



2023 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

Cigna Alliance Medicare (HMO) – Texas

Cigna Preferred Medicare (HMO) – Colorado, Connecticut, Daytona, Jacksonville, Ohio, Oregon, Orlando, Southeast Florida, Southwest Florida, Tampa, Texas, Treasure Coast

Cigna Preferred Plus Medicare (HMO) – Ohio

Cigna Preferred Savings Medicare (HMO) – Colorado, Daytona, Jacksonville, New Mexico, Ohio, Oklahoma, Orlando, Southeast Florida, Southwest Florida, Tampa, Texas, Treasure Coast, Utah

Cigna Preferred Savings Medicare (PPO) – North Texas

Cigna True Choice Medicare (PPO) – Arizona, Central Florida, Connecticut, New York, North Texas, Ohio, Oklahoma, Orlando, Southeast Florida, Southwest Florida, Tampa, Texas, Treasure Coast

Cigna True Choice Plus Medicare (PPO) – Connecticut, New York, Texas

Cigna True Choice Savings Medicare (PPO) – Arizona, Colorado, Connecticut, New Mexico, New York, Oregon, Utah

HPMS Approved Formulary File Submission ID 00023075, Version Number 20

This formulary was updated on 12/01/2023. 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. The Formulary, pharmacy network, and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

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 Alliance Medicare (HMO), Cigna Preferred Medicare (HMO), Cigna Preferred Plus Medicare (HMO), Cigna Preferred Savings Medicare (HMO), Cigna Preferred Savings Medicare (PPO), Cigna True Choice Medicare (PPO) , Cigna True Choice Savings Medicare (PPO).

This document includes a list of the drugs (formulary) for our plans, which is current as of December 2023. 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, 2024, 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 (EOC).

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 2023 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 2023. 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 10. 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 10. 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 61. 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 10. 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 Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) for your plan's specific cost-sharing amounts.
- 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 10 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 61.

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 10 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).



For more information

For more detailed information about your Cigna prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your most recent EOC, go to CignaMedicare.com/resources.

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>.

Gap Coverage

The following Cigna plans offer additional prescription drug coverage in the coverage gap in the tier listed. If your plan is listed below, please refer to your Evidence of Coverage (EOC) for more information about this coverage. To access a copy of your most recent EOC, go to [CignaMedicare.com/resources](https://www.cignamedicare.com/resources).

Plan Name	Contract / PBP	Tier
Cigna Preferred Savings Medicare (HMO)	H0672-001-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO)	H0672-003-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO)	H0672-004-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO)	H0672-005-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO)	H0672-006-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H0672-007-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO)	H0672-008-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Plus Medicare (HMO)	H0672-011-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H0672-013-000	Tier 1: Full coverage
Cigna Preferred Plus Medicare (HMO)	H0672-014-000	Tier 1: Full coverage
Cigna Preferred Savings Medicare (HMO)	H0672-016-000	Tier 1: Full coverage
Cigna Preferred Savings Medicare (HMO)	H0672-017-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H2752-001-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-026-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-061-001	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-061-002	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-061-003	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-061-004	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-061-005	Tier 1: Full coverage
Cigna Alliance Medicare (HMO)	H4513-064-000	Tier 1: Full coverage
Cigna Preferred Savings Medicare (HMO)	H4513-066-000	Tier 1: Full coverage
Cigna Preferred Savings Medicare (HMO)	H4513-073-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H4513-074-000	Tier 1: Full coverage
Cigna Preferred Medicare (HMO)	H5410-024-000	Tier 1 and 2: Full Coverage
Cigna Preferred Savings Medicare (HMO)	H5410-026-000	Tier 1 and 2: Full Coverage
Cigna Preferred Medicare (HMO)	H5410-027-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO)	H5410-028-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO)	H5410-029-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO)	H5410-030-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO)	H5410-037-000	Tier 1 and 2: Full coverage
Cigna Preferred Medicare (HMO)	H5410-039-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H5410-040-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H5410-041-000	Tier 1 and 2: Full coverage
Cigna Preferred Medicare (HMO)	H5410-043-000	Tier 1 and 2: Full Coverage
Cigna Preferred Savings Medicare (HMO)	H5410-044-000	Tier 1 and 2: Full Coverage
Cigna Preferred Medicare (HMO)	H5410-048-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H5410-050-000	Tier 1 and 2: Full coverage

Plan Name	Contract / PBP	Tier
Cigna Preferred Medicare (HMO)	H5410-051-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H5410-052-000	Tier 1 and 2: Full coverage
Cigna Preferred Medicare (HMO)	H5410-053-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H5410-054-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (HMO)	H7389-001-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO)	H7389-002-000	Tier 1 and 2: Full coverage
Cigna Preferred Savings Medicare (PPO)	H7787-001-000	Tier 1: Full coverage
Cigna True Choice Savings Medicare (PPO)	H7849-001-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Medicare (PPO)	H7849-014-000	Tier 1 and 2: Full coverage
Cigna True Choice Medicare (PPO)	H7849-015-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-017-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-026-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-027-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-028-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-029-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Medicare (PPO)	H7849-038-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-039-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-040-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-041-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-042-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-047-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Medicare (PPO)	H7849-048-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-050-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Savings Medicare (PPO)	H7849-051-000	Tier 1: Partial coverage for Excluded Drugs
Cigna True Choice Medicare (PPO)	H7849-052-000	Tier 1: Full coverage
Cigna True Choice Plus Medicare (PPO)	H7849-054-000	Tier 1: Full coverage
Cigna True Choice Savings Medicare (PPO)	H7849-055-000	Tier 1 and 2: Full coverage
Cigna True Choice Medicare (PPO)	H7849-056-000	Tier 1 and 2: Full coverage
Cigna True Choice Plus Medicare (PPO)	H7849-062-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-065-000	Tier 1 and 2: Full coverage
Cigna True Choice Savings Medicare (PPO)	H7849-066-000	Tier 1 and 2: Full coverage
Cigna True Choice Savings Medicare (PPO)	H7849-081-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-082-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-083-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-084-000	Tier 1: Full coverage
Cigna True Choice Plus Medicare (PPO)	H7849-085-000	Tier 1: Full coverage
Cigna True Choice Savings Medicare (PPO)	H7849-087-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-088-000	Tier 1: Full coverage
Cigna True Choice Medicare (PPO)	H7849-101-000	Tier 1 and 2: Full coverage
Cigna True Choice Medicare (PPO)	H7849-103-000	Tier 1: Full coverage

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. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit [Cigna.com/member-resources](https://www.cigna.com/member-resources) for the most current Pharmacy Directory.

Drug Tier and Cost-Sharing

Cigna covers both brand name drugs and generic drugs. The amount you pay for a prescription drug depends on which tier your drug is in. In general, the higher the tier number, the higher your cost for the drug.

Tier 1 - Preferred Generic Drugs: This tier includes commonly prescribed generic drugs. Drugs in Tier 1 will typically be your most affordable option.

Tier 2 - Generic Drugs: This tier includes generic drugs, but generally cost a little more than preferred generic drugs. Drugs in Tier 2 typically have low copayments.

Tier 3 - Preferred Brand Drugs: This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name “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-name drugs in this tier.

Tier 4 - Non-Preferred Drugs: This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

Tier 5 - Specialty Tier drugs: This tier includes high-cost drugs. For most plans, you will pay a percentage of total drug costs in this tier, called coinsurance. Drugs in Tier 5 are the most expensive drugs on the drug list.

Cost-sharing amounts for each tier vary by Cigna plan. Refer to your Evidence of Coverage (EOC) for your plan’s specific cost-sharing amounts. To access a copy of your most recent EOC, visit [CignaMedicare.com/resources](https://www.cigna.com/resources).

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

Seniors Savings Model: For select insulin drugs, your copay will be the same when you are in the deductible, initial coverage and coverage gap phases of the Part D benefit. This does not apply once you reach the catastrophic coverage phase. For complete cost-share details on these select insulins, please refer to Chapter 6 of your Evidence of Coverage (EOC). To access a copy of your most recent EOC, go to [CignaMedicare.com/resources](https://www.cigna.com/resources). If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

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.

Drug List Key:

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

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

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

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

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

SSM – This select insulin is part of the senior savings model

ST – This drug has step therapy requirements

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

Drug List Table of Contents:

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

	Page
ANTI - INFECTIVES	10
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS.....	16
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	23
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	34
DERMATOLOGICALS/TOPICAL THERAPY	38
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	41
EAR, NOSE / THROAT MEDICATIONS.....	42
ENDOCRINE/DIABETES.....	42
GASTROENTEROLOGY	47
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY.....	49
MUSCULOSKELETAL / RHEUMATOLOGY	50
OBSTETRICS / GYNECOLOGY	52
OPHTHALMOLOGY	54
RESPIRATORY AND ALLERGY	56
UROLOGICALS	58
VITAMINS, HEMATINICS / ELECTROLYTES	59

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
<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>miconazole</i>	5	NDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
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>	3	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	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
<i>darunavir ethanolate</i>	5	QL (60/30); 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-emtricitabine-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf)</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
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); 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 8.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
<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 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
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
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
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)
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	QL (120/30)
SELZENTRY ORAL TABLET 75 MG	5	QL (60/30); NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	LA; NDS
SYMTUZA	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
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 ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 300 g, 500 mg</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
CEFEPIME IN DEXTROSE 5%	4	
CEFEPIME IN DEXTROSE, ISO-OSM	4	
<i>cefepime injection</i>	4	
<i>cefepime intravenous</i>	4	PA
<i>cefixime</i>	4	
<i>cefotetan injection</i>	4	PA
<i>cefoxitin</i>	4	PA
CEFOXITIN IN DEXTROSE, ISO-OSM	4	PA
<i>cefpodoxime</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefprozil</i>	2	
<i>ceftazidime</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	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
AZITHROMYCIN ORAL PACKET	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<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
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythrocin intravenous recon soln 500 mg</i>	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	
<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	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9% SOD CHLOR	4	PA
<i>clindamycin in 5% dextrose</i>	4	PA
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	5	PA; NDS
<i>cycloserine</i>	2	
<i>dapsone oral</i>	3	
<i>daptomycin</i>	5	NDS
DAPTOMYCIN IN 0.9% SOD CHLOR	5	NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>emverm</i>	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
FIRVANQ	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	PA
<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)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	2	
<i>meropenem</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
METRO I.V.	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS
ORBACTIV	5	PA; QL (3/30); NDS
<i>paromomycin</i>	4	
<i>paser</i>	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
<i>primaquine</i>	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
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	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 1.5 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)
<i>vancomycin oral recon soln 25 mg/ml</i>	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
NAFCILLIN IN DEXTROSE ISO-OSM	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</i>	2	
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	1	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<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	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFAS / 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, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>fosfomicin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	4	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1.25 gram</i>	4	
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
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ABRAXANE	5	PA; NDS
ADCETRIS	5	PA; NDS
ADSTILADRIN	5	PA; QL (4/90); NDS
AKEEGA	5	PA; QL (60/30); 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>	1	
<i>arsenic trioxide</i>	5	B/D PA; NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	5	B/D PA; NDS
<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
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BLNREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION	5	PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BORTEZOMIB INTRAVENOUS RECON SOLN	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; LA; QL (60/30); NDS
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
COLUMVI	5	PA; QL (30/21); NDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA
<i>cyclophosphamide oral tablet 25 mg</i>	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<i>docetaxel</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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMCYT	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	4	PA
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARUSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	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
<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; QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	5	PA; LA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	QL (30/30); 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
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GLEOSTINE	4	
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide intravenous recon soln 1 gram</i>	4	B/D PA
IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM	4	B/D PA
<i>ifosfamide intravenous solution</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 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; LA; 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
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
KRAZATI	5	PA; LA; QL (180/30); NDS
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
LENALIDOMIDE ORAL CAPSULE 2.5 MG, 20 MG	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 (3 month)</i>	4	PA
<i>leuprolide subcutaneous kit</i>	5	PA; NDS
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUMOXITI	5	PA; NDS
LUNSUMIO	5	PA; LA; 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	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
LYTGOBI	5	PA; LA; QL (150/30); 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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEKINIST ORAL RECON SOLN	5	PA; QL (1350/30); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan</i>	4	B/D PA
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA
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
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>octreotide acetate injection syringe</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; 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
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	5	NDS
QINLOCK	5	PA; LA; QL (90/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
REZLIDHIA	5	PA; LA; QL (60/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	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 (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 malate</i>	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	2	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
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
TECVAYLI	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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NDS
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; QL (1/168); NDS
TRODELVY	5	PA; NDS
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 ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>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
XPROVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/ WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA ORAL CAPSULE	5	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET	5	PA; LA; QL (30/30); 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
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS
ZYNYZ	5	PA; 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
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)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
<i>dilantin</i>	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	3	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
EPRONTIA	4	PA
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS
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)

