

2022 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna Achieve Medicare (HMO C-SNP)



HPMS Approved Formulary File Submission ID 22236, Version Number 17

This formulary was updated on 12/01/2022. 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](https://www.CignaMedicare.com). The Formulary, pharmacy network, and/or provider network may change at any time.

December 2022

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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 Achieve Medicare (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of December 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 December 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 8. 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 8. 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 58. 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 8. 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 8 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 58.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8 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 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. Tier 6 is for Cigna Achieve Medicare (HMO C-SNP) plans only and is referred to as Select Diabetic 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, Tier 5 or Tier 6. 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](https://www.CignaMedicare.com) to search for a preferred retail or mail-order pharmacy near you.

Service Area: Maryland

H2108-030 – Cigna Achieve Medicare (HMO C-SNP): Anne Arundel, Baltimore, Baltimore City and Harford, Maryland

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
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$20 / \$40 / \$40	\$5 / \$10 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)
Tier 6: Select Diabetic Drugs	\$10 / \$20 / \$20	\$11 / \$22 / \$22	\$10 / \$20 / \$20	\$11 / \$22 / \$22

Service Area: Mid-Atlantic

H2108-029 – Cigna Achieve Medicare (HMO C-SNP): District of Columbia; Kent, New Castle and Sussex, Delaware

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
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$20 / \$40 / \$40	\$5 / \$10 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)
Tier 6: Select Diabetic Drugs	\$5 / \$10 / \$10	\$6 / \$12 / \$12	\$5 / \$10 / \$10	\$6 / \$12 / \$12

Service Area: Pennsylvania

H3949-024 – Cigna Achieve Medicare (HMO C-SNP): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

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
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$15 / \$30 / \$30	\$5 / \$10 / \$0	\$15 / \$30 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)
Tier 6: Select Diabetic Drugs	\$5 / \$10 / \$10	\$5 / \$10 / \$10	\$5 / \$10 / \$10	\$5 / \$10 / \$10

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 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	8
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	21
CARDIOVASCULAR, HYPERTENSION / LIPIDS	31
DERMATOLOGICALS/TOPICAL THERAPY	35
DIAGNOSTICS / MISCELLANEOUS AGENTS	38
EAR, NOSE / THROAT MEDICATIONS	40
ENDOCRINE/DIABETES	40
GASTROENTEROLOGY	44
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	46
MUSCULOSKELETAL / RHEUMATOLOGY	47
OBSTETRICS / GYNECOLOGY	49
OPHTHALMOLOGY	51
RESPIRATORY AND ALLERGY	53
UROLOGICALS	55
VITAMINS, HEMATINICS / ELECTROLYTES	56

Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (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.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
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</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	
ANTIVIRALS		
<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>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
BARACLUDE 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-lamivuv-tenofovir disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivuv-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)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
KALETRA ORAL TABLET 100-25 MG	4	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	5	QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
SYMTUZA	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
TRIUMEQ PD	5	QL (300/30); NDS
TRIZIVIR	5	QL (60/30); 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	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
CEPHALOSPORINS		
<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, 2 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	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
<i>cefepime intravenous</i>	4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefixime</i>	4	
<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
ERYTHROMYCINS / OTHER MACROLIDES		
<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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
MISCELLANEOUS ANTIINFECTIVES		
<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
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
<i>clindamycin phosphate intravenous</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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<i>tigecycline</i>	5	PA; NDS
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	QL (224/28); NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECATOR	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
PENICILLINS		
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
QUINOLONES		
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
<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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SULFA'S / RELATED AGENTS		
<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	
TETRACYCLINES		
<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,biphase</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	
URINARY TRACT AGENTS		
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<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
ANTIHYPERTENSIVE THERAPY		
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<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
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (60/365); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
BLENREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
<i>bortezomib injection</i>	5	PA; NDS
<i>bortezomib intravenous recon soln</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
CALQUENCE (ACALABRUTINIB MAL)	5	PA; 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 intravenous recon soln 100 mg</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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
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
ENVARUS 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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>everolimus (antineoplastic) oral tablet</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 SUSPENSION	5	PA; QL (180/30); 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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JEMPERLI	5	PA; NDS
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	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
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; LA; QL (28/28); NDS
<i>lenalidomide oral capsule 2.5 mg</i>	5	PA; QL (28/28); NDS
<i>lenalidomide oral capsule 20 mg</i>	5	PA; QL (28/28); 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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS	5	PA; QL (240/30); NDS
LUMOXITI	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
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
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melfalan</i>	4	B/D PA
<i>melfalan 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
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDUALAG	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
PACLITAXEL PROTEIN-BOUND	5	PA; NDS
PADCEV	5	PA; NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln</i>	5	PA; NDS
PERJETA	5	PA; NDS
PHEGO	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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
RYBREXANT	5	PA; NDS
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	5	B/D PA; NDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA
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
<i>sorafenib</i>	5	PA; QL (120/30); 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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
VONJO	5	PA; QL (120/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

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)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<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>lacosamide intravenous</i>	4	QL (1200/30)
<i>lacosamide oral solution</i>	5	QL (1200/30); NDS
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lacosamide oral tablet 50 mg</i>	3	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) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</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	
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; QL (90/30); NDS

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
DHIVY	4	ST
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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

MIGRAINE / CLUSTER HEADACHE THERAPY

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)
NURTEC ODT	3	PA; QL (16/30)
<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)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)

MISCELLANEOUS NEUROLOGICAL THERAPY

ADLARITY	4	ST; QL (4/28)
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PACK	5	PA; LA; QL (56/365); 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
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<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 tablet 500 mg, 750 mg</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	
NARCOTIC ANALGESICS		
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
NON-NARCOTIC ANALGESICS		
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
PSYCHOTHERAPEUTIC DRUGS		
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
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral solution</i>	4	QL (1800/30)
<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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 (pmdd) oral tablet 10 mg</i>	3	QL (120/30)
<i>fluoxetine (pmdd) 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)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<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
MARPLAN	4	QL (180/30)
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>modafinil oral tablet 100 mg</i>	4	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60/30)
<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	
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 150 mg, 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)
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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	4	ST; QL (60/365)
<i>vilazodone</i>	4	ST; QL (30/30)
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 210 MG	4	PA; QL (2/28); NDS
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
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiiazid</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	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>captopril</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	

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Covered Drugs By Category

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	
KERENDIA	3	PA; QL (30/30)
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nadolol</i>	3	
<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-amlodipin-hcthiazid</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)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid</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	
COAGULATION THERAPY		
<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>dabigatran etexilate</i>	4	
<i>dipyridamole oral</i>	3	
DOPTELET (10 TAB PACK)	5	PA; NDS
DOPTELET (15 TAB PACK)	5	PA; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5% dex</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	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	

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Covered Drugs By Category

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</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<i>digitek</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)</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
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<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	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<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 INTRAVENOUS	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl laryngotracheal</i>	4	
<i>lidocaine hcl mucous membrane jelly</i>	3	QL (60/30)
<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	3	PA; QL (90/30)
THERAPY FOR ACNE		
<i>amnesteam</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)

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Lower case italic = Generic drug

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
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
<i>tazarotene topical gel</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	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	1	
TOPICAL ANTIBACTERIALS		
<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	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<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>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole 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)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
DENAVIR	5	QL (5/30); NDS
TOPICAL CORTICOSTEROIDS		
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<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	

TOPICAL SCABICIDES / PEDICULICIDES

<i>lindane topical shampoo</i>	3	
<i>malathion</i>	4	
<i>permethrin</i>	3	

DIAGNOSTICS / MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<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	

MISCELLANEOUS AGENTS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acamprosate</i>	2	
<i>anagrelide</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA; NDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS
<i>betaine</i>	5	NDS
CARBAGLU	5	PA; LA; NDS
<i>carglumic acid</i>	5	PA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10%-0.45% sodium chloride</i>	4	
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral 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	
<i>dextrose 5% in water (d5w)</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

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
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CHANTIX CONTINUING MONTH BOX	4	
CHANTIX ORAL TABLET 1 MG	4	
CHANTIX STARTING MONTH BOX	4	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline</i>	4	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<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	

MISCELLANEOUS OTIC PREPARATIONS

<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	

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	3	
<i>cortisporin-tc</i>	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	

ENDOCRINE/DIABETES

ADRENAL HORMONES

DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	

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	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propylthiouracil</i>	3	
DIABETES THERAPY		
<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	6	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	6	QL (200/30)
BAQSIMI	3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	6	QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	6	QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	6	QL (200/30)
BYDUREON BCISE	6	QL (4/28)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	4	
DROPSAFE ALCOHOL PREP PADS	6	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	6	
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GLUCAGEN HYPOKIT	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	6	QL (30/30)
GVOKE	3	
GVOKE HYOPEN 1-PACK	3	
GVOKE HYOPEN 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	6	
HUMULIN 70/30 U-100 KWIKPEN	6	
HUMULIN N NPH INSULIN KWIKPEN	6	
HUMULIN N NPH U-100 INSULIN	6	
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

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Covered Drugs By Category

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	6	QL (200/30)
INVOKAMET	6	QL (60/30)
INVOKAMET XR	6	QL (60/30)
INVOKANA	6	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	6	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	6	
LANTUS U-100 INSULIN	6	
LEVEMIR FLEXTOUCH U-100 INSULIN	6	
LEVEMIR U-100 INSULIN	6	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV U-100 INSULIN	3	
METFORMIN ORAL SOLUTION	6	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
MOUNJARO	6	QL (2/28)
<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	6	QL (200/30)
NOVOTWIST PEN NEEDLE	6	QL (200/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1/365)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30/30)
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL (1/365)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30/30)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (30/30)
OMNIPOD DASH PODS (GEN 4)	3	QL (30/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	6	QL (1.5/28)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	6	QL (3/28)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	6	QL (200/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	6	QL (30/30)
SOLIQUA 100/33	3	QL (15/25)
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
SYNJARDY	6	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	6	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	6	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	6	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"	6	QL (200/30)
TECHLITE PEN NEEDLE	6	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	6	
TOUJEO SOLOSTAR U-300 INSULIN	6	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	6	
TRESIBA FLEXTOUCH U-200	6	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRESIBA U-100 INSULIN	6	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	6	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	6	QL (60/30)
TRULICITY	6	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA 2-PAK	6	QL (9/30)
VICTOZA 3-PAK	6	QL (9/30)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
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)
TOLVAPTAN ORAL TABLET 15 MG	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
THYROID HORMONES		
EUTHYROX	3	
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	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<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)</i>	4	
<i>glycopyrrolate (pf) in water injection</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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</i>	2	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA
<i>alosetron oral tablet 1 mg</i>	5	PA; NDS
<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>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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<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 4 mg, 8 mg</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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	5	PA; QL (2.4/28); NDS
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	
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	
ULCER THERAPY		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUEL	5	PA; NDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	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
PROCRT	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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RETACRIT	3	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
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
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENG VAXIA (PF)	3	
ENGRIX-B (PF)	3	B/D PA
ENGRIX-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	5	B/D PA; NDS
GAMMAPLEX	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	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) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
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) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>colchicine oral tablet</i>	4	QL (120/30)
FEBUXOSTAT	3	ST
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
OSTEOPOROSIS THERAPY		
<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)
<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
OTHER RHEUMATOLOGICALS		
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-UEITS-ADOL HS	5	PA; QL (8/365); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
<i>leflunomide</i>	2	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (30/30)
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	3	
<i>deblitane</i>	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ ML	4	
DEPO-ESTRADIOL	4	
<i>dotti</i>	2	QL (8/28)
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	

MISCELLANEOUS OB/GYN

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

ORAL CONTRACEPTIVES / RELATED AGENTS

<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>aubra</i>	3	
<i>aubra 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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>charlotte 24 fe</i>	3	
<i>chateal (28)</i>	3	
<i>chateal eq (28)</i>	3	
<i>cryselle (28)</i>	3	
<i>cyred</i>	3	
<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	
<i>ELLA</i>	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>finzala</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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hailey fe 1/20 (28)</i>	3	
<i>ICLEVIA</i>	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	
<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.estrad</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>layolis fe</i>	3	
<i>leena 28</i>	3	
<i>lessina</i>	3	
<i>levonest (28)</i>	3	
<i>levonorgestrel-ethinyl estrad</i>	3	
<i>levonorg-eth estrad triphasic</i>	3	
<i>levora-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>lutera (28)</i>	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone-e.estradiol-iron</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>philith</i>	3	
<i>pimtrea (28)</i>	3	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	
<i>pirmella oral tablet 1-35 mg-mcg</i>	3	
<i>portia 28</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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<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	

OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	
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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AZASITE	3	
<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	
ANTIVIRALS		
<i>trifluridine</i>	3	
ZIRGAN	3	
BETA-BLOCKERS		
<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	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>azelastine ophthalmic (eye)</i>	2	
<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
PHOSPHOLINE IODIDE	4	
<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)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
<i>travoprost</i>	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<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	
STEROIDS		
<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>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	2	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	2	QL (30/30)
<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>promethazine rectal suppository 25 mg, 50 mg</i>	4	
PULMONARY AGENTS		
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6/30)
<i>flunisolide</i>	3	QL (50/30)
<i>fluticasone propionate nasal</i>	2	QL (16/30)
<i>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 100 MG/ML	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
OPSUMIT	5	PA; LA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	B/D PA; QL (120/30)
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)
TADLIQ	5	PA; QL (300/30); NDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<i>zafirlukast</i>	3	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<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)

