>sodium chloride 5% hypertonic</i>	61	<i>sulfacetamide-prednisolone</i>	57
<i>sodium chloride intravenous</i>	61	<i>sulfacetamide sodium (acne)</i>	44
<i>sodium chloride irrigation</i>	46	<i>sulfacetamide sodium ophthalmic (eye) drops</i>	57
<i>sodium phenylbutyrate</i>	46	<i>sulfadiazine</i>	23
<i>sodium polystyrene sulfonate oral powder</i>	46	<i>sulfamethoxazole-trimethoprim intravenous</i>	23
<i>solifenacin</i>	60	<i>sulfamethoxazole-trimethoprim oral suspension</i>	23
SOLQUA 100/33	49	<i>sulfamethoxazole-trimethoprim oral tablet</i>	23
SOLTAMOX	28	<i>sulfasalazine</i>	51
SOLU-CORTEF ACT-O-VIAL (PF)	47	<i>sulindac</i>	35
SOMATULINE DEPOT	28	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	33
SOMAVERT	50	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	33
<i>sorine</i>	39	<i>sumatriptan succinate oral</i>	33
<i>sotalol af</i>	39		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>sumatriptan succinate subcutaneous cartridge</i> .....	33	TASIGNA ORAL CAPSULE 150 MG, 200 MG .....	29
<i>sumatriptan succinate subcutaneous pen injector</i> .....	33	<i>taysofy</i> .....	56
<i>sumatriptan succinate subcutaneous solution</i> .....	33	<i>tazarotene topical cream</i> .....	44
SUNITINIB .....	29	<i>tazicef</i> .....	21
SUPREP BOWEL PREP KIT .....	51	TAZORAC TOPICAL CREAM 0.05% .....	44
SUTAB .....	51	<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i> .....	41
SUTENT .....	29	TAZVERIK .....	29
<i>syeda</i> .....	56	TDVAX .....	53
SYMPAZAN .....	32	TECENTRIQ .....	29
SYMTUZA .....	20	TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" .....	49
SYNAREL .....	50	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" .....	49
SYNERCID .....	22	TECHLITE PEN NEEDLE .....	49
SYNJARDY .....	49	TEFLARO .....	21
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG .....	49	<i>telmisartan</i> .....	41
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG .....	49	<i>telmisartan-amlodipine</i> .....	41
SYNRIBO .....	29	<i>telmisartan-hydrochlorothiazid</i> .....	41
SYNTHROID .....	50	<i>temazepam oral capsule 15 mg, 30 mg</i> .....	38
<b>T</b>		TEMIXYS .....	20
TABLOID .....	29	TEMODAR INTRAVENOUS .....	29
TABRECTA .....	29	<i>temsirolimus</i> .....	29
<i>tacrolimus oral</i> .....	29	TENIVAC (PF) .....	53
<i>tacrolimus topical</i> .....	43	<i>tenofovir disoproxil fumarate</i> .....	20
TADALAFIL (PULM. HYPERTENSION) .....	59	TEPMETKO .....	29
TAFINLAR .....	29	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i> .....	41
TAGRISSO .....	29	<i>terazosin oral capsule 10 mg</i> .....	41
TALICIA .....	52	<i>terbinafine hcl oral</i> .....	18
TALTZ SYRINGE .....	43	<i>terbutaline</i> .....	59
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG .....	29	<i>terconazole</i> .....	54
TALZENNA ORAL CAPSULE 0.25 MG .....	29	TERIPARATIDE .....	53
<i>tamoxifen</i> .....	29	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> .....	50
<i>tamsulosin</i> .....	60	<i>testosterone enanthate</i> .....	50
TARGRETIN TOPICAL .....	29	<i>testosterone transdermal gel</i> .....	50
<i>tarina 24 fe</i> .....	56	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i> .....	50
<i>tarina fe 1/20 (28)</i> .....	56		
<i>tarina fe 1-20 eq (28)</i> .....	56		
TARON-C DHA .....	62		
TASIGNA ORAL CAPSULE 50 MG .....	29		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>testosterone transdermal gel in packet</i>		<i>toposar</i>	29
1% (25 mg/2.5gram), 1% (50 mg/5 gram)	50	<i>topotecan intravenous recon soln</i>	29
TETANUS, DIPHTHERIA TOX PED(PF)	53	<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	29
<i>tetrabenazine oral tablet 12.5 mg</i>	33	<i>toremifene</i>	29
<i>tetrabenazine oral tablet 25 mg</i>	33	<i>torseamide oral</i>	41
<i>tetracycline</i>	23	TOUJEO MAX U-300 SOLOSTAR	49
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	29	TOUJEO SOLOSTAR U-300 INSULIN	49
THALOMID ORAL CAPSULE 200 MG	29	TRADJENTA	49
<i>theophylline oral tablet extended release 12 hr</i>		<i>tramadol-acetaminophen</i>	35
300 mg, 450 mg	59	<i>tramadol oral tablet 50 mg</i>	35
<i>theophylline oral tablet extended release 24 hr</i>	59	<i>trandolapril</i>	41
<i>thioridazine</i>	38	<i>tranexamic acid oral</i>	54
<i>thiotepa</i>	29	<i>tranylcypromine</i>	38
<i>thiothixene</i>	38	TRAVASOL 10%	61
<i>tiadylt er</i>	41	<i>travoprost</i>	58
<i>tiagabine</i>	32	TRAZIMERA	29
TIBSOVO	29	<i>trazodone</i>	38
TICE BCG	53	TREANDA	29
TICOVAC	53	TRECATOR	22
<i>tigecycline</i>	22	TRELEGY ELLIPTA	59
TILIA FE	56	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	29
<i>timolol maleate ophthalmic (eye) drops</i>	57	TRESIBA FLEXTOUCH U-100	49
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	57	TRESIBA FLEXTOUCH U-200	49
<i>timolol maleate oral</i>	41	TRESIBA U-100 INSULIN	49
<i>tis-u-sol pentalyte</i>	45	<i>tretinoin (antineoplastic)</i>	29
TIVDAK	29	<i>tretinoin microspheres topical gel 0.1%</i>	44
TIVICAY ORAL TABLET 10 MG	20	<i>tretinoin microspheres topical gel with pump 0.1%</i>	44
TIVICAY ORAL TABLET 25 MG, 50 MG	20	<i>tretinoin topical cream</i>	44
TIVICAY PD	20	<i>tretinoin topical gel 0.01%</i>	44
<i>tizanidine oral tablet</i>	33	<i>tretinoin topical gel 0.025%, 0.05%</i>	44