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 oral tablet 125 mg</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roovepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension</i>	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 capsule, extended release 24hr</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	5	PA; NDS
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG, 50 MG	4	PA
<i>valproate sodium</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	ST; QL (1200/30); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	ST; QL (60/30); NDS
VIMPAT ORAL TABLET 50 MG	4	ST; QL (120/30)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); 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)	4	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; 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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
NEUPRO	4	
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>trihexyphenidyl</i>	2	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
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)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	4	QL (8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; LA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; LA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; LA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4)	5	PA; QL (84/365); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12/28); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/365); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i> fingolimod</i>	5	PA; QL (30/30); NDS
FIRDAPSE	5	PA; LA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	5	PA; QL (30/30); NDS
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PACK	5	PA; LA; QL (56/365); NDS
KESIMPTA PEN	5	PA; QL (1.2/28); 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)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; QL (98/365)
NAMZARIC	3	PA
NUDEXTA	5	PA; NDS
OCREVUS	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS
ZEPOSIA	5	PA; QL (30/30); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (56/365); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (14/365); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</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</i>	4	QL (4/28); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	4	PA
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML	4	NDS
<i>fentanyl citrate 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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	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 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
MORPHINE INJECTION SOLUTION	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML	4	NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxymorphone oral tablet extended release 12 hr</i>	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)
<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	
EC-NAPROXEN	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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>oxaprozin</i>	4	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	3	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY	5	ST; QL (60/30); NDS
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>bupropion</i>	2	
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
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>	1	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 2 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (p mdd)</i>	3	QL (120/30)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5/180); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
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>lithium citrate oral solution 8 meq/5 ml</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)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral syringe</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
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)
<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)

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG	4	PA; QL (60/30)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG	4	PA; QL (30/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	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	
<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)
SODIUM OXYBATE	5	PA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	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 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	QL (30/30); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	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)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	3	
<i>flecainide</i>	3	
LIDOCAINE (PF) INTRAVENOUS SOLUTION	4	
<i>lidocaine (pf) intravenous syringe</i>	4	
<i>mexiletine</i>	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</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	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<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</i>	1	
<i>diltiazem hcl intravenous</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	3	
EDARBYCLOR	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<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>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>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 ORAL TABLET 300-12.5 MG, 300-25 MG	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>toremide 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>	3	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	5	NDS
<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; LA; 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	
<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	
HEPARIN (PORCINE) IN 5% DEX	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	
HEPARIN(PORCINE) IN 0.45% NA CL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	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>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>icosapent ethyl</i>	3	
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</i>	1	QL (30/30)
VASCEPA	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<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 PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
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)
CALCITRIOL TOPICAL	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
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/28); 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 AUTOINJECTOR	5	PA; LA; QL (4/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
<i>fluorouracil topical cream 0.5%</i>	5	NDS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in metered-dose pump</i>	5	NDS
<i>imiquimod topical cream in packet 3.75%</i>	5	NDS
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5%</i>	3	PA
<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)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>podofilox</i>	2	
REGRANEX	5	PA; NDS
SANTYL	4	
SILVER SULFADIAZINE	3	
SSD	3	
<i>tacrolimus topical</i>	3	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
<i>adapalene topical gel 0.3%</i>	4	QL (45/30)
<i>amnesteem</i>	4	
<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>	4	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	4	PA
<i>tazarotene topical gel</i>	4	PA
TAZORAC TOPICAL CREAM 0.05%	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	QL (6.6/28)
<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)
<i>naftifine topical gel 2%</i>	3	QL (60/30)
NAFTIN TOPICAL GEL 2%	3	QL (60/28)
<i>nyamyc</i>	3	QL (180/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<i>penciclovir</i>	4	QL (5/30)
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	
<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)
<i>clocortolone pivalate</i>	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05%</i>	2	QL (120/30)
<i>fluocinonide topical cream 0.1%</i>	4	QL (120/30)
<i>fluocinonide topical gel</i>	2	QL (120/30)
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<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 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
LACTATED RINGERS IRRIGATION	4	
<i>neomycin-polymyxin b gu</i>	4	
RINGER'S IRRIGATION	4	
TIS-U-SOL PENTALYTE	4	
MISCELLANEOUS AGENTS		
<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
CARBAGLU	5	PA; LA; NDS
<i>carglumic acid</i>	5	PA; NDS
<i>cevimeline</i>	4	
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; QL (300/30); NDS
D10%-0.45% SODIUM CHLORIDE	4	
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferiprone</i>	5	PA; NDS
DEXTROSE 10% AND 0.2% NACL	4	
<i>dextrose 10% in water (d10w)</i>	4	
DEXTROSE 25% IN WATER (D25W)	4	
<i>dextrose 5% in water (d5w) intravenous parenteral solution</i>	4	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK	4	
DEXTROSE 5%-LACTATED RINGERS	4	
<i>dextrose 5%-0.2% sod chloride</i>	4	
<i>dextrose 5%-0.3% sod.chloride</i>	4	
DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50% in water (d50w) intravenous syringe</i>	4	
DEXTROSE 70% IN WATER (D70W)	4	
<i>disulfiram</i>	2	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
FERRIPROX ORAL SOLUTION	5	PA; NDS
GLASSIA	5	PA; NDS
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocarnitine oral solution 100 mg/ml</i>	4	
LEVOCARNITINE ORAL TABLET	3	
LOKELMA	3	
<i>midodrine</i>	3	
<i>nitisinone</i>	5	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)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	QL (510/30)
<i>sodium chloride 0.9% intravenous parenteral solution</i>	4	
SODIUM CHLORIDE 0.9% INTRAVENOUS PIGGYBACK	4	
SODIUM CHLORIDE IRRIGATION	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol)</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; LA; QL (14/720); NDS
VELPHORO	5	NDS
VELTASSA	3	
WATER FOR IRRIGATION, STERILE	4	
XIAFLEX	5	PA; NDS
ZEMAIRA	5	PA; LA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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>periogard</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	4	
<i>sodium fluoride-pot nitrate</i>	4	
<i>triamcinolone acetamide 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	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylpred dp</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	
<i>prednisone oral tablets,dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<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	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	QL (200/30)
BAQSIMI	3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	2	QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	2	QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	2	QL (200/30)
BYDUREON BCISE	3	QL (4/28)
CEQUR SIMPLICITY	3	QL (10/30)
CEQUR SIMPLICITY INSERTER	3	QL (1/365)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	4	
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
GLUCAGEN HYPOKIT	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	3	
GLYXAMBI	3	QL (30/30)
GVOKE	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	
HUMALOG JUNIOR KWIKPEN U-100	3	SSM
HUMALOG KWIKPEN INSULIN	3	SSM
HUMALOG MIX 50-50 INSULN U-100	3	SSM
HUMALOG MIX 50-50 KWIKPEN	3	SSM
HUMALOG MIX 75-25 KWIKPEN	3	SSM
HUMALOG MIX 75-25(U-100) INSULN	3	SSM
HUMALOG U-100 INSULIN	3	SSM
HUMULIN 70/30 U-100 INSULIN	3	SSM
HUMULIN 70/30 U-100 KWIKPEN	3	SSM
HUMULIN N NPH INSULIN KWIKPEN	3	SSM

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN N NPH U-100 INSULIN	3	SSM
HUMULIN R REGULAR U-100 INSULN	3	SSM
HUMULIN R U-500 (CONC) INSULIN	5	B/D PA; NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	QL (200/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	SSM
LANTUS U-100 INSULIN	3	SSM
LEVEMIR FLEXPEN	3	SSM
LEVEMIR U-100 INSULIN	3	SSM
LYUMJEV KWIKPEN U-100 INSULIN	3	SSM
LYUMJEV KWIKPEN U-200 INSULIN	3	SSM
LYUMJEV U-100 INSULIN	3	SSM
<i>metformin oral solution</i>	3	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; 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	3	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 32	2	QL (200/30)
NOVOFINE AUTOCOVERT	2	QL (200/30)
NOVOFINE PLUS	2	QL (200/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1/365)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (20/30)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (20/30)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
OMNIPOD GO PODS	3	QL (10/30)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 15 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 20 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 25 UNITS/DAY	3	QL (10/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OMNIPOD GO PODS 30 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 40 UNITS/DAY	3	QL (10/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3/28)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	QL (200/30)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLQUA 100/33	3	QL (15/25); SSM
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	QL (200/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	QL (200/30)
TECHLITE PEN NEEDLE	2	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	3	SSM
TOUJEO SOLOSTAR U-300 INSULIN	3	SSM
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	3	SSM
TRESIBA FLEXTOUCH U-200	3	SSM
TRESIBA U-100 INSULIN	3	SSM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRULICITY	3	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA 2-PAK	3	QL (9/30)
VICTOZA 3-PAK	3	QL (9/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)
XULTOPHY 100/3.6	3	QL (15/30); SSM

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	5	PA; NDS
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	5	NDS
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
KORLYM	5	PA; QL (120/30); NDS
LUMIZYME	5	PA; NDS
<i>miglustat</i>	5	LA; NDS
NAGLAZYME	5	PA; NDS
NATPARA	5	PA; LA; QL (2/28); NDS
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	4	
<i>sapropterin</i>	5	PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	5	NDS
<i>testosterone cypionate</i>	3	
<i>testosterone enanthate</i>	3	
<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
<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
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
UNITHROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>atropine injection syringe 0.1 mg/ml</i>	4	
<i>atropine intravenous solution 0.4 mg/ml</i>	4	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	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	
<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</i>	4	PA
<i>aprepitant</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extend. release</i>	4	
<i>budesonide oral tablet, delayed and ext. release</i>	5	NDS
CLENPIQ	3	
<i>compro</i>	2	
<i>constulose</i>	2	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
INFLECTRA	5	PA; QL (20/30); NDS
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine rectal enema</i>	4	
<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</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/28); NDS
SUCRAID	5	PA; NDS
<i>sulfasalazine oral tablet</i>	2	
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	4	
TRULANCE	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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	3	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/28)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1/28); NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK	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
PLERIXAFOR	5	B/D PA; NDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (8.4/365); NDS
REBIF TITRATION PACK	5	PA; QL (8.4/365); NDS
RETACRIT	3	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	PA; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	
AREXVY (PF)	3	PA; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
<i>fomepizole</i>	5	NDS
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 (WITH SORBITOL)	5	B/D PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10%	5	B/D PA; NDS
GAMUNEX-C	5	B/D PA; NDS
GARDASIL 9 (PF)	3	
HAVRIX (PF)	3	
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA
PRIORIX (PF)	3	
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAERT (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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	3	ST
MITIGARE	3	QL (120/30)
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/180)
<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)
TYMLOS	5	PA; QL (1.56/30); NDS

OTHER RHEUMATOLOGICALS

ADALIMUMAB-ADAZ	5	PA; QL (1.6/28); NDS
BENLYSTA	5	PA; NDS
CYLTEZO(CF) PEN	5	PA; QL (4/28); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (12/365); NDS
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (8/365); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2/28); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN	5	PA; QL (4/28); NDS
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (12/365); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (8/365); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; QL (4.8/365); NDS
HYRIMOZ PEN PSORIASIS STARTER	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2.4/365); NDS
HYRIMOZ(CF) PEN	5	PA; QL (1.6/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; QL (0.2/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; QL (0.4/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6/28); 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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RINVOQ	5	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	3	
<i>deblitane</i>	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ ML	4	
<i>depo-estradiol</i>	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 cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</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)
NORA-BE	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>yuvafem</i>	4	