ANTICHOLINERGICS/ANTISPASMODICS

<i>fesoterodine</i>	3	QL (30/30)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	
<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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in Ir-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	
<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
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15%	4	B/D PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<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
VITAMINS / HEMATINICS		
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FOLIVANE-OB	3	
<i>udent 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	
SE-NATAL 19 CHEWABLE	3	
SE-NATAL-19	3	
TARON-C DHA	3	
TRINATAL RX 1	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
<i>westab plus</i>	2	
<i>westgel dha</i>	2	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
A			
<i>abacavir-lamivudine</i>	8	AFINITOR ORAL TABLET 10 MG	14
<i>abacavir oral solution</i>	8	<i>afirmelle</i>	49
<i>abacavir oral tablet</i>	8	AIMOVIG AUTOINJECTOR	24
ABELCET	8	AJOVY AUTOINJECTOR	24
ABILIFY MAINTENA	27	AJOVY SYRINGE	24
<i>abiraterone oral tablet 250 mg</i>	14	<i>ak-poly-bac</i>	51
ABIRATERONE ORAL TABLET 500 MG	14	<i>ala-cort topical cream 1%</i>	37
ABRAXANE	14	<i>albendazole</i>	11
<i>acamprosate</i>	39	<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation	53
<i>acarbose oral tablet 25 mg</i>	41	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	53
<i>acarbose oral tablet 50 mg</i>	41	<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020983)	53
<i>acarbose oral tablet 100 mg</i>	41	<i>albuterol sulfate inhalation solution for nebulization</i>	53
<i>acebutolol</i>	32	<i>albuterol sulfate oral syrup</i>	53
<i>acetaminophen-codeine oral solution</i>	25	<i>albuterol sulfate oral tablet</i>	53
<i>acetaminophen-codeine oral tablet 300-15 mg,</i> <i>300-30 mg</i>	25	<i>albuterol sulfate oral tablet extended release 12 hr.</i>	54
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	25	<i>alclometasone</i>	37
<i>acetazolamide</i>	52	ALCOHOL PADS	41
<i>acetazolamide sodium</i>	52	ALDURAZYME	43
<i>acetic acid otic (ear)</i>	40	ALECENSA	14
<i>acetylcysteine</i>	53	<i>alendronate oral tablet 10 mg, 5 mg</i>	48
<i>acitretin</i>	35	<i>alendronate oral tablet 35 mg, 70 mg</i>	48
ACTHIB (PF)	47	<i>alfuzosin</i>	55
ACTIMMUNE	46	ALIMTA	14
<i>acyclovir oral capsule</i>	8	ALIQOPA	14
<i>acyclovir oral suspension 200 mg/5 ml</i>	8	<i>aliskiren</i>	32
<i>acyclovir oral tablet</i>	8	<i>allopurinol oral tablet 100 mg, 300 mg</i>	47
<i>acyclovir sodium intravenous solution</i>	8	<i>alosetron oral tablet 0.5 mg</i>	45
<i>acyclovir topical ointment</i>	37	<i>alosetron oral tablet 1 mg</i>	45
ADACEL(TDAP ADOLESN/ADULT)(PF)	47	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	53
ADCETRIS	14	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	27
<i>adefovir</i>	8	<i>alprazolam oral tablet 2 mg</i>	27
ADEMPAS	53	<i>alprazolam oral tablet, disintegrating</i> <i>0.25 mg, 0.5 mg, 1 mg</i>	27
ADLARTY	24	<i>alprazolam oral tablet, disintegrating 2 mg</i>	27
ADVAIR HFA	53	<i>altavera (28)</i>	49
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	14	ALUNBRIG ORAL TABLET 30 MG	14
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	14	ALUNBRIG ORAL TABLET 180 MG, 90 MG	14
		ALUNBRIG ORAL TABLETS, DOSE PACK	14

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>alyacen 1/35 (28)</i>	49	<i>ampicillin-sulbactam</i>	13
<i>alyacen 7/7/7 (28)</i>	49	<i>anagrelide</i>	39
<i>alyq</i>	54	<i>anastrozole</i>	14
<i>amantadine hcl</i>	8	ANORO ELLIPTA.....	54
AMBISOME.....	8	<i>apraclonidine</i>	53
<i>ambrisentan</i>	54	<i>aprepitant</i>	45
<i>amethia</i>	49	APRETUDE.....	8
<i>amethyst (28)</i>	49	<i>apri</i>	49
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> ...	11	APTiom ORAL TABLET 200 MG.....	21
<i>amiloride</i>	32	APTiom ORAL TABLET 400 MG.....	21
<i>amiloride-hydrochlorothiazide</i>	32	APTiom ORAL TABLET 600 MG, 800 MG.....	21
<i>aminocaproic acid oral</i>	34	APTIVUS.....	8
AMINOSYN II 15%.....	56	ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG.....	39
AMINOSYN-PF 7% (SULFITE-FREE).....	57	ARALAST NP INTRAVENOUS RECON SOLN 500 MG.....	39
<i>amiodarone intravenous solution</i>	31	<i>aranelle (28)</i>	49
<i>amiodarone oral</i>	32	ARCALYST.....	46
<i>amitriptyline</i>	27	<i>arformoterol</i>	54
<i>amlodipine</i>	32	ARIKAYCE.....	11
<i>amlodipine-atorvastatin</i>	32	<i>aripiprazole oral solution</i>	27
<i>amlodipine-benazepril</i>	32	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	27
<i>amlodipine-olmesartan</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.....	27
<i>amnestem</i>	36	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	27
<i>amoxapine</i>	27	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	27
<i>amoxicillin oral capsule</i>	13	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	27
<i>amoxicillin oral suspension for reconstitution</i>	13	<i>armodafinil</i>	27
<i>amoxicillin oral tablet</i>	13	ARNUITY ELLIPTA.....	54
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	13	ARRANON.....	14
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	13	<i>arsenic trioxide</i>	15
<i>amoxicillin-pot clavulanate oral tablet</i>	13	ARZERRA.....	15
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	13	<i>asenapine maleate sublingual tablet 5 mg</i>	27
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	13	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	27
<i>amphotericin b</i>	8	<i>ashlyna</i>	49
<i>amphotericin b liposome</i>	8	<i>aspirin-dipyridamole</i>	34
<i>ampicillin oral capsule 500 mg</i>	13		
<i>ampicillin sodium</i>	13		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	41	azelastine ophthalmic (eye)	52
atazanavir oral capsule 150 mg, 300 mg	8	azithromycin intravenous	11
atazanavir oral capsule 200 mg	8	azithromycin oral packet	11
atenolol	32	azithromycin oral suspension for reconstitution	11
atenolol-chlorthalidone	32	azithromycin oral tablet	11
ATGAM	47	aztreonam injection recon soln 1 gram	11
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg ...	27	aztreonam injection recon soln 2 gram	11
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	27	azurette (28)	50
atorvastatin	34		
atovaquone	11	B	
atovaquone-proguanil	11	bacitracin intramuscular	11
atropine injection solution 0.4 mg/ml	44	bacitracin ophthalmic (eye)	52
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	44	bacitracin-polymyxin b	52
atropine ophthalmic (eye) drops	52	baclofen oral tablet 10 mg, 5 mg	25
ATROVENT HFA	54	baclofen oral tablet 20 mg	25
aubra	49	BAL-CARE DHA	57
aubra eq	49	balsalazide	45
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	13	BALVERSA	15
aurovela 1.5/30 (21)	49	balziva (28)	50
aurovela 1/20 (21)	49	BANZEL ORAL SUSPENSION	21
aurovela 24 fe	49	BAQSIMI	41
aurovela fe 1.5/30 (28)	49	BARACLUDE ORAL SOLUTION	8
aurovela fe 1-20 (28)	49	BAVENCIO	15
AUSTEDO ORAL TABLET 6 MG	24	BCG VACCINE, LIVE (PF)	47
AUSTEDO ORAL TABLET 12 MG, 9 MG	24	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	41
aviane	49	BD ULTRA-FINE NANO PEN NEEDLE	41
avita	36	BD ULTRA-FINE SHORT PEN NEEDLE	41
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	46	BELEODAQ	15
AVONEX INTRAMUSCULAR SYRINGE	46	BELSOMRA	27
AVONEX INTRAMUSCULAR SYRINGE KIT	46	benazepril	32
ayuna	50	benazepril-hydrochlorothiazide	32
AYVAKIT	15	BENDEKA	15
azacitidine	15	BENLYSTA	48
AZASAN	15	benztropine injection	23
AZASITE	52	benztropine oral	23
azathioprine oral tablet 50 mg	15	BESIVANCE	52
azathioprine oral tablet 100 mg, 75 mg	15	BESPONSA	15
azathioprine sodium	15	BESREMI	46
azelastine nasal	40	betaine	39
December 2022			

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>betamethasone, augmented</i>	37	BRIVIACT ORAL SOLUTION.....	21
<i>betamethasone dipropionate</i>	37	BRIVIACT ORAL TABLET.....	21
<i>betamethasone valerate topical cream</i>	37	<i>bromfenac</i>	52
<i>betamethasone valerate topical foam</i>	37	<i>bromocriptine</i>	23
<i>betamethasone valerate topical lotion</i>	37	BROVANA	54
<i>betamethasone valerate topical ointment</i>	37	BRUKINSA	15
BETASERON SUBCUTANEOUS KIT	46	<i>budesonide inhalation suspension for nebulization</i> <i>0.25 mg/2 ml, 0.5 mg/2 ml</i>	54
<i>betaxolol oral</i>	32	<i>budesonide inhalation suspension for nebulization</i> <i>1 mg/2 ml</i>	54
<i>bethanechol chloride</i>	56	<i>budesonide oral capsule, delayed, extend. release</i>	45
<i>bexarotene</i>	15	<i>budesonide oral tablet, delayed and ext. release</i>	45
BEXSERO	47	<i>bumetanide injection</i>	32
<i>bicalutamide</i>	15	<i>bumetanide oral</i>	32
BICILLIN L-A.....	13	<i>buprenorphine hcl injection</i>	25
BIDIL	32	<i>buprenorphine hcl sublingual</i>	25
BIKTARVY	8	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	26
<i>bimatoprost ophthalmic (eye)</i>	52	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i> ... 26	
BINOSTO	48	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	26
<i>bisoprolol fumarate</i>	32	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	26
<i>bisoprolol-hydrochlorothiazide</i>	32	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	26
BLENREP	15	<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i> ... 25	
<i>bleomycin</i>	15	BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR.....	25
BLINCYTO INTRAVENOUS KIT.....	15	<i>bupropion hcl oral tablet 75 mg</i>	27
<i>blisovi 24 fe</i>	50	<i>bupropion hcl oral tablet 100 mg</i>	27
<i>blisovi fe 1.5/30 (28)</i>	50	<i>bupropion hcl oral tablet extended release</i> <i>24 hr 150 mg</i>	27
<i>blisovi fe 1/20 (28)</i>	50	<i>bupropion hcl oral tablet extended release</i> <i>24 hr 300 mg</i>	27
BOOSTRIX TDAP	47	<i>bupropion hcl oral tablet sustained-release</i> <i>12 hr 100 mg</i>	27
<i>bortezomib injection</i>	15	<i>bupropion hcl oral tablet sustained-release</i> <i>12 hr 150 mg, 200 mg</i>	27
<i>bortezomib intravenous recon soln.</i>	15	<i>bupropion hcl (smoking deter)</i>	39
<i>bosentan</i>	54	<i>buspirone</i>	27
BOSULIF ORAL TABLET 100 MG	15	BUSULFAN	15
BOSULIF ORAL TABLET 400 MG, 500 MG	15	<i>butorphanol nasal</i>	26
BOTOX	47	BYDUREON BCISE	41
BRAFTOVI ORAL CAPSULE 75 MG.....	15		
BREO ELLIPTA	54		
<i>briellyn</i>	50		
BRILINTA.....	34		
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	53		
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	53		
<i>brinzolamide</i>	52		
BRIVIACT INTRAVENOUS.....	21		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
C			
CABENUVA.....	8	cartia xt.....	32
cabergoline.....	43	carvedilol.....	32
CABOMETYX.....	15	carvedilol phosphate.....	32
calcipotriene scalp.....	35	caspofungin intravenous recon soln 50 mg.....	8
calcipotriene topical cream.....	35	caspofungin intravenous recon soln 70 mg.....	8
calcipotriene topical ointment.....	35	CAYSTON.....	11
calcitonin (salmon) injection.....	43	cefaclor oral capsule.....	10
calcitonin (salmon) nasal.....	43	cefaclor oral suspension for reconstitution 1 25 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml.....	10
calcitriol intravenous solution 1 mcg/ml.....	43	cefaclor oral tablet extended release 12 hr.....	10
calcitriol oral capsule.....	43	cefadroxil oral capsule.....	10
calcitriol oral solution.....	43	cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.....	10
calcitriol topical.....	35	cefadroxil oral tablet.....	10
calcium acetate(phosphat bind).....	56	cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml.....	10
CALQUENCE.....	15	cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 300 g, 500 mg.....	10
CALQUENCE (ACALABRUTINIB MAL).....	15	cefazolin intravenous.....	10
camila.....	49	cefdinir oral capsule.....	10
camrese.....	50	cefdinir oral suspension for reconstitution.....	10
camrese lo.....	50	cefepime in dextrose 5%.....	10
candesartan-hydrochlorothiazid.....	32	cefepime in dextrose,iso-osm.....	10
candesartan oral tablet 16 mg, 4 mg, 8 mg.....	32	cefepime injection.....	10
candesartan oral tablet 32 mg.....	32	cefepime intravenous.....	10
CAPASTAT.....	11	cefixime.....	11
CAPLYTA.....	27	cefotetan in dextrose, iso-osm.....	11
CAPRELSA ORAL TABLET 100 MG.....	15	cefotetan injection.....	11
CAPRELSA ORAL TABLET 300 MG.....	15	cefoxitin.....	11
captopril.....	32	cefoxitin in dextrose, iso-osm.....	11
CARBAGLU.....	39	cefpodoxime.....	11
carbamazepine.....	21	cefprozil.....	11
carbidopa.....	23	ceftazidime.....	11
carbidopa-levodopa-entacapone.....	23	ceftazidime in d5w.....	11
carbidopa-levodopa oral tablet.....	23	ceftriaxone.....	11
carbidopa-levodopa oral tablet,disintegrating.....	23	ceftriaxone in dextrose,iso-os.....	11
carbidopa-levodopa oral tablet extended release.....	23	cefuroxime axetil oral tablet.....	11
carboplatin intravenous solution.....	15	cefuroxime sodium injection recon soln 750 mg.....	11
carglumic acid.....	39	cefuroxime sodium intravenous.....	11
carmustine intravenous recon soln 100 mg.....	15	celecoxib.....	26
CAROSPIR.....	32	CELONTIN ORAL CAPSULE 300 MG.....	21
carteolol.....	52		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>cephalexin oral capsule 250 mg, 500 mg</i>	11	<i>cisplatin intravenous solution</i>	15
<i>cephalexin oral suspension for reconstitution</i>	11	<i>citalopram oral solution</i>	27
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT... 43		<i>citalopram oral tablet 10 mg, 20 mg</i>	27
CHANTIX CONTINUING MONTH BOX.....	40	<i>citalopram oral tablet 40 mg</i>	27
CHANTIX ORAL TABLET 1 MG.....	40	<i>cladribine</i>	15
CHANTIX STARTING MONTH BOX.....	40	<i>claravis</i>	36
<i>charlotte 24 fe</i>	50	<i>clarithromycin oral suspension for reconstitution</i>	11
<i>chateal (28)</i>	50	<i>clarithromycin oral tablet</i>	11
<i>chateal eq (28)</i>	50	<i>clarithromycin oral tablet extended release 24 hr</i>	11
CHEMET.....	39	<i>clindacin etz topical swab</i>	36
<i>chloramphenicol sod succinate</i>	11	<i>clindacin p</i>	36
<i>chlorhexidine gluconate mucous membrane</i>	40	<i>clindamycin hcl</i>	11
<i>chloroquine phosphate</i>	11	<i>clindamycin in 0.9% sod chlor</i>	11
<i>chlorothiazide sodium</i>	32	<i>clindamycin in 5% dextrose</i>	11
<i>chlorpromazine injection</i>	27	<i>clindamycin palmitate hcl</i>	12
<i>chlorpromazine oral</i>	27	<i>clindamycin pediatric</i>	12
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	32	<i>clindamycin phosphate injection</i>	12
<i>cholestyramine-aspartame</i>	34	<i>clindamycin phosphate intravenous</i>	12
<i>cholestyramine light</i>	34	<i>clindamycin phosphate topical gel</i>	36
<i>cholestyramine (with sugar)</i>	34	CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY.....	36
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.....	43	<i>clindamycin phosphate topical lotion</i>	36
<i>ciclodan topical solution</i>	37	<i>clindamycin phosphate topical solution</i>	36
<i>ciclopirox topical cream</i>	37	<i>clindamycin phosphate topical swab</i>	37
<i>ciclopirox topical shampoo</i>	37	<i>clindamycin phosphate vaginal</i>	49
<i>ciclopirox topical solution</i>	37	CLINIMIX 4.25%/D5W SULFIT FREE.....	39
<i>ciclopirox topical suspension</i>	37	CLINIMIX 4.25%/D10W SULF FREE.....	57
<i>cilostazol</i>	34	CLINIMIX 5%/D15W SULFITE FREE.....	57
CILOXAN OPHTHALMIC (EYE) OINTMENT.....	52	CLINIMIX 5%-D20W(SULFITE-FREE).....	57
CIMDUO.....	8	CLINIMIX 6%-D5W (SULFITE-FREE).....	57
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	43	CLINIMIX 8%-D10W(SULFITE-FREE).....	57
<i>cinacalcet oral tablet 90 mg</i>	43	CLINIMIX 8%-D14W(SULFITE-FREE).....	57
<i>ciprofloxacin-dexamethasone</i>	40	CLINIMIX E 4.25%/D10W SUL FREE.....	57
<i>ciprofloxacin hcl ophthalmic (eye)</i>	52	CLINISOL SF 15%.....	57
<i>ciprofloxacin hcl oral tablet 100 mg</i>	13	<i>clobazam oral suspension</i>	21
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	13	<i>clobazam oral tablet 10 mg</i>	21
<i>ciprofloxacin in 5% dextrose</i>	13	<i>clobazam oral tablet 20 mg</i>	21
CIPRO HC.....	40	<i>clobetasol-emollient topical cream</i>	38
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON.....	13	<i>clobetasol-emollient topical foam</i>	38
		<i>clobetasol scalp</i>	38