TOBRADEX ST	58	<i>triamcinolone acetate dental</i>	46
<i>tobramycin-dexamethasone</i>	58	<i>triamcinolone acetate injection suspension 40 mg/ml</i>	47
<i>tobramycin in 0.225% nacl</i>	22	<i>triamcinolone acetate topical cream</i>	45
<i>tobramycin ophthalmic (eye)</i>	57	<i>triamcinolone acetate topical lotion</i>	45
<i>tobramycin sulfate</i>	22	<i>triamcinolone acetate topical ointment</i>	
<i>tolterodine oral capsule, extended release 24hr</i>	60	0.025%, 0.1%, 0.5%	45
<i>tolterodine oral tablet</i>	60	<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	41
<i>tolvaptan oral tablet 30 mg</i>	50	<i>triamterene-hydrochlorothiazid oral tablet</i>	41
<i>topiramate oral capsule, sprinkle</i>	32	<i>triderm topical cream 0.1%</i>	45
<i>topiramate oral tablet</i>	32		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>trientine</i> .....	46	TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) .....	29
<i>tri-estarylla</i> .....	56	TRUXIMA .....	29
<i>tri femynor</i> .....	56	TUKYSA ORAL TABLET 50 MG .....	29
<i>trifluoperazine oral tablet 1 mg</i> .....	38	TUKYSA ORAL TABLET 150 MG .....	29
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i> .....	38	TULANA .....	54
<i>trifluridine</i> .....	57	TURALIO .....	29
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG .....	49	TWINRIX (PF) .....	53
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG .....	49	<i>tyblume</i> .....	56
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) .....	59	<i>tydemy</i> .....	56
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) .....	59	TYMLOS .....	53
<i>tri-legest fe</i> .....	56	TYPHIM VI .....	53
<i>tri-linyah</i> .....	56	<b>U</b>	
<i>tri-lo-estarylla</i> .....	56	UKONIQ .....	29
TRI-LO-MARZIA .....	56	<i>unithroid</i> .....	50
<i>tri-lo-mili</i> .....	56	UNITUXIN .....	29
<i>tri-lo-sprintec</i> .....	56	UPTRAVI ORAL .....	41
<i>trimethoprim</i> .....	24	<i>ursodiol oral capsule 300 mg</i> .....	51
<i>tri-mili</i> .....	56	<i>ursodiol oral tablet</i> .....	51
<i>trimipramine</i> .....	38	<b>V</b>	
TRINATAL RX 1 .....	62	<i>valacyclovir oral tablet 1 gram</i> .....	20
TRINTELLIX .....	38	<i>valacyclovir oral tablet 500 mg</i> .....	20
<i>tri-nymyo</i> .....	56	VALCHLOR .....	43
TRIPTODUR .....	29	<i>valganciclovir oral recon soln</i> .....	20
<i>tri-sprintec (28)</i> .....	56	<i>valganciclovir oral tablet</i> .....	20
TRIUMEQ .....	20	<i>valproate sodium</i> .....	32
<i>trivora (28)</i> .....	56	<i>valproic acid</i> .....	32
<i>tri-vylibra</i> .....	56	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i> .....	32
<i>tri-vylibra lo</i> .....	56	<i>valrubicin</i> .....	29
TRODELVY .....	29	<i>valsartan-hydrochlorothiazide</i> .....	41
TROGARZO .....	20	<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> .....	41
TROPHAMINE 10% .....	61	<i>valsartan oral tablet 320 mg</i> .....	41
TRULICITY .....	49	VALTOCO .....	32
TRUMENBA .....	53	VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK .....	22
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1) .....	29		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 750 MG/150 ML	22	VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	41
<i>vancomycin in dextrose 5% intravenous piggyback 500 mg/100 ml</i>	22	<i>verapamil oral tablet</i>	41
<i>vancomycin injection</i>	22	<i>verapamil oral tablet extended release</i>	41
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	22	VERSACLOZ	39
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	22	VERZENIO	30
<i>vancomycin oral capsule 125 mg</i>	22	<i>vestura (28)</i>	56
<i>vancomycin oral capsule 250 mg</i>	22	V-GO 20	49
VANCOMYCIN-WATER INJECT (PEG)	23	V-GO 30	49
<i>vandazole</i>	54	V-GO 40	49
VAQTA (PF)	53	VICTOZA 2-PAK	49
<i>varenicline</i>	46	VICTOZA 3-PAK	49
VARIVAX (PF)	53	<i>vienna</i>	56
VARIZIG	53	<i>vigabatrin</i>	32
VASCEPA	42	<i>vigadrone</i>	32
VECTIBIX	29	VIIBRYD ORAL TABLET	39
VEKLURY	20	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	39
VELCADE	29	VIMPAT INTRAVENOUS	32
<i>velivet triphasic regimen (28)</i>	56	VIMPAT ORAL SOLUTION	32
VELPHORO	46	VIMPAT ORAL TABLET 50 MG	32
VELTASSA	46	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	32
VEMLIDY	20	<i>vinblastine</i>	30
VENCLEXTA ORAL TABLET 10 MG	29	<i>vincasar pfs</i>	30
VENCLEXTA ORAL TABLET 50 MG	30	<i>vincristine</i>	30
VENCLEXTA ORAL TABLET 100 MG	30	<i>vinorelbine</i>	30
VENCLEXTA STARTING PACK	30	VIOKACE	51
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	38	VIORELE (28)	56
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	38	VIRACEPT ORAL TABLET 250 MG	20
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	39	VIRACEPT ORAL TABLET 625 MG	20
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	39	VIREAD ORAL POWDER	20
VENTAVIS	60	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	20
VENTOLIN HFA	60	VIRT-C DHA	62
<i>verapamil intravenous solution</i>	41	VIRT-NATE DHA	62
<i>verapamil oral capsule, 24 hr er pellet ct</i>	41	VIRT-PN DHA	62
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	41	VITRAKVI ORAL CAPSULE 25 MG	30
		VITRAKVI ORAL CAPSULE 100 MG	30
		VITRAKVI ORAL SOLUTION	30
		VIVITROL	35
		VIZIMPRO	30

