

# 2022 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

## **Plans covered**

Cigna Preferred Medicare (HMO)  
Cigna Preferred Savings Medicare (HMO)  
Cigna True Choice Medicare (PPO)



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This formulary was updated on 05/01/2022. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit [CignaMedicare.com](http://CignaMedicare.com). The Formulary, pharmacy network, and/or provider network may change at any time.

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**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 Preferred Medicare (HMO), Cigna Preferred Savings Medicare (HMO) and Cigna True Choice Medicare (PPO).**

**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 9. 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 9. 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 59. 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 9. 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 9 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 59.

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

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

Some Cigna plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see if your plan has this coverage and for more information.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 9 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 [CignaMedicare.com](http://www.CignaMedicare.com) for the most current Pharmacy Directory.

### For more information

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

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

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

## Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears 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 Medicare Advantage 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 [CignaMedicare.com](http://CignaMedicare.com) to search for a preferred retail or mail-order pharmacy near you.

### Service Area: Florida

**H5410-024 – Cigna Preferred Medicare (HMO):** Lake, Marion, Orange, Osceola, Polk, Seminole and Sumter, Florida

**H5410-027 – Cigna Preferred Medicare (HMO):** Brevard, Flagler and Volusia, Florida

**H5410-029 – Cigna Preferred Medicare (HMO):** Hernando, Hillsborough, Manatee, Pasco, Pinellas and Sarasota, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs (GC)</b>	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
<b>Tier 2: Generic Drugs</b>	\$0 / \$0 / \$0	\$20 / \$40 / \$60	\$0 / \$0 / \$0	\$20 / \$40 / \$60
<b>Tier 3: Preferred Brand Drugs</b>	\$35 / \$70 / \$105	\$47 / \$94 / \$141	\$35 / \$70 / \$105	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

**GC:** We provide additional coverage for select prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**Service Area: Florida****H5410-026 – Cigna Preferred Savings Medicare (HMO):** Lake, Marion, Orange, Osceola, Polk, Seminole and Sumter, Florida**H5410-028 – Cigna Preferred Savings Medicare (HMO):** Brevard, Flagler and Volusia, Florida**H5410-030 – Cigna Preferred Savings Medicare (HMO):** Hernando, Hillsborough, Manatee, Pasco, Pinellas and Sarasota, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs (GC)</b>	\$0 / \$0 / \$0	\$7 / \$14 / \$21	\$0 / \$0 / \$0	\$7 / \$14 / \$21
<b>Tier 2: Generic Drugs</b>	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
<b>Tier 3: Preferred Brand Drugs</b>	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

**Service Area: Florida (Treasure Coast)****H7849-014 – Cigna True Choice Medicare (PPO):** Indian River, Martin and St. Lucie, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
<b>Tier 1: Preferred Generic Drugs (GC)</b>	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
<b>Tier 2: Generic Drugs (GC)</b>	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$0	\$20 / \$40 / \$60
<b>Tier 3: Preferred Brand Drugs</b>	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$45 / \$90 / \$135	\$47 / \$94 / \$141
<b>Tier 4: Non-Preferred Drugs</b>	\$100 / \$200 / \$300	\$100 / \$200 / \$300	\$100 / \$200 / \$300	\$100 / \$200 / \$300
<b>Tier 5: Specialty Tier</b>	30% (30 days)	30% (30 days)	30% (30 days)	30% (30 days)

**GC:** We provide additional coverage for select prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



## My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug on the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. TTY users can call 711.

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

### Drug List Key:

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

**EX** – Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**GC** – We provide additional coverage for select prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit CignaMedicare.com.

**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.

## 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
ANTI - INFECTIVES .....	9
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS.....	15
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH .....	22
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	32
DERMATOLOGICALS/TOPICAL THERAPY .....	36
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	39
EAR, NOSE / THROAT MEDICATIONS.....	40
ENDOCRINE/DIABETES.....	40
GASTROENTEROLOGY .....	45
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY.....	46
MUSCULOSKELETAL / RHEUMATOLOGY .....	48
NON-FRF .....	49
OBSTETRICS / GYNECOLOGY .....	49
OPHTHALMOLOGY .....	52
RESPIRATORY AND ALLERGY .....	53
UROLOGICALS .....	56
VITAMINS, HEMATINICS / ELECTROLYTES .....	56

## 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	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<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>micafungin</i>	5	NDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS
<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
<i>acyclovir oral capsule</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>adefovir</i>	4	
<i>amantadine hcl</i>	3	
APRETUDE	5	NDS
APTIVUS	5	QL (120/30); NDS
<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	5	NDS
COMPLERA	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
<i>efavirenz oral capsule 200 mg</i>	4	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	3	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>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	5	NDS
<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

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## 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	4	
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	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	5	QL (120/30); NDS
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)
LEXIVA ORAL SUSPENSION	4	QL (1575/28)
<i>lopinavir-ritonavir oral solution</i>	3	
<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</i>	3	
PIFELTRO	5	NDS
PREVYMIS ORAL	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	3	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>	2	
<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	3	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	5	QL (120/30); NDS
<i>stavudine oral capsule</i>	3	QL (60/30)
STRIBILD	5	QL (30/30); NDS
SYM TUZA	5	NDS
TEMIXYS	5	NDS
<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	5	QL (180/30); NDS
TRIUMEQ	5	QL (30/30); NDS
TROGARZO	5	NDS
TYBOST	3	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120/30); NDS
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
XOFLUZA	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>zidovudine oral tablet</i>	3	QL (60/30)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<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 oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
<i>cefepime in dextrose 5%</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	2	
<i>cefprozil</i>	2	
<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>	2	
<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>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	
<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>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	5	NDS
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
<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	5	PA; LA; NDS
<i>atovaquone</i>	5	NDS
<i>atovaquone-proguanil</i>	2	
<i>aztreonam injection recon soln 1 gram</i>	3	PA
<i>aztreonam injection recon soln 2 gram</i>	4	PA
<i>bacitracin intramuscular</i>	4	
CAPASTAT	4	
CAYSTON	5	PA; LA; QL (84/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	5	PA; NDS
<i>cycloserine</i>	2	
<i>dapsone oral</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
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>	2	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	4	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>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
NITAZOXANIDE	5	QL (20/10); NDS
ORBACTIV	5	PA; QL (3/30); NDS
<i>paromomycin</i>	4	
PASER	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	3	
<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 intravenous</i>	4	
<i>rifampin oral</i>	2	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	5	PA; NDS
SYNERCID	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	QL (224/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
VANCOMYCIN-WATER INJECT (PEG)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	5	NDS
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</i>	4	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet 250 mg</i>	1	
<i>penicillin v potassium oral tablet 500 mg</i>	2	
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	
<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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>monodoxyne nl oral capsule 100 mg</i>	2	
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
ABIRATERONE ORAL TABLET 500 MG	5	PA; QL (60/30); NDS
ABRAXANE	5	PA; NDS
ADCETRIS	5	PA; NDS
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
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (60/365); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA
<i>arsenic trioxide</i>	5	B/D PA; NDS
ARZERRA	5	B/D PA; NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	5	B/D PA; NDS
AZASAN	3	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	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	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BLNREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
<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

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
COSMEGEN	5	B/D PA; 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	5	PA; NDS
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

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<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>	5	B/D PA; NDS
DROXIA	3	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELZONRIS	5	PA; NDS
EMCYT	5	NDS
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
ENVARUSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
ERBITUX	5	B/D PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	5	PA; QL (120/30); NDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<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>	2	
EXKIVITY	5	PA; LA; NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	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>	2	
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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<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	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JEMPERLI	5	PA; NDS
JEVTANA	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KADCYLA	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
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>	5	PA; NDS
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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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	5	B/D PA; NDS
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>	3	PA
<i>megestrol oral tablet</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</i>	4	B/D PA
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	2	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MONJUVI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	5	B/D PA; NDS
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	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	PA; NDS
<i>octreotide acetate injection syringe</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
ORGOVYX	5	PA; LA; QL (32/30); NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PADCEV	5	PA; NDS
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
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	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
RYBREVAANT	5	PA; NDS
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	5	B/D PA; NDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; NDS
SARCLISA	5	PA; NDS
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	5	NDS
SOMATULINE DEPOT	5	PA; NDS
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
<i>sunitinib</i>	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>	2	B/D PA
TAFINLAR	5	PA; QL (120/30); NDS
TAGRISSEO	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	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
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
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS
<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 11.25 MG, 3.75 MG	4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NDS
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; QL (1/168); NDS
TRODELVY	5	PA; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42/28); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63/28); 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)
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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
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	5	PA; NDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	5	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	5	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60/30); NDS
BANZEL ORAL SUSPENSION	5	PA; NDS
BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine</i>	2	
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>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	3	LA
<i>diazepam rectal</i>	4	
DILANTIN	3	
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; LA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epitol</i>	2	
EPRONTIA	4	PA; QL (480/30)
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	4	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<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</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 extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>levetiracetam in nacl (iso-os)</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral</i>	2	
NAYZILAM	5	PA; QL (10/30); NDS
<i>oxcarbazepine</i>	2	
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<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>	2	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	QL (30/30)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	QL (60/30)
<i>primidone</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
RUFINAMIDE ORAL SUSPENSION	5	PA; NDS
<i>rufinamide oral tablet</i>	3	PA
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
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	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 7.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	5	QL (1200/30); NDS
VIMPAT ORAL SOLUTION	5	QL (1200/30); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60/30); NDS
VIMPAT ORAL TABLET 50 MG	4	QL (120/30)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/ DAY(150 MG X1-100MG X1)	5	PA; NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/ DAY (200 MG X1-150MG X1)	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS
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>	2	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<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>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>trihexyphenidyl</i>	2	PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/28)
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>migergot</i>	5	NDS
<i>naratriptan</i>	3	QL (18/28)
<i>rizatriptan</i>	3	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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; LA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60/30); NDS
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>	5	PA; QL (120/365); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	PA; QL (60/30); NDS
<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)
FIRDAPSE	5	PA; LA; NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (30/30); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	3	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)
NAMZARIC	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NUEDEXTA	5	PA; NDS
OCREVUS	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	
<i>baclofen oral tablet 20 mg</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>	5	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
<i>regonol</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS
<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>	4	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	QL (4/28); NDS
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	4	QL (4/28); NDS
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML	4	NDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	4	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>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 7.5-300 MG	3	QL (390/30); 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</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	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>	3	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	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
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	4	NDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	3	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
OXYCODONE ORAL SYRINGE	4	QL (180/30); 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>	3	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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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); NDS
<i>celecoxib</i>	3	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	QL (300/28)
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diflunisal</i>	2	
<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>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
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>	2	
<i>naproxen oral suspension</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	3	QL (240/30); NDS
VIVITROL	5	NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5	QL (1/28); NDS
<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>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60/30)
ARISTADA INITIO	5	QL (4.8/365); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<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	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral</i>	2	
<i>citalopram oral solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
DAYVIGO	3	QL (30/30)
<i>desipramine</i>	3	
<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 solution</i>	4	QL (1800/30)
<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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution</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	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	3	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, 2 MG, 4 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 (p added) oral tablet 10 mg</i>	3	QL (120/30)
<i>fluoxetine (p added) oral tablet 20 mg</i>	3	
<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)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg</i>	3	QL (120/30)
<i>fluoxetine oral tablet 20 mg</i>	3	
<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>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5/180); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5/180); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
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	5	QL (30/30); NDS
LATUDA ORAL TABLET 80 MG	5	QL (60/30); NDS
<i>lithium carbonate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral syringe</i>	3	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>	2	
LYBALVI	5	PA; QL (30/30); NDS
<i>maprotiline</i>	4	
MARPLAN	4	QL (180/30)
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<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>	3	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>molindone</i>	2	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	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>olanzapine-fluoxetine</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxazepam</i>	2	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 10 mg/5 ml</i>	4	ST; QL (900/30)
PAROXETINE HCL ORAL SUSPENSION 10 MG/5 ML	4	ST; 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)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
PAXIL ORAL SUSPENSION	4	ST; QL (900/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/28); NDS
<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)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI	5	QL (30/30); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	4	QL (2/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2/28); NDS
<i>risperidone oral solution</i>	2	
<i>risperidone oral syringe</i>	2	
<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	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine</i>	3	
<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)

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## 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	5	NDS
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	5	PA; QL (30/30); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (14/365)
XYREM	5	PA; LA; QL (540/30); NDS
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	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	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral</i>	2	
<i>dofetilide</i>	3	
<i>flecainide</i>	3	
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine</i>	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	2	
BIDIL	3	QL (180/30)
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
CAROSPIR	3	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<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 0.1 mg, 0.2 mg</i>	1	
<i>clonidine hcl oral tablet 0.3 mg</i>	2	
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	
<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)
EDARBI	4	
EDARBYCLOR	4	
<i>enalapril maleate oral tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isradipine</i>	3	
<i>labetalol oral</i>	3	
<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>	2	
<i>methyldopa</i>	4	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	2	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	3	
<i>propranolol oral capsule, extended release 24 hr</i>	3	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<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>	2	
<i>timolol maleate oral</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>torse mide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL	5	PA; LA; NDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	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	
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	
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dipyridamole oral</i>	3	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	4	
<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</i>	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
PRADAXA	4	
PRASUGREL	3	
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)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	2	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>	2	
<i>fenofibric acid (choline)</i>	4	
<i>gemfibrozil</i>	1	
LIVALO	3	QL (30/30)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
<i>niacor</i>	2	
<i>omega-3 acid ethyl esters</i>	4	
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</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>	1	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>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>digox</i>	2	
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	2	
<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	5	PA; NDS
VYNDAQEL	5	PA; NDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet</i>	3	
<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	
<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>calcitriol topical</i>	4	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	
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
<i>fluorouracil topical cream 0.5%</i>	5	NDS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in metered-dose pump</i>	5	NDS
<i>imiquimod topical cream in packet 3.75%</i>	5	NDS
<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 laryngotracheal</i>	4	
<i>lidocaine hcl mucous membrane jelly</i>	3	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 7.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	
<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>	1	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox</i>	2	
REGRANEX	5	PA; NDS
SANTYL	4	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>tacrolimus topical</i>	3	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
<b>THERAPY FOR ACNE</b>		
<i>amnesteem</i>	4	
<i>avita</i>	4	PA
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	2	QL (69/30)
<i>clindacin p</i>	2	QL (69/30)
<i>clindamycin phosphate topical gel</i>	3	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ERYTHROMYCIN WITH ETHANOL TOPICAL GEL	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>myorisan</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
TAZORAC TOPICAL GEL	4	PA
<i>tretinoin microspheres</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
<i>zenatane</i>	4	
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	3	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	
<i>ciclopirox topical suspension</i>	3	QL (60/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60/28)
<i>econazole</i>	3	QL (85/28)
<i>ketconazole topical cream</i>	2	QL (60/28)
<i>ketconazole topical shampoo</i>	2	QL (120/28)
<i>naftifine topical cream</i>	3	QL (60/28)
NAFTIN TOPICAL GEL 2%	3	QL (60/28)
<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	5	QL (5/30); NDS
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1%</i>	1	
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	3	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	2	QL (120/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clobetasol topical ointment</i>	2	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol-emollient topical cream</i>	2	QL (120/28)
<i>clobetasol-emollient topical foam</i>	4	QL (100/28)
CLOCORTOLONE PIVALATE	4	
<i>clodan</i>	4	QL (236/28)
<i>desonide topical cream</i>	3	
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05%</i>	2	QL (120/30)
<i>fluocinonide topical cream 0.1%</i>	4	QL (120/30)
<i>fluocinonide topical gel</i>	2	QL (120/30)
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone butyrate topical solution</i>	3	QL (120/30)
<i>hydrocortisone butyr-emollient</i>	4	QL (120/30)
<i>hydrocortisone topical cream 1%, 2.5%</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1%</i>	1	
<i>hydrocortisone topical lotion 2.5%</i>	2	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	3	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide topical cream 0.1%</i>	1	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream 0.1%</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>lindane topical shampoo</i>	3	
<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>	2	
<i>anagrelide</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	PA; 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 granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet</i>	5	PA; NDS
<i>deferiprone</i>	5	PA; NDS
<i>dextrose 10% and 0.2% nacl</i>	4	
DEXTROSE 10% IN WATER (D10W)	4	
<i>dextrose 25% in water (d25w)</i>	4	
DEXTROSE 40% IN WATER (D40W)	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>	2	
<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)
FERRIPROX	5	PA; NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
INCRELEX	4	PA; LA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
LOKELMA	3	
<i>midodrine</i>	3	
<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>risedronate oral tablet 30 mg</i>	3	QL (30/30)
SEVELAMER CARBONATE	4	
<i>sodium chloride 0.9% intravenous</i>	4	
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol)</i>	3	
<i>trientine</i>	5	PA; QL (240/30); NDS
VELPHORO	5	NDS
VELTASSA	3	
<i>water for irrigation, sterile</i>	4	
XIAFLEX	5	PA; NDS
ZEMAIRA	5	PA; LA; NDS
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	1	
<i>fluoride (sodium) dental paste</i>	4	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>oralone</i>	3	
<i>paroex oral rinse</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	4	
<i>sodium fluoride-pot nitrate</i>	4	
<i>triamcinolone acetonide dental</i>	3	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	3	
<i>cortisporin-tc</i>	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylpred dp</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets, dose pack</i>	2	
<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>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	
<i>prednisone oral tablets, dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
ALCOHOL PADS	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	QL (200/30)
BAQSIMI	3	
<i>bd safetyglide insulin syringe syringe 1 ml 31 gauge x 15/64"</i>	2	QL (200/30)
<i>bd ultra-fine nano pen needle</i>	2	QL (200/30)
<i>bd ultra-fine short pen needle</i>	2	QL (200/30)
BYDUREON BCISE	3	QL (4/28)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	4	
<i>dropsafe alcohol prep pads</i>	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
<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>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GLUCAGEN HYPOKIT	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	3	QL (30/30)
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
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INSULIN LISPRO	3	
INSULIN LISPRO PROTAMIN-LISPRO	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	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)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	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	
METFORMIN ORAL SOLUTION	3	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>miglitol oral tablet 100 mg</i>	4	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	4	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	4	QL (180/30)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
NOVOFINE PEN NEEDLE	2	QL (200/30)
NOVOTWIST PEN NEEDLE	2	QL (200/30)
OMNIPOD DASH INSULIN POD	3	QL (30/30)
OMNIPOD DASH PDM KIT	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"	2	QL (200/30)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/25)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
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	2	QL (200/30)
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"	2	QL (200/30)
TECHLITE PEN NEEDLE	2	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	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	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)