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>clobetasol topical cream</i>	38	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	15
<i>clobetasol topical foam</i>	38	COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1)	15
<i>clobetasol topical gel</i>	38	COMETRIQ ORAL CAPSULE 140 MG/DAY (80 MG X1-20 MG X3)	15
<i>clobetasol topical ointment</i>	38	COMPLERA	8
<i>clobetasol topical shampoo</i>	38	COMPLETE NATAL DHA	57
CLOCORTOLONE PIVALATE	38	<i>compro</i>	45
<i>clodan</i>	38	<i>constulose</i>	45
<i>clofarabine</i>	15	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML ...	24
<i>clomipramine</i>	27	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML ...	24
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	21	COPIKTRA	15
<i>clonazepam oral tablet 2 mg</i>	21	CORLANOR ORAL TABLET	35
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	22	CORTIFOAM	45
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i> ..	22	<i>cortisporin-tc</i>	40
<i>clonazepam oral tablet, disintegrating 2 mg</i>	22	COSMEGEN	15
<i>clonidine</i>	32	COTELIC	15
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	32	CREON	45
<i>clonidine hcl oral tablet 0.3 mg</i>	32	CRESEMBA ORAL	8
<i>clopidogrel oral tablet 75 mg</i>	34	<i>cromolyn inhalation</i>	54
<i>clopidogrel oral tablet 300 mg</i>	34	<i>cromolyn ophthalmic (eye)</i>	52
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	27	<i>cromolyn oral</i>	45
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	27	<i>cryselle (28)</i>	50
<i>clorazepate dipotassium oral tablet 15 mg</i>	27	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	25
<i>clotrimazole-betamethasone topical cream</i>	37	<i>cyclophosphamide intravenous</i>	15
<i>clotrimazole-betamethasone topical lotion</i>	37	<i>cyclophosphamide oral</i>	15
<i>clotrimazole mucous membrane</i>	8	<i>cycloserine</i>	12
<i>clotrimazole topical cream</i>	37	CYCLOSET	41
<i>clotrimazole topical solution</i>	37	<i>cyclosporine intravenous</i>	15
<i>clozapine oral tablet</i>	27	<i>cyclosporine modified</i>	15
<i>clozapine oral tablet, disintegrating</i>	27	<i>cyclosporine oral capsule</i>	15
C-NATE DHA	57	CYRAMZA	15
COARTEM	12	<i>cyred</i>	50
<i>colchicine oral tablet</i>	48	<i>cyred eq</i>	50
<i>colesevelam</i>	35	CYSTADANE	45
<i>colestipol oral granules</i>	35	CYSTAGON	56
<i>colestipol oral packet</i>	35	CYSTARAN	52
<i>colestipol oral tablet</i>	35	<i>cytarabine</i>	15
<i>colistin (colistimethate na)</i>	12	<i>cytarabine (pf)</i>	15
COMBIGAN	52		
COMBIVENT RESPIMAT	54		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
D		DESCOVY	8
d2.5%-0.45% sodium chloride	39	desipramine	28
d5%-0.45% sodium chloride	39	desloratadine oral tablet	53
d5% and 0.9% sodium chloride	39	desmopressin injection	43
d10%-0.45% sodium chloride	39	desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml) 43	
dabigatran etexilate	34	desmopressin nasal spray with pump	43
dacarbazine	15	desmopressin oral	43
dactinomycin	15	desog-e.estradiol/e.estradiol	50
dalfampridine	24	desogestrel-ethinyl estradiol	50
DALIRESP	54	desonide topical cream	38
danazol	43	desonide topical lotion	38
dantrolene oral	25	desonide topical ointment	38
DANYELZA	15	desoximetasone topical cream	38
dapsone oral	12	desoximetasone topical gel	38
DAPTACEL (DTAP PEDIATRIC) (PF)	47	desoximetasone topical ointment	38
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	12	desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	28
daptomycin intravenous recon soln 500 mg	12	desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	28
darifenacin	55	desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	28
DARZALEX	15	dexamethasone intensol	40
DARZALEX FASPRO	15	dexamethasone oral elixir	40
dasetta 1/35 (28)	50	dexamethasone oral solution	40
dasetta 7/7/7 (28)	50	dexamethasone oral tablet	40
daunorubicin intravenous solution	15	dexamethasone sodium phos (pf) injection solution	40
DAURISMO ORAL TABLET 25 MG	16	dexamethasone sodium phosphate injection solution	40
DAURISMO ORAL TABLET 100 MG	16	dexamethasone sodium phosphate ophthalmic (eye)	53
daysee	50	dexmethylphenidate oral tablet	28
DAYVIGO	28	dextroamphetamine-amphetamine oral capsule,extended release 24hr	28
deblitane	49	dextroamphetamine-amphetamine oral tablet 5 mg	28
decitabine	16	dextroamphetamine-amphetamine oral tablet 10 mg	28
deferasirox oral granules in packet	39	dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg	28
deferasirox oral tablet	39	dextroamphetamine-amphetamine oral tablet 15 mg	28
deferiprone	39	dextroamphetamine-amphetamine oral tablet 20 mg	28
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	49	dextroamphetamine sulfate oral capsule, extended release	28
DELSTRIGO	8	dextroamphetamine sulfate oral solution	28
demeclocycline	14		
DENAVIR	37		
DENGVAXIA (PF)	47		
DEPO-ESTRADIOL	49		
DEPO-MEDROL	40		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
dextroamphetamine sulfate oral tablet	28	diltiazem hcl oral capsule,extended release 12 hr	32
dextrose 5%-0.2% sod chloride	39	diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	32
dextrose 5%-0.3% sod.chloride	39	diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg	32
dextrose 5% in water (d5w)	39	diltiazem hcl oral capsule,ext.rel 24h degradable	32
dextrose 5%-lactated ringers	39	diltiazem hcl oral tablet	32
dextrose 10% and 0.2% nacl	39	diltiazem hcl oral tablet extended release 24 hr	32
DEXTROSE 10% IN WATER (D10W)	39	dilt-xr	32
dextrose 25% in water (d25w)	39	dimethyl fumarate oral capsule,delayed r elease(dr/ec) 120 mg (14)- 240 mg (46)	24
dextrose 50% in water (d50w)	39	dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	24
dextrose 70% in water (d70w)	39	diphenhydramine hcl injection solution 50 mg/ml	53
DHIVY	23	diphenoxylate-atropine	44
DIACOMIT	22	dipyridamole oral	34
diazepam injection	28	disulfiram	39
diazepam intensol	28	divalproex	22
diazepam oral concentrate	28	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)	16
diazepam oral solution	28	dofetilide	32
diazepam oral tablet	28	dolishale	50
diazepam rectal	22	donepezil oral tablet 5 mg	24
diazoxide	41	donepezil oral tablet 10 mg	24
diclofenac potassium oral tablet 50 mg	26	donepezil oral tablet,disintegrating 5 mg	24
diclofenac sodium ophthalmic (eye)	52	donepezil oral tablet,disintegrating 10 mg	24
diclofenac sodium oral	26	DOPTELET (10 TAB PACK)	34
diclofenac sodium topical drops	26	DOPTELET (15 TAB PACK)	34
diclofenac sodium topical gel 1%	26	DOPTELET (30 TAB PACK)	34
dicloxacillin	13	dorzolamide	52
dicyclomine oral capsule	44	dorzolamide-timolol	52
dicyclomine oral solution	44	dotti	49
dicyclomine oral tablet	44	DOVATO	8
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	11	doxazosin oral tablet 1 mg, 2 mg, 4 mg	32
DIFICID ORAL TABLET	11	doxazosin oral tablet 8 mg	32
diflunisal	26	doxepin oral capsule	28
difluprednate	53	doxepin oral concentrate	28
digitek	35	doxercalciferol	44
digoxin injection solution	35	doxorubicin intravenous recon soln 50 mg	16
digoxin oral solution	35		
digoxin oral tablet 62.5 mcg (0.0625 mg)	35		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	35		
dihydroergotamine nasal	24		
DILANTIN	22		
diltiazem hcl intravenous	32		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
doxorubicin intravenous solution.....	16	dutasteride-tamsulosin.....	55
doxorubicin, peg-liposomal.....	16	E	
doxy-100.....	14	ec-naproxen.....	26
doxycycline hyclate intravenous.....	14	econazole.....	37
doxycycline hyclate oral capsule.....	14	EDARBI.....	32
doxycycline hyclate oral tablet 20 mg.....	14	EDARBYCLOR.....	32
doxycycline hyclate oral tablet 100 mg.....	14	EDURANT.....	8
doxycycline monohydrate oral capsule 100 mg, 50 mg....	14	efavirenz-emtricitabin-tenofov.....	8
doxycycline monohydrate oral capsule, ir - delay rel,biphase.....	14	efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg.....	8
doxycycline monohydrate oral suspension for reconstitution.....	14	efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg.....	8
doxycycline monohydrate oral tablet.....	14	efavirenz oral capsule 50 mg.....	8
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG.....	28	efavirenz oral capsule 200 mg.....	8
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG.....	28	efavirenz oral tablet.....	8
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG.....	28	ELAPRASE.....	44
dronabinol.....	45	electrolyte-48 in d5w.....	57
DROPSAFE ALCOHOL PREP PADS.....	41	ELIGARD.....	16
drospirenone-e.estradiol-lm.fa.....	50	ELIGARD (3 MONTH).....	16
drospirenone-ethinyl estradiol.....	50	ELIGARD (4 MONTH).....	16
DROXIA.....	16	ELIGARD (6 MONTH).....	16
droxidopa oral capsule 100 mg.....	39	elinest.....	50
droxidopa oral capsule 200 mg, 300 mg.....	39	ELIQUIS.....	34
DUAVEE.....	49	ELIQUIS DVT-PE TREAT 30D START.....	34
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg.....	28	ELITE-OB.....	57
duloxetine oral capsule,delayed release(dr/ec) 30 mg....	28	ELLA.....	50
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML.....	36	ELMIRON.....	56
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML.....	36	ELZONRIS.....	16
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML.....	36	EMCYT.....	16
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML.....	36	EMEND ORAL SUSPENSION FOR RECONSTITUTION.....	45
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML.....	36	emoquette.....	50
DUREZOL.....	53	EMPLICITI.....	16
dutasteride.....	55	EMSAM.....	28
		emtricitabine.....	8
		EMTRICITABINE-TENOFOVIR (TDF) ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	8
		emtricitabine-tenofovir (tdf) oral tablet 200-300 mg.....	8
		EMTRIVA ORAL SOLUTION.....	8