MISCELLANEOUS OB/GYN

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette (28)</i>	3	
<i>balziva (28)</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30 (28)</i>	3	
<i>blisovi fe 1/20 (28)</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	3	
CAMRESE LO	3	
<i>charlotte 24 fe</i>	3	
<i>chateal eq (28)</i>	3	
<i>cryselle (28)</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 oral tablet 3-0.02-0.451 mg (24) (4)</i>	3	
DROSPIRENONE-E. ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>elinest</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>finzala</i>	3	
<i>gemmily</i>	3	
<i>hailey</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30 (28)</i>	3	
<i>hailey fe 1/20 (28)</i>	3	
<i>iclevia</i>	3	
<i>isibloom</i>	3	
<i>jaimiess</i>	3	
<i>jasmiel (28)</i>	3	
<i>jolessa</i>	3	
<i>joyeaux</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	
LAYOLIS FE	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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>low-ogestrel (28)</i>	3	
<i>lo-zumandimine (28)</i>	3	
<i>luteru (28)</i>	3	
<i>marlissa (28)</i>	3	
<i>merzee</i>	3	
<i>microgestin 1.5/30 (21)</i>	3	
<i>microgestin 1/20 (21)</i>	3	
<i>microgestin fe 1.5/30 (28)</i>	3	
<i>microgestin fe 1/20 (28)</i>	3	
<i>mili</i>	3	
<i>mono-linyah</i>	3	
<i>necon 0.5/35 (28)</i>	3	
<i>nikki (28)</i>	3	
<i>noreth-ethinyl estradiol-iron</i>	3	
<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	
<i>portia 28</i>	3	
<i>reclipsen (28)</i>	3	
RIVELSA	3	
<i>setlakin</i>	3	
<i>simliya (28)</i>	3	
<i>simpesse</i>	3	
<i>sprintec (28)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1-20 eq (28)</i>	3	
<i>taysofy</i>	3	
<i>tilia fe</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	
TYBLUME	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		
AZASITE	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>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	
TOBEX 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	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinastine</i>	3	
EYLEA	5	PA; QL (0.1/28); 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 (5.5/30)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XDEMVEY	5	PA; QL (1/42); NDS
XIIDRA	3	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	2	
<i>ketorolac ophthalmic (eye) drops 0.5%</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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
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	
EYSUVIS	3	QL (16.6/30)
FLUOROMETHOLONE	3	
INVELTYS	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
PREDNISOLONE ACETATE	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>	1	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	
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>	3	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	3	QL (13.4/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	3	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>alyq</i>	5	PA; QL (60/30); NDS
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	5	B/D PA; NDS
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)
<i>breyna</i>	4	QL (10.3/30)
BROVANA	5	B/D PA; NDS
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	5	B/D PA; NDS
DALIRESP	4	PA; QL (30/30)
DULERA	4	ST; QL (13/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	5	B/D PA; QL (120/30); NDS
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 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	4	QL (30/30)
<i>mometasone nasal</i>	3	QL (34/30)
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; 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
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	5	B/D PA; QL (120/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pirfenidone oral capsule</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90/30); NDS
PULMICORT	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<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>	5	PA; QL (60/30); NDS
TADLIQ	5	PA; QL (300/30); NDS
<i>terbutaline</i>	4	
<i>theo-24</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	3	
<i>theophylline oral tablet extended release 24 hr</i>	3	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); 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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
YUPELRI	4	B/D PA; QL (90/30)
<i>zafirlukast</i>	3	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	
<i>fesoterodine</i>	3	QL (30/30)
<i>flavoxate</i>	2	
GEMTESA	3	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>	3	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sildenafil</i>	1	EX; QL (6/30)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	QL (360/30)
<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, 30 MEQ/L	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 40 meq/l</i>	4	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	4	
<i>potassium chloride in 5% dex intravenous parenteral solution 10 meq/l</i>	4	
POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
RINGER'S INTRAVENOUS	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45% intravenous</i>	4	
<i>sodium chloride 3% hypertonic</i>	4	
SODIUM CHLORIDE 5% HYPERTONIC	4	
<i>sodium chloride intravenous</i>	4	
TPN ELECTROLYTES	4	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<i>clinisol sf 15%</i>	4	B/D PA
ELECTROLYTE-48 IN D5W	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
<i>plenamine</i>	4	B/D PA
<i>premasol 10%</i>	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	
FOLIVANE-OB	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS	3	
PNV-DHA	3	
PNV-OMEGA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
PRENATAL PLUS (CALCIUM CARB)	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
SE-NATAL 19 CHEWABLE	3	
SE-NATAL-19	3	
TARON-C DHA	3	
TRINATAL RX 1	3	
WESTAB PLUS	2	
WESTGEL DHA	2	

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Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
A		ADSTILADRIN	16
<i>abacavir-lamivudine</i>	10	ADVAIR HFA	56
<i>abacavir oral solution</i>	10	<i>afirmelle</i>	52
<i>abacavir oral tablet</i>	10	AIMOVIG AUTOINJECTOR	26
ABELCET	10	AJOVY AUTOINJECTOR	26
ABILIFY MAINTENA	29	AJOVY SYRINGE	26
<i>abiraterone oral tablet 250 mg</i>	16	AKEEGA	16
<i>abiraterone oral tablet 500 mg</i>	16	<i>ala-cort topical cream 1%</i>	40
ABRAXANE	16	<i>albendazole</i>	13
ABRYSSO	49	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	56
<i>acamprosate</i>	41	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	56
<i>acarbose oral tablet 25 mg</i>	43	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	56
<i>acarbose oral tablet 50 mg</i>	43	<i>albuterol sulfate inhalation solution for nebulization</i>	56
<i>acarbose oral tablet 100 mg</i>	43	<i>albuterol sulfate oral syrup</i>	57
<i>acebutolol</i>	34	<i>albuterol sulfate oral tablet</i>	57
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	27	<i>alclometasone</i>	40
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	27	ALCOHOL PADS	43
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	27	ALDURAZYME	46
<i>acetazolamide</i>	55	ALECENSA	16
<i>acetazolamide sodium</i>	55	<i>alendronate oral tablet 10 mg</i>	50
<i>acetic acid otic (ear)</i>	42	<i>alendronate oral tablet 35 mg, 70 mg</i>	50
<i>acetylcysteine</i>	56	<i>alfuzosin</i>	58
<i>acitretin</i>	38	ALIMTA	16
ACTHIB (PF)	49	ALIQOPA	16
ACTIMMUNE	49	<i>aliskiren</i>	34
<i>acyclovir oral capsule</i>	10	<i>allopurinol oral tablet 100 mg, 300 mg</i>	50
<i>acyclovir oral suspension 200 mg/5 ml</i>	10	<i>alose tron</i>	47
<i>acyclovir oral tablet</i>	10	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	56
<i>acyclovir sodium intravenous solution</i>	10	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	29
<i>acyclovir topical ointment</i>	40	<i>alprazolam oral tablet 2 mg</i>	29
ADACEL(TDAP ADOLESN/ADULT)(PF)	49	<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	29
ADALIMUMAB-ADAZ	50	<i>alprazolam oral tablet, disintegrating 2 mg</i>	29
<i>adapalene topical gel 0.3%</i>	39	<i>altavera (28)</i>	52
ADCETRIS	16	ALUNBRIG ORAL TABLET 30 MG	16
<i>adefovir</i>	10	ALUNBRIG ORAL TABLET 180 MG, 90 MG	16
ADEMPAS	56	ALUNBRIG ORAL TABLETS, DOSE PACK	16
ADLARITY	26		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>alyacen 1/35 (28)</i>	52	<i>ampicillin-sulbactam</i>	15
<i>alyacen 7/7/7 (28)</i>	52	<i>anagrelide</i>	41
<i>alyq</i>	57	<i>anastrozole</i>	16
<i>amantadine hcl</i>	10	ANORO ELLIPTA	57
<i>ambrisentan</i>	57	<i>apraclonidine</i>	56
<i>amethia</i>	52	<i>aprepitant</i>	47
<i>amethyst (28)</i>	52	APRETUDE	10
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> ...	13	<i>apri</i>	52
<i>amiloride</i>	34	APTIOM ORAL TABLET 200 MG	23
<i>amiloride-hydrochlorothiazide</i>	34	APTIOM ORAL TABLET 400 MG	23
<i>aminocaproic acid oral</i>	36	APTIOM ORAL TABLET 600 MG, 800 MG	23
AMINOSYN II 15%	59	APTIVUS	10
AMINOSYN-PF 7% (SULFITE-FREE)	59	ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	41
<i>amiodarone intravenous solution</i>	34	ARALAST NP INTRAVENOUS RECON SOLN 500 MG ...	41
<i>amiodarone oral tablet 100 mg, 400 mg</i>	34	<i>aranelle (28)</i>	52
<i>amiodarone oral tablet 200 mg</i>	34	ARCALYST	49
<i>amitriptyline</i>	29	AREXVY (PF)	49
<i>amlodipine</i>	34	<i>arformoterol</i>	57
<i>amlodipine-atorvastatin</i>	37	ARIKAYCE	13
<i>amlodipine-benazepril</i>	34	<i>aripiprazole oral solution</i>	29
<i>amlodipine-olmesartan</i>	34	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	29
<i>amlodipine-valsartan</i>	34	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	29
<i>amlodipine-valsartan-hcthiazid</i>	34	<i>aripiprazole oral tablet, disintegrating</i>	29
<i>ammonium lactate</i>	38	ARISTADA INITIO	29
<i>amnestem</i>	39	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	29
<i>amoxapine</i>	29	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	29
<i>amoxicillin oral capsule</i>	15	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	29
<i>amoxicillin oral suspension for reconstitution</i>	15	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	29
<i>amoxicillin oral tablet</i>	15	<i>armodafinil</i>	29
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	15	ARNUITY ELLIPTA	57
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	15	<i>arsenic trioxide</i>	16
<i>amoxicillin-pot clavulanate oral tablet</i>	15	<i>asenapine maleate sublingual tablet 5 mg</i>	29
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	15	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	29
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	15	<i>ashlyna</i>	52
<i>amphotericin b</i>	10	<i>aspirin-dipyridamole</i>	36
<i>amphotericin b liposome</i>	10		
<i>ampicillin oral capsule 500 mg</i>	15		
<i>ampicillin sodium</i>	15		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	43	<i>ayuna</i>	53
<i>atazanavir oral capsule 150 mg, 300 mg</i>	10	AYVAKIT	16
<i>atazanavir oral capsule 200 mg</i>	10	<i>azacitidine</i>	16
<i>atenolol</i>	34	AZASITE	54
<i>atenolol-chlorthalidone</i>	34	<i>azathioprine oral tablet 50 mg</i>	16
ATGAM	49	<i>azathioprine oral tablet 100 mg, 75 mg</i>	16
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	29	<i>azathioprine sodium</i>	16
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	29	<i>azelastine nasal</i>	42
<i>atorvastatin</i>	37	<i>azelastine ophthalmic (eye)</i>	55
<i>atovaquone</i>	13	<i>azithromycin intravenous</i>	13
<i>atovaquone-proguanil</i>	13	AZITHROMYCIN ORAL PACKET	13
<i>atropine injection solution 0.4 mg/ml</i>	47	<i>azithromycin oral suspension for reconstitution</i>	13
<i>atropine injection syringe 0.1 mg/ml</i>	47	<i>azithromycin oral tablet</i>	13
<i>atropine intravenous solution 0.4 mg/ml</i>	47	<i>aztreonam injection recon soln 1 gram</i>	13
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	47	<i>aztreonam injection recon soln 2 gram</i>	13
<i>atropine ophthalmic (eye) drops</i>	55	<i>azurette (28)</i>	53
ATROVENT HFA	57	B	
<i>aubra eq</i>	52	<i>bacitracin intramuscular</i>	13
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	15	<i>bacitracin ophthalmic (eye)</i>	55
<i>aurovela 1.5/30 (21)</i>	52	<i>bacitracin-polymyxin b</i>	55
<i>aurovela 1/20 (21)</i>	52	<i>baclofen oral tablet</i>	27
<i>aurovela 24 fe</i>	52	BAL-CARE DHA	60
<i>aurovela fe 1.5/30 (28)</i>	52	<i>balsalazide</i>	47
<i>aurovela fe 1-20 (28)</i>	52	BALVERSA	16
AUSTEDO ORAL TABLET 6 MG	26	<i>balziva (28)</i>	53
AUSTEDO ORAL TABLET 12 MG, 9 MG	26	BAQSIMI	43
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	26	BARACLUDGE ORAL SOLUTION	10
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	26	BAVENCIO	16
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	26	BCG VACCINE, LIVE (PF)	49
AUSTEDO XR TITRATION KT(WK1-4)	26	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	43
AUVELITY	29	BD ULTRA-FINE NANO PEN NEEDLE	43
<i>aviane</i>	53	BD ULTRA-FINE SHORT PEN NEEDLE	43
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	49	BELEODAQ	16
AVONEX INTRAMUSCULAR SYRINGE	49	BELSOMRA	29
AVONEX INTRAMUSCULAR SYRINGE KIT	49	<i>benazepril</i>	34
		<i>benazepril-hydrochlorothiazide</i>	34
		<i>bendamustine intravenous recon soln</i>	16