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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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) injection</i>	5	NDS
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	3	
<i>calcitriol oral solution</i>	4	
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>	5	NDS
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</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
KUVAN	5	PA; NDS
LUMIZYME	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MIACALCIN INJECTION	5	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	
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	5	NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (1 ml)</i>	3	
TESTOSTERONE CYPIONATE INTRAMUSCULAR OIL 200 MG/ML	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<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	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LEVO-T	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 175 mcg</i>	3	
LEVOXYL ORAL TABLET 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 137 mcg</i>	3	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	3	
<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 injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg</i>	4	PA
<i>alosetron oral tablet 1 mg</i>	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>aprepitant</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>budesonide oral capsule, delayed, extend.release</i>	4	
<i>budesonide oral tablet, delayed and ext.release</i>	5	NDS
<i>compro</i>	2	
<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 (pf) intravenous solution 1 mg/ml (1 ml)</i>	4	B/D PA
<i>granisetron hcl intravenous</i>	4	
<i>granisetron hcl oral</i>	4	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator 2.5%</i>	1	
INFLECTRA	5	PA; QL (20/30); NDS
<i>lactulose oral solution</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>	3	
<i>mesalamine rectal enema</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
OCALIVA	5	PA; LA; QL (30/30); NDS
<i>ondansetron</i>	3	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>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<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>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SUCRAID	5	PA; NDS
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIOKACE	4	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
<b>ULCER THERAPY</b>		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	3	QL (60/30)
<i>famotidine oral suspension</i>	4	
<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>nizatidine oral capsule</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/28)

### IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

#### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1/28); NDS
BESREMI	5	PA; LA; QL (2/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
LEUKINE INJECTION RECON SOLN	5	PA; NDS
MOZOBIL	5	B/D PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	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
REBIF (WITH ALBUMIN)	5	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (8.4/365); NDS
REBIF TITRATION PACK	5	PA; QL (8.4/365); NDS
RETACRIT	3	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXA (PF)	3	
ENGERIX-B (PF)	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	B/D PA; NDS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10%), 10 GRAM/100 ML (10%), 20 GRAM/200 ML (10%), 5 GRAM/50 ML (10%)	5	B/D PA; NDS
GAMUNEX-C	5	B/D PA; NDS
GARDASIL 9 (PF)	3	
HAVRIX (PF)	3	
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; NDS
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	3	
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
PROQUAD (PF)	3	
QUADRACEL (PF)	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	QL (2/999)
STAMARIL (PF)	3	
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)
FEBUXOSTAT	3	ST
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
<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)
BINOSTO	4	QL (4/28)
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/168)
<i>raloxifene</i>	2	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risedronate oral tablet 150 mg</i>	3	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	3	QL (30/30)
TERIPARATIDE	5	PA; QL (2.48/28); NDS
TYMLOS	5	PA; QL (1.56/30); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA	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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
<i>leflunomide</i>	2	QL (30/30)
<i>penicillamine</i>	5	NDS
RIDAURA	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
<b>NON-FRF</b>		
<b>NON-FRF</b>		
<i>betaine</i>	5	NDS
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ALORA	3	QL (8/28)
<i>camila</i>	3	
<i>deblitane</i>	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ ML	4	
DEPO-ESTRADIOL	4	
<i>dotti</i>	2	QL (8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUAVEE	4	PA
<i>errin</i>	3	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8/28)
<i>estradiol transdermal patch weekly</i>	2	QL (4/28)
<i>estradiol vaginal</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate</i>	5	NDS
<i>incassia</i>	3	
JENCYCLA	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	4	
<i>medroxyprogesterone oral</i>	2	
MENOSTAR	3	QL (4/28)
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
<i>progesterone micronized</i>	3	
<i>sharobel</i>	3	
<i>yuvaferm</i>	4	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	3	
<i>terconazole</i>	3	
<i>tranexamic acid oral</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vandazole</i>	3	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle</i>	3	
<i>altavera (28)</i>	3	
<i>alyacen 1/35 (28)</i>	3	
<i>alyacen 7/7/7 (28)</i>	3	
<i>amethia</i>	3	
<i>amethyst (28)</i>	3	
<i>apri</i>	3	
<i>aranelle (28)</i>	3	
<i>ashlyna</i>	3	
<i>abra</i>	3	
<i>abra eq</i>	3	
<i>aurovela 1.5/30 (21)</i>	3	
<i>aurovela 1/20 (21)</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30 (28)</i>	3	
<i>aurovela fe 1-20 (28)</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette (28)</i>	3	
<i>balziva (28)</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30 (28)</i>	3	
<i>blisovi fe 1/20 (28)</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	3	
<i>camrese lo</i>	3	
<i>caziant (28)</i>	3	
<i>charlotte 24 fe</i>	3	
<i>chateal (28)</i>	3	
<i>chateal eq (28)</i>	3	
<i>cryselle (28)</i>	3	
<i>cyclafem 1/35 (28)</i>	3	
<i>cyclafem 7/7/7 (28)</i>	3	
<i>cyred</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cyred eq</i>	3	
<i>dasetta 1/35 (28)</i>	3	
<i>dasetta 7/7/7 (28)</i>	3	
<i>daysee</i>	3	
<i>desog-e.estradiol/e.estradiol</i>	3	
<i>desogestrel-ethinyl estradiol</i>	3	
<i>dolishale</i>	3	
<i>drospirenone-e.estradiol-lm.fa</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>elinest</i>	3	
ELLA	3	
<i>emoquette</i>	3	
<i>enpresse</i>	3	
<i>enskyce</i>	3	
<i>estarylla</i>	3	
<i>ethynodiol diac-eth estradiol</i>	3	
<i>falmina (28)</i>	3	
<i>femynor</i>	3	
<i>gemmily</i>	3	
<i>hailey</i>	3	
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30 (28)</i>	3	
<i>hailey fe 1/20 (28)</i>	3	
ICLEVIA	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jaimiess</i>	3	
<i>jasmiel (28)</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30 (21)</i>	3	
<i>junel 1/20 (21)</i>	3	
<i>junel fe 1.5/30 (28)</i>	3	
<i>junel fe 1/20 (28)</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>kalliga</i>	3	
<i>kariva (28)</i>	3	
<i>kelnor 1/35 (28)</i>	3	
<i>kelnor 1-50 (28)</i>	3	
<i>kurvelo (28)</i>	3	
<i>l norgest/e.estradiol-e.estradiol</i>	3	
<i>larin 1.5/30 (21)</i>	3	
<i>larin 1/20 (21)</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30 (28)</i>	3	
<i>larin fe 1/20 (28)</i>	3	
<i>larissia</i>	3	
<i>layolis fe</i>	3	
<i>leena 28</i>	3	
<i>lessina</i>	3	
<i>levonest (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol</i>	3	
<i>levonorg-eth estradiol triphasic</i>	3	
<i>levora-28</i>	3	
<i>lillow (28)</i>	3	
<i>lojaimiess</i>	3	
<i>loryna (28)</i>	3	
<i>low-ogestrel (28)</i>	3	
<i>lo-zumandimine (28)</i>	3	
<i>lutra (28)</i>	3	
<i>marlissa (28)</i>	3	
<i>merzee</i>	3	
<i>microgestin 1.5/30 (21)</i>	3	
<i>microgestin 1/20 (21)</i>	3	
<i>microgestin fe 1.5/30 (28)</i>	3	
<i>microgestin fe 1/20 (28)</i>	3	
<i>mili</i>	3	
<i>mono-linyah</i>	3	
<i>necon 0.5/35 (28)</i>	3	
<i>nikki (28)</i>	3	
<i>noreth-ethinyl estradiol-iron</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<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>	3	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	3	
<i>norgestimate-ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7 (28)</i>	3	
<i>nylia 1/35 (28)</i>	3	
<i>nylia 7/7/7 (28)</i>	3	
<i>nymyo</i>	3	
<i>ocella</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea (28)</i>	3	
<b>PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG</b>	3	
<i>pirmella oral tablet 1-35 mg-mcg</i>	3	
<i>portia 28</i>	3	
<i>previfem</i>	3	
<i>reclipsen (28)</i>	3	
<i>rivelsa</i>	3	
<i>setlakin</i>	3	
<i>simliya (28)</i>	3	
<i>simpesse</i>	3	
<i>sprintec (28)</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tarina fe 1/20 (28)</i>	3	
<i>tarina fe 1-20 eq (28)</i>	3	
TAYSOFY	3	
<i>tilia fe</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec (28)</i>	3	
<i>trivora (28)</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>tyblume</i>	3	
<i>tydemy</i>	3	
<i>velivet triphasic regimen (28)</i>	3	
<i>vestura (28)</i>	3	
<i>vienva</i>	3	
<i>viorele (28)</i>	3	
<i>volnea (28)</i>	3	
<i>vyfemla (28)</i>	3	
<i>vylibra</i>	3	
<i>wera (28)</i>	3	
<i>wymzya fe</i>	3	
<i>zovia 1-35 (28)</i>	3	
<i>zumandimine (28)</i>	3	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	
AZASITE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bacitracin ophthalmic (eye)</i>	2	
<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>	2	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neo-polycin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
TIMOLOL MALEATE OPHTHALMIC (EYE) GEL FORMING SOLUTION	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	
EYLEA	5	PA; NDS
LACRISERT	4	
<i>olopatadine ophthalmic (eye)</i>	3	
OXERVATE	5	PA; QL (112/56); NDS
<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>bromfenac</i>	4	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
PROLENSA	3	
<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>bimatoprost ophthalmic (eye)</i>	2	
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>epinephrine injection auto-injector</i>	2	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	4	QL (17/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	4	QL (13.4/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36/30)
<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	
<i>alyq</i>	4	PA; QL (60/30)
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
<i>bosentan</i>	5	PA; LA; NDS
BREO ELLIPTA	3	QL (60/30)
BROVANA	4	B/D PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; QL (120/30)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; QL (60/30)
COMBIVENT RESPIMAT	3	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)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60/30)
<i>formoterol fumarate</i>	3	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<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
KALYDECO ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
<i>levalbuterol hcl</i>	4	B/D PA
<i>metaproterenol oral syrup</i>	3	
<i>mometasone nasal</i>	3	QL (34/30)
<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
OPSUMIT	5	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	3	B/D PA; QL (120/30)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	B/D PA; QL (120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	B/D PA; QL (60/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (60/30)
<i>terbutaline</i>	4	
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	3	
<i>theophylline oral tablet extended release 24 hr</i>	3	
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
VENTAVIS	5	PA; NDS
VENTOLIN HFA	3	QL (36/30)
<i>wixela inhub</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
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
XOPENEX	4	B/D PA
XOPENEX CONCENTRATE	4	B/D PA
YUPELRI	4	B/D PA; QL (90/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zafirlukast</i>	3	QL (60/30)
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	4	
<i>flavoxate</i>	2	
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>	2	
<i>tolterodine</i>	4	
TOVIAZ	3	QL (30/30)
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
EDEX	1	EX; QL (6/30)
ELMIRON	4	
K-PHOS ORIGINAL	4	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	1	EX; QL (6/30)
<i>potassium citrate</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>klor-con</i>	2	
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</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 1r-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	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
TPN ELECTROLYTES	4	B/D PA
<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
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
CLINISOL SF 15%	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>electrolyte-48 in d5w</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	B/D PA
KABIVEN	4	B/D PA
NUTRILIPID	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	
PRENATAL VITAMIN PLUS LOW IRON	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 7.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	

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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 7.

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# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<b>A</b>		AFINITOR ORAL TABLET 10 MG	15
<i>abacavir-lamivudine</i>	9	<i>afirmelle</i>	50
<i>abacavir-lamivudine-zidovudine</i>	9	AIMOVIG AUTOINJECTOR	24
<i>abacavir oral solution</i>	9	AJOVY AUTOINJECTOR	24
<i>abacavir oral tablet</i>	9	AJOVY SYRINGE	24
ABELCET	9	<i>ak-poly-bac</i>	52
ABILIFY MAINTENA	27	<i>ala-cort topical cream 1%</i>	38
<i>abiraterone oral tablet 250 mg</i>	15	<i>albendazole</i>	12
ABIRATERONE ORAL TABLET 500 MG	15	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	54
ABRAXANE	15	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	54
<i>acamprosate</i>	39	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	54
<i>acarbose oral tablet 25 mg</i>	41	<i>albuterol sulfate inhalation solution for nebulization</i>	54
<i>acarbose oral tablet 50 mg</i>	41	<i>albuterol sulfate oral syrup</i>	54
<i>acarbose oral tablet 100 mg</i>	41	<i>albuterol sulfate oral tablet</i>	54
<i>acebutolol</i>	32	<i>albuterol sulfate oral tablet extended release 12 hr</i>	54
<i>acetaminophen-codeine oral solution</i>	25	<i>alclometasone</i>	38
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	25	ALCOHOL PADS	41
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	25	ALDURAZYME	44
<i>acetazolamide</i>	53	ALECENSA	15
<i>acetazolamide sodium</i>	53	<i>alendronate oral tablet 10 mg, 5 mg</i>	48
<i>acetic acid otic (ear)</i>	40	<i>alendronate oral tablet 35 mg, 70 mg</i>	48
<i>acetylcysteine</i>	54	<i>alfuzosin</i>	56
<i>acitretin</i>	36	ALIMTA	15
ACTHIB (PF)	47	ALIQOPA	15
ACTIMMUNE	46	<i>aliskiren</i>	32
<i>acyclovir oral capsule</i>	9	<i>allopurinol</i>	48
<i>acyclovir oral suspension 200 mg/5 ml</i>	9	ALORA	49
<i>acyclovir oral tablet</i>	9	<i>alose tron oral tablet 0.5 mg</i>	45
<i>acyclovir sodium intravenous solution</i>	9	<i>alose tron oral tablet 1 mg</i>	45
<i>acyclovir topical ointment</i>	38	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	53
ADACEL(TDAP ADOLESN/ADULT)(PF)	47	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	27
ADCETRIS	15	<i>alprazolam oral tablet 2 mg</i>	27
<i>adefovir</i>	9	<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	27
ADEMPAS	54	<i>alprazolam oral tablet, disintegrating 2 mg</i>	27
ADVAIR HFA	54	<i>altavera (28)</i>	50
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	15	ALUNBRIG ORAL TABLET 30 MG	15
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	15	ALUNBRIG ORAL TABLET 180 MG, 90 MG	15