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
EMVERM	12	<i>ery pads</i>	37
<i>enalapril-hydrochlorothiazide</i>	33	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	11
<i>enalapril maleate oral tablet</i>	32	ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	11
ENBREL MINI	48	<i>erythrocin (as stearate) oral tablet 250 mg</i>	11
ENBREL SUBCUTANEOUS RECON SOLN	48	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG ..	11
ENBREL SUBCUTANEOUS SOLUTION	48	<i>erythromycin-benzoyl peroxide</i>	37
ENBREL SUBCUTANEOUS SYRINGE	48	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	11
ENBREL SURECLICK	48	<i>erythromycin ethylsuccinate oral suspension f or reconstitution 400 mg/5 ml</i>	11
<i>endocet</i>	25	<i>erythromycin ethylsuccinate oral tablet</i>	11
ENGRIX-B PEDIATRIC (PF)	47	<i>erythromycin ophthalmic (eye)</i>	52
ENGRIX-B (PF)	47	<i>erythromycin oral tablet</i>	11
ENHERTU	16	<i>erythromycin oral tablet, delayed release (dr/ec)</i>	11
<i>enoxaparin</i>	34	ERYTHROMYCIN WITH ETHANOL TOPICAL GEL	37
<i>enpresse</i>	50	<i>erythromycin with ethanol topical solution</i>	37
<i>enskyce</i>	50	ESBRIET ORAL CAPSULE	54
<i>entacapone</i>	23	ESBRIET ORAL TABLET 267 MG	54
<i>entecavir</i>	8	ESBRIET ORAL TABLET 801 MG	54
ENTRESTO	35	<i>escitalopram oxalate oral solution</i>	28
<i>enulose</i>	45	<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	28
ENVARUSUS XR	16	<i>escitalopram oxalate oral tablet 20 mg</i>	28
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	8	<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	46
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	9	<i>estarylla</i>	50
EPCLUSA ORAL TABLET 200-50 MG	9	<i>estradiol oral</i>	49
EPCLUSA ORAL TABLET 400-100 MG	9	<i>estradiol transdermal patch semiweekly</i>	49
EPIDIOLEX	22	<i>estradiol transdermal patch weekly</i>	49
<i>epinastine</i>	52	<i>estradiol vaginal</i>	49
<i>epinephrine injection auto-injector</i>	53	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> ...	49
<i>epinephrine injection solution 1 mg/ml</i>	53	ESTRING	49
<i>epirubicin intravenous solution</i>	16	<i>ethacrynate sodium</i>	33
<i>epitol</i>	22	<i>ethambutol</i>	12
EPIVIR HBV ORAL SOLUTION	9	<i>ethosuximide</i>	22
EPRONTIA	22	<i>ethynodiol diac-eth estradiol</i>	50
ERBITUX	16	<i>etodolac</i>	26
<i>ergotamine-caffeine</i>	24	ETOPOPHOS	16
ERIVEDGE	16	<i>etoposide intravenous</i>	16
ERLEADA	16	<i>etravirine</i>	9
<i>erlotinib oral tablet 25 mg</i>	16	EUTHYROX	44
<i>erlotinib oral tablet 100 mg, 150 mg</i>	16		
<i>errin</i>	49		
<i>ertapenem</i>	12		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>everolimus (antineoplastic) oral tablet</i>	16	FENTANYL CITRATE (PF) INJECTION SYRINGE	
<i>everolimus (antineoplastic) oral tablet</i>		50 MCG/ML.....	25
<i>for suspension 2 mg</i>	16	<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml</i>	
<i>everolimus (antineoplastic) oral tablet</i>		(50 mcg/ml).....	25
<i>for suspension 3 mg, 5 mg</i>	16	FERRIPROX.....	39
<i>everolimus (immunosuppressive)</i>	16	FERRIPROX (2 TIMES A DAY).....	39
EVOMELA.....	16	<i>fesoterodine</i>	55
EVOTAZ.....	9	FETZIMA ORAL CAPSULE, EXTENDED	
<i>exemestane</i>	16	RELEASE 24 HR.....	28
EXKIVITY.....	16	FETZIMA ORAL CAPSULE, EXT REL	
EYLEA.....	52	24HR DOSE PACK.....	28
EYSUVIS.....	53	<i>finasteride oral tablet 5 mg</i>	56
<i>ezetimibe</i>	35	FINTEPLA.....	22
<i>ezetimibe-simvastatin</i>	35	<i>finzala</i>	50
F		FIRDAPSE.....	24
FABRAZYME.....	44	FIRMAGON KIT W DILUENT SYRINGE	
<i>falmina (28)</i>	50	SUBCUTANEOUS RECON SOLN 80 MG.....	16
<i>famciclovir</i>	9	FIRMAGON KIT W DILUENT SYRINGE	
<i>famotidine oral suspension</i>	46	SUBCUTANEOUS RECON SOLN 120 MG.....	16
<i>famotidine oral tablet 20 mg, 40 mg</i>	46	FIRVANQ ORAL RECON SOLN 25 MG/ML.....	12
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG.....	28	FIRVANQ ORAL RECON SOLN 50 MG/ML.....	12
FANAPT ORAL TABLET 8 MG.....	28	<i>flac otic oil</i>	40
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG.....	28	<i>flavoxate</i>	55
FANAPT ORAL TABLETS, DOSE PACK.....	28	<i>flecainide</i>	32
FARYDAK.....	16	FLOVENT DISKUS INHALATION BLISTER WITH	
FEBUXOSTAT.....	48	DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION... 54	
<i>felbamate</i>	22	FLOVENT DISKUS INHALATION BLISTER WITH	
<i>felodipine</i>	33	DEVICE 250 MCG/ACTUATION.....	54
<i>femynor</i>	50	FLOVENT HFA INHALATION HFA AEROSOL	
<i>fenofibrate micronized oral capsule</i>		INHALER 44 MCG/ACTUATION.....	54
<i>134 mg, 200 mg, 67 mg</i>	35	FLOVENT HFA INHALATION HFA AEROSOL	
<i>fenofibrate nanocrystallized</i>	35	INHALER 110 MCG/ACTUATION.....	54
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	35	FLOVENT HFA INHALATION HFA AEROSOL	
<i>fenofibric acid (choline)</i>	35	INHALER 220 MCG/ACTUATION.....	54
<i>fentanyl</i>	25	<i>floxuridine</i>	16
<i>fentanyl citrate buccal lozenge on a handle</i>		<i>fluconazole</i>	8
<i>1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	25	<i>fluconazole in nacl (iso-osm)</i>	8
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	25	<i>flucytosine</i>	8
<i>fentanyl citrate (pf) injection solution</i>	25	<i>fludarabine</i>	16
		<i>fludrocortisone</i>	40
		<i>flunisolide</i>	54
		<i>fluocinolone acetonide oil</i>	40

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>fluocinolone and shower cap</i>	38	<i>fluticasone propion-salmeterol inhalation blister with device</i>	54
<i>fluocinolone topical cream</i>	38	<i>fluvastatin oral capsule 20 mg</i>	35
<i>fluocinolone topical oil</i>	38	<i>fluvastatin oral capsule 40 mg</i>	35
<i>fluocinolone topical ointment</i>	38	<i>fluvastatin oral tablet extended release 24 hr</i>	35
<i>fluocinolone topical solution</i>	38	<i>fluvoxamine oral tablet 50 mg</i>	29
<i>fluocinonide topical cream 0.1%</i>	38	<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	29
<i>fluocinonide topical cream 0.05%</i>	38	FOLIVANE-OB	57
<i>fluocinonide topical gel</i>	38	FOLOTYN	16
<i>fluocinonide topical ointment</i>	38	<i>fomepizole</i>	47
<i>fluocinonide topical solution</i>	38	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	34
<i>fluoride (sodium) dental paste</i>	40	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	34
<i>fluoride (sodium) oral tablet</i>	57	<i>formoterol fumarate</i>	54
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	57	<i>fosamprenavir</i>	9
<i>fluorometholone</i>	53	<i>fosfomycin tromethamine</i>	14
<i>fluorouracil intravenous</i>	16	<i>fosinopril</i>	33
<i>fluorouracil topical cream 0.5%</i>	36	<i>fosinopril-hydrochlorothiazide</i>	33
<i>fluorouracil topical cream 5%</i>	36	<i>fosphenytoin</i>	22
<i>fluorouracil topical solution</i>	36	FOTIVDA	16
<i>fluoxetine oral capsule 10 mg</i>	28	<i>fulvestrant</i>	16
<i>fluoxetine oral capsule 20 mg</i>	28	<i>furosemide injection</i>	33
<i>fluoxetine oral capsule 40 mg</i>	28	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	33
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	29	FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	33
<i>fluoxetine oral solution</i>	29	<i>furosemide oral tablet</i>	33
<i>fluoxetine oral tablet 10 mg</i>	29	FUZEON SUBCUTANEOUS RECON SOLN	9
<i>fluoxetine oral tablet 20 mg</i>	29	<i>fyavolv</i>	49
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	28	FYCOMPA ORAL SUSPENSION	22
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	28	FYCOMPA ORAL TABLET 2 MG	22
<i>fluphenazine decanoate</i>	29	FYCOMPA ORAL TABLET 4 MG, 6 MG	22
<i>fluphenazine hcl injection</i>	29	FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	22
<i>fluphenazine hcl oral concentrate</i>	29		
<i>fluphenazine hcl oral elixir</i>	29		
<i>fluphenazine hcl oral tablet</i>	29		
<i>flurbiprofen oral tablet 100 mg</i>	26		
<i>flurbiprofen sodium</i>	52		
<i>flutamide</i>	16		
<i>fluticasone propionate nasal</i>	54		
<i>fluticasone propionate topical cream</i>	38		
<i>fluticasone propionate topical ointment</i>	38		

G

<i>gabapentin oral capsule 100 mg, 300 mg</i>	22
<i>gabapentin oral capsule 400 mg</i>	22
<i>gabapentin oral solution</i>	22
<i>gabapentin oral tablet 600 mg</i>	22
<i>gabapentin oral tablet 800 mg</i>	22
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>galantamine oral solution</i>	24	<i>glimepiride oral tablet 4 mg</i>	41
<i>galantamine oral tablet</i>	24	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	41
GAMMAGARD LIQUID	47	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	41
GAMMAGARD S-D (IGA < 1 MCG/ML)	47	<i>glipizide oral tablet 5 mg</i>	41
GAMMAKED	47	<i>glipizide oral tablet 10 mg</i>	41
GAMMAPLEX.....	47	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	41
GAMMAPLEX (WITH SORBITOL).....	47	<i>glipizide oral tablet extended release 24hr 5 mg</i>	41
GAMUNEX-C	47	<i>glipizide oral tablet extended release 24hr 10 mg</i>	41
GARDASIL 9 (PF)	47	GLUCAGEN HYPOKIT	41
GATTEX 30-VIAL.....	45	GLUCAGON EMERGENCY KIT (HUMAN).....	41
GATTEX ONE-VIAL	45	GLUCAGON (HCL) EMERGENCY KIT	41
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	41	<i>glycopyrrolate injection</i>	45
<i>gavilyte-c</i>	45	<i>glycopyrrolate oral tablet</i>	45
GAVRETO	16	<i>glycopyrrolate (pf)</i>	44
GAZYVA.....	16	<i>glycopyrrolate (pf) in water injection</i>	44
<i>gemcitabine intravenous recon soln</i>	16	<i>glycopyrrolate (pf) in water intravenous syringe</i> 0.4 mg/2 ml (0.2 mg/ml).....	45
<i>gemcitabine intravenous solution 1 gram/26.3 ml</i> <i>(38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml</i> <i>(38 mg/ml)</i>	16	<i>glydo</i>	36
<i>gemcitabine intravenous solution 100 mg/ml</i>	16	GLYXAMBI.....	41
<i>gemfibrozil</i>	35	<i>granisetron hcl intravenous</i>	45
<i>gemmily</i>	50	<i>granisetron hcl oral</i>	45
GEMTESA.....	55	<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	45
<i>generlac</i>	45	<i>griseofulvin microsize</i>	8
<i>gengraf</i>	16	<i>griseofulvin ultramicrosize</i>	8
GENOTROPIN	46	<i>guanfacine oral tablet extended release 24 hr</i>	29
GENOTROPIN MINIQUICK	46	GVOKE.....	41
<i>gentak ophthalmic (eye) ointment</i>	52	GVOKE HYPOPEN 1-PACK	41
<i>gentamicin injection solution 40 mg/ml</i>	12	GVOKE HYPOPEN 2-PACK	41
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i> <i>100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml,</i> <i>60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	12	GVOKE PFS 1-PACK SYRINGE.....	41
<i>gentamicin ophthalmic (eye) drops</i>	52	GVOKE PFS 2-PACK SYRINGE.....	41
<i>gentamicin sulfate (ped) (pf)</i>	12		
<i>gentamicin topical cream</i>	37		
<i>gentamicin topical ointment</i>	37		
GENVOYA.....	9		
GILENYA ORAL CAPSULE 0.5 MG.....	24		
GILOTTRIF.....	17		
<i>glimepiride oral tablet 1 mg</i>	41		
<i>glimepiride oral tablet 2 mg</i>	41		

H

HAEGARDA	54
<i>hailey</i>	50
<i>hailey 24 fe</i>	50
<i>hailey fe 1.5/30 (28)</i>	50
<i>hailey fe 1/20 (28)</i>	50
HALAVEN.....	17
<i>halobetasol propionate topical cream</i>	38
<i>halobetasol propionate topical ointment</i>	38

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>haloperidol decanoate</i>	29	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	
<i>haloperidol lactate injection</i>	29	10 MG/0.1 ML, 20 MG/0.2 ML	48
<i>haloperidol lactate oral</i>	29	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	29	40 MG/0.4 ML	48
<i>haloperidol oral tablet 10 mg, 20 mg</i>	29	HUMIRA PEN	48
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	9	HUMIRA PEN CROHNS-UC-HS START	48
HARVONI ORAL PELLETS IN PACKET 45-200 MG	9	HUMIRA PEN PSOR-UEITS-ADOL HS	48
HARVONI ORAL TABLET 45-200 MG	9	HUMIRA SUBCUTANEOUS SYRINGE KIT	
HARVONI ORAL TABLET 90-400 MG	9	40 MG/0.8 ML	48
HAVRIX (PF)	47	HUMULIN 70/30 U-100 INSULIN	41
<i>heather</i>	49	HUMULIN 70/30 U-100 KWIKPEN	41
<i>heparin(porcine) in 0.45% nacl intravenous parenteral</i>		HUMULIN N NPH INSULIN KWIKPEN	41
<i>solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	34	HUMULIN N NPH U-100 INSULIN	41
<i>heparin (porcine) in 5% dex</i>	34	HUMULIN R REGULAR U-100 INSULN	41
<i>heparin (porcine) injection solution</i>	34	HUMULIN R U-500 (CONC) INSULIN	41
HEPARIN (PORCINE) INJECTION SYRINGE		HUMULIN R U-500 (CONC) KWIKPEN	41
5,000 UNIT/ML	34	<i>hydralazine injection</i>	33
<i>heparin (porcine) in nacl (pf)</i>	34	<i>hydralazine oral</i>	33
<i>heparin, porcine (pf) injection syringe</i>	34	<i>hydrochlorothiazide</i>	33
HETLIOZ	29	<i>hydrocodone-acetaminophen oral solution</i>	
HIBERIX (PF)	47	7.5-325 mg/15 ml	25
HIZENTRA	47	HYDROCODONE-ACETAMINOPHEN ORAL TABLET	
HUMALOG JUNIOR KWIKPEN U-100	41	10-300 MG, 7.5-300 MG	25
HUMALOG KWIKPEN INSULIN	41	<i>hydrocodone-acetaminophen oral tablet</i>	
HUMALOG MIX 50-50 INSULN U-100	41	10-325 mg, 5-325 mg, 7.5-325 mg	25
HUMALOG MIX 50-50 KWIKPEN	41	<i>hydrocodone-ibuprofen</i>	25
HUMALOG MIX 75-25 KWIKPEN	41	<i>hydrocortisone-acetic acid</i>	40
HUMALOG MIX 75-25(U-100)INSULN	41	<i>hydrocortisone butyrate topical cream</i>	38
HUMALOG U-100 INSULIN	41	<i>hydrocortisone butyrate topical ointment</i>	38
HUMIRA(CF) PEDI CROHNS STARTER		<i>hydrocortisone butyrate topical solution</i>	38
SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	48	<i>hydrocortisone butyr-emollient</i>	38
HUMIRA(CF) PEDI CROHNS STARTER		<i>hydrocortisone oral</i>	40
SUBCUTANEOUS SYRINGE KIT		<i>hydrocortisone rectal</i>	45
80 MG/0.8 ML-40 MG/0.4 ML	48	<i>hydrocortisone topical cream 1%, 2.5%</i>	38
HUMIRA(CF) PEN CROHNS-UC-HS	48	<i>hydrocortisone topical cream with perineal</i>	
HUMIRA(CF) PEN PEDIATRIC UC	48	<i>applicator 1%</i>	38
HUMIRA(CF) PEN PSOR-UV-ADOL HS	48	<i>hydrocortisone topical cream with perineal</i>	
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT		<i>applicator 2.5%</i>	45
40 MG/0.4 ML	48	<i>hydrocortisone topical lotion 2.5%</i>	38
HUMIRA(CF) PEN SUBCUTANEOUS PEN		<i>hydrocortisone topical ointment 1%, 2.5%</i>	38
INJECTOR KIT 80 MG/0.8 ML	48	<i>hydrocortisone valerate</i>	38
		<i>hydromorphone oral liquid</i>	25