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>volnea (28)</i> .....	56	XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14).....	32
<i>voriconazole intravenous</i> .....	18	XELJANZ ORAL SOLUTION.....	54
<i>voriconazole oral suspension for reconstitution</i> .....	18	XELJANZ ORAL TABLET.....	54
<i>voriconazole oral tablet</i> .....	18	XELJANZ XR.....	54
VOSEVI.....	20	XGEVA.....	24
VOTRIENT.....	30	XIAFLEX.....	46
VP-PNV-DHA.....	62	XIFAXAN ORAL TABLET 550 MG.....	23
VRAYLAR ORAL CAPSULE.....	39	XIIDRA.....	57
VRAYLAR ORAL CAPSULE, DOSE PACK.....	39	XOLAIR SUBCUTANEOUS RECON SOLN.....	60
VUMERITY.....	33	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML.....	60
<i>vyfemla (28)</i> .....	57	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML.....	60
<i>vylibra</i> .....	57	XOSPATA.....	30
VYNDAMAX.....	42	XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK).....	30
VYNDAQEL.....	42	XTAMPZA ER.....	34
VYXEOS.....	30	XTANDI ORAL CAPSULE.....	30
<b>W</b>		XTANDI ORAL TABLET 40 MG.....	30
<i>warfarin</i> .....	42	XTANDI ORAL TABLET 80 MG.....	30
<i>water for irrigation, sterile</i> .....	46	XULTOPHY 100/3.6.....	49
WELIREG.....	30	XYREM.....	39
<i>wera (28)</i> .....	57	<b>Y</b>	
<i>westab plus</i> .....	62	YERVOY.....	30
<i>westgel dha</i> .....	62	YF-VAX (PF).....	53
<i>wymzya fe</i> .....	57	YONDELIS.....	30
<b>X</b>		<i>yuvafem</i> .....	54
XALKORI.....	30	<b>Z</b>	
XARELTO.....	42	<i>zafirlukast</i> .....	60
XARELTO DVT-PE TREAT 30D START.....	42	ZALTRAP.....	30
XATMEP.....	30	ZANOSAR.....	30
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1).....	32	ZARXIO.....	52
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1).....	32	ZATEAN-PN DHA.....	62
XCOPRI ORAL TABLET 50 MG.....	32	ZATEAN-PN PLUS.....	62
XCOPRI ORAL TABLET 100 MG.....	32	ZEJULA.....	30
XCOPRI ORAL TABLET 150 MG, 200 MG.....	32	ZELBORAF.....	30
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14).....	32		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ZEPZELCA	30		
<i>zidovudine oral capsule</i>	20		
<i>zidovudine oral syrup</i>	20		
<i>zidovudine oral tablet</i>	20		
ZIEXTENZO	52		
<i>ziprasidone hcl oral capsule 20 mg</i>	39		
<i>ziprasidone hcl oral capsule 40 mg</i>	39		
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	39		
<i>ziprasidone mesylate</i>	39		
ZIRABEV	30		
ZIRGAN	57		
ZOLADEX	30		
<i>zoledronic acid intravenous solution</i>	50		
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	50		
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	46		
<i>zoledronic ac-mannitol-0.9nacl</i>	50		
ZOLINZA	30		
<i>zolpidem oral tablet</i>	39		
<i>zonisamide</i>	32		
ZORTRESS ORAL TABLET 1 MG	30		
<i>zovia 1-35 (28)</i>	57		
ZTLIDO	43		
<i>zumandimine (28)</i>	57		
ZYDELIG	30		
ZYKADIA ORAL TABLET	30		
ZYNLONTA	30		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	39		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	39		