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ALUNBRIG ORAL TABLETS, DOSE PACK	16	<i>anagrelide</i>	39
<i>alyacen 1/35 (28)</i>	50	<i>anastrozole</i>	16
<i>alyacen 7/7/7 (28)</i>	50	ANORO ELLIPTA	54
<i>alyq</i>	54	<i>apraclonidine</i>	53
<i>amantadine hcl</i>	9	<i>aprepitant</i>	45
AMBISOME	9	APRETUDE	9
<i>ambrisentan</i>	54	<i>apri</i>	50
<i>amethia</i>	50	APTIOM ORAL TABLET 200 MG	22
<i>amethyst (28)</i>	50	APTIOM ORAL TABLET 400 MG	22
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	12	APTIOM ORAL TABLET 600 MG, 800 MG	22
<i>amiloride</i>	32	APTIVUS	9
<i>amiloride-hydrochlorothiazide</i>	32	ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	39
<i>aminocaproic acid oral</i>	34	ARALAST NP INTRAVENOUS RECON SOLN 500 MG	39
AMINOSYN II 15%	57	<i>aranelle (28)</i>	50
AMINOSYN-PF 7% (SULFITE-FREE)	57	ARCALYST	46
<i>amiodarone intravenous solution</i>	32	<i>arformoterol</i>	54
<i>amiodarone oral</i>	32	ARIKAYCE	12
<i>amitriptyline</i>	27	<i>aripiprazole oral solution</i>	27
<i>amlodipine</i>	32	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	27
<i>amlodipine-benazepril</i>	32	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	27
<i>amlodipine-valsartan</i>	32	<i>aripiprazole oral tablet, disintegrating</i>	27
<i>amlodipine-valsartan-hcthiazid</i>	32	ARISTADA INITIO	27
<i>ammonium lactate</i>	36	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	28
<i>amnesteem</i>	37	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	28
<i>amoxapine</i>	27	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	28
<i>amoxicillin oral capsule</i>	14	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	28
<i>amoxicillin oral suspension for reconstitution</i>	14	<i>armodafinil</i>	28
<i>amoxicillin oral tablet</i>	14	ARNUIITY ELLIPTA	54
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	14	ARRANON	16
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	14	<i>arsenic trioxide</i>	16
<i>amoxicillin-pot clavulanate oral tablet</i>	14	ARZERRA	16
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	14	<i>asenapine maleate sublingual tablet 5 mg</i>	28
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	14	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	28
<i>amphotericin b</i>	9	<i>ashlyna</i>	50
<i>amphotericin b liposome</i>	9	<i>aspirin-dipyridamole</i>	34
<i>ampicillin oral capsule 500 mg</i>	14	ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	41
<i>ampicillin sodium</i>	14		
<i>ampicillin-sulbactam</i>	14		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>atazanavir oral capsule 150 mg, 300 mg</i> .....	9	<i>azithromycin intravenous</i> .....	12
<i>atazanavir oral capsule 200 mg</i> .....	9	<i>azithromycin oral packet</i> .....	12
<i>atenolol</i> .....	32	<i>azithromycin oral suspension for reconstitution</i> .....	12
<i>atenolol-chlorthalidone</i> .....	32	<i>azithromycin oral tablet</i> .....	12
ATGAM .....	47	<i>aztreonam injection recon soln 1 gram</i> .....	12
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> ...	28	<i>aztreonam injection recon soln 2 gram</i> .....	12
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> .....	28	<i>azurette (28)</i> .....	50
<i>atorvastatin</i> .....	35		
<i>atovaquone</i> .....	12	<b>B</b>	
<i>atovaquone-proguanil</i> .....	12	<i>bacitracin intramuscular</i> .....	12
<i>atropine injection solution 0.4 mg/ml</i> .....	45	<i>bacitracin ophthalmic (eye)</i> .....	52
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> .....	45	<i>bacitracin-polymyxin b</i> .....	52
<i>atropine ophthalmic (eye) drops</i> .....	52	<i>baclofen oral tablet 10 mg, 5 mg</i> .....	25
ATROVENT HFA .....	54	<i>baclofen oral tablet 20 mg</i> .....	25
<i>abra</i> .....	50	BAL-CARE DHA .....	57
<i>abra eq</i> .....	50	<i>balsalazide</i> .....	45
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML .....	14	BALVERSA .....	16
<i>aurovela 1.5/30 (21)</i> .....	50	<i>balziva (28)</i> .....	50
<i>aurovela 1/20 (21)</i> .....	50	BANZEL ORAL SUSPENSION .....	22
<i>aurovela 24 fe</i> .....	50	BAQSIMI .....	41
<i>aurovela fe 1.5/30 (28)</i> .....	50	BARACLUDE ORAL SOLUTION .....	9
<i>aurovela fe 1-20 (28)</i> .....	50	BAVENCIO .....	16
AUSTEDO ORAL TABLET 6 MG .....	25	BCG VACCINE, LIVE (PF) .....	47
AUSTEDO ORAL TABLET 12 MG, 9 MG .....	25	<i>bd safetyglide insulin syringe</i> <i>syringe 1 ml 31 gauge x 15/64"</i> .....	41
<i>aviane</i> .....	50	<i>bd ultra-fine nano pen needle</i> .....	41
<i>avita</i> .....	37	<i>bd ultra-fine short pen needle</i> .....	41
AVONEX INTRAMUSCULAR PEN INJECTOR KIT .....	46	BELEODAQ .....	16
AVONEX INTRAMUSCULAR SYRINGE .....	46	BELSOMRA .....	28
AVONEX INTRAMUSCULAR SYRINGE KIT .....	46	<i>benazepril</i> .....	32
<i>ayuna</i> .....	50	<i>benazepril-hydrochlorothiazide</i> .....	32
AYVAKIT .....	16	BENDEKA .....	16
<i>azacitidine</i> .....	16	BENLYSTA .....	48
AZASAN .....	16	<i>benztropine injection</i> .....	24
AZASITE .....	52	<i>benztropine oral</i> .....	24
<i>azathioprine oral tablet 50 mg</i> .....	16	BESIVANCE .....	52
<i>azathioprine oral tablet 100 mg, 75 mg</i> .....	16	BESPONSA .....	16
<i>azathioprine sodium</i> .....	16	BESREMI .....	46
<i>azelastine nasal</i> .....	40	<i>betaine</i> .....	49
<i>azelastine ophthalmic (eye)</i> .....	52	<i>betamethasone, augmented</i> .....	38

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>betamethasone dipropionate</i> .....	38	<i>bromfenac</i> .....	53
<i>betamethasone valerate topical cream</i> .....	38	<i>bromocriptine</i> .....	24
<i>betamethasone valerate topical foam</i> .....	38	BROVANA .....	54
<i>betamethasone valerate topical lotion</i> .....	38	BRUKINSA .....	16
<i>betamethasone valerate topical ointment</i> .....	38	<i>budesonide inhalation suspension for nebulization</i> 0.25 mg/2 ml, 0.5 mg/2 ml .....	54
BETASERON SUBCUTANEOUS KIT .....	47	<i>budesonide inhalation suspension for nebulization</i> 1 mg/2 ml .....	54
<i>betaxolol oral</i> .....	32	<i>budesonide oral capsule, delayed, extend.release</i> .....	45
<i>bethanechol chloride</i> .....	56	<i>budesonide oral tablet, delayed and ext.release</i> .....	45
<i>bexarotene</i> .....	16	<i>bumetanide injection</i> .....	33
BEXSERO .....	47	<i>bumetanide oral</i> .....	33
<i>bicalutamide</i> .....	16	<i>buprenorphine hcl injection</i> .....	25
BICILLIN L-A .....	14	<i>buprenorphine hcl sublingual</i> .....	25
BIDIL .....	32	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> .....	27
BIKTARVY .....	9	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i> ..	27
<i>bimatoprost ophthalmic (eye)</i> .....	53	<i>buprenorphine-naloxone sublingual film 12-3 mg</i> .....	27
BINOSTO .....	48	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> .....	27
<i>bisoprolol fumarate</i> .....	32	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> .....	27
<i>bisoprolol-hydrochlorothiazide</i> .....	32	<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i> ..	26
BLENREP .....	16	BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR .....	26
<i>bleomycin</i> .....	16	<i>bupropion hcl oral tablet 75 mg</i> .....	28
BLINCYTO INTRAVENOUS KIT .....	16	<i>bupropion hcl oral tablet 100 mg</i> .....	28
<i>blisovi 24 fe</i> .....	50	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> ..	28
<i>blisovi fe 1.5/30 (28)</i> .....	50	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> ..	28
<i>blisovi fe 1/20 (28)</i> .....	50	<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> ..	28
BOOSTRIX TDAP .....	47	<i>bupropion hcl oral tablet sustained-release</i> 12 hr 150 mg, 200 mg .....	28
<i>bortezomib</i> .....	16	<i>bupropion hcl (smoking deter)</i> .....	40
<i>bosentan</i> .....	54	<i>bupirone</i> .....	28
BOSULIF ORAL TABLET 100 MG .....	16	BUSULFAN .....	16
BOSULIF ORAL TABLET 400 MG, 500 MG .....	16	<i>butorphanol nasal</i> .....	27
BOTOX .....	47	BYDUREON BCISE .....	41
BRAFTOVI ORAL CAPSULE 75 MG .....	16		
BREO ELLIPTA .....	54	<b>C</b>	
<i>briellyn</i> .....	50	CABENUVA .....	9
BRILINTA .....	34	<i>cabergoline</i> .....	44
<i>brimonidine ophthalmic (eye) drops 0.2%</i> .....	53	CABOMETYX .....	16
<i>brimonidine ophthalmic (eye) drops 0.15%</i> .....	53	<i>calcipotriene scalp</i> .....	36
<i>brinzolamide</i> .....	53		
BRIVIACT INTRAVENOUS .....	22		
BRIVIACT ORAL SOLUTION .....	22		
BRIVIACT ORAL TABLET .....	22		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>calcipotriene topical cream</i>	36	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	11
<i>calcipotriene topical ointment</i>	36	<i>cefaclor oral tablet extended release 12 hr</i>	11
<i>calcitonin (salmon) injection</i>	44	<i>cefadroxil oral capsule</i>	11
<i>calcitonin (salmon) nasal</i>	44	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	11
<i>calcitriol intravenous solution 1 mcg/ml</i>	44	<i>cefadroxil oral tablet</i>	11
<i>calcitriol oral capsule</i>	44	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml</i>	11
<i>calcitriol oral solution</i>	44	<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	11
<i>calcitriol topical</i>	36	<i>cefazolin intravenous</i>	11
<i>calcium acetate(phosphat bind)</i>	56	<i>cefdinir oral capsule</i>	11
CALQUENCE	16	<i>cefdinir oral suspension for reconstitution</i>	11
<i>camila</i>	49	<i>cefepime in dextrose 5%</i>	11
<i>camrese</i>	50	<i>cefepime in dextrose, iso-osm</i>	12
<i>camrese lo</i>	50	<i>cefepime injection</i>	12
<i>candesartan-hydrochlorothiazid</i>	33	<i>cefepime intravenous</i>	12
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	33	<i>cefixime</i>	12
<i>candesartan oral tablet 32 mg</i>	33	<i>cefotaxime injection recon soln 2 gram</i>	12
CAPASTAT	12	<i>cefotetan in dextrose, iso-osm</i>	12
CAPLYTA	28	<i>cefotetan injection</i>	12
CAPRELSA ORAL TABLET 100 MG	16	<i>cefoxitin</i>	12
CAPRELSA ORAL TABLET 300 MG	16	<i>cefoxitin in dextrose, iso-osm</i>	12
CARBAGLU	39	<i>cefpodoxime</i>	12
<i>carbamazepine</i>	22	<i>cefprozil</i>	12
<i>carbidopa</i>	24	<i>ceftazidime</i>	12
<i>carbidopa-levodopa-entacapone</i>	24	<i>ceftazidime in d5w</i>	12
<i>carbidopa-levodopa oral tablet</i>	24	<i>ceftriaxone</i>	12
<i>carbidopa-levodopa oral tablet, disintegrating</i>	24	<i>ceftriaxone in dextrose, iso-os</i>	12
<i>carbidopa-levodopa oral tablet extended release</i>	24	<i>cefuroxime axetil oral tablet</i>	12
<i>carboplatin intravenous solution</i>	16	<i>cefuroxime sodium injection recon soln 750 mg</i>	12
<i>carglumic acid</i>	39	<i>cefuroxime sodium intravenous</i>	12
<i>carmustine</i>	16	<i>celecoxib</i>	27
CAROSPIR	33	CELONTIN ORAL CAPSULE 300 MG	22
<i>carteolol</i>	52	<i>cephalexin oral capsule 250 mg, 500 mg</i>	12
<i>cartia xt</i>	33	<i>cephalexin oral suspension for reconstitution</i>	12
<i>carvedilol</i>	33	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	44
<i>carvedilol phosphate</i>	33	CHANTIX	40
<i>caspofungin intravenous recon soln 50 mg</i>	9	CHANTIX CONTINUING MONTH BOX	40
<i>caspofungin intravenous recon soln 70 mg</i>	9	CHANTIX STARTING MONTH BOX	40
CAYSTON	12		
<i>caziant (28)</i>	50		
<i>cefaclor oral capsule</i>	11		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>charlotte 24 fe</i> .....	50	<i>clarithromycin oral tablet</i> .....	12
<i>chateal (28)</i> .....	50	<i>clarithromycin oral tablet extended release 24 hr</i> .....	12
<i>chateal eq (28)</i> .....	50	<i>clindacin etz topical swab</i> .....	37
CHEMET.....	39	<i>clindacin p</i> .....	37
<i>chloramphenicol sod succinate</i> .....	13	<i>clindamycin hcl</i> .....	13
<i>chlorhexidine gluconate mucous membrane</i> .....	40	<i>clindamycin in 0.9% sod chlor</i> .....	13
<i>chloroquine phosphate</i> .....	13	<i>clindamycin in 5% dextrose</i> .....	13
<i>chlorothiazide sodium</i> .....	33	<i>clindamycin palmitate hcl</i> .....	13
<i>chlorpromazine injection</i> .....	28	<i>clindamycin pediatric</i> .....	13
<i>chlorpromazine oral</i> .....	28	<i>clindamycin phosphate injection</i> .....	13
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> .....	33	<i>clindamycin phosphate topical gel</i> .....	37
<i>cholestyramine-aspartame</i> .....	35	CLINDAMYCIN PHOSPHATE	
<i>cholestyramine light</i> .....	35	TOPICAL GEL, ONCE DAILY.....	37
<i>cholestyramine (with sugar)</i> .....	35	<i>clindamycin phosphate topical lotion</i> .....	37
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.....	44	<i>clindamycin phosphate topical solution</i> .....	37
<i>ciclodan topical solution</i> .....	37	<i>clindamycin phosphate topical swab</i> .....	37
<i>ciclopirox topical cream</i> .....	37	<i>clindamycin phosphate vaginal</i> .....	49
<i>ciclopirox topical shampoo</i> .....	37	CLINIMIX 4.25%/D5W SULFIT FREE.....	39
<i>ciclopirox topical solution</i> .....	37	CLINIMIX 4.25%/D10W SULF FREE.....	57
<i>ciclopirox topical suspension</i> .....	37	CLINIMIX 5%/D15W SULFITE FREE.....	57
<i>cilostazol</i> .....	34	CLINIMIX 5%-D20W(SULFITE-FREE).....	57
CILOXAN OPHTHALMIC (EYE) OINTMENT.....	52	CLINIMIX 6%-D5W (SULFITE-FREE).....	57
CIMDUO.....	9	CLINIMIX 8%-D10W(SULFITE-FREE).....	57
<i>cinacalcet oral tablet 30 mg, 60 mg</i> .....	44	CLINIMIX 8%-D14W(SULFITE-FREE).....	57
<i>cinacalcet oral tablet 90 mg</i> .....	44	CLINIMIX E 4.25%/D10W SUL FREE.....	57
<i>ciprofloxacin-dexamethasone</i> .....	40	CLINISOL SF 15%.....	57
<i>ciprofloxacin hcl ophthalmic (eye)</i> .....	52	<i>clobazam oral suspension</i> .....	22
<i>ciprofloxacin hcl oral tablet 100 mg</i> .....	14	<i>clobazam oral tablet 10 mg</i> .....	22
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> .....	14	<i>clobazam oral tablet 20 mg</i> .....	22
<i>ciprofloxacin in 5% dextrose</i> .....	14	<i>clobetasol-emollient topical cream</i> .....	38
CIPRO HC.....	40	<i>clobetasol-emollient topical foam</i> .....	38
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON.....	14	<i>clobetasol scalp</i> .....	38
<i>cisplatin intravenous solution</i> .....	16	<i>clobetasol topical cream</i> .....	38
<i>citalopram oral solution</i> .....	28	<i>clobetasol topical foam</i> .....	38
<i>citalopram oral tablet 10 mg, 20 mg</i> .....	28	<i>clobetasol topical gel</i> .....	38
<i>citalopram oral tablet 40 mg</i> .....	28	<i>clobetasol topical ointment</i> .....	38
<i>cladribine</i> .....	16	<i>clobetasol topical shampoo</i> .....	38
<i>claravis</i> .....	37	CLOCORTOLONE PIVALATE.....	38
<i>clarithromycin oral suspension for reconstitution</i> .....	12	<i>clodan</i> .....	38
		<i>clofarabine</i> .....	16

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>clomipramine</i> .....	28	<i>constulose</i> .....	45
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> .....	22	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML....	25
<i>clonazepam oral tablet 2 mg</i> .....	22	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML....	25
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i> .....	22	COPIKTRA.....	16
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i> .....	22	CORLANOR ORAL TABLET.....	35
<i>clonazepam oral tablet, disintegrating 2 mg</i> .....	22	CORTIFOAM.....	45
<i>clonidine</i> .....	33	<i>cortisporin-tc</i> .....	40
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i> .....	33	COSMEGEN.....	16
<i>clonidine hcl oral tablet 0.3 mg</i> .....	33	COTELLIC.....	16
<i>clopidogrel oral tablet 75 mg</i> .....	34	CREON.....	45
<i>clopidogrel oral tablet 300 mg</i> .....	34	CRESEMBA ORAL.....	9
<i>clorazepate dipotassium oral tablet 3.75 mg</i> .....	28	<i>cromolyn inhalation</i> .....	54
<i>clorazepate dipotassium oral tablet 7.5 mg</i> .....	28	<i>cromolyn ophthalmic (eye)</i> .....	53
<i>clorazepate dipotassium oral tablet 15 mg</i> .....	28	<i>cromolyn oral</i> .....	45
<i>clotrimazole-betamethasone topical cream</i> .....	38	<i>cryselle (28)</i> .....	50
<i>clotrimazole-betamethasone topical lotion</i> .....	38	<i>cyclafem 1/35 (28)</i> .....	50
<i>clotrimazole mucous membrane</i> .....	9	<i>cyclafem 7/7/7 (28)</i> .....	50
<i>clotrimazole topical cream</i> .....	38	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> .....	25
<i>clotrimazole topical solution</i> .....	38	<i>cyclophosphamide intravenous</i> .....	16
<i>clozapine oral tablet</i> .....	28	<i>cyclophosphamide oral</i> .....	16
<i>clozapine oral tablet, disintegrating</i> .....	28	<i>cycloserine</i> .....	13
C-NATE DHA.....	57	CYCLOSET.....	41
COARTEM.....	13	<i>cyclosporine intravenous</i> .....	16
<i>colchicine oral tablet</i> .....	48	<i>cyclosporine modified</i> .....	16
<i>colesevelam</i> .....	35	<i>cyclosporine oral capsule</i> .....	16
<i>colestipol oral granules</i> .....	35	CYRAMZA.....	16
<i>colestipol oral packet</i> .....	35	<i>cyred</i> .....	50
<i>colestipol oral tablet</i> .....	35	<i>cyred eq</i> .....	50
<i>colistin (colistimethate na)</i> .....	13	CYSTADANE.....	45
COMBIGAN.....	53	CYSTAGON.....	56
COMBIVENT RESPIMAT.....	54	CYSTARAN.....	53
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	16	<i>cytarabine</i> .....	16
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1).....	16	<i>cytarabine (pf)</i> .....	16
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3).....	16	<b>D</b>	
COMPLERA.....	9	<i>d2.5%-0.45% sodium chloride</i> .....	39
COMPLETE NATAL DHA.....	57	<i>d5%-0.45% sodium chloride</i> .....	39
<i>compro</i> .....	45	<i>d5% and 0.9% sodium chloride</i> .....	39
		<i>d10%-0.45% sodium chloride</i> .....	39