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>hydromorphone oral tablet</i>	25	INGREZZA.....	24
<i>hydroxychloroquine</i>	12	INGREZZA INITIATION PACK.....	24
<i>hydroxyprogesterone caproate</i>	49	INLYTA ORAL TABLET 1 MG.....	17
<i>hydroxyurea</i>	17	INLYTA ORAL TABLET 5 MG.....	17
<i>hydroxyzine hcl oral tablet</i>	53	INQOVI.....	17
I		INREBIC.....	17
<i>ibandronate oral</i>	48	INSULIN LISPRO	42
IBRANCE.....	17	INSULIN LISPRO PROTAMIN-LISPRO	42
<i>ibu</i>	26	INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE.....	42
<i>ibuprofen oral suspension</i>	26	INTELENCE ORAL TABLET 25 MG	9
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	26	INTELENCE ORAL TABLET 100 MG, 200 MG	9
<i>icatibant</i>	54	INTRALIPID INTRAVENOUS EMULSION 20%, 30%	57
ICLEVIA	50	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	46
ICLUSIG.....	17	<i>introvale</i>	50
<i>idarubicin</i>	17	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML.....	29
IDHIFA.....	17	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML.....	29
<i>ifosfamide</i>	17	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	29
<i>imatinib oral tablet 100 mg</i>	17	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	29
<i>imatinib oral tablet 400 mg</i>	17	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	29
IMBRUVICA ORAL CAPSULE 70 MG.....	17	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	29
IMBRUVICA ORAL CAPSULE 140 MG	17	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	29
IMBRUVICA ORAL SUSPENSION.....	17	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	29
IMBRUVICA ORAL TABLET.....	17	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	29
IMFINZI.....	17	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	29
<i>imipenem-cilastatin</i>	12	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	29
<i>imipramine hcl</i>	29	INVELTYS	53
<i>imiquimod topical cream in metered-dose pump</i>	36	INVIRASE ORAL TABLET	9
<i>imiquimod topical cream in packet 3.75%</i>	36	INVOKAMET.....	42
<i>imiquimod topical cream in packet 5%</i>	36	INVOKAMET XR	42
IMOVAX RABIES VACCINE (PF).....	47		
<i>incassia</i>	49		
INCRELEX.....	39		
INCRUSE ELLIPTA.....	54		
<i>indapamide</i>	33		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE....	47		
INFLECTRA.....	45		
INFUGEM.....	17		
INFUMORPH P/F.....	25		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
INVOKANA	42	<i>jasmiel</i> (28)	50
IPOL	47	JEMPERLI	17
<i>ipratropium-albuterol</i>	54	JENCYCLA	49
<i>ipratropium bromide inhalation</i>	54	JENTADUETO	42
<i>ipratropium bromide nasal</i>	40	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	42
<i>irbesartan</i>	33	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	42
<i>irbesartan-hydrochlorothiazide</i>	33	JEVTANA	17
IRESSA	17	<i>jolessa</i>	50
<i>irinotecan</i>	17	<i>juleber</i>	50
ISENTRESS HD	9	JULUCA	9
ISENTRESS ORAL POWDER IN PACKET	9	<i>junel</i> 1.5/30 (21)	50
ISENTRESS ORAL TABLET	9	<i>junel</i> 1/20 (21)	50
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	9	<i>junel fe</i> 1.5/30 (28)	50
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	9	<i>junel fe</i> 1/20 (28)	50
<i>isibloom</i>	50	<i>junel fe</i> 24	50
<i>isoniazid oral solution</i>	12	K	
<i>isoniazid oral tablet</i>	12	KABIVEN	57
<i>isosorbide dinitrate oral tablet</i>	35	KADCYLA	17
<i>isosorbide-hydralazine</i>	35	<i>kaitlib fe</i>	50
<i>isosorbide mononitrate</i>	35	KALETRA ORAL TABLET 100-25 MG	9
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	37	KALETRA ORAL TABLET 200-50 MG	9
<i>isradipine</i>	33	<i>kalliga</i>	50
<i>itraconazole oral capsule</i>	8	KALYDECO ORAL GRANULES IN PACKET	54
<i>itraconazole oral solution</i>	8	KALYDECO ORAL TABLET	54
<i>ivermectin oral</i>	12	<i>kariva</i> (28)	50
IXEMPRA	17	<i>kelnor</i> 1/35 (28)	50
IXIARO (PF)	47	<i>kelnor</i> 1-50 (28)	50
J		KERENDIA	33
<i>jaimiess</i>	50	<i>ketoconazole oral</i>	8
JAKAFI	17	<i>ketoconazole topical cream</i>	37
<i>jantoven</i>	34	<i>ketoconazole topical shampoo</i>	37
JANUMET	42	<i>ketorolac ophthalmic (eye)</i>	52
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	42	KEYTRUDA	17
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	42	KIMMTRAK	17
JANUVIA	42	KINRIX (PF) INTRAMUSCULAR SYRINGE	47
JARDIANCE	42	KISQALI	17

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	17	LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	35
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	17	LANOXIN PEDIATRIC	35
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	17	<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	46
KLISYRI	17	LANTUS SOLOSTAR U-100 INSULIN	42
<i>klor-con</i>	56	LANTUS U-100 INSULIN	42
KLOR-CON 8	56	<i>lapatinib</i>	17
KLOR-CON 10	56	<i>larin 1.5/30 (21)</i>	50
<i>klor-con m10</i>	56	<i>larin 1/20 (21)</i>	50
<i>klor-con m15</i>	56	<i>larin 24 fe</i>	50
<i>klor-con m20</i>	56	<i>larin fe 1.5/30 (28)</i>	50
KLOXXADO	26	<i>larin fe 1/20 (28)</i>	50
KORLYM	44	<i>latanoprost</i>	52
K-PHOS ORIGINAL	56	LATUDA ORAL TABLET 80 MG	29
<i>kurvelo (28)</i>	50	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	29
KUVAN	44	<i>layolis fe</i>	50
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	23	<i>leena 28</i>	50
KYPROLIS	17	<i>leflunomide</i>	48
L		<i>lenalidomide oral capsule 2.5 mg</i>	17
<i>labetalol oral</i>	33	<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	17
<i>lacosamide intravenous</i>	22	<i>lenalidomide oral capsule 20 mg</i>	17
<i>lacosamide oral solution</i>	22	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	17
<i>lacosamide oral tablet 50 mg</i>	22	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)	17
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	22	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)	17
LACRISERT	52	<i>lessina</i>	50
<i>lactated ringers intravenous</i>	56	<i>letrozole</i>	17
<i>lactated ringers irrigation</i>	38	<i>leucovorin calcium injection</i>	14
<i>lactulose oral solution</i>	45	<i>leucovorin calcium oral</i>	14
<i>lamivudine oral solution</i>	9	LEUKERAN	17
<i>lamivudine oral tablet 100 mg, 300 mg</i>	9	LEUKINE INJECTION RECON SOLN	46
<i>lamivudine oral tablet 150 mg</i>	9	<i>leuprolide subcutaneous kit</i>	17
<i>lamivudine-zidovudine</i>	9	<i>levalbuterol hcl</i>	54
<i>lamotrigine oral tablet</i>	22	LEVEMIR FLEXTOUCH U-100 INSULN	42
<i>lamotrigine oral tablet, chewable dispersible</i>	22	LEVEMIR U-100 INSULIN	42
<i>lamotrigine oral tablet, disintegrating</i>	22	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	22
<i>lamotrigine oral tablet extended release 24hr</i>	22		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>levetiracetam intravenous</i>	22	<i>linezolid oral suspension for reconstitution</i>	12
<i>levetiracetam oral</i>	22	<i>linezolid oral tablet</i>	12
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	52	LINZESS	45
<i>levocarnitine oral solution 100 mg/ml</i>	39	<i>liothyronine oral</i>	44
<i>levocarnitine oral tablet</i>	39	<i>lisinopril</i>	33
<i>levocarnitine (with sugar)</i>	39	<i>lisinopril-hydrochlorothiazide</i>	33
<i>levocetirizine oral solution</i>	53	<i>lithium carbonate</i>	29
<i>levocetirizine oral tablet</i>	53	LIVALO	35
<i>levofloxacin in d5w</i>	13	<i>l norgest/e.estradiol-e.estrad</i>	50
<i>levofloxacin intravenous</i>	13	<i>lojaimiess</i>	50
<i>levofloxacin oral solution</i>	13	LOKELMA	39
<i>levofloxacin oral tablet</i>	13	LONSURF ORAL TABLET 15-6.14 MG	18
<i>levonest (28)</i>	50	LONSURF ORAL TABLET 20-8.19 MG	18
<i>levonorgestrel-ethinyl estrad</i>	50	<i>loperamide oral capsule</i>	45
<i>levonorg-eth estrad triphasic</i>	50	<i>lopinavir-ritonavir oral solution</i>	9
<i>levora-28</i>	50	<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	9
LEVO-T	44	<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	9
<i>levothyroxine oral tablet</i>	44	<i>lorazepam injection solution</i>	29
<i>levoxyl oral tablet 100 mcg, 112 mcg, 175 mcg</i>	44	<i>lorazepam injection syringe 2 mg/ml</i>	29
LEVOXYL ORAL TABLET 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	44	<i>lorazepam intensol</i>	29
LEXIVA ORAL SUSPENSION	9	<i>lorazepam oral concentrate</i>	29
LIBTAYO	18	<i>lorazepam oral syringe</i>	29
<i>lidocaine hcl injection solution</i>	36	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	29
<i>lidocaine hcl laryngotracheal</i>	36	<i>lorazepam oral tablet 2 mg</i>	29
<i>lidocaine hcl mucous membrane jelly</i>	36	LORBRENA ORAL TABLET 25 MG	18
<i>lidocaine hcl mucous membrane jelly in applicator</i>	37	LORBRENA ORAL TABLET 100 MG	18
<i>lidocaine hcl mucous membrane solution 2%</i>	37	<i>loryna (28)</i>	50
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	36	<i>losartan</i>	33
<i>lidocaine (pf) injection solution</i>	36	<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	33
<i>lidocaine (pf) intravenous</i>	32	<i>losartan-hydrochlorothiazide oral tablet</i> <i>100-12.5 mg, 100-25 mg</i>	33
<i>lidocaine-prilocaine topical cream</i>	36	LOTEMAX	53
<i>lidocaine topical adhesive patch,medicated 5%</i>	36	LOTEMAX SM	53
<i>lidocaine topical ointment</i>	36	<i>loteprednol etabonate ophthalmic (eye) drops,</i> <i>suspension</i>	53
<i>lidocaine viscous</i>	36	<i>lovastatin oral tablet 10 mg</i>	35
<i>lincomycin</i>	12	<i>lovastatin oral tablet 20 mg, 40 mg</i>	35
<i>lindane topical shampoo</i>	38	<i>low-ogestrel (28)</i>	50
<i>linezolid-0.9% sodium chloride</i>	12	<i>loxapine succinate</i>	29
<i>linezolid in dextrose 5%</i>	12	<i>lo-zumandimine (28)</i>	50

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>Iudent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	57	MAVYRET ORAL PELLETS IN PACKET	9
LUMAKRAS	18	MAVYRET ORAL TABLET	9
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	53	<i>mecizine oral tablet 12.5 mg, 25 mg</i>	45
LUMIZYME	44	MEDROL ORAL TABLET 2 MG	40
LUMOXITI	18	<i>medroxyprogesterone intramuscular</i>	49
LUPRON DEPOT	18	<i>medroxyprogesterone oral</i>	49
LUPRON DEPOT (3 MONTH)	18	<i>mefloquine</i>	12
LUPRON DEPOT (4 MONTH)	18	<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	18
LUPRON DEPOT (6 MONTH)	18	<i>megestrol oral tablet</i>	18
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	18	MEKINIST ORAL TABLET 0.5 MG	18
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	18	MEKINIST ORAL TABLET 2 MG	18
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	14	MEKTOVI	18
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	18	<i>meloxicam oral tablet 7.5 mg</i>	26
<i>lutea (28)</i>	50	<i>meloxicam oral tablet 15 mg</i>	26
LYBALVI	29	<i>melphalan</i>	18
LYNPARZA	18	<i>melphalan hcl</i>	18
LYSODREN	18	<i>memantine oral capsule, sprinkle, er 24hr</i>	24
LYUMJEV KWIKPEN U-100 INSULIN	42	<i>memantine oral solution</i>	24
LYUMJEV KWIKPEN U-200 INSULIN	42	<i>memantine oral tablet 5 mg</i>	24
LYUMJEV U-100 INSULIN	42	<i>memantine oral tablet 10 mg</i>	24
<i>lyza</i>	49	<i>memantine oral tablets, dose pack</i>	24
M		MENACTRA (PF) INTRAMUSCULAR SOLUTION	47
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	56	MENOSTAR	49
<i>magnesium sulfate injection</i>	56	MENQUADFI (PF)	47
<i>magnesium sulfate in water</i>	56	MENVEO A-C-Y-W-135-DIP (PF)	47
<i>malathion</i>	38	<i>mercaptopurine</i>	18
<i>maraviroc oral tablet 150 mg</i>	9	<i>meropenem</i>	12
<i>maraviroc oral tablet 300 mg</i>	9	<i>meropenem-0.9% sodium chloride</i>	12
MARGENZA	18	<i>merzee</i>	51
<i>marlissa (28)</i>	51	<i>mesalamine oral capsule, extended release 24hr</i>	45
MARPLAN	29	<i>mesalamine rectal enema</i>	45
MARQIBO	18	<i>mesalamine with cleansing wipe</i>	45
MATULANE	18	<i>mesna</i>	14
<i>matzim la</i>	33	MESNEX ORAL	14
		<i>metadate er</i>	29
		<i>metaproterenol oral syrup</i>	54
		METFORMIN ORAL SOLUTION	42
		<i>metformin oral tablet 1,000 mg</i>	42
		<i>metformin oral tablet 500 mg</i>	42