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
BENDEKA	16	<i>breyna</i>	57
BENLYSTA	50	<i>brillyn</i>	53
<i>benztropine injection</i>	25	BRILINTA	36
<i>benztropine oral</i>	25	<i>brimonidine ophthalmic (eye) drops 0.2%</i>	56
BESIVANCE	55	<i>brimonidine ophthalmic (eye) drops 0.15%</i>	56
BESPONSA	16	<i>brinzolamide</i>	55
BESREMI	49	BRIVIACT INTRAVENOUS	23
<i>betaine</i>	47	BRIVIACT ORAL SOLUTION	23
<i>betamethasone, augmented</i>	40	BRIVIACT ORAL TABLET	23
<i>betamethasone dipropionate</i>	40	<i>bromfenac</i>	55
<i>betamethasone valerate topical cream</i>	40	<i>bromocriptine</i>	25
<i>betamethasone valerate topical foam</i>	40	BROVANA	57
<i>betamethasone valerate topical lotion</i>	40	BRUKINSA	17
<i>betamethasone valerate topical ointment</i>	40	<i>budesonide inhalation</i>	57
BETASERON SUBCUTANEOUS KIT	49	<i>budesonide oral capsule, delayed, extend. release</i>	47
<i>betaxolol oral</i>	34	<i>budesonide oral tablet, delayed and ext. release</i>	47
<i>bethanechol chloride</i>	58	<i>bumetanide injection</i>	34
<i>bexarotene</i>	16	<i>bumetanide oral</i>	34
BEXSERO	49	<i>buprenorphine</i>	27
<i>bicalutamide</i>	16	<i>buprenorphine hcl injection</i>	27
BICILLIN L-A	15	<i>buprenorphine hcl sublingual</i>	27
BIKTARVY	10	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	28
<i>bimatoprost ophthalmic (eye)</i>	55	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	28
<i>bisoprolol fumarate</i>	34	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	28
<i>bisoprolol-hydrochlorothiazide</i>	34	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	28
BLENREP	16	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	28
<i>bleomycin</i>	16	<i>bupropion hcl oral tablet 75 mg</i>	29
BLINCYTO INTRAVENOUS KIT	16	<i>bupropion hcl oral tablet 100 mg</i>	29
<i>blisovi 24 fe</i>	53	<i>bupropion hcl oral tablet extended release 2 4 hr 150 mg</i>	29
<i>blisovi fe 1.5/30 (28)</i>	53	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	29
<i>blisovi fe 1/20 (28)</i>	53	<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	29
BOOSTRIX TDAP	49	<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	29
BORTEZOMIB INJECTION	16	<i>bupropion hcl (smoking deter)</i>	42
BORTEZOMIB INTRAVENOUS RECON SOLN	17	<i>bupirone</i>	29
<i>bosentan</i>	57	BUSULFAN	17
BOSULIF ORAL TABLET 100 MG	17	<i>butorphanol nasal</i>	28
BOSULIF ORAL TABLET 400 MG, 500 MG	17		
BOTOX	49		
BRAFTOVI ORAL CAPSULE 75 MG	17		
BREO ELLIPTA	57		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
BYDUREON BCISE	43	<i>carteolol</i>	55
C		<i>cartia xt</i>	34
CABENUVA	10	<i>carvedilol</i>	34
<i>cabergoline</i>	46	<i>carvedilol phosphate</i>	34
CABOMETYX	17	<i>caspofungin intravenous recon soln 50 mg</i>	10
<i>calcipotriene scalp</i>	38	<i>caspofungin intravenous recon soln 70 mg</i>	10
<i>calcipotriene topical cream</i>	38	CAYSTON	13
<i>calcipotriene topical ointment</i>	38	<i>cefaclor oral capsule</i>	12
<i>calcitonin (salmon) injection</i>	46	<i>cefaclor oral suspension for reconstitution</i> <i>125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	12
<i>calcitonin (salmon) nasal</i>	46	<i>cefaclor oral tablet extended release 12 hr</i>	12
<i>calcitriol intravenous solution 1 mcg/ml</i>	46	<i>cefadroxil oral capsule</i>	12
<i>calcitriol oral capsule</i>	46	<i>cefadroxil oral suspension for reconstitution</i> <i>250 mg/5 ml, 500 mg/5 ml</i>	12
<i>calcitriol oral solution</i>	46	<i>cefadroxil oral tablet</i>	12
CALCITRIOL TOPICAL	38	CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	12
<i>calcium acetate(phosphat bind)</i>	59	<i>cefazolin injection recon soln 1 gram, 10 gram,</i> <i>100 gram, 2 gram, 300 g, 500 mg</i>	12
CALQUENCE	17	<i>cefazolin intravenous recon soln 1 gram</i>	12
CALQUENCE (ACALABRUTINIB MAL)	17	CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	12
<i>camila</i>	52	<i>cefdinir oral capsule</i>	12
<i>camrese</i>	53	<i>cefdinir oral suspension for reconstitution</i>	12
CAMRESE LO	53	CEFEPIME IN DEXTROSE 5%	12
<i>candesartan-hydrochlorothiazid</i>	34	CEFEPIME IN DEXTROSE, ISO-OSM	12
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	34	<i>cefepime injection</i>	12
<i>candesartan oral tablet 32 mg</i>	34	<i>cefepime intravenous</i>	12
CAPLYTA	29	<i>cefixime</i>	12
CAPRELSA ORAL TABLET 100 MG	17	<i>cefotetan injection</i>	12
CAPRELSA ORAL TABLET 300 MG	17	<i>cefoxitin</i>	12
<i>captopril</i>	34	CEFOXITIN IN DEXTROSE, ISO-OSM	12
CARBAGLU	41	<i>cefpodoxime</i>	12
<i>carbamazepine</i>	23	<i>cefprozil</i>	13
<i>carbidopa</i>	25	<i>ceftazidime</i>	13
<i>carbidopa-levodopa-entacapone</i>	26	<i>ceftriaxone</i>	13
<i>carbidopa-levodopa oral tablet</i>	26	<i>ceftriaxone in dextrose,iso-os</i>	13
<i>carbidopa-levodopa oral tablet,disintegrating</i>	26	<i>cefuroxime axetil oral tablet</i>	13
<i>carbidopa-levodopa oral tablet extended release</i>	26	<i>cefuroxime sodium injection recon soln 750 mg</i>	13
<i>carboplatin intravenous solution</i>	17	<i>cefuroxime sodium intravenous</i>	13
<i>carglumic acid</i>	41		
<i>carmustine intravenous recon soln 100 mg</i>	17		
CAROSPIR	34		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>celecoxib</i>	28	CIPRO HC.....	42
CELONTIN ORAL CAPSULE 300 MG.....	23	CIPRO ORAL SUSPENSION, MICROCAPSULE RECON.....	15
<i>cephalexin oral capsule 250 mg, 500 mg</i>	13	<i>cisplatin intravenous solution</i>	17
<i>cephalexin oral suspension for reconstitution</i>	13	<i>citalopram oral solution</i>	30
CEQUR SIMPLICITY.....	43	<i>citalopram oral tablet 10 mg, 20 mg</i>	30
CEQUR SIMPLICITY INSERTER.....	43	<i>citalopram oral tablet 40 mg</i>	30
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT...	46	<i>cladribine</i>	17
<i>cevimeline</i>	41	<i>claravis</i>	39
<i>charlotte 24 fe</i>	53	<i>clarithromycin oral suspension for reconstitution</i>	13
<i>chateal eq (28)</i>	53	<i>clarithromycin oral tablet</i>	13
CHEMET.....	41	<i>clarithromycin oral tablet extended release 24 hr</i>	13
<i>chloramphenicol sod succinate</i>	13	CLENPIQ.....	47
<i>chlorhexidine gluconate mucous membrane</i>	42	<i>clindacin etz topical swab</i>	39
<i>chloroquine phosphate</i>	13	<i>clindacin p</i>	39
<i>chlorothiazide sodium</i>	34	<i>clindamycin hcl</i>	13
<i>chlorpromazine injection</i>	29	CLINDAMYCIN IN 0.9% SOD CHLOR.....	13
<i>chlorpromazine oral</i>	29	<i>clindamycin in 5% dextrose</i>	13
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	34	<i>clindamycin palmitate hcl</i>	13
<i>cholestyramine-aspartame</i>	37	<i>clindamycin pediatric</i>	13
<i>cholestyramine light</i>	37	<i>clindamycin phosphate injection</i>	13
<i>cholestyramine (with sugar)</i>	37	<i>clindamycin phosphate topical gel</i>	39
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR.....	46	CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY.....	39
<i>ciclodan topical solution</i>	39	<i>clindamycin phosphate topical lotion</i>	39
<i>ciclopirox topical cream</i>	39	<i>clindamycin phosphate topical solution</i>	39
<i>ciclopirox topical shampoo</i>	39	<i>clindamycin phosphate topical swab</i>	39
<i>ciclopirox topical solution</i>	39	<i>clindamycin phosphate vaginal</i>	52
<i>ciclopirox topical suspension</i>	39	CLINIMIX 4.25%/D5W SULFIT FREE.....	41
<i>cilostazol</i>	36	CLINIMIX 4.25%/D10W SULF FREE.....	59
CILOXAN OPHTHALMIC (EYE) OINTMENT.....	55	CLINIMIX 5%/D15W SULFITE FREE.....	59
CIMDUO.....	10	CLINIMIX 5%-D20W(SULFITE-FREE).....	60
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	46	CLINIMIX 6%-D5W (SULFITE-FREE).....	60
<i>cinacalcet oral tablet 90 mg</i>	46	CLINIMIX 8%-D10W(SULFITE-FREE).....	60
<i>ciprofloxacin-dexamethasone</i>	42	CLINIMIX 8%-D14W(SULFITE-FREE).....	60
<i>ciprofloxacin hcl ophthalmic (eye)</i>	55	CLINIMIX E 4.25%/D10W SUL FREE.....	60
<i>ciprofloxacin hcl oral tablet 100 mg</i>	15	<i>clinisol sf 15%</i>	60
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	15	<i>clobazam oral suspension</i>	23
<i>ciprofloxacin in 5% dextrose</i>	15	<i>clobazam oral tablet 10 mg</i>	24
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	15	<i>clobazam oral tablet 20 mg</i>	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>clobetasol-emollient topical cream</i>	40	COMBIGAN	55
<i>clobetasol-emollient topical foam</i>	40	COMBIVENT RESPIMAT	57
<i>clobetasol scalp</i>	40	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	17
<i>clobetasol topical cream</i>	40	COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1)	17
<i>clobetasol topical foam</i>	40	COMETRIQ ORAL CAPSULE 140 MG/DAY (80 MG X1-20 MG X3)	17
<i>clobetasol topical gel</i>	40	COMPLERA	10
<i>clobetasol topical ointment</i>	40	COMPLETE NATAL DHA	60
<i>clobetasol topical shampoo</i>	40	<i>compro</i>	47
<i>clocortolone pivalate</i>	40	<i>constulose</i>	47
<i>clodan</i>	40	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML ...	26
<i>clofarabine</i>	17	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML ...	26
<i>clomipramine</i>	30	COPIKTRA	17
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	24	CORLANOR ORAL TABLET	37
<i>clonazepam oral tablet 2 mg</i>	24	CORTIFOAM	47
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	24	<i>cortisone</i>	42
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i> ..	24	CORTISPORIN-TC	42
<i>clonazepam oral tablet, disintegrating 2 mg</i>	24	COSMEGEN	17
<i>clonidine</i>	34	COTELLIC	17
<i>clonidine hcl oral tablet</i>	34	CREON	47
<i>clopidogrel oral tablet 75 mg</i>	36	CRESEMBA ORAL	10
<i>clopidogrel oral tablet 300 mg</i>	36	<i>cromolyn inhalation</i>	57
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	30	<i>cromolyn ophthalmic (eye)</i>	55
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	30	<i>cromolyn oral</i>	47
<i>clorazepate dipotassium oral tablet 15 mg</i>	30	<i>cryselle (28)</i>	53
<i>clotrimazole-betamethasone topical cream</i>	39	CUVRIOR	41
<i>clotrimazole-betamethasone topical lotion</i>	39	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	27
<i>clotrimazole mucous membrane</i>	10	<i>cyclophosphamide intravenous recon soln</i>	17
<i>clotrimazole topical cream</i>	39	CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION ...	17
<i>clotrimazole topical solution</i>	39	<i>cyclophosphamide oral capsule</i>	17
<i>clozapine oral tablet</i>	30	<i>cyclophosphamide oral tablet 25 mg</i>	17
<i>clozapine oral tablet, disintegrating</i>	30	CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	17
C-NATE DHA	60	<i>cycloserine</i>	13
COARTEM	13	CYCLOSET	43
<i>colchicine oral tablet</i>	50	<i>cyclosporine intravenous</i>	17
<i>colesevelam</i>	37	<i>cyclosporine modified</i>	17
<i>colestipol oral granules</i>	37	<i>cyclosporine oral capsule</i>	17
<i>colestipol oral packet</i>	37	CYLTEZO(CF) PEN	50
<i>colestipol oral tablet</i>	37		
<i>colistin (colistimethate na)</i>	13		
COLUMVI	17		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
CYLTEZO(CF) PEN CROHN'S-UC-HS	51	DAYVIGO	30
CYLTEZO(CF) PEN PSORIASIS-UV	51	<i>deblitane</i>	52
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	51	<i>decitabine</i>	17
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	51	<i>deferasirox oral granules in packet</i>	41
CYRAMZA	17	<i>deferasirox oral tablet 90 mg</i>	41
<i>cyred eq</i>	53	<i>deferasirox oral tablet 180 mg, 360 mg</i>	41
CYSTAGON	58	<i>deferiprone</i>	41
CYSTARAN	55	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	52
<i>cytarabine</i>	17	DELSTRIGO	10
<i>cytarabine (pf)</i>	17	<i>demeclocycline</i>	15
D		DENAVIR	40
<i>d2.5%-0.45% sodium chloride</i>	41	DENG VAXIA (PF)	49
<i>d5%-0.45% sodium chloride</i>	41	<i>depo-estradiol</i>	52
<i>d5% and 0.9% sodium chloride</i>	41	DEPO-MEDROL	43
D10%-0.45% SODIUM CHLORIDE	41	DESCOVY	10
<i>dabigatran etexilate</i>	36	<i>desipramine</i>	30
<i>dacarbazine</i>	17	<i>desloratadine oral tablet</i>	56
<i>dactinomycin</i>	17	<i>desmopressin injection</i>	46
<i>dalfampridine</i>	26	<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	46
DALIRESP	57	<i>desmopressin nasal spray with pump</i>	46
<i>danazol</i>	46	<i>desmopressin oral</i>	46
<i>dantrolene oral</i>	27	<i>desog-e.estradiol/e.estradiol</i>	53
DANYELZA	17	<i>desogestrel-ethinyl estradiol</i>	53
<i>dapsone oral</i>	13	<i>desonide topical cream</i>	40
DAPTACEL (DTAP PEDIATRIC) (PF)	49	<i>desonide topical lotion</i>	40
<i>daptomycin</i>	13	<i>desonide topical ointment</i>	40
DAPTOMYCIN IN 0.9% SOD CHLOR	13	<i>desoximetasone topical cream</i>	40
<i>darifenacin</i>	58	<i>desoximetasone topical gel</i>	40
<i>darunavir ethanolate</i>	10	<i>desoximetasone topical ointment</i>	40
DARZALEX	17	<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	30
DARZALEX FASPRO	17	<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	30
<i>dasetta 1/35 (28)</i>	53	<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	30
<i>dasetta 7/7/7 (28)</i>	53	<i>dexamethasone intensol</i>	43
<i>daunorubicin intravenous solution</i>	17	<i>dexamethasone oral elixir</i>	43
DAURISMO ORAL TABLET 25 MG	17	<i>dexamethasone oral solution</i>	43
DAURISMO ORAL TABLET 100 MG	17	<i>dexamethasone oral tablet</i>	43
<i>daysee</i>	53		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>dexamethasone sodium phos (pf) injection solution</i>	43	<i>diclofenac sodium oral</i>	28
<i>dexamethasone sodium phosphate injection solution</i>	43	<i>diclofenac sodium topical drops</i>	28
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	56	<i>diclofenac sodium topical gel 1%</i>	28
<i>dexmethylphenidate oral tablet</i>	30	<i>dicloxacillin</i>	15
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	30	<i>dicyclomine oral capsule</i>	47
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	30	<i>dicyclomine oral solution</i>	47
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	30	<i>dicyclomine oral tablet</i>	47
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	30	DIFICID ORAL SUSPENSION FOR RECONSTITUTION	13
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	30	DIFICID ORAL TABLET	13
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	30	<i>diflunisal</i>	28
<i>dextroamphetamine sulfate oral capsule, extended release</i>	30	<i>difluprednate</i>	56
<i>dextroamphetamine sulfate oral solution</i>	30	<i>digoxin injection solution</i>	37
<i>dextroamphetamine sulfate oral tablet</i>	30	<i>digoxin oral solution</i>	37
<i>dextrose 5%-0.2% sod chloride</i>	41	<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	37
<i>dextrose 5%-0.3% sod.chloride</i>	41	<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	37
<i>dextrose 5% in water (d5w) intravenous parenteral solution</i>	41	<i>dihydroergotamine nasal</i>	26
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK	41	<i>dilantin</i>	24
DEXTROSE 5%-LACTATED RINGERS	41	<i>diltiazem hcl intravenous</i>	34
DEXTROSE 10% AND 0.2% NACL	41	<i>diltiazem hcl oral capsule, extended release 12 hr</i>	35
<i>dextrose 10% in water (d10w)</i>	41	<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	35
DEXTROSE 25% IN WATER (D25W)	41	<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	35
DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	41	<i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>	35
<i>dextrose 50% in water (d50w) intravenous syringe</i>	41	<i>diltiazem hcl oral tablet</i>	35
DEXTROSE 70% IN WATER (D70W)	41	<i>diltiazem hcl oral tablet extended release 24 hr</i>	35
DHIVY	26	<i>dilt-xr</i>	35
DIACOMIT	24	<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	26
<i>diazepam injection</i>	30	<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	26
<i>diazepam intensol</i>	30	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	56
<i>diazepam oral concentrate</i>	30	<i>diphenoxylate-atropine</i>	47
<i>diazepam oral solution</i>	30	<i>dipyridamole oral</i>	36
<i>diazepam oral tablet</i>	30	<i>disulfiram</i>	41
<i>diazepam rectal</i>	24	<i>divalproex oral capsule, delayed rel sprinkle</i>	24
<i>diazoxide</i>	43	<i>divalproex oral tablet, delayed release (dr/ec)</i>	24
<i>diclofenac potassium oral tablet 50 mg</i>	28	<i>divalproex oral tablet extended release 24 hr</i>	24
<i>diclofenac sodium ophthalmic (eye)</i>	55	<i>docetaxel</i>	17