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>dacarbazine</i> .....	16	<i>desmopressin oral</i> .....	44
<i>dactinomycin</i> .....	16	<i>desog-e.estradiol/e.estradiol</i> .....	50
<i>dalfampridine</i> .....	25	<i>desogestrel-ethinyl estradiol</i> .....	50
DALIRESP .....	54	<i>desonide topical cream</i> .....	38
<i>danazol</i> .....	44	<i>desonide topical lotion</i> .....	38
<i>dantrolene oral</i> .....	25	<i>desonide topical ointment</i> .....	38
DANYELZA .....	16	<i>desoximetasone topical cream</i> .....	38
<i>dapsone oral</i> .....	13	<i>desoximetasone topical gel</i> .....	38
DAPTACEL (DTAP PEDIATRIC) (PF) .....	47	<i>desoximetasone topical ointment</i> .....	38
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG ..	13	<i>desvenlafaxine succinate oral tablet</i> <i>extended release 24 hr 25 mg</i> .....	28
<i>daptomycin intravenous recon soln 500 mg</i> .....	13	<i>desvenlafaxine succinate oral tablet</i> <i>extended release 24 hr 50 mg</i> .....	28
<i>darifenacin</i> .....	56	<i>desvenlafaxine succinate oral tablet</i> <i>extended release 24 hr 100 mg</i> .....	28
DARZALEX .....	16	<i>dexamethasone intensol</i> .....	40
DARZALEX FASPRO .....	16	<i>dexamethasone oral elixir</i> .....	41
<i>dasetta 1/35 (28)</i> .....	50	<i>dexamethasone oral solution</i> .....	41
<i>dasetta 7/7/7 (28)</i> .....	50	<i>dexamethasone oral tablet</i> .....	41
<i>daunorubicin intravenous solution</i> .....	16	<i>dexamethasone sodium phos (pf) injection solution</i> .....	41
DAURISMO ORAL TABLET 25 MG .....	17	<i>dexamethasone sodium phosphate injection solution</i> .....	41
DAURISMO ORAL TABLET 100 MG .....	16	<i>dexamethasone sodium phosphate ophthalmic (eye)</i> .....	53
<i>daysee</i> .....	50	<i>dexamethasone sodium phosphate ophthalmic (eye)</i> .....	53
DAYVIGO .....	28	<i>dexmethylphenidate oral tablet</i> .....	28
<i>deblitane</i> .....	49	<i>dextroamphetamine-amphetamine</i> <i>oral capsule, extended release 24hr</i> .....	28
<i>decitabine</i> .....	17	<i>dextroamphetamine-amphetamine oral tablet 5 mg</i> .....	29
<i>deferasirox oral granules in packet</i> .....	39	<i>dextroamphetamine-amphetamine oral tablet 10 mg</i> .....	28
<i>deferasirox oral tablet</i> .....	39	<i>dextroamphetamine-amphetamine</i> <i>oral tablet 12.5 mg, 30 mg, 7.5 mg</i> .....	28
<i>deferiprone</i> .....	39	<i>dextroamphetamine-amphetamine oral tablet 15 mg</i> .....	28
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML .....	49	<i>dextroamphetamine-amphetamine oral tablet 20 mg</i> .....	29
DELSTRIGO .....	9	<i>dextroamphetamine oral capsule, extended release</i> .....	28
<i>demeclocycline</i> .....	15	<i>dextroamphetamine oral solution</i> .....	28
DENAVIR .....	38	<i>dextroamphetamine oral tablet</i> .....	28
DENGVAXIA (PF) .....	47	<i>dextrose 5%-0.2% sod chloride</i> .....	39
DEPO-ESTRADIOL .....	49	<i>dextrose 5%-0.3% sod.chloride</i> .....	39
DEPO-MEDROL .....	40	DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION .....	39
DESCOVY .....	9	<i>dextrose 5% in water (d5w) intravenous piggyback</i> .....	39
<i>desipramine</i> .....	28	<i>dextrose 5%-lactated ringers</i> .....	39
<i>desloratadine oral tablet</i> .....	53	<i>dextrose 10% and 0.2% nacl</i> .....	39
<i>desmopressin injection</i> .....	44		
<i>desmopressin nasal spray, non-aerosol</i> <i>10 mcg/spray (0.1 ml)</i> .....	44		
<i>desmopressin nasal spray with pump</i> .....	44		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
DEXTROSE 10% IN WATER (D10W)	39	<i>diltiazem hcl oral capsule, extended release 24 hr</i>	
<i>dextrose 25% in water (d25w)</i>	39	120 mg, 180 mg, 240 mg, 300 mg, 420 mg	33
DEXTROSE 40% IN WATER (D40W)	39	<i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>	33
<i>dextrose 50% in water (d50w)</i>	39	<i>diltiazem hcl oral tablet</i>	33
<i>dextrose 70% in water (d70w)</i>	39	<i>diltiazem hcl oral tablet extended release 24 hr</i>	33
DIACOMIT	22	<i>dilt-xr</i>	33
<i>diazepam injection</i>	29	<i>dimethyl fumarate oral capsule, delayed</i>	
<i>diazepam intenosol</i>	29	release(dr/ec) 120 mg (14)- 240 mg (46)	25
<i>diazepam oral concentrate</i>	29	<i>dimethyl fumarate oral capsule, delayed</i>	
<i>diazepam oral solution</i>	29	release(dr/ec) 120 mg, 240 mg	25
<i>diazepam oral tablet</i>	29	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	54
<i>diazepam rectal</i>	22	<i>diphenoxylate-atropine</i>	45
<i>diazoxide</i>	41	<i>dipyridamole oral</i>	34
<i>diclofenac potassium oral tablet 50 mg</i>	27	<i>disulfiram</i>	39
<i>diclofenac sodium ophthalmic (eye)</i>	53	<i>divalproex</i>	22
<i>diclofenac sodium oral</i>	27	<i>docetaxel intravenous solution 160 mg/16 ml</i>	
<i>diclofenac sodium topical drops</i>	27	(10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml	
<i>diclofenac sodium topical gel 1%</i>	27	(10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml	
<i>dicloxacillin</i>	14	(20 mg/ml), 80 mg/8 ml (10 mg/ml)	17
<i>dicyclomine oral capsule</i>	45	<i>dofetilide</i>	32
<i>dicyclomine oral solution</i>	45	<i>dolishale</i>	50
<i>dicyclomine oral tablet</i>	45	<i>donepezil oral tablet 5 mg</i>	25
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	12	<i>donepezil oral tablet 10 mg</i>	25
DIFICID ORAL TABLET	12	<i>donepezil oral tablet, disintegrating 5 mg</i>	25
<i>diflunisal</i>	27	<i>donepezil oral tablet, disintegrating 10 mg</i>	25
<i>difluprednate</i>	53	<i>dorzolamide</i>	53
<i>digitek</i>	35	<i>dorzolamide-timolol</i>	53
<i>digox</i>	36	<i>dotti</i>	49
<i>digoxin injection solution</i>	36	DOVATO	9
<i>digoxin oral solution</i>	36	<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	33
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	36	<i>doxazosin oral tablet 8 mg</i>	33
<i>digoxin oral tablet 125 mcg (0.125 mg),</i>		<i>doxepin oral capsule</i>	29
<i>250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	36	<i>doxepin oral concentrate</i>	29
<i>dihydroergotamine nasal</i>	24	<i>doxercalciferol</i>	44
DILANTIN	22	<i>doxorubicin intravenous recon soln 50 mg</i>	17
<i>diltiazem hcl intravenous</i>	33	<i>doxorubicin intravenous solution</i>	17
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	33	<i>doxorubicin, peg-liposomal</i>	17
<i>diltiazem hcl oral capsule, extended release 24hr</i>		<i>doxy-100</i>	15
120 mg, 180 mg, 240 mg, 300 mg	33	<i>doxycycline hyclate intravenous</i>	15
		<i>doxycycline hyclate oral capsule</i>	15
		<i>doxycycline hyclate oral tablet 20 mg</i>	15

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>doxycycline hyclate oral tablet 100 mg</i> .....	15	EDARBYCLOR.....	33
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> ....	15	EDEX.....	56
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i> .....	15	EDURANT .....	9
<i>doxycycline monohydrate oral suspension for reconstitution</i> .....	15	<i>efavirenz-emtricitabin-tenofov</i> .....	9
<i>doxycycline monohydrate oral tablet</i> .....	15	<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> .....	9
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG .....	29	<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> .....	9
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG .....	29	<i>efavirenz oral capsule 50 mg</i> .....	9
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG .....	29	<i>efavirenz oral capsule 200 mg</i> .....	9
<i>dronabinol</i> .....	45	<i>efavirenz oral tablet</i> .....	9
<i>dropsafe alcohol prep pads</i> .....	41	ELAPRASE .....	44
<i>drospirenone-e.estradiol-lm.fa</i> .....	50	<i>electrolyte-48 in d5w</i> .....	57
<i>drospirenone-ethinyl estradiol</i> .....	50	ELIGARD .....	17
DROXIA .....	17	ELIGARD (3 MONTH) .....	17
<i>droxidopa oral capsule 100 mg</i> .....	39	ELIGARD (4 MONTH) .....	17
<i>droxidopa oral capsule 200 mg, 300 mg</i> .....	39	ELIGARD (6 MONTH) .....	17
DUAVEE .....	49	<i>elinest</i> .....	50
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i> .....	29	ELIQUIS .....	34
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> ....	29	ELIQUIS DVT-PE TREAT 30D START .....	34
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML .....	36	ELITE-OB .....	57
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML .....	36	ELLA .....	50
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML .....	36	ELMIRON.....	56
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML .....	36	ELZONRIS.....	17
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML .....	36	EMCYT .....	17
DUREZOL .....	53	EMEND ORAL SUSPENSION FOR RECONSTITUTION ..	45
<i>dutasteride</i> .....	56	<i>emoquette</i> .....	50
<i>dutasteride-tamsulosin</i> .....	56	EMPLICITI .....	17
<b>E</b>		EMSAM.....	29
<i>ec-naproxen</i> .....	27	<i>emtricitabine</i> .....	9
<i>econazole</i> .....	38	EMTRICITABINE-TENOFOVIR (TDF) ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG .....	9
EDARBI .....	33	<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> .....	9
		EMTRIVA ORAL SOLUTION .....	9
		EMVERM .....	13
		<i>enalapril-hydrochlorothiazide</i> .....	33
		<i>enalapril maleate oral tablet</i> .....	33
		ENBREL MINI .....	48
		ENBREL SUBCUTANEOUS RECON SOLN.....	48
		ENBREL SUBCUTANEOUS SOLUTION .....	48

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ENBREL SUBCUTANEOUS SYRINGE	48	<i>erythromycin-benzoyl peroxide</i>	37
ENBREL SURECLICK	48	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	12
<i>endocet</i>	26	<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	12
ENGERIX-B PEDIATRIC (PF)	47	<i>erythromycin ethylsuccinate oral tablet</i>	12
ENGERIX-B (PF)	47	<i>erythromycin ophthalmic (eye)</i>	52
ENHERTU	17	<i>erythromycin oral tablet</i>	12
<i>enoxaparin</i>	34	<i>erythromycin oral tablet, delayed release (dr/ec)</i>	12
<i>enpresse</i>	50	ERYTHROMYCIN WITH ETHANOL TOPICAL GEL	37
<i>enskyce</i>	50	<i>erythromycin with ethanol topical solution</i>	37
<i>entacapone</i>	24	ESBRIET ORAL CAPSULE	54
<i>entecavir</i>	10	ESBRIET ORAL TABLET 267 MG	54
ENTRESTO	36	ESBRIET ORAL TABLET 801 MG	54
<i>enulose</i>	45	<i>escitalopram oxalate oral solution</i>	29
ENVARUSUS XR	17	<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	29
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	10	<i>escitalopram oxalate oral tablet 20 mg</i>	29
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	10	<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	46
EPCLUSA ORAL TABLET 200-50 MG	10	<i>estarylla</i>	50
EPCLUSA ORAL TABLET 400-100 MG	10	<i>estradiol oral</i>	49
EPIDIOLEX	22	<i>estradiol transdermal patch semiweekly</i>	49
<i>epinastine</i>	53	<i>estradiol transdermal patch weekly</i>	49
<i>epinephrine injection auto-injector</i>	54	<i>estradiol vaginal</i>	49
<i>epinephrine injection solution 1 mg/ml</i>	54	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	49
<i>epirubicin intravenous solution</i>	17	ESTRING	49
<i>epitol</i>	23	<i>ethacrynate sodium</i>	33
EPIVIR HBV ORAL SOLUTION	10	<i>ethambutol</i>	13
EPRONTIA	23	<i>ethosuximide</i>	23
ERBITUX	17	<i>ethynodiol diac-eth estradiol</i>	50
<i>ergotamine-caffeine</i>	24	<i>etodolac</i>	27
ERIVEDGE	17	ETOPOPHOS	17
ERLEADA	17	<i>etoposide intravenous</i>	17
<i>erlotinib oral tablet 25 mg</i>	17	<i>etravirine</i>	10
<i>erlotinib oral tablet 100 mg, 150 mg</i>	17	EUTHYROX	44
<i>errin</i>	49	<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	17
<i>ertapenem</i>	13	EVEROLIMUS (ANTINEOPLASTIC) ORAL TABLET 10 MG	17
<i>ery pads</i>	37	<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	17
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	12		
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	12		
<i>erythrocin (as stearate) oral tablet 250 mg</i>	12		
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	12		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i> .....	17	FERRIPROX .....	39
<i>everolimus (immunosuppressive)</i> .....	17	FERRIPROX (2 TIMES A DAY) .....	39
EVOMELA .....	17	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR. ....	29
EVOTAZ .....	10	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK. ....	29
<i>exemestane</i> .....	17	<i>finasteride oral tablet 5 mg</i> .....	56
EXKIVITY .....	17	FINTEPLA .....	23
EYLEA .....	53	FIRDAPSE .....	25
EYSUVIS .....	53	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG. ....	17
<i>ezetimibe</i> .....	35	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG. ....	17
<i>ezetimibe-simvastatin</i> .....	35	FIRVANQ ORAL RECON SOLN 25 MG/ML .....	13
<b>F</b>		FIRVANQ ORAL RECON SOLN 50 MG/ML .....	13
FABRAZYME .....	44	<i>flac otic oil</i> .....	40
<i>falmina (28)</i> .....	50	<i>flavoxate</i> .....	56
<i>famciclovir</i> .....	10	<i>flecainide</i> .....	32
<i>famotidine oral suspension</i> .....	46	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION. . .	54
<i>famotidine oral tablet 20 mg, 40 mg</i> .....	46	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION. ....	54
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG .....	29	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION. ....	54
FANAPT ORAL TABLET 8 MG .....	29	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION. ....	54
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG .....	29	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION .....	54
FANAPT ORAL TABLETS, DOSE PACK .....	29	<i>floxuridine</i> .....	17
FARYDAK .....	17	<i>fluconazole</i> .....	9
FEBUXOSTAT .....	48	<i>fluconazole in nacl (iso-osm)</i> .....	9
<i>felbamate</i> .....	23	<i>flucytosine</i> .....	9
<i>felodipine</i> .....	33	<i>fludarabine</i> .....	17
<i>femynor</i> .....	50	<i>fludrocortisone</i> .....	41
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> .....	35	<i>flunisolide</i> .....	54
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> .....	35	<i>fluocinolone acetonide oil</i> .....	40
<i>fenofibrate oral tablet 160 mg, 54 mg</i> .....	35	<i>fluocinolone and shower cap</i> .....	38
<i>fenofibric acid (choline)</i> .....	35	<i>fluocinolone topical cream</i> .....	38
<i>fentanyl</i> .....	26	<i>fluocinolone topical oil</i> .....	38
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> .....	26	<i>fluocinolone topical ointment</i> .....	38
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> .....	26	<i>fluocinolone topical solution</i> .....	38
<i>fentanyl citrate (pf) injection solution</i> .....	26	<i>fluocinonide topical cream 0.1%</i> .....	38
FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML .....	26		
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i> .....	26		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>fluocinonide topical cream 0.05%</i> .....	38	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> .....	35
<i>fluocinonide topical gel</i> .....	38	<i>fondaparinux subcutaneous syringe</i>	
<i>fluocinonide topical ointment</i> .....	38	<i>10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> .....	34
<i>fluocinonide topical solution</i> .....	38	<i>formoterol fumarate</i> .....	55
<i>fluoride (sodium) dental paste</i> .....	40	<i>fosamprenavir</i> .....	10
<i>fluoride (sodium) oral tablet</i> .....	57	<i>fosfomycin tromethamine</i> .....	15
<i>fluoride (sodium) oral tablet,</i>		<i>fosinopril</i> .....	33
<i>chewable 1 mg (2.2 mg sod. fluoride)</i> .....	57	<i>fosinopril-hydrochlorothiazide</i> .....	33
<i>fluorometholone</i> .....	53	<i>fosphenytoin</i> .....	23
<i>fluorouracil intravenous</i> .....	17	FOTIVDA .....	17
<i>fluorouracil topical cream 0.5%</i> .....	36	<i>fulvestrant</i> .....	17
<i>fluorouracil topical cream 5%</i> .....	36	<i>furosemide injection</i> .....	33
<i>fluorouracil topical solution</i> .....	36	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> ..	33
<i>fluoxetine oral capsule 10 mg</i> .....	29	FUROSEMIDE ORAL SOLUTION 40 MG/4 ML .....	33
<i>fluoxetine oral capsule 20 mg</i> .....	29	<i>furosemide oral tablet</i> .....	33
<i>fluoxetine oral capsule 40 mg</i> .....	29	FUZEON SUBCUTANEOUS RECON SOLN .....	10
<i>fluoxetine oral capsule, delayed release(dr/ec)</i> .....	29	<i>fyavolv</i> .....	49
<i>fluoxetine oral solution</i> .....	29	FYCOMPA ORAL SUSPENSION .....	23
<i>fluoxetine oral tablet 10 mg</i> .....	29	FYCOMPA ORAL TABLET 2 MG .....	23
<i>fluoxetine oral tablet 20 mg</i> .....	29	FYCOMPA ORAL TABLET 4 MG, 6 MG .....	23
<i>fluoxetine (pmdd) oral tablet 10 mg</i> .....	29	FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG .....	23
<i>fluoxetine (pmdd) oral tablet 20 mg</i> .....	29		
<i>fluphenazine decanoate</i> .....	29	<b>G</b>	
<i>fluphenazine hcl injection</i> .....	29	<i>gabapentin oral capsule 100 mg, 300 mg</i> .....	23
<i>fluphenazine hcl oral concentrate</i> .....	29	<i>gabapentin oral capsule 400 mg</i> .....	23
<i>fluphenazine hcl oral elixir</i> .....	29	<i>gabapentin oral solution</i> .....	23
<i>fluphenazine hcl oral tablet</i> .....	29	<i>gabapentin oral tablet 600 mg</i> .....	23
<i>flurbiprofen oral tablet 100 mg</i> .....	27	<i>gabapentin oral tablet 800 mg</i> .....	23
<i>flurbiprofen sodium</i> .....	53	<i>galantamine oral capsule, ext rel. pellets 24 hr</i> .....	25
<i>flutamide</i> .....	17	<i>galantamine oral solution</i> .....	25
<i>fluticasone propionate nasal</i> .....	54	<i>galantamine oral tablet</i> .....	25
<i>fluticasone propionate topical cream</i> .....	38	GAMMAGARD LIQUID .....	47
<i>fluticasone propionate topical ointment</i> .....	38	GAMMAGARD S-D (IGA < 1 MCG/ML) .....	47
<i>fluticasone propion-salmeterol</i>		GAMMAKED INJECTION SOLUTION	
<i>inhalation blister with device</i> .....	55	<i>1 GRAM/10 ML (10%), 10 GRAM/100 ML (10%),</i>	
<i>fluvoxamine oral tablet 50 mg</i> .....	29	<i>20 GRAM/200 ML (10%), 5 GRAM/50 ML (10%)</i> .....	47
<i>fluvoxamine oral tablet 100 mg, 25 mg</i> .....	29	GAMUNEX-C .....	47
FOLIVANE-OB .....	57	GARDASIL 9 (PF) .....	47
FOLOTYN .....	17	GATTEX 30-VIAL .....	45
<i>fomepizole</i> .....	47	GATTEX ONE-VIAL .....	45