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>metformin oral tablet 850 mg</i>	42	<i>metronidazole oral tablet</i>	12
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	42	<i>metronidazole topical</i>	37
<i>metformin oral tablet extended release 24 hr 500 mg</i>	42	<i>metronidazole vaginal</i>	49
<i>metformin oral tablet extended release 24hr 500 mg</i>	42	<i>metyrosine</i>	33
<i>metformin oral tablet extended release 24 hr 750 mg</i>	42	<i>mexiletine</i>	32
<i>methadone injection solution</i>	25	MIACALCIN INJECTION	44
<i>methadone oral concentrate</i>	25	<i>micafungin</i>	8
<i>methadone oral solution 5 mg/5 ml</i>	25	<i>microgestin 1.5/30 (21)</i>	51
<i>methadone oral solution 10 mg/5 ml</i>	25	<i>microgestin 1/20 (21)</i>	51
<i>methadone oral tablet 5 mg</i>	25	<i>microgestin fe 1.5/30 (28)</i>	51
<i>methadone oral tablet 10 mg</i>	25	<i>microgestin fe 1/20 (28)</i>	51
<i>methazolamide</i>	52	<i>midodrine</i>	39
<i>methenamine hippurate</i>	14	<i>migergot</i>	24
<i>methimazole oral tablet 10 mg, 5 mg</i>	40	<i>miglitol oral tablet 25 mg</i>	42
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	25	<i>miglitol oral tablet 50 mg</i>	42
<i>methotrexate sodium injection</i>	18	<i>miglitol oral tablet 100 mg</i>	42
<i>methotrexate sodium oral</i>	18	<i>miglustat</i>	44
<i>methotrexate sodium (pf)</i>	18	<i>mili</i>	51
<i>methoxsalen</i>	36	<i>minocycline oral capsule</i>	14
<i>methyl dopa</i>	33	<i>minocycline oral tablet</i>	14
<i>methylphenidate hcl oral tablet</i>	29	<i>minoxidil oral</i>	33
<i>methylphenidate hcl oral tablet extended release</i>	30	<i>mirtazapine oral tablet</i>	30
<i>methylphenidate hcl oral tablet extended release</i> <i>24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating),</i> <i>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>	40	<i>misoprostol</i>	46
<i>methylprednisolone acetate</i>	40	MITIGARE	48
<i>methylprednisolone oral tablet</i>	40	<i>mitomycin intravenous</i>	18
<i>methylprednisolone oral tablets, dose pack</i>	40	<i>mitoxantrone</i>	18
<i>methylprednisolone sodium succ injection recon soln</i> <i>125 mg, 40 mg</i>	40	M-M-R II (PF)	47
<i>methylprednisolone sodium succ intravenous</i>	40	M-NATAL PLUS	57
<i>metoclopramide hcl oral solution</i>	45	<i>modafinil oral tablet 100 mg</i>	30
<i>metoclopramide hcl oral tablet</i>	45	<i>modafinil oral tablet 200 mg</i>	30
<i>metolazone</i>	33	<i>moexipril</i>	33
<i>metoprolol succinate</i>	33	<i>molindone</i>	30
<i>metoprolol ta-hydrochlorothiaz</i>	33	<i>mometasone nasal</i>	54
<i>metoprolol tartrate oral</i>	33	<i>mometasone topical</i>	38
<i>metro i.v.</i>	12	<i>mondoxylene nl oral capsule 100 mg</i>	14
<i>metronidazole in nacl (iso-os)</i>	12	MONJUVI	18
		<i>mono-lynyah</i>	51
		<i>montelukast oral granules in packet</i>	54
		<i>montelukast oral tablet</i>	54

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>montelukast oral tablet, chewable</i>	54	<i>naftifine topical cream</i>	37
<i>morphine concentrate oral solution</i>	25	NAFTIN TOPICAL GEL 2%	37
<i>morphine injection solution 8 mg/ml</i>	26	NAGLAZYME	44
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	26	<i>naloxone injection solution</i>	26
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML ..	26	<i>naloxone injection syringe 1 mg/ml</i>	26
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	26	<i>naloxone nasal</i>	26
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	26	<i>naltrexone</i>	26
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	26	NAMZARIC	24
<i>morphine oral solution</i>	26	<i>naproxen oral suspension</i>	26
MORPHINE ORAL TABLET	26	<i>naproxen oral tablet</i>	26
<i>morphine oral tablet extended release</i>	26	<i>naproxen oral tablet, delayed release (dr/ec)</i>	26
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	25	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	26
MOUNJARO	42	<i>naratriptan</i>	24
MOVANTIK	45	NARCAN	26
<i>moxifloxacin ophthalmic (eye)</i>	52	NATACYN	52
<i>moxifloxacin oral</i>	13	<i>nateglinide oral tablet 60 mg</i>	42
<i>moxifloxacin-sod. ace, sul-water</i>	13	<i>nateglinide oral tablet 120 mg</i>	42
<i>moxifloxacin-sod. chloride(iso)</i>	13	NATPARA	44
MOZOBIL	46	NAYZILAM	22
<i>mupirocin</i>	37	<i>nebivolol</i>	33
<i>mupirocin calcium</i>	37	<i>necon 0.5/35 (28)</i>	51
<i>mycophenolate mofetil (hcl)</i>	18	<i>nefazodone</i>	30
<i>mycophenolate mofetil oral capsule</i>	18	<i>nelarabine</i>	18
<i>mycophenolate mofetil oral suspension for reconstitution</i> ..	18	<i>neomycin</i>	12
<i>mycophenolate mofetil oral tablet</i>	18	<i>neomycin-bacitracin-poly-hc</i>	53
<i>mycophenolate sodium</i>	18	<i>neomycin-bacitracin-polymyxin</i>	52
MYLOTARG	18	<i>neomycin-polymyxin b-dexameth</i>	53
<i>myorisan</i>	37	<i>neomycin-polymyxin b gu</i>	38
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	55	<i>neomycin-polymyxin-gramicidin</i>	52
N		<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	53
<i>nabumetone</i>	26	<i>neomycin-polymyxin-hc otic (ear)</i>	40
<i>nadolol</i>	33	<i>neo-polycin</i>	52
<i>nafcillin in dextrose iso-osm</i>	13	<i>neo-polycin hc</i>	53
<i>nafcillin injection</i>	13	NERLYNX	18
<i>nafcillin intravenous recon soln 2 gram</i>	13	NEUPRO	23
		<i>nevirapine oral suspension</i>	9
		<i>nevirapine oral tablet</i>	9
		<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	9
		<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	9
		NEXAVAR	18

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
NEXLETOL	35	<i>nortrel 0.5/35 (28)</i>	51
NEXLIZET	35	<i>nortrel 1/35 (21)</i>	51
<i>niacin oral tablet 500 mg</i>	35	<i>nortrel 1/35 (28)</i>	51
<i>niacin oral tablet extended release 24 hr</i>	35	<i>nortrel 7/7/7 (28)</i>	51
<i>niacor</i>	35	<i>nortriptyline oral capsule</i>	30
<i>nicardipine intravenous solution</i>	33	<i>nortriptyline oral solution</i>	30
<i>nicardipine oral</i>	33	NORVIR ORAL POWDER IN PACKET	9
NICOTROL	40	NORVIR ORAL SOLUTION	9
NICOTROL NS	40	NOVOFINE PEN NEEDLE	42
<i>nifedipine oral tablet extended release</i>	33	NOVOTWIST PEN NEEDLE	42
<i>nifedipine oral tablet extended release 24hr</i>	33	NUBEQA	18
<i>nikki (28)</i>	51	NUCALA SUBCUTANEOUS AUTO-INJECTOR	54
<i>nilutamide</i>	18	NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	54
<i>nimodipine</i>	33	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	54
NINLARO	18	NUDEXTA	24
NIPENT	18	NULOJIX	18
<i>nisoldipine</i>	33	NUPLAZID	30
NITAZOXANIDE	12	NURTEC ODT	24
<i>nitisinone</i>	39	NUTRILIPID	57
<i>nitrofurantoin</i>	14	NUZYRA INTRAVENOUS	14
<i>nitrofurantoin macrocrystal</i>	14	NUZYRA ORAL	14
<i>nitrofurantoin monohyd/m-cryst</i>	14	<i>nyamyc</i>	37
<i>nitroglycerin intravenous</i>	35	<i>nylia 1/35 (28)</i>	51
<i>nitroglycerin sublingual</i>	35	<i>nylia 7/7/7 (28)</i>	51
<i>nitroglycerin transdermal patch 24 hour</i>	35	<i>nymyo</i>	51
<i>nitroglycerin translingual</i>	35	<i>nystatin oral suspension</i>	8
NIVESTYM	46	<i>nystatin oral tablet</i>	8
<i>nizatidine oral capsule</i>	46	<i>nystatin topical cream</i>	37
<i>nora-be</i>	49	<i>nystatin topical ointment</i>	37
<i>noreth-ethinyl estradiol-iron</i>	51	<i>nystatin topical powder</i>	37
<i>norethindrone acetate</i>	49	<i>nystatin-triamcinolone</i>	37
<i>norethindrone ac-eth estradiol oral tablet</i> <i>0.5-2.5 mg-mcg</i>	49	<i>nystop</i>	37
<i>norethindrone ac-eth estradiol oral tablet</i> <i>1-20 mg-mcg, 1.5-30 mg-mcg</i>	51	NYVEPRIA	46
<i>norethindrone (contraceptive)</i>	49		
<i>norethindrone-e.estradiol-iron</i>	51		
<i>norgestimate-ethinyl estradiol</i>	51		
NORTHERA ORAL CAPSULE 100 MG	39		
NORTHERA ORAL CAPSULE 200 MG, 300 MG	39		

O

OCALIVA	45
<i>ocella</i>	51
OCREVUS	24
<i>octreotide acetate injection solution 1,000 mcg/ml,</i> <i>100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	18

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>octreotide acetate injection solution 500 mcg/ml</i>	18	ORENCIA SUBCUTANEOUS SYRINGE	
<i>octreotide acetate injection syringe</i>	18	50 MG/0.4 ML	48
ODEFSEY	9	ORENCIA SUBCUTANEOUS SYRINGE	
ODOMZO	18	87.5 MG/0.7 ML	48
OFEV	54	ORENCIA SUBCUTANEOUS SYRINGE	
<i>ofloxacin ophthalmic (eye)</i>	52	125 MG/ML	48
<i>ofloxacin otic (ear)</i>	40	ORGOVYX	19
<i>olanzapine-fluoxetine</i>	30	ORKAMBI ORAL GRANULES IN PACKET	55
<i>olanzapine intramuscular</i>	30	ORKAMBI ORAL TABLET	55
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	30	<i>oseltamivir</i>	9
<i>olanzapine oral tablet 15 mg, 20 mg</i>	30	<i>oxacillin injection</i>	13
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	30	<i>oxaliplatin</i>	19
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	30	<i>oxandrolone oral tablet 2.5 mg</i>	44
<i>olmesartan</i>	33	<i>oxandrolone oral tablet 10 mg</i>	44
<i>olmesartan-amlodipin-hcthiazid</i>	33	<i>oxaprozin</i>	26
<i>olmesartan-hydrochlorothiazide</i>	33	<i>oxazepam</i>	30
<i>olopatadine ophthalmic (eye)</i>	52	<i>oxcarbazepine</i>	22
<i>omega-3 acid ethyl esters</i>	35	OXERVATE	52
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	46	<i>oxybutynin chloride oral syrup</i>	55
OMNIPOD 5 G6 INTRO KIT (GEN 5)	42	<i>oxybutynin chloride oral tablet</i>	55
OMNIPOD 5 G6 PODS (GEN 5)	42	<i>oxybutynin chloride oral tablet extended release 24hr</i>	55
OMNIPOD CLASSIC PDM KIT(GEN 3)	42	<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i> <i>2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	26
OMNIPOD CLASSIC PODS (GEN 3)	42	<i>oxycodone oral concentrate</i>	26
OMNIPOD DASH INTRO KIT (GEN 4)	42	<i>oxycodone oral solution</i>	26
OMNIPOD DASH PDM KIT (GEN 4)	42	OXYCODONE ORAL SYRINGE	26
OMNIPOD DASH PODS (GEN 4)	42	<i>oxycodone oral tablet 5 mg</i>	26
ONCASPAR	19	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	26
<i>ondansetron</i>	45	<i>oxymorphone oral tablet extended release 12 hr</i>	26
<i>ondansetron hcl intravenous</i>	45	OZEMPIC SUBCUTANEOUS PEN INJECTOR	
<i>ondansetron hcl oral solution</i>	45	0.25 MG OR 0.5 MG(2 MG/1.5 ML)	42
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	45	OZEMPIC SUBCUTANEOUS PEN INJECTOR	
<i>ondansetron hcl (pf)</i>	45	1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	42
ONIVYDE	19		
ONUREG	19	P	
OPDIVO	19	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	32
OPDUALAG	19	<i>paclitaxel</i>	19
OPSUMIT	54	PACLITAXEL PROTEIN-BOUND	19
<i>oralone</i>	40	PADCEV	19
ORBACTIV	12	<i>paliperidone oral tablet extended release</i> <i>24hr 1.5 mg, 9 mg</i>	30
ORENCIA CLICKJECT	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>paliperidone oral tablet extended release</i>		PERJETA	19
<i>24hr 3 mg, 6 mg</i>	30	<i>permethrin</i>	38
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	45	<i>perphenazine</i>	30
<i>pamidronate</i>	44	<i>perphenazine-amitriptyline</i>	30
PANRETIN	36	PERSERIS	30
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	46	<i>pfizerpen-g</i>	13
<i>paricalcitol oral</i>	44	<i>phenelzine</i>	30
<i>paroex oral rinse</i>	40	<i>phenobarbital oral elixir</i>	22
<i>paromomycin</i>	12	<i>phenobarbital oral tablet</i>	22
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	30	<i>phenobarbital sodium injection solution</i>	22
PAROXETINE HCL ORAL SUSPENSION 10 MG/5 ML	30	<i>phenoxybenzamine</i>	33
<i>paroxetine hcl oral tablet 10 mg</i>	30	<i>phenytoin oral suspension</i>	22
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	30	<i>phenytoin oral tablet, chewable</i>	22
<i>paroxetine hcl oral tablet 30 mg</i>	30	<i>phenytoin sodium extended</i>	22
<i>paroxetine hcl oral tablet extended release 24 hr</i>	30	<i>phenytoin sodium intravenous solution</i>	22
PASER	12	PHESGO	19
PAXIL ORAL SUSPENSION	30	<i>philith</i>	51
PEDIARIX (PF)	47	PHOSPHOLINE IODIDE	52
PEDVAX HIB (PF)	47	PIFELTRO	9
<i>peg 3350-electrolytes oral recon soln</i>		<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	52
<i>236-22.74-6.74 -5.86 gram</i>	45	<i>pilocarpine hcl oral</i>	39
PEGASYS SUBCUTANEOUS SOLUTION	46	<i>pimecrolimus</i>	36
PEGASYS SUBCUTANEOUS SYRINGE	46	<i>pimozide</i>	30
<i>peg-electrolyte soln</i>	45	<i>pimtrea (28)</i>	51
PEMAZYRE	19	<i>pindolol</i>	33
<i>pemetrexed disodium intravenous recon soln</i>	19	<i>pioglitazone</i>	43
<i>penicillamine</i>	48	<i>pioglitazone-metformin</i>	43
<i>penicillin g potassium</i>	13	<i>piperacillin-tazobactam</i>	13
<i>penicillin v potassium oral recon soln</i>	13	PIQRAY	19
<i>penicillin v potassium oral tablet 250 mg</i>	13	<i>pirfenidone oral tablet 267 mg</i>	55
<i>penicillin v potassium oral tablet 500 mg</i>	13	PIRFENIDONE ORAL TABLET 534 MG	55
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	42	<i>pirfenidone oral tablet 801 mg</i>	55
PENTACEL (PF)	47	PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	51
<i>pentamidine inhalation</i>	12	<i>pirmella oral tablet 1-35 mg-mcg</i>	51
<i>pentamidine injection</i>	12	PLENAMINE	57
PENTASA	45	PNV-DHA	57
<i>pentoxifylline</i>	34	PNV-OMEGA	57
PERFOROMIST	55	PNV-SELECT	57
PERIKABIVEN	57	<i>podofilox</i>	36
<i>perindopril erbumine</i>	33	POLIVY	19