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>dofetilide</i>	34	DROSPIRENONE-E.ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7).....	53
<i>dolishale</i>	53	<i>drospirenone-ethinyl estradiol</i>	53
<i>donepezil oral tablet 5 mg</i>	26	DROXIA.....	17
<i>donepezil oral tablet 10 mg</i>	26	<i>droxidopa oral capsule 100 mg</i>	41
<i>donepezil oral tablet, disintegrating 5 mg</i>	26	<i>droxidopa oral capsule 200 mg, 300 mg</i>	41
<i>donepezil oral tablet, disintegrating 10 mg</i>	26	DUAVEE.....	52
DOPTELET (10 TAB PACK).....	36	DULERA.....	57
DOPTELET (15 TAB PACK).....	36	<i>duloxetine oral capsule, delayed release(dr/ec) 2 0 mg, 60 mg</i>	30
DOPTELET (30 TAB PACK).....	36	<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	30
<i>dorzolamide</i>	55	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML.....	38
<i>dorzolamide-timolol</i>	56	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML.....	38
<i>dotti</i>	52	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML.....	38
DOVATO.....	10	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML.....	38
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	35	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML.....	38
<i>doxazosin oral tablet 8 mg</i>	35	<i>dutasteride</i>	58
<i>doxepin oral capsule</i>	30	<i>dutasteride-tamsulosin</i>	58
<i>doxepin oral concentrate</i>	30		
<i>doxercalciferol</i>	46	E	
<i>doxorubicin intravenous recon soln 50 mg</i>	17	EC-NAPROXEN.....	28
<i>doxorubicin intravenous solution</i>	17	<i>econazole</i>	39
<i>doxorubicin, peg-liposomal</i>	17	EDARBI.....	35
<i>doxy-100</i>	15	EDARBYCLOR.....	35
<i>doxycycline hyclate intravenous</i>	15	EDURANT.....	10
<i>doxycycline hyclate oral capsule</i>	15	<i>efavirenz-emtricitabin-tenofof</i>	10
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	15	<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>	10
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	15	<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i>	10
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	16	<i>efavirenz oral capsule 50 mg</i>	10
<i>doxycycline monohydrate oral suspension for reconstitution</i>	16	<i>efavirenz oral capsule 200 mg</i>	10
<i>doxycycline monohydrate oral tablet</i>	16	<i>efavirenz oral tablet</i>	10
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG.....	30	ELAPRASE.....	46
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG.....	30	ELECTROLYTE-48 IN D5W.....	60
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG.....	30	ELIGARD.....	17
<i>dronabinol</i>	47		
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	53		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ELIGARD (3 MONTH)	17	EPIDIOLEX	24
ELIGARD (4 MONTH)	18	<i>epinastine</i>	55
ELIGARD (6 MONTH)	18	<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	56
<i>elinest</i>	53	EPINEPHRINE INJECTION AUTO-INJECTOR	
ELIQUIS	36	0.15 MG/0.15 ML, 0.3 MG/0.3 ML	56
ELIQUIS DVT-PE TREAT 30D START	36	<i>epinephrine injection solution 1 mg/ml</i>	56
ELITE-OB	60	<i>epirubicin intravenous solution</i>	18
ELMIRON	58	<i>epitol</i>	24
ELREXFIO	18	EPKINLY	18
ELZONRIS	18	<i>eplerenone</i>	35
EMCYT	18	EPRONTIA	24
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	18	ERBITUX	18
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	18	<i>ergotamine-caffeine</i>	26
EMSAM	30	ERIVEDGE	18
<i>emtricitabine</i>	10	ERLEADA ORAL TABLET 60 MG	18
<i>emtricitabine-tenofovir (tdf)</i>	10	ERLEADA ORAL TABLET 240 MG	18
EMTRIVA ORAL SOLUTION	10	<i>erlotinib oral tablet 25 mg</i>	18
<i>emverm</i>	14	<i>erlotinib oral tablet 100 mg, 150 mg</i>	18
<i>enalapril-hydrochlorothiazide</i>	35	<i>errin</i>	52
<i>enalapril maleate oral tablet</i>	35	<i>ertapenem</i>	14
ENBREL MINI	51	<i>ery pads</i>	39
ENBREL SUBCUTANEOUS SOLUTION	51	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	13
ENBREL SUBCUTANEOUS SYRINGE	51	<i>erythrocin (as stearate) oral tablet 250 mg</i>	13
ENBREL SURECLICK	51	<i>erythrocin intravenous recon soln 500 mg</i>	13
<i>endocet</i>	27	<i>erythromycin-benzoyl peroxide</i>	39
ENGERIX-B PEDIATRIC (PF)	49	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	13
ENGERIX-B (PF)	49	<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	13
ENHERTU	18	<i>erythromycin ethylsuccinate oral tablet</i>	13
<i>enoxaparin</i>	36	<i>erythromycin ophthalmic (eye)</i>	55
<i>enpresse</i>	53	<i>erythromycin oral tablet</i>	13
<i>enskyce</i>	53	<i>erythromycin oral tablet, delayed release (dr/ec)</i>	13
<i>entacapone</i>	26	<i>erythromycin with ethanol topical gel</i>	39
<i>entecavir</i>	10	<i>erythromycin with ethanol topical solution</i>	39
ENTRESTO	37	ESBRIET ORAL CAPSULE	57
<i>enulose</i>	47	<i>escitalopram oxalate oral solution</i>	30
ENVARUSUS XR	18	<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	30
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	10	<i>escitalopram oxalate oral tablet 20 mg</i>	30
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	10		
EPCLUSA ORAL TABLET 200-50 MG	11		
EPCLUSA ORAL TABLET 400-100 MG	11		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	48	FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG	30
<i>estarylla</i>	53	FANAPT ORAL TABLET 2 MG	30
<i>estradiol oral</i>	52	FANAPT ORAL TABLET 8 MG	30
<i>estradiol transdermal patch semiweekly</i>	52	FANAPT ORAL TABLETS, DOSE PACK	30
<i>estradiol transdermal patch weekly</i>	52	FARXIGA ORAL TABLET 5 MG	43
<i>estradiol vaginal cream</i>	52	FARXIGA ORAL TABLET 10 MG	43
<i>estradiol vaginal tablet</i>	52	FARYDAK	18
<i>estradiol valerate</i>	52	<i>febuxostat</i>	50
ESTRING	52	<i>felbamate</i>	24
<i>ethacrynate sodium</i>	35	<i>felodipine</i>	35
<i>ethambutol</i>	14	<i>fenofibrate micronized oral capsule</i> 134 mg, 200 mg, 67 mg	37
<i>ethosuximide</i>	24	<i>fenofibrate nanocrystallized</i>	37
<i>ethynodiol diac-eth estradiol</i>	53	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	37
<i>etodolac</i>	28	<i>fenofibric acid (choline)</i>	37
ETOPOPHOS	18	<i>fentanyl</i>	27
<i>etoposide intravenous</i>	18	<i>fentanyl citrate buccal lozenge on a handle</i> 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	27
<i>etravirine</i>	11	<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	27
EUTHYROX	47	<i>fentanyl citrate (pf) injection solution</i>	27
<i>everolimus (antineoplastic) oral tablet</i>	18	FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML	27
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	18	FERRIPROX (2 TIMES A DAY)	41
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i>	18	FERRIPROX ORAL SOLUTION	41
<i>everolimus (immunosuppressive)</i>	18	<i>fesoterodine</i>	58
EVOMELA	18	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	31
EVOTAZ	11	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	31
<i>exemestane</i>	18	<i>finasteride oral tablet 5 mg</i>	58
EXKIVITY	18	<i> fingolimod</i>	26
EYLEA	55	FINTEPLA	24
EYSUVIS	56	<i>finzala</i>	53
<i>ezetimibe</i>	37	FIRDAPSE	26
<i>ezetimibe-simvastatin</i>	37	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	18
F		FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	18
FABRAZYME	46	FIRVANQ	14
<i>falmina (28)</i>	53	<i>flac otic oil</i>	42
<i>famciclovir</i>	11		
<i>famotidine oral suspension</i>	48		
<i>famotidine oral tablet 20 mg, 40 mg</i>	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>flavoxate</i>	58	<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	31
<i>flecainide</i>	34	<i>fluoxetine oral solution</i>	31
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION...	57	<i>fluoxetine oral tablet 10 mg, 20 mg</i>	31
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.....	57	<i>fluoxetine (pmdd)</i>	31
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION.....	57	<i>fluphenazine decanoate</i>	31
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION.....	57	<i>fluphenazine hcl injection</i>	31
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	57	<i>fluphenazine hcl oral concentrate</i>	31
<i>floxuridine</i>	18	<i>fluphenazine hcl oral elixir</i>	31
<i>fluconazole</i>	10	<i>fluphenazine hcl oral tablet</i>	31
<i>fluconazole in nacl (iso-osm)</i>	10	<i>flurbiprofen oral tablet 100 mg</i>	28
<i>flucytosine</i>	10	<i>flurbiprofen sodium</i>	55
<i>fludarabine</i>	18	<i>fluticasone propionate nasal</i>	57
<i>fludrocortisone</i>	43	<i>fluticasone propionate topical cream</i>	40
<i>flunisolide</i>	57	<i>fluticasone propionate topical ointment</i>	40
<i>fluocinolone acetonide oil</i>	42	<i>fluticasone propion-salmeterol inhalation blister with device</i>	57
<i>fluocinolone and shower cap</i>	40	<i>fluvastatin oral capsule 20 mg</i>	37
<i>fluocinolone topical cream</i>	40	<i>fluvastatin oral capsule 40 mg</i>	37
<i>fluocinolone topical oil</i>	40	<i>fluvastatin oral tablet extended release 24 hr</i>	37
<i>fluocinolone topical ointment</i>	40	<i>fluvoxamine oral tablet 50 mg</i>	31
<i>fluocinolone topical solution</i>	40	<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	31
<i>fluocinonide topical cream 0.1%</i>	40	FOLIVANE-OB	60
<i>fluocinonide topical cream 0.05%</i>	40	FOLOTYN	18
<i>fluocinonide topical gel</i>	40	<i>fomepizole</i>	49
<i>fluocinonide topical ointment</i>	40	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	36
<i>fluocinonide topical solution</i>	40	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	36
<i>fluoride (sodium) dental paste</i>	42	<i>formoterol fumarate</i>	57
<i>fluoride (sodium) oral tablet</i>	60	FORTEO.....	50
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	60	<i>fosamprenavir</i>	11
FLUOROMETHOLONE.....	56	<i>fosfomycin tromethamine</i>	16
<i>fluorouracil intravenous</i>	18	<i>fosinopril</i>	35
<i>fluorouracil topical cream 0.5%</i>	38	<i>fosinopril-hydrochlorothiazide</i>	35
<i>fluorouracil topical cream 5%</i>	38	<i>fosphenytoin</i>	24
<i>fluorouracil topical solution</i>	38	FOTIVDA	18
<i>fluoxetine oral capsule 10 mg</i>	31	<i>fulvestrant</i>	18
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	31	<i>furosemide injection solution</i>	35
		<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	35
		FUROSEMIDE ORAL SOLUTION 40 MG/4 ML.....	35