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	41	GLUCAGON (HCL) EMERGENCY KIT	42
<i>gavilyte-c</i>	45	<i>glycopyrrolate injection</i>	45
<i>gavilyte-n</i>	45	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	45
GAVRETO	17	<i>glycopyrrolate (pf) in water injection</i>	45
GAZYVA	17	<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	45
<i>gemcitabine intravenous recon soln.</i>	17	<i>glydo</i>	36
<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>	17	GLYXAMBI	42
<i>gemcitabine intravenous solution 100 mg/ml</i>	17	<i>granisetron hcl intravenous</i>	45
<i>gemfibrozil</i>	35	<i>granisetron hcl oral</i>	45
<i>gemmily</i>	50	<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	45
GEMTESA	56	<i>griseofulvin microsize</i>	9
<i>generlac</i>	45	<i>griseofulvin ultramicrosize</i>	9
<i>gengraf</i>	17	<i>guanfacine oral tablet extended release 24 hr</i>	29
GENOTROPIN	47	GVOKE	42
GENOTROPIN MINIQUICK	47	GVOKE HYPOPEN 1-PACK	42
<i>gentak ophthalmic (eye) ointment</i>	52	GVOKE HYPOPEN 2-PACK	42
<i>gentamicin injection solution 40 mg/ml</i>	13	GVOKE PFS 1-PACK SYRINGE	42
<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>	13	GVOKE PFS 2-PACK SYRINGE	42
<i>gentamicin ophthalmic (eye) drops</i>	52		
<i>gentamicin sulfate (ped) (pf)</i>	13	<b>H</b>	
<i>gentamicin topical cream</i>	37	HAEGARDA	55
<i>gentamicin topical ointment</i>	37	<i>hailey</i>	50
GENVOYA	10	<i>hailey 24 fe</i>	50
GILENYA ORAL CAPSULE 0.5 MG	25	<i>hailey fe 1.5/30 (28)</i>	50
GILOTRIF	18	<i>hailey fe 1/20 (28)</i>	50
<i>glimepiride oral tablet 1 mg</i>	41	HALAVEN	18
<i>glimepiride oral tablet 2 mg</i>	41	<i>halobetasol propionate topical cream</i>	38
<i>glimepiride oral tablet 4 mg</i>	41	<i>halobetasol propionate topical ointment</i>	38
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	41	<i>haloperidol decanoate</i>	29
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	41	<i>haloperidol lactate injection</i>	29
<i>glipizide oral tablet 5 mg</i>	41	<i>haloperidol lactate oral</i>	29
<i>glipizide oral tablet 10 mg</i>	41	<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	29
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	41	<i>haloperidol oral tablet 10 mg, 20 mg</i>	29
<i>glipizide oral tablet extended release 24hr 5 mg</i>	41	HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	10
<i>glipizide oral tablet extended release 24hr 10 mg</i>	41	HARVONI ORAL PELLETS IN PACKET 45-200 MG	10
GLUCAGEN HYPOKIT	42	HARVONI ORAL TABLET 45-200 MG	10
GLUCAGON EMERGENCY KIT (HUMAN)	42	HARVONI ORAL TABLET 90-400 MG	10
		HAVRIX (PF)	47
		<i>heather</i>	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> .....	35	HUMULIN 70/30 U-100 KWIKPEN .....	42
<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> .....	35	HUMULIN N NPH INSULIN KWIKPEN .....	42
<i>heparin (porcine) injection solution</i> .....	35	HUMULIN N NPH U-100 INSULIN .....	42
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML .....	35	HUMULIN R REGULAR U-100 INSULN .....	42
<i>heparin (porcine) in nacl (pf)</i> .....	35	HUMULIN R U-500 (CONC) INSULIN .....	42
<i>heparin, porcine (pf) injection syringe</i> .....	35	HUMULIN R U-500 (CONC) KWIKPEN .....	42
HETLIOZ .....	29	<i>hydralazine injection</i> .....	33
HIBERIX (PF) .....	47	<i>hydralazine oral</i> .....	33
HIZENTRA .....	47	<i>hydrochlorothiazide</i> .....	33
HUMALOG JUNIOR KWIKPEN U-100 .....	42	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> .....	26
HUMALOG KWIKPEN INSULIN .....	42	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 7.5-300 MG .....	26
HUMALOG MIX 50-50 INSULN U-100 .....	42	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	26
HUMALOG MIX 50-50 KWIKPEN .....	42	<i>hydrocodone-ibuprofen</i> .....	26
HUMALOG MIX 75-25 KWIKPEN .....	42	<i>hydrocortisone-acetic acid</i> .....	40
HUMALOG MIX 75-25(U-100)INSULN .....	42	<i>hydrocortisone butyrate topical cream</i> .....	38
HUMALOG U-100 INSULIN .....	42	<i>hydrocortisone butyrate topical ointment</i> .....	38
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML .....	48	<i>hydrocortisone butyrate topical solution</i> .....	39
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML .....	48	<i>hydrocortisone butyr-emollient</i> .....	39
HUMIRA(CF) PEN CROHNS-UC-HS .....	48	<i>hydrocortisone oral</i> .....	41
HUMIRA(CF) PEN PEDIATRIC UC .....	48	<i>hydrocortisone rectal</i> .....	45
HUMIRA(CF) PEN PSOR-UV-ADOL HS .....	48	<i>hydrocortisone topical cream 1%, 2.5%</i> .....	39
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML .....	49	<i>hydrocortisone topical cream with perineal applicator 1%</i> .....	39
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML .....	49	<i>hydrocortisone topical cream with perineal applicator 2.5%</i> .....	45
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML .....	49	<i>hydrocortisone topical lotion 2.5%</i> .....	39
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML .....	49	<i>hydrocortisone topical ointment 1%, 2.5%</i> .....	39
HUMIRA PEN .....	48	<i>hydrocortisone valerate</i> .....	39
HUMIRA PEN CROHNS-UC-HS START .....	48	<i>hydromorphone oral liquid</i> .....	26
HUMIRA PEN PSOR-UEVITS-ADOL HS .....	48	<i>hydromorphone oral tablet</i> .....	26
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML .....	48	<i>hydroxychloroquine</i> .....	13
HUMULIN 70/30 U-100 INSULIN .....	42	<i>hydroxyprogesterone caproate</i> .....	49
		<i>hydroxyurea</i> .....	18
		<i>hydroxyzine hcl oral tablet</i> .....	54
		<b>I</b>	
		<i>ibandronate oral</i> .....	48
		IBRANCE .....	18

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>ibu</i> .....	27	INTRON A INJECTION RECON SOLN.....	47
<i>ibuprofen oral suspension</i> .....	27	<i>introvale</i> .....	50
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	27	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML.....	30
<i>icatibant</i> .....	55	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML.....	30
ICLEVIA.....	50	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	30
ICLUSIG.....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML.....	30
<i>idarubicin</i> .....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	30
IDHIFA.....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML.....	30
<i>ifosfamide</i> .....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	30
<i>imatinib oral tablet 100 mg</i> .....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML.....	30
<i>imatinib oral tablet 400 mg</i> .....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML.....	30
IMBRUVICA ORAL CAPSULE 70 MG.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML.....	30
IMBRUVICA ORAL CAPSULE 140 MG.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML.....	30
IMBRUVICA ORAL TABLET.....	18	INVELTYS.....	53
IMFINZI.....	18	INVIRASE ORAL TABLET.....	10
<i>imipenem-cilastatin</i> .....	13	INVOKAMET.....	42
<i>imipramine hcl</i> .....	29	INVOKAMET XR.....	42
<i>imiquimod topical cream in metered-dose pump</i> .....	36	INVOKANA.....	42
<i>imiquimod topical cream in packet 3.75%</i> .....	36	IPOL.....	47
<i>imiquimod topical cream in packet 5%</i> .....	36	<i>ipratropium-albuterol</i> .....	55
IMOVAX RABIES VACCINE (PF).....	47	<i>ipratropium bromide inhalation</i> .....	55
<i>incassia</i> .....	49	<i>ipratropium bromide nasal</i> .....	40
INCRELEX.....	39	<i>irbesartan</i> .....	33
INCRUSE ELLIPTA.....	55	<i>irbesartan-hydrochlorothiazide</i> .....	33
<i>indapamide</i> .....	33	IRESSA.....	18
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE.....	47	<i>irinotecan</i> .....	18
INFLECTRA.....	45	ISENTRESS HD.....	10
INFUGEM.....	18	ISENTRESS ORAL POWDER IN PACKET.....	10
INFUMORPH P/F.....	26	ISENTRESS ORAL TABLET.....	10
INLYTA ORAL TABLET 1 MG.....	18	ISENTRESS ORAL TABLET, CHEWABLE 25 MG.....	10
INLYTA ORAL TABLET 5 MG.....	18	ISENTRESS ORAL TABLET, CHEWABLE 100 MG.....	10
INQOVI.....	18		
INREBIC.....	18		
INSULIN LISPRO.....	42		
INSULIN LISPRO PROTAMIN-LISPRO.....	42		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE.....	42		
INTELENCE ORAL TABLET 25 MG.....	10		
INTELENCE ORAL TABLET 100 MG, 200 MG.....	10		
INTRALIPID INTRAVENOUS EMULSION 20%, 30%.....	57		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>isibloom</i> .....	50	<i>junel fe 24</i> .....	50
<i>isoniazid oral solution</i> .....	13	<b>K</b>	
<i>isoniazid oral tablet</i> .....	13	KABIVEN .....	57
<i>isosorbide dinitrate oral tablet</i> .....	36	KADCYLA .....	18
<i>isosorbide mononitrate</i> .....	36	<i>kaitlib fe</i> .....	50
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> .....	37	KALETRA ORAL TABLET 100-25 MG .....	10
<i>isradipine</i> .....	33	KALETRA ORAL TABLET 200-50 MG .....	10
<i>itraconazole oral capsule</i> .....	9	<i>kalliga</i> .....	51
<i>itraconazole oral solution</i> .....	9	KALYDECO ORAL GRANULES IN PACKET .....	55
<i>ivermectin oral</i> .....	13	KALYDECO ORAL TABLET .....	55
IXEMPRA .....	18	<i>kariva (28)</i> .....	51
IXIARO (PF) .....	47	<i>kelnor 1/35 (28)</i> .....	51
<b>J</b>		<i>kelnor 1-50 (28)</i> .....	51
<i>jaimiess</i> .....	50	<i>ketoconazole oral</i> .....	9
JAKAFI .....	18	<i>ketoconazole topical cream</i> .....	38
<i>jantoven</i> .....	35	<i>ketoconazole topical shampoo</i> .....	38
JANUMET .....	42	<i>ketorolac ophthalmic (eye)</i> .....	53
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG .....	42	KEYTRUDA .....	18
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG .....	42	KINRIX (PF) .....	47
JANUVIA .....	42	KISQALI .....	18
JARDIANCE .....	42	KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG .....	18
<i>jasmiel (28)</i> .....	50	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG .....	18
JEMPERLI .....	18	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG .....	18
JENCYCLA .....	49	KLISYRI .....	18
JENTADUETO .....	42	<i>klor-con</i> .....	56
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG .....	42	KLOR-CON 8 .....	56
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG .....	42	KLOR-CON 10 .....	56
JEVTANA .....	18	<i>klor-con m10</i> .....	56
<i>jolessa</i> .....	50	<i>klor-con m15</i> .....	56
<i>juleber</i> .....	50	<i>klor-con m20</i> .....	56
JULUCA .....	10	KLOXXADO .....	27
<i>junel 1.5/30 (21)</i> .....	50	KORLYM .....	44
<i>junel 1/20 (21)</i> .....	50	K-PHOS ORIGINAL .....	56
<i>junel fe 1.5/30 (28)</i> .....	50	<i>kurvelo (28)</i> .....	51
<i>junel fe 1/20 (28)</i> .....	50	KUVAN .....	44

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	24	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)	18
KYPROLIS	18	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)	18
<b>L</b>		<i>lessina</i>	51
<i>labetalol oral</i>	33	<i>letrozole</i>	18
LACRISERT	53	<i>leucovorin calcium injection</i>	15
<i>lactated ringers intravenous</i>	56	<i>leucovorin calcium oral</i>	15
<i>lactated ringers irrigation</i>	39	LEUKERAN	18
<i>lactulose oral solution</i>	45	LEUKINE INJECTION RECON SOLN	47
<i>lamivudine oral solution</i>	10	<i>leuprolide subcutaneous kit</i>	18
<i>lamivudine oral tablet 100 mg, 300 mg</i>	10	<i>levalbuterol hcl</i>	55
<i>lamivudine oral tablet 150 mg</i>	10	LEVEMIR FLEXTOUCH U-100 INSULN	42
<i>lamivudine-zidovudine</i>	10	LEVEMIR U-100 INSULIN	42
<i>lamotrigine oral tablet</i>	23	<i>levetiracetam in nacl (iso-os)</i>	23
<i>lamotrigine oral tablet, chewable dispersible</i>	23	<i>levetiracetam intravenous</i>	23
<i>lamotrigine oral tablet, disintegrating</i>	23	<i>levetiracetam oral</i>	23
<i>lamotrigine oral tablet extended release 24hr</i>	23	<i>levobunolol ophthalmic (eye) drops 0.5%</i>	52
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	36	<i>levocarnitine oral solution 100 mg/ml</i>	40
LANOXIN PEDIATRIC	36	<i>levocarnitine oral tablet</i>	40
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	46	<i>levocarnitine (with sugar)</i>	40
LANTUS SOLOSTAR U-100 INSULIN	42	<i>levocetirizine oral solution</i>	54
LANTUS U-100 INSULIN	42	<i>levocetirizine oral tablet</i>	54
<i>lapatinib</i>	18	<i>levofloxacin in d5w</i>	14
<i>larin 1.5/30 (21)</i>	51	<i>levofloxacin intravenous</i>	14
<i>larin 1/20 (21)</i>	51	<i>levofloxacin oral solution</i>	15
<i>larin 24 fe</i>	51	<i>levofloxacin oral tablet</i>	15
<i>larin fe 1.5/30 (28)</i>	51	<i>levonest (28)</i>	51
<i>larin fe 1/20 (28)</i>	51	<i>levonorgestrel-ethinyl estrad</i>	51
<i>larissia</i>	51	<i>levonorg-eth estrad triphasic</i>	51
<i>latanoprost</i>	53	<i>levora-28</i>	51
LATUDA ORAL TABLET 80 MG	30	LEVO-T	45
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	30	<i>levothyroxine oral tablet</i>	45
<i>layolis fe</i>	51	<i>levoxyl oral tablet 100 mcg, 112 mcg, 175 mcg</i>	45
<i>leena 28</i>	51	LEVOXYL ORAL TABLET 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	45
<i>leflunomide</i>	49	LEXIVA ORAL SUSPENSION	10
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	18	LIBTAYO	18