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>polycin</i>	52	<i>prednisolone oral solution</i>	40
<i>polymyxin b sulfate</i>	12	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	53
<i>polymyxin b sulf-trimethoprim</i>	52	<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).....	40
POMALYST.....	19	<i>prednisone intensol</i>	40
<i>portia 28</i>	51	<i>prednisone oral solution</i>	40
PORTRAZZA.....	19	<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg,</i> 20 mg, 5 mg.....	40
<i>posaconazole</i>	8	<i>prednisone oral tablet 50 mg</i>	40
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L.....	56	<i>prednisone oral tablets,dose pack</i>	40
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral</i> <i>solution 30 meq/l</i>	56	<i>pregabalin oral capsule 100 mg, 150 mg,</i> 25 mg, 50 mg, 75 mg.....	22
<i>potassium chloride-0.45% nacl</i>	56	<i>pregabalin oral capsule 200 mg</i>	22
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L.....	56	<i>pregabalin oral capsule 225 mg, 300 mg</i>	22
POTASSIUM CHLORIDE-D5-0.9%NACL.....	56	<i>pregabalin oral solution</i>	22
<i>potassium chloride in 0.9%nacl intravenous parenteral</i> <i>solution 20 meq/l, 40 meq/l</i>	56	<i>pregabalin oral tablet extended release</i> 24 hr 165 mg, 82.5 mg.....	22
<i>potassium chloride in 5% dex intravenous</i> <i>parenteral solution 20 meq/l</i>	56	<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	22
<i>potassium chloride in lr-d5 intravenous</i> <i>parenteral solution 20 meq/l</i>	56	PREHEVBRIO (PF).....	47
<i>potassium chloride intravenous</i>	56	PREMARIN INJECTION.....	49
<i>potassium chloride in water intravenous piggyback 10</i> <i>meq/100 ml, 10 meq/50 ml, 20 meq/100 ml,</i> <i>20 meq/50 ml, 40 meq/100 ml</i>	56	PREMARIN ORAL.....	49
<i>potassium chloride oral capsule, extended release</i>	56	PREMARIN VAGINAL.....	49
<i>potassium chloride oral liquid</i>	56	PREMASOL 10%.....	57
<i>potassium chloride oral packet</i>	56	<i>prenatal plus (calcium carb)</i>	57
<i>potassium chloride oral tablet,er particles/crystals</i>	56	PRENATAL VITAMIN PLUS LOW IRON.....	57
<i>potassium chloride oral tablet extended release</i>	56	<i>prevalite</i>	35
<i>potassium citrate oral tablet extended release</i>	56	PREVYMIS ORAL.....	9
POTELIGEO.....	19	PREZCOBIX.....	9
PRADAXA.....	34	PREZISTA ORAL SUSPENSION.....	9
<i>pramipexole oral tablet</i>	23	PREZISTA ORAL TABLET 75 MG.....	9
<i>pramipexole oral tablet extended release 24 hr</i>	24	PREZISTA ORAL TABLET 150 MG.....	9
PRASUGREL.....	34	PREZISTA ORAL TABLET 600 MG.....	9
<i>pravastatin</i>	35	PREZISTA ORAL TABLET 800 MG.....	10
<i>praziquantel</i>	12	PRIFTIN.....	12
<i>prazosin</i>	33	PRIMAQUINE.....	12
<i>prednicarbate topical ointment</i>	38	<i>primidone</i>	22
<i>prednisolone acetate</i>	53	PR NATAL 400.....	57
		PR NATAL 400 EC.....	57
		PR NATAL 430.....	57
		PR NATAL 430 EC.....	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>probenecid</i>	48	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	55
<i>probenecid-colchicine</i>	48	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	55
PROCALAMINE 3%	57	PULMOZYME	55
<i>prochlorperazine</i>	45	PURIXAN	19
<i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml)	45	<i>pyrazinamide</i>	12
<i>prochlorperazine maleate</i>	45	<i>pyridostigmine bromide oral syrup</i>	25
PROCRIT	46	<i>pyridostigmine bromide oral tablet 60 mg</i>	25
<i>procto-med hc</i>	45	<i>pyridostigmine bromide oral tablet extended release</i>	25
<i>procto-pak</i>	45	<i>pyrimethamine</i>	12
<i>proctosol hc topical</i>	45		
<i>proctozone-hc</i>	45	Q	
<i>progesterone micronized</i>	49	QINLOCK	19
PROGRAF INTRAVENOUS	19	QUADRACEL (PF)	47
PROGRAF ORAL GRANULES IN PACKET	19	<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	30
PROLASTIN-C INTRAVENOUS RECON SOLN	39	<i>quetiapine oral tablet 150 mg, 200 mg</i>	30
PROLASTIN-C INTRAVENOUS SOLUTION	39	<i>quetiapine oral tablet 300 mg, 400 mg</i>	30
PROLENSA	52	<i>quetiapine oral tablet extended release</i> 24 hr 150 mg, 200 mg	30
PROLEUKIN	46	<i>quetiapine oral tablet extended release</i> 24 hr 300 mg, 400 mg, 50 mg	30
PROLIA	48	<i>quinapril</i>	33
PROMACTA ORAL POWDER IN PACKET 12.5 MG	34	<i>quinapril-hydrochlorothiazide</i>	33
PROMACTA ORAL POWDER IN PACKET 25 MG	34	<i>quinidine sulfate oral tablet</i>	32
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	34	<i>quinine sulfate</i>	12
PROMACTA ORAL TABLET 75 MG	34		
<i>promethazine oral</i>	53	R	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	53	RABAVERT (PF)	47
<i>promethegan rectal suppository 25 mg, 50 mg</i>	53	<i>raloxifene</i>	48
<i>propafenone oral capsule, extended release 12 hr</i>	32	<i>ramelteon</i>	30
<i>propafenone oral tablet</i>	32	<i>ramipril</i>	33
<i>propranolol-hydrochlorothiazid</i>	33	<i>ranolazine</i>	35
<i>propranolol oral capsule, extended release 24 hr</i>	33	<i>rasagiline</i>	24
<i>propranolol oral solution</i>	33	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	46
<i>propranolol oral tablet</i>	33	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	46
<i>propylthiouracil</i>	41	REBIF TITRATION PACK	46
PROQUAD (PF)	47	REBIF (WITH ALBUMIN)	46
PROSOL 20%	57		
<i>protriptyline</i>	30		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>reclipsen (28)</i>	51	<i>risedronate oral tablet 150 mg</i>	48
RECOMBIVAX HB (PF)	47	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	30
RECTIV	45	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	30
<i>regonol</i>	25	<i>risperidone oral solution</i>	30
REGRANEX	36	<i>risperidone oral syringe</i>	30
RENACIDIN	56	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	31
<i>repaglinide oral tablet 0.5 mg</i>	43	<i>risperidone oral tablet 1 mg</i>	31
<i>repaglinide oral tablet 1 mg</i>	43	<i>risperidone oral tablet 2 mg</i>	31
<i>repaglinide oral tablet 2 mg</i>	43	<i>risperidone oral tablet 3 mg</i>	31
REPATHA PUSHTRONEX	35	<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	31
REPATHA SURECLICK	35	<i>risperidone oral tablet,disintegrating 1 mg</i>	31
REPATHA SYRINGE	35	<i>risperidone oral tablet,disintegrating 2 mg</i>	31
RESTASIS	52	<i>risperidone oral tablet,disintegrating 3 mg</i>	31
RESTASIS MULTIDOSE	52	<i>ritonavir</i>	10
RETACRIT	47	<i>rivastigmine</i>	24
RETEVMO ORAL CAPSULE 40 MG	19	<i>rivastigmine tartrate</i>	24
RETEVMO ORAL CAPSULE 80 MG	19	<i>rivelsa</i>	51
RETROVIR INTRAVENOUS	10	<i>rizatriptan</i>	24
REVLIMID	19	ROCKLATAN	53
REXULTI	30	ROMIDEPSIN	19
REYATAZ ORAL POWDER IN PACKET	10	<i>ropinirole oral tablet</i>	24
RHOPRESSA	53	<i>rosadan topical cream</i>	37
<i>ribavirin oral capsule</i>	10	<i>rosadan topical gel</i>	37
<i>ribavirin oral tablet 200 mg</i>	10	<i>rosuvastatin</i>	35
RIDAURA	48	ROTARIX	47
<i>rifabutin</i>	12	ROTATEQ VACCINE	47
<i>rifampin intravenous</i>	12	<i>roweepra oral tablet 500 mg</i>	22
<i>rifampin oral</i>	12	ROZLYTREK ORAL CAPSULE 100 MG	19
<i>riluzole</i>	39	ROZLYTREK ORAL CAPSULE 200 MG	19
<i>rimantadine</i>	10	RUBRACA	19
<i>ringer's intravenous</i>	56	RUFINAMIDE ORAL SUSPENSION	23
<i>ringer's irrigation</i>	38	<i>rufinamide oral tablet</i>	23
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	48	RUKOBIA	10
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	49	RUXIENCE	19
<i>risedronate oral tablet 5 mg</i>	48	RYBELSUS	43
<i>risedronate oral tablet 30 mg</i>	39	RYBREVANT	19
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
RYDAPT	19	SIMULECT	19
RYLAZE	19	<i>simvastatin oral tablet</i>	35
RYTARY	24	<i>sirolimus oral solution</i>	19
S		<i>sirolimus oral tablet</i>	19
<i>sajazir</i>	55	SIRTURO	12
<i>salsalate</i>	26	SIVEXTRO INTRAVENOUS	12
SAMSCA ORAL TABLET 15 MG	44	SIVEXTRO ORAL	12
SANCUSO	45	SKYRIZI INTRAVENOUS	35
SANDIMMUNE ORAL SOLUTION	19	SKYRIZI SUBCUTANEOUS PEN INJECTOR	35
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	19	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	36
SANTYL	36	SKYRIZI SUBCUTANEOUS SYRINGE KIT	36
<i>sapropterin</i>	44	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	46
SARCLISA	19	<i>sodium bicarbonate intravenous syringe</i>	56
SCEMBLIX ORAL TABLET 20 MG	19	<i>sodium chloride 0.9% intravenous</i>	39
SCEMBLIX ORAL TABLET 40 MG	19	<i>sodium chloride 0.45% intravenous parenteral solution</i>	56
<i>scopolamine base</i>	46	<i>sodium chloride 3% hypertonic</i>	56
SECUADO	31	<i>sodium chloride 5% hypertonic</i>	56
<i>selegiline hcl</i>	24	<i>sodium chloride intravenous</i>	56
<i>selenium sulfide topical lotion</i>	35	<i>sodium chloride irrigation</i>	39
SELZENTRY ORAL SOLUTION	10	<i>sodium fluoride 5000 dry mouth</i>	40
SELZENTRY ORAL TABLET 25 MG	10	<i>sodium fluoride-pot nitrate</i>	40
SELZENTRY ORAL TABLET 150 MG, 75 MG	10	<i>sodium phenylbutyrate</i>	39
SELZENTRY ORAL TABLET 300 MG	10	<i>sodium polystyrene sulfonate oral powder</i>	39
SE-NATAL-19	57	<i>solifenacin</i>	55
SE-NATAL 19 CHEWABLE	57	SOLQUA 100/33	43
SEREVENT DISKUS	55	SOLTAMOX	19
<i>sertraline oral concentrate</i>	31	SOLU-CORTEF ACT-O-VIAL (PF)	40
<i>sertraline oral tablet</i>	31	SOMATULINE DEPOT	19
<i>setlakin</i>	51	SOMAVERT	44
SEVELAMER CARBONATE	39	<i>sorafenib</i>	19
<i>sharobel</i>	49	<i>sorine</i>	32
SHINGRIX (PF)	47	<i>sotalol af</i>	32
SIGNIFOR	19	<i>sotalol oral</i>	32
<i>sildenafil (pulm.hypertension) oral tablet</i>	55	SOTYLIZE	32
<i>silver sulfadiazine</i>	36	<i>spironolactone</i>	33
SIMBRINZA	53	<i>spironolacton-hydrochlorothiaz</i>	33
<i>simliya (28)</i>	51	<i>sprintec (28)</i>	51
<i>simpanse</i>	51	SPRITAM	23
		SPRYCEL ORAL TABLET 20 MG, 70 MG	19

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	19	SUTENT	19
<i>sps (with sorbitol)</i>	39	<i>syeda</i>	51
<i>sronyx</i>	51	SYMDEKO	55
<i>ssd</i>	36	SYMLINPEN 60	43
STAMARIL (PF)	47	SYMLINPEN 120	43
<i>stavudine oral capsule</i>	10	SYMPAZAN	23
STELARA SUBCUTANEOUS SOLUTION	36	SYMTUZA	10
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	36	SYNAREL	44
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	36	SYNJARDY	43
STIVARGA	19	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	43
<i>streptomycin</i>	12	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	43
STRIBILD	10	SYNRIBO	20
<i>subvenite</i>	23	SYNTHROID	44
<i>subvenite starter (blue) kit</i>	23		
<i>subvenite starter (green) kit</i>	23	T	
<i>subvenite starter (orange) kit</i>	23	TABLOID	20
SUCRAID	46	TABRECTA	20
<i>sucalfate oral suspension</i>	46	<i>tacrolimus oral</i>	20
<i>sucalfate oral tablet</i>	46	<i>tacrolimus topical</i>	36
<i>sulfacetamide-prednisolone</i>	52	<i>tadalafil (pulm. hypertension)</i>	55
<i>sulfacetamide sodium (acne)</i>	37	TADLIQ	55
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	52	TAFINLAR	20
<i>sulfadiazine</i>	14	TAGRISSO	20
<i>sulfamethoxazole-trimethoprim intravenous</i>	14	TALICIA	46
<i>sulfamethoxazole-trimethoprim oral suspension</i>	14	TALTZ SYRINGE	36
<i>sulfamethoxazole-trimethoprim oral tablet</i>	14	TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	20
<i>sulfasalazine</i>	46	TALZENNA ORAL CAPSULE 0.25 MG	20
<i>sulindac</i>	26	<i>tamoxifen</i>	20
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	24	<i>tamsulosin</i>	56
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	24	TARGETIN TOPICAL	20
<i>sumatriptan succinate oral</i>	24	<i>tarina 24 fe</i>	51
<i>sumatriptan succinate subcutaneous cartridge</i>	24	<i>tarina fe 1/20 (28)</i>	51
<i>sumatriptan succinate subcutaneous pen injector</i>	24	<i>tarina fe 1-20 eq (28)</i>	51
<i>sumatriptan succinate subcutaneous solution</i>	24	TARON-C DHA	57
<i>sunitinib</i>	19	TASIGNA ORAL CAPSULE 50 MG	20
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	11	TASIGNA ORAL CAPSULE 150 MG, 200 MG	20
SUPREP BOWEL PREP KIT	46	TAYSOFY	51
SUTAB	46	<i>tazarotene topical cream</i>	37