**Notice of Nondiscrimination: Discrimination is Against the Law**

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-800-222-6700 (TTY 711), 8 am – 8 pm local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cigna - Grievance  
PO Box 269005  
Weston, FL 33326-9927  
Phone: 1-800-222-6700 (TTY 711), Fax: 1-800-735-1469

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-222-6700 (TTY 711), 8 am – 8 pm, 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711), 8 a.m. – 8 p.m, 7 días de la semana.

## Multi-language Interpreter Services

**English – ATTENTION:** If you speak English, language assistance services, free of charge are available to you. Call **1-800-222-6700** (TTY 711).

**Spanish – ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-222-6700** (TTY 711).

**Chinese – 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-222-6700** (TTY 711)。

**Tiếng Việt (Vietnamese) – CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-222-6700** (TTY: 711).

**French Creole – ATANSYON:** Si w pale Kreyol Ayisyen, gen sevis ed pou lang ki disponib gratis pou ou. Rele **1-800-222-6700** (TTY: 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-222-6700** (TTY: 711) 번으로 전화해 주십시오.

**Polish – UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-222-6700** (TTY: 711).

**French – ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-222-6700** (ATS : 711).

**Arabic - 1-800-222-6700** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم 711).

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-222-6700** (телетайп: 711).

**Tagalog – PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-222-6700** (TTY: 711).

**Farsi/Persian - توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-222-6700** (TTY:711) تماس بگیرید.

**German – ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-222-6700** (TTY: 711).

**Portuguese – ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-222-6700** (TTY: 711).

**Italian – ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-222-6700** (TTY: 711).

**Japanese – 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-222-6700** (TTY: 711) まで、お電話にてご連絡ください。

**Navajo – Díí baa akó nínízin:** Díí saad bee yáníł ti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-222-6700** (TTY 711).

**Gujarati – સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નન:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે. ફોન કરો **1-800-222-6700** (TTY: 711).

**Urdu** خریدار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ ک **1-800-222-6700** (TTY: 711) ک





**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.



**CignaMedicare.com**

This formulary was updated on 05/01/2022. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 (TTY users should call 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 CignaMedicare.com. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2021 Cigna  
May 2022