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>lidocaine hcl injection solution</i> . . . . .	36	<i>lorazepam oral tablet 2 mg</i> . . . . .	30
<i>lidocaine hcl laryngotracheal</i> . . . . .	36	LORBRENA ORAL TABLET 25 MG . . . . .	18
<i>lidocaine hcl mucous membrane jelly</i> . . . . .	36	LORBRENA ORAL TABLET 100 MG . . . . .	18
<i>lidocaine hcl mucous membrane jelly in applicator</i> . . . . .	37	<i>loryna (28)</i> . . . . .	51
<i>lidocaine hcl mucous membrane solution 2%</i> . . . . .	37	<i>losartan</i> . . . . .	33
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i> . . . . .	37	<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i> . . . . .	33
<i>lidocaine (pf) injection solution</i> . . . . .	36	<i>losartan-hydrochlorothiazide oral tablet</i> <i>100-12.5 mg, 100-25 mg</i> . . . . .	33
<i>lidocaine (pf) intravenous</i> . . . . .	32	LOTEMAX . . . . .	53
<i>lidocaine-prilocaine topical cream</i> . . . . .	37	LOTEMAX SM . . . . .	53
<i>lidocaine topical adhesive patch, medicated 5%</i> . . . . .	37	<i>lovastatin oral tablet 10 mg</i> . . . . .	35
<i>lidocaine topical ointment</i> . . . . .	37	<i>lovastatin oral tablet 20 mg, 40 mg</i> . . . . .	35
<i>lidocaine viscous</i> . . . . .	37	<i>low-ogestrel (28)</i> . . . . .	51
<i>lillow (28)</i> . . . . .	51	<i>loxapine succinate</i> . . . . .	30
<i>lincomycin</i> . . . . .	13	<i>lo-zumandimine (28)</i> . . . . .	51
<i>lindane topical shampoo</i> . . . . .	39	<i>ludent fluoride oral tablet,</i> <i>chewable 1 mg (2.2 mg sod. fluoride)</i> . . . . .	57
<i>linezolid-0.9% sodium chloride</i> . . . . .	13	LUMAKRAS . . . . .	19
<i>linezolid in dextrose 5%</i> . . . . .	13	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01% . . . . .	53
<i>linezolid oral suspension for reconstitution</i> . . . . .	13	LUMIZYME . . . . .	44
<i>linezolid oral tablet</i> . . . . .	13	LUMOXITI . . . . .	19
LINZESS . . . . .	45	LUPRON DEPOT . . . . .	19
<i>liothyronine oral</i> . . . . .	45	LUPRON DEPOT (3 MONTH) . . . . .	19
<i>lisinopril</i> . . . . .	33	LUPRON DEPOT (4 MONTH) . . . . .	19
<i>lisinopril-hydrochlorothiazide</i> . . . . .	33	LUPRON DEPOT (6 MONTH) . . . . .	19
<i>lithium carbonate</i> . . . . .	30	LUPRON DEPOT-PED . . . . .	19
LIVALO . . . . .	35	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG . . . . .	19
<i>l norgest/e.estradiol-e.estrad</i> . . . . .	51	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG . . . . .	19
<i>lojaimiess</i> . . . . .	51	<i>lutera (28)</i> . . . . .	51
LOKELMA . . . . .	40	LYBALVI . . . . .	30
LONSURF ORAL TABLET 15-6.14 MG . . . . .	18	LYNPARZA . . . . .	19
LONSURF ORAL TABLET 20-8.19 MG . . . . .	18	LYSODREN . . . . .	19
<i>loperamide oral capsule</i> . . . . .	45	LYUMJEV KWIKPEN U-100 INSULIN . . . . .	42
<i>lopinavir-ritonavir oral solution</i> . . . . .	10	LYUMJEV KWIKPEN U-200 INSULIN . . . . .	42
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> . . . . .	10	LYUMJEV U-100 INSULIN . . . . .	42
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> . . . . .	10	<i>lyza</i> . . . . .	49
<i>lorazepam injection solution</i> . . . . .	30		
<i>lorazepam injection syringe 2 mg/ml</i> . . . . .	30		
<i>lorazepam intensol</i> . . . . .	30		
<i>lorazepam oral concentrate</i> . . . . .	30		
<i>lorazepam oral syringe</i> . . . . .	30		
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> . . . . .	30		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<b>M</b>			
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	56	MENQUADFI (PF)	47
<i>magnesium sulfate injection</i>	56	MENVEO A-C-Y-W-135-DIP (PF)	47
<i>magnesium sulfate in water</i>	56	<i>mercaptopurine</i>	19
<i>malathion</i>	39	<i>meropenem</i>	13
<i>maprotiline</i>	30	<i>meropenem-0.9% sodium chloride</i>	13
<i>maraviroc oral tablet 150 mg</i>	10	<i>merzee</i>	51
<i>maraviroc oral tablet 300 mg</i>	10	<i>mesalamine oral capsule, extended release 24hr</i>	45
MARGENZA	19	<i>mesalamine rectal enema</i>	45
<i>marlissa (28)</i>	51	<i>mesalamine with cleansing wipe</i>	46
MARPLAN	30	<i>mesna</i>	15
MARQIBO	19	MESNEX ORAL	15
MATULANE	19	<i>metadate er</i>	30
<i>matzim la</i>	33	<i>metaproterenol oral syrup</i>	55
MAVYRET ORAL PELLETS IN PACKET	10	METFORMIN ORAL SOLUTION	42
MAVYRET ORAL TABLET	10	<i>metformin oral tablet 1,000 mg</i>	42
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	45	<i>metformin oral tablet 500 mg</i>	43
MEDROL ORAL TABLET 2 MG	41	<i>metformin oral tablet 850 mg</i>	43
<i>medroxyprogesterone intramuscular</i>	49	<i>metformin oral tablet extended release 24hr 1,000 mg</i>	43
<i>medroxyprogesterone oral</i>	49	<i>metformin oral tablet extended release 24 hr 500 mg</i>	43
<i>mefloquine</i>	13	<i>metformin oral tablet extended release 24hr 500 mg</i>	43
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	19	<i>metformin oral tablet extended release 24 hr 750 mg</i>	43
<i>megestrol oral tablet</i>	19	<i>methadone injection solution</i>	26
MEKINIST ORAL TABLET 0.5 MG	19	<i>methadone oral concentrate</i>	26
MEKINIST ORAL TABLET 2 MG	19	<i>methadone oral solution 5 mg/5 ml</i>	26
MEKTOVI	19	<i>methadone oral solution 10 mg/5 ml</i>	26
<i>meloxicam oral tablet 7.5 mg</i>	27	<i>methadone oral tablet 5 mg</i>	26
<i>meloxicam oral tablet 15 mg</i>	27	<i>methadone oral tablet 10 mg</i>	26
<i>melphalan</i>	19	<i>methazolamide</i>	53
<i>melphalan hcl</i>	19	<i>methenamine hippurate</i>	15
<i>memantine oral capsule, sprinkle, er 24hr</i>	25	<i>methimazole oral tablet 10 mg, 5 mg</i>	41
<i>memantine oral solution</i>	25	<i>methocarbamol oral</i>	25
<i>memantine oral tablet 5 mg</i>	25	<i>methotrexate sodium injection</i>	19
<i>memantine oral tablet 10 mg</i>	25	<i>methotrexate sodium oral</i>	19
<i>memantine oral tablets, dose pack</i>	25	<i>methotrexate sodium (pf)</i>	19
MENACTRA (PF) INTRAMUSCULAR SOLUTION	47	<i>methoxsalen</i>	37
MENOSTAR	49	<i>methylidopa</i>	33
		<i>methylphenidate hcl oral tablet</i>	30
		<i>methylphenidate hcl oral tablet extended release</i>	30



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<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> .....	30	<i>mirtazapine oral tablet, disintegrating</i> .....	30
<i>methylpred dp</i> .....	41	<i>misoprostol</i> .....	46
<i>methylprednisolone acetate</i> .....	41	MITIGARE .....	48
<i>methylprednisolone oral tablet</i> .....	41	<i>mitomycin intravenous</i> .....	19
<i>methylprednisolone oral tablets, dose pack</i> .....	41	<i>mitoxantrone</i> .....	19
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> .....	41	M-M-R II (PF) .....	47
<i>methylprednisolone sodium succ intravenous</i> .....	41	M-NATAL PLUS .....	57
<i>metoclopramide hcl oral solution</i> .....	46	<i>moexipril</i> .....	33
<i>metoclopramide hcl oral tablet</i> .....	46	<i>molindone</i> .....	30
<i>metolazone</i> .....	33	<i>mometasone nasal</i> .....	55
<i>metoprolol succinate</i> .....	33	<i>mometasone topical</i> .....	39
<i>metoprolol ta-hydrochlorothiaz</i> .....	33	<i>mondoxyne nl oral capsule 100 mg</i> .....	15
<i>metoprolol tartrate oral</i> .....	33	MONJUVI .....	19
<i>metro i.v.</i> .....	13	<i>mono-lyyah</i> .....	51
<i>metronidazole in nacl (iso-os)</i> .....	13	<i>montelukast oral granules in packet</i> .....	55
<i>metronidazole oral tablet</i> .....	13	<i>montelukast oral tablet</i> .....	55
<i>metronidazole topical</i> .....	37	<i>montelukast oral tablet, chewable</i> .....	55
<i>metronidazole vaginal</i> .....	49	<i>morphine concentrate oral solution</i> .....	26
<i>metyrosine</i> .....	33	<i>morphine injection solution 8 mg/ml</i> .....	26
<i>mexiletine</i> .....	32	MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML .....	26
MIACALCIN INJECTION .....	44	MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML ..	26
<i>micafungin</i> .....	9	<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i> .....	26
<i>microgestin 1.5/30 (21)</i> .....	51	<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i> .....	26
<i>microgestin 1/20 (21)</i> .....	51	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML .....	26
<i>microgestin fe 1.5/30 (28)</i> .....	51	<i>morphine oral solution</i> .....	26
<i>microgestin fe 1/20 (28)</i> .....	51	MORPHINE ORAL TABLET .....	26
<i>midodrine</i> .....	40	<i>morphine oral tablet extended release</i> .....	26
<i>migergot</i> .....	24	<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> .....	26
<i>miglitol oral tablet 25 mg</i> .....	43	MOVANTIK .....	46
<i>miglitol oral tablet 50 mg</i> .....	43	<i>moxifloxacin ophthalmic (eye)</i> .....	52
<i>miglitol oral tablet 100 mg</i> .....	43	<i>moxifloxacin oral</i> .....	15
<i>miglustat</i> .....	44	<i>moxifloxacin-sod.ace, sul-water</i> .....	15
<i>mili</i> .....	51	<i>moxifloxacin-sod.chloride(iso)</i> .....	15
<i>minocycline oral capsule</i> .....	15	MOZOBIL .....	47
<i>minocycline oral tablet</i> .....	15	<i>mupirocin</i> .....	37
<i>minoxidil oral</i> .....	33	<i>mupirocin calcium</i> .....	37
<i>mirtazapine oral tablet</i> .....	30	MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG .....	56

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>mycophenolate mofetil (hcl)</i> .....	19	<i>neomycin-bacitracin-poly-hc</i> .....	53
<i>mycophenolate mofetil oral capsule</i> .....	19	<i>neomycin-bacitracin-polymyxin</i> .....	52
<i>mycophenolate mofetil oral suspension for reconstitution</i> ..	19	<i>neomycin-polymyxin b-dexameth</i> .....	53
<i>mycophenolate mofetil oral tablet</i> .....	19	<i>neomycin-polymyxin b gu</i> .....	39
<i>mycophenolate sodium</i> .....	19	<i>neomycin-polymyxin-gramicidin</i> .....	52
MYLOTARG .....	19	<i>neomycin-polymyxin-hc ophthalmic (eye)</i> .....	53
<i>myorisan</i> .....	37	<i>neomycin-polymyxin-hc otic (ear)</i> .....	40
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR .....	56	<i>neo-polycin</i> .....	52
<b>N</b>		<i>neo-polycin hc</i> .....	53
<i>nabumetone</i> .....	27	NERLYNX .....	19
<i>nadolol</i> .....	33	NEUPRO .....	24
<i>nafticillin in dextrose iso-osm</i> .....	14	<i>nevirapine oral suspension</i> .....	10
<i>nafticillin injection</i> .....	14	<i>nevirapine oral tablet</i> .....	10
<i>nafticillin intravenous recon soln 2 gram</i> .....	14	<i>nevirapine oral tablet extended release 24 hr 100 mg</i> .....	10
<i>naftifine topical cream</i> .....	38	<i>nevirapine oral tablet extended release 24 hr 400 mg</i> .....	10
NAFTIN TOPICAL GEL 2% .....	38	NEXAVAR .....	19
NAGLAZYME .....	44	NEXLETOL .....	35
<i>naloxone injection solution</i> .....	27	NEXLIZET .....	35
<i>naloxone injection syringe 1 mg/ml</i> .....	27	<i>niacin oral tablet 500 mg</i> .....	35
<i>naloxone nasal</i> .....	27	<i>niacin oral tablet extended release 24 hr</i> .....	35
<i>naltrexone</i> .....	27	<i>niacor</i> .....	35
NAMZARIC .....	25	<i>nicardipine intravenous solution</i> .....	34
<i>naproxen oral suspension</i> .....	27	<i>nicardipine oral</i> .....	34
<i>naproxen oral tablet</i> .....	27	NICOTROL .....	40
<i>naproxen oral tablet, delayed release (dr/ec)</i> .....	27	NICOTROL NS .....	40
<i>naproxen sodium oral tablet 275 mg, 550 mg</i> .....	27	<i>nifedipine oral tablet extended release</i> .....	34
<i>naratriptan</i> .....	24	<i>nifedipine oral tablet extended release 24hr</i> .....	34
NARCAN .....	27	<i>nikki (28)</i> .....	51
NATACYN .....	52	<i>nilutamide</i> .....	19
<i>nateglinide oral tablet 60 mg</i> .....	43	<i>nimodipine</i> .....	34
<i>nateglinide oral tablet 120 mg</i> .....	43	NINLARO .....	19
NATPARA .....	44	NIPENT .....	19
NAYZILAM .....	23	<i>nisoldipine</i> .....	34
<i>neбиволол</i> .....	34	NITAZOXANIDE .....	13
<i>necon 0.5/35 (28)</i> .....	51	<i>nitisinone</i> .....	40
<i>nefazodone</i> .....	30	<i>nitrofurantoin</i> .....	15
<i>nelarabine</i> .....	19	<i>nitrofurantoin macrocrystal</i> .....	15
<i>neomycin</i> .....	13	<i>nitrofurantoin monohyd/m-cryst</i> .....	15
		<i>nitroglycerin intravenous</i> .....	36
		<i>nitroglycerin sublingual</i> .....	36

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>nitroglycerin transdermal patch 24 hour</i> .....	36	<i>nylia 7/7/7 (28)</i> .....	51
<i>nitroglycerin translingual</i> .....	36	<i>nymyo</i> .....	51
NIVESTYM .....	47	<i>nystatin oral suspension</i> .....	9
<i>nizatidine oral capsule</i> .....	46	<i>nystatin oral tablet</i> .....	9
<i>nora-be</i> .....	49	<i>nystatin topical cream</i> .....	38
<i>noreth-ethinyl estradiol-iron</i> .....	51	<i>nystatin topical ointment</i> .....	38
<i>norethindrone acetate</i> .....	49	<i>nystatin topical powder</i> .....	38
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> .....	49	<i>nystatin-triamcinolone</i> .....	38
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> .....	51	<i>nystop</i> .....	38
<i>norethindrone (contraceptive)</i> .....	49	NYVEPRIA .....	47
<i>norethindrone-e.estradiol-iron oral capsule</i> .....	51	<b>O</b>	
<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> .....	51	OCALIVA .....	46
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i> .....	51	<i>ocella</i> .....	51
<i>norgestimate-ethinyl estradiol</i> .....	51	OCREVUS .....	25
NORMOSOL-R .....	56	<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> .....	19
NORTHERA ORAL CAPSULE 100 MG .....	40	<i>octreotide acetate injection solution 500 mcg/ml</i> .....	19
NORTHERA ORAL CAPSULE 200 MG, 300 MG .....	40	<i>octreotide acetate injection syringe</i> .....	19
<i>nortrel 0.5/35 (28)</i> .....	51	ODEFSEY .....	10
<i>nortrel 1/35 (21)</i> .....	51	ODOMZO .....	19
<i>nortrel 1/35 (28)</i> .....	51	OFEV .....	55
<i>nortrel 7/7/7 (28)</i> .....	51	<i>ofloxacin ophthalmic (eye)</i> .....	52
<i>nortriptyline oral capsule</i> .....	30	<i>ofloxacin otic (ear)</i> .....	40
<i>nortriptyline oral solution</i> .....	30	<i>olanzapine-fluoxetine</i> .....	30
NORVIR ORAL POWDER IN PACKET .....	10	<i>olanzapine intramuscular</i> .....	30
NORVIR ORAL SOLUTION .....	10	<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> .....	30
NOVOFINE PEN NEEDLE .....	43	<i>olanzapine oral tablet 15 mg, 20 mg</i> .....	30
NOVOTWIST PEN NEEDLE .....	43	<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> .....	30
NUBEQA .....	19	<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> .....	30
NUCALA SUBCUTANEOUS AUTO-INJECTOR .....	55	<i>olmesartan</i> .....	34
NUCALA SUBCUTANEOUS SYRINGE .....	55	<i>olmesartan-hydrochlorothiazide</i> .....	34
NUEDEXTA .....	25	<i>olopatadine ophthalmic (eye)</i> .....	53
NULOJIX .....	19	<i>omega-3 acid ethyl esters</i> .....	35
NUPLAZID .....	30	<i>omeprazole oral capsule, delayed release(dr/ec)</i> .....	46
NUTRILIPID .....	57	OMNIPOD DASH INSULIN POD .....	43
NUZYRA INTRAVENOUS .....	15	OMNIPOD DASH PDM KIT .....	43
NUZYRA ORAL .....	15	OMNIPOD INSULIN MANAGEMENT .....	43
<i>nyamyc</i> .....	38	OMNIPOD INSULIN REFILL .....	43
<i>nylia 1/35 (28)</i> .....	51	ONCASPAR .....	19