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>furosemide oral tablet</i>	35	GEMTESA.....	58
FUZEON SUBCUTANEOUS RECON SOLN.....	11	<i>generlac</i>	48
FYARRO.....	18	<i>gengraf</i>	18
<i>fyavolv</i>	52	GENOTROPIN.....	49
FYCOMPA ORAL SUSPENSION.....	24	GENOTROPIN MINIQUICK.....	49
FYCOMPA ORAL TABLET 2 MG.....	24	<i>gentamicin injection solution 40 mg/ml</i>	14
FYCOMPA ORAL TABLET 4 MG, 6 MG.....	24	<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>	14
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG.....	24	<i>gentamicin ophthalmic (eye) drops</i>	55
G		<i>gentamicin sulfate (ped) (pf)</i>	14
<i>gabapentin oral capsule 100 mg, 300 mg</i>	24	<i>gentamicin topical cream</i>	39
<i>gabapentin oral capsule 400 mg</i>	24	<i>gentamicin topical ointment</i>	39
<i>gabapentin oral solution</i>	24	GENVOYA.....	11
<i>gabapentin oral tablet 600 mg</i>	24	GILENYA.....	27
<i>gabapentin oral tablet 800 mg</i>	24	GILOTRIF.....	18
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	27	GLASSIA.....	41
<i>galantamine oral solution</i>	27	GLEOSTINE.....	18
<i>galantamine oral tablet</i>	27	<i>glimepiride oral tablet 1 mg</i>	43
GAMMAGARD LIQUID.....	49	<i>glimepiride oral tablet 2 mg</i>	43
GAMMAGARD S-D (IGA < 1 MCG/ML).....	49	<i>glimepiride oral tablet 4 mg</i>	43
GAMMAKED.....	49	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	44
GAMMAPLEX INTRAVENOUS SOLUTION 10%.....	49	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	44
GAMMAPLEX (WITH SORBITOL).....	49	<i>glipizide oral tablet 5 mg</i>	43
GAMUNEX-C.....	49	<i>glipizide oral tablet 10 mg</i>	43
GARDASIL 9 (PF).....	49	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	44
GATTEX 30-VIAL.....	47	<i>glipizide oral tablet extended release 24hr 5 mg</i>	44
GATTEX ONE-VIAL.....	48	<i>glipizide oral tablet extended release 24hr 10 mg</i>	43
GAUZE PAD TOPICAL BANDAGE 2 X 2 ".....	43	GLUCAGEN HYPOKIT.....	44
<i>gavilyte-c</i>	48	<i>glucagon emergency kit (human)</i>	44
GAVRETO.....	18	GLUCAGON (HCL) EMERGENCY KIT.....	44
GAZYVA.....	18	<i>glycopyrrolate injection</i>	47
<i>gefitinib</i>	18	<i>glycopyrrolate oral tablet</i>	47
<i>gemcitabine intravenous recon soln</i>	18	<i>glycopyrrolate (pf)</i>	47
<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>	18	<i>glycopyrrolate (pf) in water injection</i>	47
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML.....	18	<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	47
<i>gemfibrozil</i>	37	<i>glydo</i>	38
<i>gemmily</i>	53	GLYXAMBI.....	44
		<i>granisetron hcl intravenous</i>	48

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>granisetron hcl oral</i>	48	HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	37
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	48	HETLIOZ	31
<i>griseofulvin microsize</i>	10	HIBERIX (PF)	49
<i>griseofulvin ultramicrosize</i>	10	HIZENTRA	49
<i>guanfacine oral tablet extended release 24 hr</i>	31	HUMALOG JUNIOR KWIKPEN U-100	44
GVOKE	44	HUMALOG KWIKPEN INSULIN	44
GVOKE HYPOPEN 1-PACK	44	HUMALOG MIX 50-50 INSULN U-100	44
GVOKE HYPOPEN 2-PACK	44	HUMALOG MIX 50-50 KWIKPEN	44
GVOKE PFS 1-PACK SYRINGE	44	HUMALOG MIX 75-25 KWIKPEN	44
GVOKE PFS 2-PACK SYRINGE	44	HUMALOG MIX 75-25(U-100)INSULN	44
		HUMALOG U-100 INSULIN	44
H		HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	51
HAEGARDA	57	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	51
<i>hailey</i>	53	HUMIRA(CF) PEN CROHNS-UC-HS	51
<i>hailey 24 fe</i>	53	HUMIRA(CF) PEN PEDIATRIC UC	51
<i>hailey fe 1.5/30 (28)</i>	53	HUMIRA(CF) PEN PSOR-UV-ADOL HS	51
<i>hailey fe 1/20 (28)</i>	53	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	51
HALAVEN	18	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	51
<i>halobetasol propionate topical cream</i>	40	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	51
<i>halobetasol propionate topical ointment</i>	40	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	51
<i>haloperidol decanoate</i>	31	HUMIRA PEN	51
<i>haloperidol lactate injection</i>	31	HUMIRA PEN CROHNS-UC-HS START	51
<i>haloperidol lactate oral</i>	31	HUMIRA PEN PSOR-UEITS-ADOL HS	51
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	31	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	51
<i>haloperidol oral tablet 10 mg, 20 mg</i>	31	HUMULIN 70/30 U-100 INSULIN	44
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	11	HUMULIN 70/30 U-100 KWIKPEN	44
HARVONI ORAL PELLETS IN PACKET 45-200 MG	11	HUMULIN N NPH INSULIN KWIKPEN	44
HARVONI ORAL TABLET 45-200 MG	11	HUMULIN N NPH U-100 INSULIN	44
HARVONI ORAL TABLET 90-400 MG	11	HUMULIN R REGULAR U-100 INSULN	44
HAVRIX (PF)	49	HUMULIN R U-500 (CONC) INSULIN	44
<i>heather</i>	52	HUMULIN R U-500 (CONC) KWIKPEN	44
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	36	<i>hydralazine injection</i>	35
HEPARIN (PORCINE) IN 5% DEX	36		
<i>heparin (porcine) injection solution</i>	36		
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	36		
<i>heparin (porcine) in nacl (pf)</i>	36		
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	37		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>hydralazine oral</i>	35	I	
<i>hydrochlorothiazide</i>	35	<i>ibandronate oral</i>	50
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	27	IBRANCE	18
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 7.5-300 mg	28	<i>ibu</i>	28
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 5-325 mg, 7.5-325 mg	28	<i>ibuprofen oral suspension</i>	28
<i>hydrocodone-ibuprofen</i>	28	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	28
<i>hydrocortisone-acetic acid</i>	42	<i>icatibant</i>	57
<i>hydrocortisone butyrate topical cream</i>	40	<i>iclevia</i>	53
<i>hydrocortisone butyrate topical ointment</i>	40	ICLUSIG	18
<i>hydrocortisone butyrate topical solution</i>	40	<i>icosapent ethyl</i>	37
<i>hydrocortisone butyr-emollient</i>	40	<i>idarubicin</i>	18
<i>hydrocortisone oral</i>	43	IDHIFA	19
<i>hydrocortisone rectal</i>	48	<i>ifosfamide intravenous recon soln 1 gram</i>	19
<i>hydrocortisone topical cream 1%, 2.5%</i>	40	IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM	19
<i>hydrocortisone topical cream with perineal applicator</i>	48	<i>ifosfamide intravenous solution</i>	19
<i>hydrocortisone topical lotion 2.5%</i>	40	<i>imatinib oral tablet 100 mg</i>	19
<i>hydrocortisone topical ointment 1%, 2.5%</i>	40	<i>imatinib oral tablet 400 mg</i>	19
<i>hydrocortisone valerate</i>	40	IMBRUVICA ORAL CAPSULE 70 MG	19
<i>hydromorphone oral liquid</i>	28	IMBRUVICA ORAL CAPSULE 140 MG	19
<i>hydromorphone oral tablet</i>	28	IMBRUVICA ORAL SUSPENSION	19
<i>hydroxychloroquine</i>	14	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	19
<i>hydroxyprogesterone caproate</i>	52	IMFINZI	19
<i>hydroxyurea</i>	18	<i>imipenem-cilastatin</i>	14
<i>hydroxyzine hcl oral tablet</i>	56	<i>imipramine hcl</i>	31
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	51	<i>imiquimod topical cream in metered-dose pump</i>	38
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML 51	51	<i>imiquimod topical cream in packet 3.75%</i>	38
HYRIMOZ(CF) PEN	51	<i>imiquimod topical cream in packet 5%</i>	38
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	51	IMJUDO	19
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	51	IMOVAX RABIES VACCINE (PF)	50
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	51	<i>incassia</i>	52
HYRIMOZ PEN CROHN'S-UC STARTER	51	INCRELEX	41
HYRIMOZ PEN PSORIASIS STARTER	51	INCRUSE ELLIPTA	57
		<i>indapamide</i>	35
		INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	50
		INFLECTRA	48
		INFUGEM	19
		INFUMORPH P/F	28
		INGREZZA	27
		INGREZZA INITIATION PACK	27