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>tazarotene topical gel</i>	37	<i>testosterone transdermal gel in metered-dose pump</i>	
<i>tazicef</i>	11	12.5 mg/ 1.25 gram (1%)	44
TAZORAC TOPICAL CREAM 0.05%	37	<i>testosterone transdermal gel in packet 1%</i>	
TAZORAC TOPICAL GEL	37	(25 mg/2.5gram), 1% (50 mg/5 gram)	44
<i>taztia xt oral capsule, extended release</i>		TETANUS, DIPHTHERIA TOX PED(PF)	47
24 hr 120 mg, 180 mg, 240 mg, 300 mg	33	<i>tetrabenazine oral tablet 12.5 mg</i>	24
TAZVERIK	20	<i>tetrabenazine oral tablet 25 mg</i>	25
TDVAX	47	<i>tetracycline</i>	14
TECENTRIQ	20	THALOMID ORAL CAPSULE	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML		100 MG, 150 MG, 50 MG	20
29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31		THALOMID ORAL CAPSULE 200 MG	20
GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	43	THEO-24	55
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML		<i>theophylline oral tablet extended release</i>	
29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML		12 hr 300 mg, 450 mg	55
31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML		<i>theophylline oral tablet extended release 24 hr</i>	55
30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML		<i>thioridazine</i>	31
31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	43	<i>thiotepa</i>	20
TECHLITE PEN NEEDLE	43	<i>thiothixene</i>	31
TEFLARO	11	<i>tiadylt er</i>	34
TEKTURN HCT	33	<i>tiagabine</i>	23
<i>telmisartan</i>	33	TIBSOVO	20
<i>telmisartan-amlodipine</i>	33	TICE BCG	47
<i>telmisartan-hydrochlorothiazid</i>	33	TICOVAC	47
<i>temazepam oral capsule 15 mg, 30 mg</i>	31	<i>tigecycline</i>	12
TEMIXYS	10	<i>tilia fe</i>	51
TEMODAR INTRAVENOUS	20	<i>timolol maleate ophthalmic (eye) drops</i>	52
<i>temsirolimus</i>	20	TIMOLOL MALEATE OPHTHALMIC (EYE)	
TENIVAC (PF)	47	GEL FORMING SOLUTION	52
<i>tenofovir disoproxil fumarate</i>	10	<i>timolol maleate oral</i>	34
TEPMETKO	20	<i>tis-u-sol pentalyte</i>	38
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	33	TIVDAK	20
<i>terazosin oral capsule 10 mg</i>	33	TIVICAY ORAL TABLET 10 MG	10
<i>terbinafine hcl oral</i>	8	TIVICAY ORAL TABLET 25 MG, 50 MG	10
<i>terbutaline</i>	55	TIVICAY PD	10
<i>terconazole</i>	49	<i>tizanidine oral capsule</i>	25
TERIPARATIDE	48	<i>tizanidine oral tablet</i>	25
<i>testosterone cypionate intramuscular oil</i>		TOBI PODHALER INHALATION CAPSULE,	
100 mg/ml, 200 mg/ml (1 ml)	44	W/INHALATION DEVICE	12
TESTOSTERONE CYPIONATE INTRAMUSCULAR		TOBRADEX ST	53
OIL 200 MG/ML	44	<i>tobramycin-dexamethasone</i>	53
<i>testosterone enanthate</i>	44	<i>tobramycin in 0.225% nacl</i>	12
<i>testosterone transdermal gel</i>	44		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>tobramycin ophthalmic (eye)</i>	52	<i>tretinoin topical cream</i>	37
<i>tobramycin sulfate</i>	12	<i>tretinoin topical gel 0.01%</i>	37
TOBREX OPHTHALMIC (EYE) OINTMENT	52	<i>tretinoin topical gel 0.025%, 0.05%</i>	37
<i>tolcapone</i>	24	<i>triamcinolone acetonide dental</i>	40
<i>tolterodine</i>	55	<i>triamcinolone acetonide injection suspension 40 mg/ml</i> ...	40
TOLVAPTAN ORAL TABLET 15 MG	44	<i>triamcinolone acetonide topical cream 0.1%</i>	38
<i>tolvaptan oral tablet 30 mg</i>	44	<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	38
<i>topiramate oral capsule, sprinkle</i>	23	<i>triamcinolone acetonide topical lotion</i>	38
<i>topiramate oral tablet</i>	23	<i>triamcinolone acetonide topical ointment</i>	38
<i>toposar</i>	20	<i>triamterene-hydrochlorothiazid</i>	34
<i>topotecan intravenous recon soln</i>	20	<i>triderm topical cream 0.1%</i>	38
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	20	<i>trientine</i>	39
<i>toremifene</i>	20	<i>tri-estarylla</i>	51
<i>toremide oral</i>	34	<i>tri femynor</i>	51
TOUJEO MAX U-300 SOLOSTAR	43	<i>trifluoperazine</i>	31
TOUJEO SOLOSTAR U-300 INSULIN	43	<i>trifluridine</i>	52
TOVIAZ	55	<i>trihexyphenidyl</i>	24
TPN ELECTROLYTES	56	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	43
TRADJENTA	43	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	43
<i>tramadol-acetaminophen</i>	26	TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	55
<i>tramadol oral tablet 50 mg</i>	26	TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	55
<i>trandolapril</i>	34	<i>tri-legest fe</i>	51
<i>tranexamic acid oral</i>	49	<i>tri-lynyah</i>	51
<i>tranylcypromine</i>	31	<i>tri-lo-estarylla</i>	51
TRAVASOL 10%	57	<i>tri-lo-marzia</i>	51
<i>travoprost</i>	53	<i>tri-lo-mili</i>	51
TRAZIMERA	20	<i>tri-lo-sprintec</i>	51
<i>trazodone</i>	31	<i>trimethoprim</i>	14
TREANDA	20	<i>tri-mili</i>	51
TRECATOR	12	<i>trimipramine</i>	31
TRELEGY ELLIPTA	55	TRINATAL RX 1	57
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	20	TRINTELLIX	31
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	20	<i>tri-nymyo</i>	51
TRESIBA FLEXTouch U-100	43	TRIPTODUR	20
TRESIBA FLEXTouch U-200	43	<i>tri-sprintec (28)</i>	51
TRESIBA U-100 INSULIN	43	TRIUMEQ	10
<i>tretinoin (antineoplastic)</i>	20	TRIUMEQ PD	10
<i>tretinoin microspheres</i>	37		

Covered Drugs Index

DRUG	PAGE
<i>trivora</i> (28)	51
<i>tri-vylibra</i>	51
<i>tri-vylibra lo</i>	51
TRIZIVIR	10
TRODELVY	20
TROGARZO	10
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	23
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	23
TROPHAMINE 10%	57
TRULICITY	43
TRUMENBA	47
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3) ..	20
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	20
TRUSELTIQ ORAL CAPSULE 125 MG/DAY (100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	20
TUKYSA ORAL TABLET 50 MG	20
TUKYSA ORAL TABLET 150 MG	20
TURALIO	20
TWINRIX (PF)	47
<i>tyblume</i>	51
TYBOST	10
<i>tydemy</i>	51
TYMLOS	48
TYPHIM VI	47
TYSABRI	25

U

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	44
<i>unithroid oral tablet 137 mcg</i>	44
UNITUXIN	20
UPTRAVI ORAL	34
<i>ursodiol oral capsule 300 mg</i>	46
<i>ursodiol oral tablet</i>	46

V

<i>valacyclovir oral tablet 1 gram</i>	10
<i>valacyclovir oral tablet 500 mg</i>	10
VALCHLOR	36
<i>valganciclovir oral recon soln</i>	10
<i>valganciclovir oral tablet</i>	10
<i>valproate sodium</i>	23
<i>valproic acid</i>	23
<i>valproic acid (as sodium salt)</i>	23
<i>valrubicin</i>	20
<i>valsartan-hydrochlorothiazide</i>	34
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	34
<i>valsartan oral tablet 320 mg</i>	34
VALTOCO	23
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	13
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 750 MG/150 ML	13
<i>vancomycin in dextrose 5% intravenous piggyback 500 mg/100 ml</i>	13
<i>vancomycin injection</i>	13
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	13
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	13
<i>vancomycin oral capsule 125 mg</i>	13
<i>vancomycin oral capsule 250 mg</i>	13
VANCOMYCIN-WATER INJECT (PEG)	13
<i>vandazole</i>	49
VAQTA (PF)	47
<i>varenicline</i>	40
VARIVAX (PF)	47
VARIZIG	47
VASCEPA	35
VECTIBIX	20
VEKLURY	10
VELCADE	20
<i>velivet triphasic regimen (28)</i>	51
VELPHORO	39
VELTASSA	39

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VEMLIDY	10	<i>vincasar pfs</i>	21
VENCLEXTA ORAL TABLET 10 MG	20	<i>vincristine</i>	21
VENCLEXTA ORAL TABLET 50 MG	20	<i>vinorelbine</i>	21
VENCLEXTA ORAL TABLET 100 MG	20	VIOKACE	46
VENCLEXTA STARTING PACK	20	<i>viorele (28)</i>	51
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	31	VIRACEPT ORAL TABLET 250 MG	10
<i>venlafaxine oral capsule, extended release 2</i>		VIRACEPT ORAL TABLET 625 MG	10
<i>4hr 150 mg, 37.5 mg</i>	31	VIREAD ORAL POWDER	10
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	31	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	10
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	31	VIRT-NATE DHA	57
VENTAVIS	55	VIRT-PN DHA	57
VENTOLIN HFA	55	VITRAKVI ORAL CAPSULE 25 MG	21
<i>verapamil intravenous solution</i>	34	VITRAKVI ORAL CAPSULE 100 MG	21
<i>verapamil oral capsule, 24 hr er pellet ct</i>	34	VITRAKVI ORAL SOLUTION	21
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>		VIVITROL	27
<i>120 mg, 180 mg, 240 mg</i>	34	VIZIMPRO	21
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR		<i>volnea (28)</i>	51
360 MG	34	VONJO	21
<i>verapamil oral tablet</i>	34	<i>voriconazole intravenous</i>	8
<i>verapamil oral tablet extended release</i>	34	<i>voriconazole oral suspension for reconstitution</i>	8
VERSACLOZ	31	<i>voriconazole oral tablet</i>	8
VERZENIO	20	VOSEVI	10
<i>vestura (28)</i>	51	VOTRIENT	21
V-GO 20	43	VRAYLAR ORAL CAPSULE	31
V-GO 30	43	VRAYLAR ORAL CAPSULE, DOSE PACK	31
V-GO 40	43	VUMERITY	25
VICTOZA 2-PAK	43	<i>vyfemla (28)</i>	51
VICTOZA 3-PAK	43	<i>vylibra</i>	51
<i>vienva</i>	51	VYNDAMAX	35
<i>vigabatrin</i>	23	VYNDAQEL	35
<i>vigadrone</i>	23	VYXEOS	21
VIIBRYD ORAL TABLET	31		
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG			
(7)- 20 MG (23)	31		
<i>vilazodone</i>	31		
VIMPAT INTRAVENOUS	23		
VIMPAT ORAL SOLUTION	23		
VIMPAT ORAL TABLET 50 MG	23		
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	23		
<i>vinblastine</i>	20		
		W	
		<i>warfarin</i>	34
		<i>water for irrigation, sterile</i>	39
		WELIREG	21
		<i>wera (28)</i>	51
		<i>westab plus</i>	57
		<i>westgel dha</i>	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>wixela inhub</i>	55	XTANDI ORAL TABLET 40 MG	21
<i>wymzya fe</i>	51	XTANDI ORAL TABLET 80 MG	21
X		XULTOPHY 100/3.6	43
XALKORI	21	XYREM	31
XARELTO	34	Y	
XARELTO DVT-PE TREAT 30D START	34	YERVOY	21
XATMEP	21	YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	47
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	23	YONDELIS	21
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	23	YUPELRI	55
XCOPRI ORAL TABLET 50 MG	23	<i>yuvafem</i>	49
XCOPRI ORAL TABLET 100 MG	23	Z	
XCOPRI ORAL TABLET 150 MG, 200 MG	23	<i>zafirlukast</i>	55
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14)	23	<i>zaleplon oral capsule 5 mg</i>	31
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	23	<i>zaleplon oral capsule 10 mg</i>	31
XELJANZ ORAL SOLUTION	49	ZALTRAP	21
XELJANZ ORAL TABLET	49	ZANOSAR	21
XELJANZ XR	49	ZATEAN-PN DHA	57
XGEVA	14	ZATEAN-PN PLUS	57
XHANCE	55	ZEJULA	21
XIAFLEX	39	ZELBORAF	21
XIFAXAN ORAL TABLET 550 MG	13	ZEMAIRA	39
XIIDRA	52	<i>zenatane</i>	37
XOFLUZA	10	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
XOLAIR SUBCUTANEOUS RECON SOLN	55	ZEPZELCA	21
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	55	<i>zidovudine oral capsule</i>	10
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	55	<i>zidovudine oral syrup</i>	10
XOPENEX	55	<i>zidovudine oral tablet</i>	10
XOPENEX CONCENTRATE	55	<i>ziprasidone hcl oral capsule 20 mg</i>	31
XOSPATA	21	<i>ziprasidone hcl oral capsule 40 mg</i>	31
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)	21	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	31
XTAMPZA ER	26	<i>ziprasidone mesylate</i>	31
XTANDI ORAL CAPSULE	21	ZIRABEV	21
		ZIRGAN	52

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ZOLADEX	21		
zoledronic acid intravenous solution	44		
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	44		
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	39		
zoledronic ac-mannitol-0.9nacl	44		
ZOLINZA	21		
zolpidem oral tablet	31		
ZONISADE	23		
zonisamide	23		
ZORTRESS ORAL TABLET 1 MG	21		
ZOSYN IN DEXTROSE (ISO-OSM)	13		
zovia 1-35 (28)	51		
ZTALMY	23		
ZTLIDO	36		
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		
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	27		
zumandimine (28)	51		
ZYDELIG	21		
ZYKADIA	21		
ZYLET	53		
ZYNLONTA	21		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	31		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	31		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	31		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	31		

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