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	
<i>ondansetron</i> .....	46	<b>P</b>	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> .....	32
<i>ondansetron hcl intravenous</i> .....	46		<i>paclitaxel</i> .....	19
<i>ondansetron hcl oral solution</i> .....	46		PADCEV.....	20
<i>ondansetron hcl oral tablet</i> .....	46		<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i> .....	31
<i>ondansetron hcl (pf)</i> .....	46		<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i> .....	31
ONIVYDE.....	19		<i>palonosetron intravenous solution 0.25 mg/5 ml</i> .....	46
ONUREG.....	19		<i>pamidronate</i> .....	44
OPDIVO.....	19		PANRETIN.....	37
OPSUMIT.....	55		<i>pantoprazole oral tablet, delayed release (dr/ec)</i> .....	46
<i>oralone</i> .....	40		<i>paricalcitol oral</i> .....	44
ORBACTIV.....	13		<i>paroex oral rinse</i> .....	40
ORGOVYX.....	19		<i>paromomycin</i> .....	13
ORKAMBI ORAL GRANULES IN PACKET.....	55		<i>paroxetine hcl oral suspension 10 mg/5 ml</i> .....	31
ORKAMBI ORAL TABLET.....	55		PAROXETINE HCL ORAL SUSPENSION 10 MG/5 ML...	31
<i>orsythia</i> .....	51		<i>paroxetine hcl oral tablet 10 mg</i> .....	31
<i>oseltamivir</i> .....	10		<i>paroxetine hcl oral tablet 20 mg, 40 mg</i> .....	31
<i>oxacillin injection</i> .....	14		<i>paroxetine hcl oral tablet 30 mg</i> .....	31
<i>oxaliplatin</i> .....	19		<i>paroxetine hcl oral tablet extended release 24 hr</i> .....	31
<i>oxandrolone oral tablet 2.5 mg</i> .....	44		PASER.....	13
<i>oxandrolone oral tablet 10 mg</i> .....	44		PAXIL ORAL SUSPENSION.....	31
<i>oxaprozin</i> .....	27		PEDIARIX (PF).....	47
<i>oxazepam</i> .....	31		PEDVAX HIB (PF).....	47
<i>oxcarbazepine</i> .....	23		<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> .....	46
OXERVATE.....	53		PEGASYS SUBCUTANEOUS SOLUTION.....	47
<i>oxybutynin chloride oral syrup</i> .....	56		PEGASYS SUBCUTANEOUS SYRINGE.....	47
<i>oxybutynin chloride oral tablet</i> .....	56	<i>peg-electrolyte soln</i> .....	46	
<i>oxybutynin chloride oral tablet extended release 24hr</i> .....	56	PEMAZYRE.....	20	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> .....	26	<i>penicillamine</i> .....	49	
<i>oxycodone oral concentrate</i> .....	26	<i>penicillin g potassium</i> .....	14	
<i>oxycodone oral solution</i> .....	26	<i>penicillin v potassium oral recon soln</i> .....	14	
OXYCODONE ORAL SYRINGE.....	26	<i>penicillin v potassium oral tablet 250 mg</i> .....	14	
<i>oxycodone oral tablet 5 mg</i> .....	26	<i>penicillin v potassium oral tablet 500 mg</i> .....	14	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> .....	26	PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"....	43	
<i>oxymorphone oral tablet extended release 12 hr</i> .....	26	PENTACEL (PF).....	47	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).....	43	<i>pentamidine inhalation</i> .....	13	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)....	43	<i>pentamidine injection</i> .....	13	

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
PENTASA.....	46	POLIVY.....	20
<i>pentoxifylline</i> .....	35	<i>polycin</i> .....	52
PERFOROMIST.....	55	<i>polymyxin b sulfate</i> .....	13
PERIKABIVEN.....	57	<i>polymyxin b sulf-trimethoprim</i> .....	52
<i>perindopril erbumine</i> .....	34	POMALYST.....	20
PERJETA.....	20	<i>portia 28</i> .....	51
<i>permethrin</i> .....	39	PORTRAZZA.....	20
<i>perphenazine</i> .....	31	<i>posaconazole oral tablet, delayed release (dr/ec)</i> .....	9
<i>perphenazine-amitriptyline</i> .....	31	POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L.....	56
PERSERIS.....	31	<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i> .....	56
<i>pfizerpen-g</i> .....	14	<i>potassium chloride-0.45% nacl</i> .....	57
<i>phenelzine</i> .....	31	POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L ...	57
<i>phenobarbital oral elixir</i> .....	23	POTASSIUM CHLORIDE-D5-0.9%NACL.....	57
<i>phenobarbital oral tablet</i> .....	23	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> .....	56
<i>phenobarbital sodium injection solution</i> .....	23	<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l</i> .....	56
<i>phenoxybenzamine</i> .....	34	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> .....	56
<i>phenytoin oral suspension</i> .....	23	<i>potassium chloride intravenous</i> .....	56
<i>phenytoin oral tablet, chewable</i> .....	23	<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> .....	56
<i>phenytoin sodium extended</i> .....	23	<i>potassium chloride oral capsule, extended release</i> .....	56
<i>phenytoin sodium intravenous solution</i> .....	23	<i>potassium chloride oral liquid</i> .....	56
PHESGO.....	20	<i>potassium chloride oral packet</i> .....	56
<i>philith</i> .....	51	<i>potassium chloride oral tablet, er particles/crystals</i> .....	57
PIFELTRO.....	10	<i>potassium chloride oral tablet extended release</i> .....	57
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i> .....	53	<i>potassium citrate</i> .....	56
<i>pilocarpine hcl oral</i> .....	40	POTELIGEO.....	20
<i>pimecrolimus</i> .....	37	PRADAXA.....	35
<i>pimozide</i> .....	31	<i>pramipexole oral tablet</i> .....	24
<i>pimtrea (28)</i> .....	51	<i>pramipexole oral tablet extended release 24 hr</i> .....	24
<i>pindolol</i> .....	34	PRASUGREL.....	35
<i>pioglitazone</i> .....	43	<i>pravastatin</i> .....	35
<i>pioglitazone-metformin</i> .....	43	<i>praziquantel</i> .....	13
<i>piperacillin-tazobactam</i> .....	14	<i>prazosin</i> .....	34
PIQRAY.....	20	<i>prednicarbate topical ointment</i> .....	39
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG.....	51		
<i>pirmella oral tablet 1-35 mg-mcg</i> .....	51		
PLENAMINE.....	57		
PNV-DHA.....	57		
PNV-OMEGA.....	57		
PNV-SELECT.....	57		
<i>podofilox</i> .....	37		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>prednisolone acetate</i> .....	53	PR NATAL 430 .....	57
<i>prednisolone oral solution</i> .....	41	PR NATAL 430 EC .....	57
<i>prednisolone sodium phosphate ophthalmic (eye)</i> .....	53	<i>probenecid</i> .....	48
<i>prednisolone sodium phosphate oral solution</i> 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/ 5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) .....	41	<i>probenecid-colchicine</i> .....	48
<i>prednisone intensol</i> .....	41	PROCALAMINE 3% .....	57
<i>prednisone oral solution</i> .....	41	<i>prochlorperazine</i> .....	46
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i> .	41	<i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml) .....	46
<i>prednisone oral tablet 50 mg</i> .....	41	<i>prochlorperazine maleate</i> .....	46
<i>prednisone oral tablets, dose pack</i> .....	41	PROCRIT .....	47
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 25 mg, 50 mg, 75 mg .....	23	<i>procto-med hc</i> .....	46
<i>pregabalin oral capsule 200 mg</i> .....	23	<i>procto-pak</i> .....	46
<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	23	<i>proctosol hc topical</i> .....	46
<i>pregabalin oral solution</i> .....	23	<i>proctozone-hc</i> .....	46
<i>pregabalin oral tablet extended release</i> 24 hr 165 mg, 82.5 mg .....	23	<i>progesterone micronized</i> .....	49
<i>pregabalin oral tablet extended release 24 hr 330 mg</i> .....	23	PROGRAF INTRAVENOUS .....	20
PREHEVBRIO (PF) .....	47	PROGRAF ORAL GRANULES IN PACKET .....	20
PREMARIN INJECTION .....	49	PROLASTIN-C INTRAVENOUS RECON SOLN .....	40
PREMARIN ORAL .....	49	PROLASTIN-C INTRAVENOUS SOLUTION .....	40
PREMARIN VAGINAL .....	49	PROLENSA .....	53
PREMASOL 10% .....	57	PROLEUKIN .....	47
<i>prenatal plus (calcium carb)</i> .....	57	PROLIA .....	48
PRENATAL VITAMIN PLUS LOW IRON .....	57	PROMACTA ORAL POWDER IN PACKET 12.5 MG .....	35
PREPLUS .....	58	PROMACTA ORAL POWDER IN PACKET 25 MG .....	35
<i>prevalite</i> .....	35	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG .....	35
<i>previfem</i> .....	51	PROMACTA ORAL TABLET 75 MG .....	35
PREVYMIS ORAL .....	10	<i>promethazine oral</i> .....	54
PREZCOBIX .....	10	<i>promethazine rectal suppository 12.5 mg, 25 mg</i> .....	54
PREZISTA ORAL SUSPENSION .....	10	<i>promethegan rectal suppository 25 mg, 50 mg</i> .....	54
PREZISTA ORAL TABLET 75 MG .....	11	<i>propafenone oral capsule, extended release 12 hr</i> .....	32
PREZISTA ORAL TABLET 150 MG .....	10	<i>propafenone oral tablet</i> .....	32
PREZISTA ORAL TABLET 600 MG .....	11	<i>propranolol-hydrochlorothiazid</i> .....	34
PREZISTA ORAL TABLET 800 MG .....	11	<i>propranolol oral capsule, extended release 24 hr</i> .....	34
PRIFTIN .....	13	<i>propranolol oral solution</i> .....	34
PRIMAQUINE .....	13	<i>propranolol oral tablet</i> .....	34
<i>primidone</i> .....	23	<i>propylthiouracil</i> .....	41
PR NATAL 400 .....	57	PROQUAD (PF) .....	47
PR NATAL 400 EC .....	57	PROSOL 20% .....	57
		<i>protriptyline</i> .....	31

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	55	<i>reclipsen (28)</i>	51
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	55	RECOMBIVAX HB (PF)	48
PULMOZYME	55	RECTIV	46
PURIXAN	20	<i>regonol</i>	25
<i>pyrazinamide</i>	13	REGRANEX	37
<i>pyridostigmine bromide oral syrup</i>	25	RENACIDIN	56
<i>pyridostigmine bromide oral tablet 60 mg</i>	25	<i>repaglinide oral tablet 0.5 mg</i>	43
<i>pyridostigmine bromide oral tablet extended release</i>	25	<i>repaglinide oral tablet 1 mg</i>	43
<i>pyrimethamine</i>	13	<i>repaglinide oral tablet 2 mg</i>	43
<b>Q</b>		REPATHA PUSHTRONEX	35
QINLOCK	20	REPATHA SURECLICK	35
QUADRACEL (PF)	47	REPATHA SYRINGE	35
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	31	RESTASIS	53
<i>quetiapine oral tablet 200 mg</i>	31	RESTASIS MULTIDOSE	53
<i>quetiapine oral tablet 300 mg, 400 mg</i>	31	RETACRIT	47
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	31	RETEVMO ORAL CAPSULE 40 MG	20
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	31	RETEVMO ORAL CAPSULE 80 MG	20
<i>quinapril</i>	34	RETROVIR INTRAVENOUS	11
<i>quinapril-hydrochlorothiazide</i>	34	REVLIMID	20
<i>quinidine sulfate oral tablet</i>	32	REXULTI	31
<i>quinine sulfate</i>	13	REYATAZ ORAL POWDER IN PACKET	11
<b>R</b>		RHOPRESSA	53
RABAVERT (PF)	48	<i>ribavirin oral capsule</i>	11
<i>raloxifene</i>	48	<i>ribavirin oral tablet 200 mg</i>	11
<i>ramelteon</i>	31	RIDAURA	49
<i>ramipril</i>	34	<i>rifabutin</i>	13
<i>ranolazine</i>	36	<i>rifampin intravenous</i>	13
<i>rasagiline</i>	24	<i>rifampin oral</i>	13
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	47	<i>riluzole</i>	40
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	47	<i>rimantadine</i>	11
REBIF TITRATION PACK	47	<i>ringer's intravenous</i>	57
REBIF (WITH ALBUMIN)	47	<i>ringer's irrigation</i>	39
		RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	49
		<i>risedronate oral tablet 5 mg</i>	48
		<i>risedronate oral tablet 30 mg</i>	40
		<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	48
		<i>risedronate oral tablet 150 mg</i>	48

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	31	RYTARY	24
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	31	<b>S</b>	
<i>risperidone oral solution</i>	31	<i>sajazir</i>	55
<i>risperidone oral syringe</i>	31	<i>salsalate</i>	27
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	31	SAMSCA ORAL TABLET 15 MG	44
<i>risperidone oral tablet 1 mg</i>	31	SANCUSO	46
<i>risperidone oral tablet 2 mg</i>	31	SANDIMMUNE ORAL SOLUTION	20
<i>risperidone oral tablet 3 mg</i>	31	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	20
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	31	SANTYL	37
<i>risperidone oral tablet, disintegrating 1 mg</i>	31	<i>sapropterin</i>	44
<i>risperidone oral tablet, disintegrating 2 mg</i>	31	SARCLISA	20
<i>risperidone oral tablet, disintegrating 3 mg</i>	31	SCSEMBLIX ORAL TABLET 20 MG	20
<i>ritonavir</i>	11	SCSEMBLIX ORAL TABLET 40 MG	20
<i>rivastigmine</i>	25	<i>scopolamine base</i>	46
<i>rivastigmine tartrate</i>	25	SECUADO	31
<i>rivelsa</i>	51	<i>selegiline hcl</i>	24
<i>rizatriptan</i>	24	<i>selenium sulfide topical lotion</i>	36
ROCKLATAN	53	SELZENTRY ORAL SOLUTION	11
ROMIDEPSIN	20	SELZENTRY ORAL TABLET 25 MG	11
<i>ropinirole oral tablet</i>	24	SELZENTRY ORAL TABLET 150 MG, 75 MG	11
<i>rosadan topical cream</i>	37	SELZENTRY ORAL TABLET 300 MG	11
<i>rosadan topical gel</i>	37	SE-NATAL-19	58
<i>rosuvastatin</i>	35	SE-NATAL 19 CHEWABLE	58
ROTARIX	48	SEREVENT DISKUS	55
ROTATEQ VACCINE	48	<i>sertraline oral concentrate</i>	31
<i>roweepira oral tablet 500 mg</i>	23	<i>sertraline oral tablet</i>	31
ROZLYTREK ORAL CAPSULE 100 MG	20	<i>setlakin</i>	51
ROZLYTREK ORAL CAPSULE 200 MG	20	SEVELAMER CARBONATE	40
RUBRACA	20	<i>sharobel</i>	49
RUFINAMIDE ORAL SUSPENSION	23	SHINGRIX (PF)	48
<i>rufinamide oral tablet</i>	23	SIGNIFOR	20
RUKOBIA	11	<i>sildenafil</i>	56
RUXIENCE	20	<i>sildenafil (pulm.hypertension) oral tablet</i>	55
RYBELSUS	43	<i>silver sulfadiazine</i>	37
RYBREVANT	20	SIMBRINZA	53
RYDAPT	20	<i>simliya (28)</i>	51
RYLAZE	20	<i>simpesse</i>	51
		SIMULECT	20