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
INLYTA ORAL TABLET 1 MG	19	ISENTRESS ORAL POWDER IN PACKET	11
INLYTA ORAL TABLET 5 MG	19	ISENTRESS ORAL TABLET	11
INQOVI	19	ISENTRESS ORAL TABLET, CHEWABLE 25 MG	11
INREBIC	19	ISENTRESS ORAL TABLET, CHEWABLE 100 MG	11
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	44	<i>isibloom</i>	53
INTELENCE ORAL TABLET 25 MG	11	<i>isoniazid oral solution</i>	14
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	60	<i>isoniazid oral tablet</i>	14
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	31	<i>isosorbide dinitrate oral tablet</i>	38
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	31	<i>isosorbide-hydralazine</i>	35
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	31	<i>isosorbide mononitrate</i>	38
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	31	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	39
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	31	<i>isradipine</i>	35
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	31	<i>itraconazole oral capsule</i>	10
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	31	<i>itraconazole oral solution</i>	10
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	31	<i>ivermectin oral</i>	14
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	31	IXEMPRA	19
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	31	IXIARO (PF)	50
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	31		
INVELTYS	56	J	
IPOL	50	<i>jaimiess</i>	53
<i>ipratropium-albuterol</i>	57	JAKAFI	19
<i>ipratropium bromide inhalation</i>	57	<i>jantoven</i>	37
<i>ipratropium bromide nasal</i>	42	JANUMET	44
<i>irbesartan</i>	35	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	44
<i>irbesartan-hydrochlorothiazide</i>	35	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	44
IRESSA	19	JANUVIA	44
<i>irinotecan</i>	19	JARDIANCE	44
ISENTRESS HD	11	<i>jasmiel (28)</i>	53
		JAYPIRCA	19
		JEMPERLI	19
		JENCYCLA	52
		JENTADUETO	44
		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	44
		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	44
		JEVTANA	19
		<i>jolessa</i>	53

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>joyeaux</i>	53	KLOR-CON 8	59
<i>juleber</i>	53	KLOR-CON 10	59
JULUCA	11	<i>klor-con m10</i>	59
<i>junel 1.5/30 (21)</i>	53	<i>klor-con m15</i>	59
<i>junel 1/20 (21)</i>	53	<i>klor-con m20</i>	59
<i>junel fe 1.5/30 (28)</i>	53	KLOXXADO	28
<i>junel fe 1/20 (28)</i>	53	KORLYM	46
<i>junel fe 24</i>	53	K-PHOS ORIGINAL	58
JYNNEOS (PF)(STOCKPILE)	50	KRAZATI	19
K		<i>kurvelo (28)</i>	53
KABIVEN	60	KYPROLIS	19
KADCYLA	19	L	
<i>kaitlib fe</i>	53	<i>labetalol oral</i>	35
<i>kalliga</i>	53	<i>lacosamide intravenous</i>	24
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	57	<i>lacosamide oral solution</i>	24
KALYDECO ORAL TABLET	57	<i>lacosamide oral tablet 50 mg</i>	24
<i>kariva (28)</i>	53	<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	24
<i>kelnor 1/35 (28)</i>	53	LACRISERT	55
<i>kelnor 1-50 (28)</i>	53	<i>lactated ringers intravenous</i>	59
KERENDIA	35	LACTATED RINGERS IRRIGATION	41
KESIMPTA PEN	27	<i>lactulose oral solution</i>	48
<i>ketoconazole oral</i>	10	<i>lamivudine oral solution</i>	11
<i>ketoconazole topical cream</i>	39	<i>lamivudine oral tablet 100 mg, 300 mg</i>	11
<i>ketoconazole topical shampoo</i>	39	<i>lamivudine oral tablet 150 mg</i>	11
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	55	<i>lamivudine-zidovudine</i>	11
<i>ketorolac ophthalmic (eye) drops 0.5%</i>	55	<i>lamotrigine oral tablet</i>	24
KEYTRUDA	19	<i>lamotrigine oral tablet, chewable dispersible</i>	24
KIMMTRAK	19	<i>lamotrigine oral tablet, disintegrating</i>	24
KINRIX (PF) INTRAMUSCULAR SYRINGE	50	<i>lamotrigine oral tablet extended release 24hr</i>	24
KISQALI	19	<i>lamotrigine oral tablets, dose pack</i>	24
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	19	LANOXIN PEDIATRIC	37
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	19	<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	49
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	19	LANTUS SOLOSTAR U-100 INSULIN	44
KLISYRI	19	LANTUS U-100 INSULIN	44
<i>klor-con</i>	59	<i>lapatinib</i>	19
		<i>larin 1.5/30 (21)</i>	53
		<i>larin 1/20 (21)</i>	53
		<i>larin 24 fe</i>	53

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>larin fe 1.5/30 (28)</i>	53	<i>levofloxacin intravenous</i>	15
<i>larin fe 1/20 (28)</i>	53	<i>levofloxacin oral solution</i>	15
<i>latanoprost</i>	56	<i>levofloxacin oral tablet</i>	15
LATUDA ORAL TABLET 80 MG	31	<i>levonest (28)</i>	53
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	31	<i>levonorgestrel-ethinyl estrad</i>	53
LAYOLIS FE	53	<i>levonorg-eth estrad triphasic</i>	53
<i>leena 28</i>	53	<i>levora-28</i>	53
<i>leflunomide</i>	51	LEVO-T	47
LLENALIDOMIDE ORAL CAPSULE 2.5 MG, 20 MG	19	<i>levothyroxine oral tablet</i>	47
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	19	LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	47
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	19	LEXIVA ORAL SUSPENSION	11
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)	19	LIBTAYO	19
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)	19	<i>lidocaine hcl injection solution</i>	38
<i>lessina</i>	53	<i>lidocaine hcl laryngotracheal</i>	38
<i>letrozole</i>	19	<i>lidocaine hcl mucous membrane jelly in applicator</i>	39
<i>leucovorin calcium injection</i>	16	<i>lidocaine hcl mucous membrane solution 2%</i>	39
<i>leucovorin calcium oral</i>	16	<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i> ..	38
LEUKERAN	19	<i>lidocaine (pf) injection solution</i>	38
<i>leuprolide (3 month)</i>	19	LIDOCAINE (PF) INTRAVENOUS SOLUTION	34
<i>leuprolide subcutaneous kit</i>	19	<i>lidocaine (pf) intravenous syringe</i>	34
<i>levalbuterol hcl</i>	57	<i>lidocaine-prilocaine topical cream</i>	38
LEVALBUTEROL TARTRATE	57	<i>lidocaine topical adhesive patch, medicated 5%</i>	38
LEVEMIR FLEXPEN	44	<i>lidocaine topical ointment</i>	38
LEVEMIR U-100 INSULIN	44	<i>lidocaine viscous</i>	38
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> <i>1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	24	<i>lincomycin</i>	14
<i>levetiracetam intravenous</i>	24	LINEZOLID-0.9% SODIUM CHLORIDE	14
<i>levetiracetam oral</i>	24	<i>linezolid in dextrose 5%</i>	14
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	55	<i>linezolid oral suspension for reconstitution</i>	14
<i>levocarnitine oral solution 100 mg/ml</i>	42	<i>linezolid oral tablet</i>	14
LEVOCARNITINE ORAL TABLET	42	LINZESS	48
<i>levocarnitine (with sugar)</i>	41	<i>liothyronine oral</i>	47
<i>levocetirizine oral solution</i>	56	<i>lisinopril</i>	35
<i>levocetirizine oral tablet</i>	56	<i>lisinopril-hydrochlorothiazide</i>	35
<i>levofloxacin in d5w</i>	15	<i>lithium carbonate</i>	31
		<i>lithium citrate oral solution 8 meq/5 ml</i>	31
		LIVALO	37
		<i>l norgest/e.estradiol-e.estrad</i>	53
		<i>lojaimiess</i>	53