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>simvastatin oral tablet</i> .....	35	STAMARIL (PF) .....	48
<i>sirolimus oral solution</i> .....	20	<i>stavudine oral capsule</i> .....	11
<i>sirolimus oral tablet</i> .....	20	STELARA SUBCUTANEOUS SOLUTION.....	36
SIRTURO.....	13	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML... 36	
SIVEXTRO INTRAVENOUS.....	13	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML .....	36
SIVEXTRO ORAL.....	13	STIVARGA.....	20
SKYRIZI SUBCUTANEOUS PEN INJECTOR .....	36	<i>streptomycin</i> .....	13
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML.....	36	STRIBILD.....	11
SKYRIZI SUBCUTANEOUS SYRINGE KIT .....	36	<i>subvenite</i> .....	23
<i>sodium bicarbonate intravenous syringe</i> .....	57	<i>subvenite starter (blue) kit</i> .....	23
<i>sodium chloride 0.9% intravenous</i> .....	40	<i>subvenite starter (green) kit</i> .....	23
<i>sodium chloride 0.45% intravenous parenteral solution</i> ....	57	<i>subvenite starter (orange) kit</i> .....	23
<i>sodium chloride 3% hypertonic</i> .....	57	SUCRAID.....	46
<i>sodium chloride 5% hypertonic</i> .....	57	<i>sucalfate oral suspension</i> .....	46
<i>sodium chloride intravenous</i> .....	57	<i>sucalfate oral tablet</i> .....	46
<i>sodium chloride irrigation</i> .....	40	<i>sulfacetamide-prednisolone</i> .....	53
<i>sodium fluoride 5000 dry mouth</i> .....	40	<i>sulfacetamide sodium (acne)</i> .....	37
<i>sodium fluoride-pot nitrate</i> .....	40	<i>sulfacetamide sodium ophthalmic (eye) drops</i> .....	53
<i>sodium phenylbutyrate</i> .....	40	<i>sulfadiazine</i> .....	15
<i>sodium polystyrene sulfonate oral powder</i> .....	40	<i>sulfamethoxazole-trimethoprim intravenous</i> .....	15
<i>solifenacin</i> .....	56	<i>sulfamethoxazole-trimethoprim oral suspension</i> .....	15
SOLQUA 100/33.....	43	<i>sulfamethoxazole-trimethoprim oral tablet</i> .....	15
SOLTAMOX.....	20	<i>sulfasalazine</i> .....	46
SOLU-CORTEF ACT-O-VIAL (PF) .....	41	<i>sulindac</i> .....	27
SOMATULINE DEPOT.....	20	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> .....	24
SOMAVERT.....	44	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> .....	24
<i>sorine</i> .....	32	<i>sumatriptan succinate oral</i> .....	24
<i>sotalol af</i> .....	32	<i>sumatriptan succinate subcutaneous cartridge</i> .....	24
<i>sotalol oral</i> .....	32	<i>sumatriptan succinate subcutaneous pen injector</i> .....	24
SOTYLIZE.....	32	<i>sumatriptan succinate subcutaneous solution</i> .....	25
<i>spironolactone</i> .....	34	<i>sunitinib</i> .....	20
<i>spironolacton-hydrochlorothiaz</i> .....	34	SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML.....	12
<i>sprintec (28)</i> .....	51	SUPREP BOWEL PREP KIT .....	46
SPRITAM.....	23	SUTAB .....	46
SPRYCEL ORAL TABLET 20 MG, 70 MG.....	20	SUTENT.....	20
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG.....	20	<i>syeda</i> .....	51
<i>sps (with sorbitol)</i> .....	40	SYMDEKO.....	55
<i>sronyx</i> .....	51	SYMLINPEN 60 .....	43
<i>ssd</i> .....	37	SYMLINPEN 120.....	43

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
SYMPAZAN	23	TAZVERIK	21
SYMTUZA	11	TDVAX	48
SYNAREL	44	TECENTRIQ	21
SYNERCID	13	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"	43
SYNJARDY	43	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"	43
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	43	TECHLITE PEN NEEDLE	43
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	43	TEFLARO	12
SYNRIBO	20	TEKTURNA HCT	34
SYNTHROID	45	<i>telmisartan</i>	34
<b>T</b>		<i>telmisartan-amlodipine</i>	34
TABLOID	20	<i>telmisartan-hydrochlorothiazid</i>	34
TABRECTA	20	<i>temazepam oral capsule 15 mg, 30 mg</i>	31
<i>tacrolimus oral</i>	20	TEMIXYS	11
<i>tacrolimus topical</i>	37	TEMODAR INTRAVENOUS	21
<i>tadalafil (pulm. hypertension)</i>	55	<i>temsirolimus</i>	21
TAFINLAR	20	TENIVAC (PF)	48
TAGRISSE	20	<i>tenofovir disoproxil fumarate</i>	11
TALICIA	46	TEPMETKO	21
TALTZ SYRINGE	36	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	34
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	20	<i>terazosin oral capsule 10 mg</i>	34
TALZENNA ORAL CAPSULE 0.25 MG	20	<i>terbinafine hcl oral</i>	9
<i>tamoxifen</i>	20	<i>terbutaline</i>	55
<i>tamsulosin</i>	56	<i>terconazole</i>	49
TARGRETIN TOPICAL	21	TERIPARATIDE	48
<i>tarina 24 fe</i>	51	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (1 ml)</i>	44
<i>tarina fe 1/20 (28)</i>	52	TESTOSTERONE CYPIONATE INTRAMUSCULAR OIL 200 MG/ML	44
<i>tarina fe 1-20 eq (28)</i>	52	<i>testosterone enanthate</i>	44
TARON-C DHA	58	<i>testosterone transdermal gel</i>	44
TASIGNA ORAL CAPSULE 50 MG	21	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	44
TASIGNA ORAL CAPSULE 150 MG, 200 MG	21	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	44
TAYSOFY	52	TETANUS, DIPHTHERIA TOX PED(PF)	48
<i>tazarotene topical cream</i>	37	<i>tetrabenazine oral tablet 12.5 mg</i>	25
<i>tazicef</i>	12		
TAZORAC TOPICAL CREAM 0.05%	37		
TAZORAC TOPICAL GEL	37		
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	34		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
tetrabenazine oral tablet 25 mg	25	topiramate oral capsule, sprinkle	23
tetracycline	15	topiramate oral tablet	23
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	21	toposar	21
THALOMID ORAL CAPSULE 200 MG	21	topotecan intravenous recon soln	21
THEO-24	55	topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	21
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	55	toremifene	21
theophylline oral tablet extended release 24 hr	55	toremide oral	34
thioridazine	31	TOUJEO MAX U-300 SOLOSTAR	43
thiotepa	21	TOUJEO SOLOSTAR U-300 INSULIN	43
thiothixene	31	TOVIAZ	56
tiadylt er	34	TPN ELECTROLYTES	57
tiagabine	23	TRADJENTA	43
TIBSOVO	21	tramadol-acetaminophen	27
TICE BCG	48	tramadol oral tablet 50 mg	27
TICOVAC	48	trandolapril	34
tigecycline	13	tranexamic acid oral	49
tilia fe	52	tranylcypromine	31
timolol maleate ophthalmic (eye) drops	52	TRAVASOL 10%	57
TIMOLOL MALEATE OPHTHALMIC (EYE) GEL FORMING SOLUTION	52	travoprost	53
timolol maleate oral	34	TRAZIMERA	21
tis-u-sol pentalyte	39	trazodone	31
TIVDAK	21	TREANDA	21
TIVICAY ORAL TABLET 10 MG	11	TRECATOR	14
TIVICAY ORAL TABLET 25 MG, 50 MG	11	TRELEGY ELLIPTA	55
TIVICAY PD	11	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	21
tizanidine oral capsule	25	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	21
tizanidine oral tablet	25	TRESIBA FLEXTOUCH U-100	43
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	13	TRESIBA FLEXTOUCH U-200	43
TOBRADEX ST	53	TRESIBA U-100 INSULIN	43
tobramycin-dexamethasone	53	tretinoin (antineoplastic)	21
tobramycin in 0.225% nacl	14	tretinoin microspheres	37
tobramycin ophthalmic (eye)	52	tretinoin topical cream	37
tobramycin sulfate	14	tretinoin topical gel 0.01%	37
TOBREX OPHTHALMIC (EYE) OINTMENT	52	tretinoin topical gel 0.025%, 0.05%	37
tolcapone	24	triamcinolone acetate dental	40
tolterodine	56	triamcinolone acetate injection suspension 40 mg/ml	41
tolvaptan oral tablet 30 mg	44	triamcinolone acetate topical cream 0.1%	39
		triamcinolone acetate topical cream 0.025%, 0.5%	39

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>triamcinolone acetonide topical lotion</i> . . . . .	39	TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG . . . . .	23
<i>triamcinolone acetonide topical ointment</i> . . . . .	39	TROPHAMINE 10% . . . . .	57
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> . . . . .	34	TRULICITY . . . . .	44
<i>triamterene-hydrochlorothiazid oral tablet</i> . . . . .	34	TRUMENBA . . . . .	48
<i>triderm topical cream 0.1%</i> . . . . .	39	TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3) . . . . .	21
<i>trientine</i> . . . . .	40	TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1) . . . . .	21
<i>tri-estarylla</i> . . . . .	52	TRUSELTIQ ORAL CAPSULE 125 MG/DAY (100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) . . . . .	21
<i>tri femynor</i> . . . . .	52	TUKYSA ORAL TABLET 50 MG . . . . .	21
<i>trifluoperazine</i> . . . . .	31	TUKYSA ORAL TABLET 150 MG . . . . .	21
<i>trifluridine</i> . . . . .	52	TURALIO . . . . .	21
<i>trihexyphenidyl</i> . . . . .	24	TWINRIX (PF) . . . . .	48
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG . . . . .	43	<i>tyblume</i> . . . . .	52
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG . . . . .	43	TYBOST . . . . .	11
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) . . . . .	55	<i>tydemy</i> . . . . .	52
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) . . . . .	55	TYMLOS . . . . .	48
<i>tri-legest fe</i> . . . . .	52	TYPHIM VI . . . . .	48
<i>tri-linyah</i> . . . . .	52	TYSABRI . . . . .	25
<i>tri-lo-estarylla</i> . . . . .	52	<b>U</b>	
<i>tri-lo-marzia</i> . . . . .	52	UKONIQ . . . . .	21
<i>tri-lo-mili</i> . . . . .	52	UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG . . . . .	45
<i>tri-lo-sprintec</i> . . . . .	52	<i>unithroid oral tablet 137 mcg</i> . . . . .	45
<i>trimethoprim</i> . . . . .	15	UNITUXIN . . . . .	21
<i>tri-mili</i> . . . . .	52	UPTRAVI ORAL . . . . .	34
<i>trimipramine</i> . . . . .	31	<i>ursodiol oral capsule 300 mg</i> . . . . .	46
TRINATAL RX 1 . . . . .	58	<i>ursodiol oral tablet</i> . . . . .	46
TRINTELLIX . . . . .	31	<b>V</b>	
<i>tri-nymyo</i> . . . . .	52	<i>valacyclovir oral tablet 1 gram</i> . . . . .	11
TRIPTODUR . . . . .	21	<i>valacyclovir oral tablet 500 mg</i> . . . . .	11
<i>tri-sprintec (28)</i> . . . . .	52	VALCHLOR . . . . .	37
TRIUMEQ . . . . .	11	<i>valganciclovir oral recon soln</i> . . . . .	11
<i>trivora (28)</i> . . . . .	52	<i>valganciclovir oral tablet</i> . . . . .	11
<i>tri-vylibra</i> . . . . .	52	<i>valproate sodium</i> . . . . .	24
<i>tri-vylibra lo</i> . . . . .	52	<i>valproic acid</i> . . . . .	24
TRODELVY . . . . .	21		
TROGARZO . . . . .	11		
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG . . . . .	23		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>valproic acid (as sodium salt)</i> .....	24	<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i> .....	32
<i>valrubicin</i> .....	21	VENTAVIS .....	55
<i>valsartan-hydrochlorothiazide</i> .....	34	VENTOLIN HFA .....	55
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> .....	34	<i>verapamil intravenous solution</i> .....	34
<i>valsartan oral tablet 320 mg</i> .....	34	<i>verapamil oral capsule, 24 hr er pellet ct</i> .....	34
VALTOCO .....	24	<i>verapamil oral capsule, ext rel. pellets</i> <i>24 hr 120 mg, 180 mg, 240 mg</i> .....	34
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK .....	14	VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG .....	34
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 750 MG/150 ML .....	14	<i>verapamil oral tablet</i> .....	34
<i>vancomycin in dextrose 5% intravenous</i> <i>piggyback 500 mg/100 ml</i> .....	14	<i>verapamil oral tablet extended release</i> .....	34
<i>vancomycin injection</i> .....	14	VERSACLOZ .....	32
<i>vancomycin intravenous recon soln</i> <i>1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> .....	14	VERZENIO .....	21
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM .....	14	<i>vestura (28)</i> .....	52
<i>vancomycin oral capsule 125 mg</i> .....	14	V-GO 20 .....	44
<i>vancomycin oral capsule 250 mg</i> .....	14	V-GO 30 .....	44
VANCOMYCIN-WATER INJECT (PEG) .....	14	V-GO 40 .....	44
<i>vandazole</i> .....	50	VICTOZA 2-PAK .....	44
VAQTA (PF) .....	48	VICTOZA 3-PAK .....	44
<i>varenicline</i> .....	40	<i>vienva</i> .....	52
VARIVAX (PF) .....	48	<i>vigabatrin</i> .....	24
VARIZIG .....	48	<i>vigadrone</i> .....	24
VASCEPA .....	35	VIIBRYD ORAL TABLET .....	32
VECTIBIX .....	21	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23) .....	32
VEKLURY .....	11	VIMPAT INTRAVENOUS .....	24
VELCADE .....	21	VIMPAT ORAL SOLUTION .....	24
<i>velivet triphasic regimen (28)</i> .....	52	VIMPAT ORAL TABLET 50 MG .....	24
VELPHORO .....	40	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG .....	24
VELTASSA .....	40	<i>vinblastine</i> .....	21
VEMLIDY .....	11	<i>vincasar pfs</i> .....	21
VENCLEXTA ORAL TABLET 10 MG .....	21	<i>vincristine</i> .....	21
VENCLEXTA ORAL TABLET 50 MG .....	21	<i>vinorelbine</i> .....	21
VENCLEXTA ORAL TABLET 100 MG .....	21	VIOKACE .....	46
VENCLEXTA STARTING PACK .....	21	<i>viorele (28)</i> .....	52
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i> ...	31	VIRACEPT ORAL TABLET 250 MG .....	11
<i>venlafaxine oral capsule, extended release</i> <i>24hr 150 mg, 37.5 mg</i> .....	31	VIRACEPT ORAL TABLET 625 MG .....	11
<i>venlafaxine oral tablet 50 mg, 75 mg</i> .....	32	VIREAD ORAL POWDER .....	11
		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG .....	11
		VIRT-C DHA .....	58

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VIRT-NATE DHA	58	XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	24
VIRT-PN DHA	58	XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	24
VITRAKVI ORAL CAPSULE 25 MG	21	XCOPRI ORAL TABLET 50 MG	24
VITRAKVI ORAL CAPSULE 100 MG	21	XCOPRI ORAL TABLET 100 MG	24
VITRAKVI ORAL SOLUTION	21	XCOPRI ORAL TABLET 150 MG, 200 MG	24
VIVITROL	27	XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14)	24
VIZIMPRO	21	XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	24
<i>volnea (28)</i>	52	XELJANZ ORAL SOLUTION	49
<i>voriconazole intravenous</i>	9	XELJANZ ORAL TABLET	49
<i>voriconazole oral suspension for reconstitution</i>	9	XELJANZ XR	49
<i>voriconazole oral tablet</i>	9	XGEVA	15
VOSEVI	11	XHANCE	55
VOTRIENT	22	XIAFLEX	40
VP-PNV-DHA	58	XIFAXAN ORAL TABLET 550 MG	14
VRAYLAR ORAL CAPSULE	32	XIIDRA	53
VRAYLAR ORAL CAPSULE, DOSE PACK	32	XOFLUZA	11
VUMERITY	25	XOLAIR SUBCUTANEOUS RECON SOLN	55
<i>vyfemla (28)</i>	52	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	55
<i>vylibra</i>	52	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	55
VYNDAMAX	36	XOPENEX	55
VYNDAQEL	36	XOPENEX CONCENTRATE	55
VYXEOS	22	XOSPATA	22
<b>W</b>		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)	22
<i>warfarin</i>	35	XTAMPZA ER	26
<i>water for irrigation, sterile</i>	40	XTANDI ORAL CAPSULE	22
WELIREG	22	XTANDI ORAL TABLET 40 MG	22
<i>wera (28)</i>	52	XTANDI ORAL TABLET 80 MG	22
<i>westab plus</i>	58	XULTOPHY 100/3.6	44
<i>westgel dha</i>	58	XYREM	32
<i>wixela inhub</i>	55	<b>Y</b>	
<i>wymzya fe</i>	52	YERVOY	22
<b>X</b>			
XALKORI	22		
XARELTO	35		
XARELTO DVT-PE TREAT 30D START	35		
XATMEP	22		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
YF-VAX (PF)	48	<i>zonisamide</i>	24
YONDELIS	22	ZORTRESS ORAL TABLET 1 MG	22
YUPELRI	55	ZOSYN IN DEXTROSE (ISO-OSM)	14
<i>yuvafem</i>	49	<i>zovia 1-35 (28)</i>	52
<b>Z</b>		ZTLIDO	37
<i>zafirlukast</i>	56	ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	27
<i>zaleplon oral capsule 5 mg</i>	32	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	27
<i>zaleplon oral capsule 10 mg</i>	32	<i>zumandimine (28)</i>	52
ZALTRAP	22	ZYDELIG	22
ZANOSAR	22	ZYKADIA ORAL TABLET	22
ZATEAN-PN DHA	58	ZYLET	53
ZATEAN-PN PLUS	58	ZYNLONTA	22
ZEJULA	22	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	32
ZELBORAF	22	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	32
ZEMAIRA	40	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	32
<i>zenatane</i>	37		
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	46		
ZEPZELCA	22		
<i>zidovudine oral capsule</i>	11		
<i>zidovudine oral syrup</i>	11		
<i>zidovudine oral tablet</i>	11		
<i>ziprasidone hcl oral capsule 20 mg</i>	32		
<i>ziprasidone hcl oral capsule 40 mg</i>	32		
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	32		
<i>ziprasidone mesylate</i>	32		
ZIRABEV	22		
ZIRGAN	52		
ZOLADEX	22		
<i>zoledronic acid intravenous solution</i>	44		
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	44		
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	40		
<i>zoledronic ac-mannitol-0.9nacl</i>	44		
ZOLINZA	22		
<i>zolpidem oral tablet</i>	32		







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