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
LOKELMA	42	LUPRON DEPOT (6 MONTH)	20
LONSURF ORAL TABLET 15-6.14 MG	19	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	20
LONSURF ORAL TABLET 20-8.19 MG	20	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	20
<i>loperamide oral capsule</i>	47	LUPRON DEPOT-PED INTRAMUSCULAR KIT	20
<i>lopinavir-ritonavir oral solution</i>	11	LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	20
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	11	<i>lurasidone oral tablet 80 mg</i>	32
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	11	<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	32
<i>lorazepam injection solution</i>	31	<i>lutera (28)</i>	54
<i>lorazepam injection syringe 2 mg/ml</i>	31	LYBALVI	32
<i>lorazepam intensol</i>	31	LYNPARZA	20
<i>lorazepam oral concentrate</i>	32	LYSODREN	20
<i>lorazepam oral syringe</i>	32	LYTGOBI	20
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	32	LYUMJEV KWIKPEN U-100 INSULIN	44
<i>lorazepam oral tablet 2 mg</i>	32	LYUMJEV KWIKPEN U-200 INSULIN	44
LORBRENA ORAL TABLET 25 MG	20	LYUMJEV U-100 INSULIN	44
LORBRENA ORAL TABLET 100 MG	20	<i>lyza</i>	52
<i>loryna (28)</i>	53		
<i>losartan</i>	35	M	
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	35	<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	59
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	35	<i>magnesium sulfate injection</i>	59
LOTEMAX OPHTHALMIC (EYE) OINTMENT	56	<i>magnesium sulfate in water</i>	59
LOTEMAX SM	56	<i>malathion</i>	41
<i>loteprednol etabonate</i>	56	<i>maraviroc oral tablet 150 mg</i>	11
<i>lovastatin oral tablet 10 mg</i>	37	<i>maraviroc oral tablet 300 mg</i>	11
<i>lovastatin oral tablet 20 mg, 40 mg</i>	37	MARGENZA	20
<i>low-ogestrel (28)</i>	54	<i>marlissa (28)</i>	54
<i>loxapine succinate</i>	32	MARPLAN	32
<i>lo-zumandimine (28)</i>	54	MARQIBO	20
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	60	MATULANE	20
LUMAKRAS ORAL TABLET 120 MG	20	<i>matzim la</i>	35
LUMAKRAS ORAL TABLET 320 MG	20	MAVYRET ORAL PELLETS IN PACKET	11
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	56	MAVYRET ORAL TABLET	11
LUMIZYME	46	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	48
LUMOXITI	20	MEDROL ORAL TABLET 2 MG	43
LUNSUMIO	20	<i>medroxyprogesterone intramuscular</i>	52
LUPRON DEPOT	20	<i>medroxyprogesterone oral</i>	52
LUPRON DEPOT (3 MONTH)	20		
LUPRON DEPOT (4 MONTH)	20		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>mefloquine</i>	14	<i>methadone oral solution 5 mg/5 ml</i>	28
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	20	<i>methadone oral solution 10 mg/5 ml</i>	28
<i>megestrol oral tablet</i>	20	<i>methadone oral tablet 5 mg</i>	28
MEKINIST ORAL RECON SOLN	20	<i>methadone oral tablet 10 mg</i>	28
MEKINIST ORAL TABLET 0.5 MG	20	<i>methazolamide</i>	55
MEKINIST ORAL TABLET 2 MG	20	<i>methenamine hippurate</i>	16
MEKTOVI	20	<i>methimazole oral tablet 10 mg, 5 mg</i>	43
<i>meloxicam oral tablet 7.5 mg</i>	28	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	27
<i>meloxicam oral tablet 15 mg</i>	28	<i>methotrexate sodium injection</i>	20
<i>melphalan</i>	20	<i>methotrexate sodium oral</i>	20
<i>melphalan hcl</i>	20	<i>methotrexate sodium (pf)</i>	20
<i>memantine oral capsule, sprinkle, er 24hr</i>	27	<i>methoxsalen</i>	38
<i>memantine oral solution</i>	27	<i>methsuximide</i>	24
<i>memantine oral tablet 5 mg</i>	27	<i>methylphenidate hcl oral tablet</i>	32
<i>memantine oral tablet 10 mg</i>	27	<i>methylphenidate hcl oral tablet extended release</i>	32
MEMANTINE ORAL TABLETS, DOSE PACK	27	<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>	32
MENACTRA (PF) INTRAMUSCULAR SOLUTION	50	<i>methylpred dp</i>	43
MENOSTAR	52	<i>methylprednisolone acetate</i>	43
MENQUADFI (PF)	50	<i>methylprednisolone oral tablet</i>	43
MENVEO A-C-Y-W-135-DIP (PF)	50	<i>methylprednisolone oral tablets, dose pack</i>	43
<i>mercaptopurine</i>	20	<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	43
<i>meropenem</i>	14	<i>methylprednisolone sodium succ intravenous</i>	43
MEROPENEM-0.9% SODIUM CHLORIDE	14	<i>metoclopramide hcl oral solution</i>	48
<i>merzee</i>	54	<i>metoclopramide hcl oral tablet</i>	48
<i>mesalamine oral capsule, extended release 24hr</i>	48	<i>metolazone</i>	35
<i>mesalamine rectal enema</i>	48	<i>metoprolol succinate</i>	35
<i>mesalamine with cleansing wipe</i>	48	<i>metoprolol ta-hydrochlorothiaz</i>	35
<i>mesna</i>	16	<i>metoprolol tartrate oral</i>	35
MESNEX ORAL	16	METRO I.V.	14
<i>metadate er</i>	32	<i>metronidazole in nacl (iso-os)</i>	14
<i>metformin oral solution</i>	44	<i>metronidazole oral tablet</i>	14
<i>metformin oral tablet 1,000 mg</i>	44	<i>metronidazole topical</i>	39
<i>metformin oral tablet 500 mg</i>	45	<i>metronidazole vaginal</i>	52
<i>metformin oral tablet 850 mg</i>	45	<i>metyrosine</i>	35
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	45	<i>mexiletine</i>	34
<i>metformin oral tablet extended release 24 hr 500 mg</i>	45	<i>micafungin</i>	10
<i>metformin oral tablet extended release 24hr 500 mg</i>	45		
<i>metformin oral tablet extended release 24 hr 750 mg</i>	45		
<i>methadone injection solution</i>	28		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>microgestin 1.5/30 (21)</i>	54	<i>morphine intravenous solution</i>	
<i>microgestin 1/20 (21)</i>	54	<i>10 mg/ml, 4 mg/ml, 8 mg/ml</i>	28
<i>microgestin fe 1.5/30 (28)</i>	54	<i>morphine oral solution</i>	28
<i>microgestin fe 1/20 (28)</i>	54	<i>morphine oral tablet</i>	28
<i>midodrine</i>	42	<i>morphine oral tablet extended release</i>	28
<i>mifepristone</i>	52	<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	28
<i>migergot</i>	26	MOUNJARO	45
<i>miglitol oral tablet 25 mg</i>	45	MOVANTIK	48
<i>miglitol oral tablet 50 mg</i>	45	<i>moxifloxacin ophthalmic (eye)</i>	55
<i>miglitol oral tablet 100 mg</i>	45	<i>moxifloxacin oral</i>	15
<i>miglustat</i>	46	MOXIFLOXACIN-SOD.ACE, SUL-WATER	15
<i>mili</i>	54	<i>moxifloxacin-sod.chloride(iso)</i>	15
<i>minocycline oral capsule</i>	16	MOZOBIL	49
<i>minocycline oral tablet</i>	16	<i>mupirocin</i>	39
<i>minoxidil oral</i>	35	<i>mupirocin calcium</i>	39
<i>mirtazapine oral tablet</i>	32	<i>mycophenolate mofetil (hcl)</i>	20
<i>mirtazapine oral tablet, disintegrating</i>	32	<i>mycophenolate mofetil oral capsule</i>	20
<i>misoprostol</i>	49	<i>mycophenolate mofetil oral suspension for reconstitution</i> ..	20
MITIGARE	50	<i>mycophenolate mofetil oral tablet</i>	20
<i>mitomycin intravenous</i>	20	<i>mycophenolate sodium</i>	20
<i>mitoxantrone</i>	20	MYLOTARG	20
M-M-R II (PF)	50	MYRBETRIQ ORAL TABLET EXTENDED	
M-NATAL PLUS	60	RELEASE 24 HR.	58
<i>modafinil oral tablet 100 mg</i>	32		
<i>modafinil oral tablet 200 mg</i>	32	N	
<i>moexipril</i>	35	<i>nabumetone</i>	28
<i>molindone</i>	32	<i>nadolol</i>	35
<i>mometasone nasal</i>	57	NAFCILLIN IN DEXTROSE ISO-OSM	15
<i>mometasone topical</i>	40	<i>nafcillin injection</i>	15
<i>mondoxyne nl oral capsule 100 mg</i>	16	<i>nafcillin intravenous recon soln 2 gram</i>	15
MONJUVI	20	<i>naftifine topical cream</i>	39
<i>mono-lynyah</i>	54	<i>naftifine topical gel 2%</i>	39
<i>montelukast oral granules in packet</i>	57	NAFTIN TOPICAL GEL 2%	39
<i>montelukast oral tablet</i>	57	NAGLAZYME	46
<i>montelukast oral tablet, chewable</i>	57	<i>naloxone injection solution</i>	28
<i>morphine concentrate oral solution</i>	28	<i>naloxone injection syringe 1 mg/ml</i>	28
MORPHINE INJECTION SOLUTION	28	<i>naloxone nasal</i>	28
MORPHINE INJECTION SYRINGE		<i>naltrexone</i>	28
2 MG/ML, 4 MG/ML	28	NAMZARIC	27
		<i>naproxen oral suspension</i>	29

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>naproxen oral tablet</i>	29	<i>nikki (28)</i>	54
<i>naproxen oral tablet, delayed release (dr/ec)</i>	29	<i>nilutamide</i>	20
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	29	<i>nimodipine</i>	35
<i>naratriptan</i>	26	NINLARO	20
NATACYN.....	55	NIPENT.....	20
<i>nateglinide oral tablet 60 mg</i>	45	<i>nisoldipine</i>	35
<i>nateglinide oral tablet 120 mg</i>	45	<i>nitazoxanide</i>	14
NATPARA.....	46	<i>nitisinone</i>	42
NAYZILAM.....	24	<i>nitrofurantoin macrocrystal</i>	16
<i>nebivolol</i>	35	<i>nitrofurantoin monohyd/m-cryst</i>	16
<i>necon 0.5/35 (28)</i>	54	<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	16
<i>nefazodone</i>	32	<i>nitroglycerin intravenous</i>	38
<i>nelarabine</i>	20	<i>nitroglycerin sublingual</i>	38
<i>neomycin</i>	14	<i>nitroglycerin transdermal patch 24 hour</i>	38
<i>neomycin-bacitracin-poly-hc</i>	56	<i>nitroglycerin translingual</i>	38
<i>neomycin-bacitracin-polymyxin</i>	55	NIVESTYM	49
<i>neomycin-polymyxin b-dexameth</i>	56	NORA-BE.....	52
<i>neomycin-polymyxin b gu</i>	41	<i>noreth-ethinyl estradiol-iron</i>	54
<i>neomycin-polymyxin-gramicidin</i>	55	<i>norethindrone acetate</i>	52
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	56	<i>norethindrone ac-eth estradiol oral tablet</i> <i>0.5-2.5 mg-mcg</i>	52
<i>neomycin-polymyxin-hc otic (ear)</i>	42	<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg,</i> <i>1.5-30 mg-mcg</i>	54
<i>neo-polycin</i>	55	<i>norethindrone (contraceptive)</i>	52
<i>neo-polycin hc</i>	56	<i>norethindrone-e.estradiol-iron</i>	54
NERLYNX	20	<i>norgestimate-ethinyl estradiol</i>	54
NEUPRO	26	<i>nortrel 0.5/35 (28)</i>	54
<i>nevirapine oral suspension</i>	11	<i>nortrel 1/35 (21)</i>	54
<i>nevirapine oral tablet</i>	11	<i>nortrel 1/35 (28)</i>	54
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	11	<i>nortrel 7/7/7 (28)</i>	54
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	11	<i>nortriptyline oral capsule</i>	32
NEXLETOL	37	<i>nortriptyline oral solution</i>	32
NEXLIZET	37	NORVIR ORAL POWDER IN PACKET.....	11
<i>niacin oral tablet 500 mg</i>	37	NOVOFINE 32	45
<i>niacin oral tablet extended release 24 hr</i>	37	NOVOFINE AUTOCOVER	45
<i>niacor</i>	37	NOVOFINE PLUS	45
<i>nicardipine intravenous solution</i>	35	NUBEQA	20
<i>nicardipine oral</i>	35	NUCALA SUBCUTANEOUS AUTO-INJECTOR.....	57
NICOTROL	42	NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	57
NICOTROL NS.....	42	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	57
<i>nifedipine oral tablet extended release</i>	35		
<i>nifedipine oral tablet extended release 24hr</i>	35		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
NUEDEXTA	27	<i>olmesartan</i>	35
NULOJIX	20	<i>olmesartan-amlodipin-hcthiazid</i>	35
NUPLAZID	32	<i>olmesartan-hydrochlorothiazide</i>	35
NURTEC ODT	26	<i>olopatadine ophthalmic (eye)</i>	55
NUTRILIPID	60	<i>omega-3 acid ethyl esters</i>	37
NUZYRA INTRAVENOUS	16	<i>omeprazole oral capsule, delayed release(dr/ec)</i>	49
NUZYRA ORAL	16	OMNIPOD 5 G6 INTRO KIT (GEN 5)	45
<i>nyamyc</i>	39	OMNIPOD 5 G6 PODS (GEN 5)	45
<i>nylia 1/35 (28)</i>	54	OMNIPOD CLASSIC PODS (GEN 3)	45
<i>nylia 7/7/7 (28)</i>	54	OMNIPOD DASH INTRO KIT (GEN 4)	45
<i>nymyo</i>	54	OMNIPOD DASH PODS (GEN 4)	45
<i>nystatin oral suspension</i>	10	OMNIPOD GO PODS	45
<i>nystatin oral tablet</i>	10	OMNIPOD GO PODS 10 UNITS/DAY	45
<i>nystatin topical cream</i>	40	OMNIPOD GO PODS 15 UNITS/DAY	45
<i>nystatin topical ointment</i>	40	OMNIPOD GO PODS 20 UNITS/DAY	45
<i>nystatin topical powder</i>	40	OMNIPOD GO PODS 25 UNITS/DAY	45
<i>nystatin-triamcinolone</i>	40	OMNIPOD GO PODS 30 UNITS/DAY	45
<i>nystop</i>	40	OMNIPOD GO PODS 40 UNITS/DAY	45
NYVEPRIA	49	ONCASPAR	21
O		<i>ondansetron</i>	48
OCALIVA	48	<i>ondansetron hcl intravenous</i>	48
<i>ocella</i>	54	<i>ondansetron hcl oral solution</i>	48
OCREVUS	27	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	48
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	20	<i>ondansetron hcl (pf)</i>	48
<i>octreotide acetate injection solution 500 mcg/ml</i>	20	ONGENTYS	26
<i>octreotide acetate injection syringe</i>	21	ONIVYDE	21
ODEFSEY	11	ONUREG	21
ODOMZO	21	OPDIVO	21
OFEV	57	OPDUALAG	21
<i>ofloxacin ophthalmic (eye)</i>	55	OPSUMIT	57
<i>ofloxacin otic (ear)</i>	42	<i>oralone</i>	42
OJJAARA	21	ORBACTIV	14
<i>olanzapine-fluoxetine</i>	32	ORENCIA CLICKJECT	51
<i>olanzapine intramuscular</i>	32	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	51
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	32	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	51
<i>olanzapine oral tablet 15 mg, 20 mg</i>	32	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	51
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	32	ORGOVYX	21
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	32	ORKAMBI ORAL GRANULES IN PACKET	57
		ORKAMBI ORAL TABLET	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ORSERDU	21	<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	32
<i>oseltamivir</i>	11	<i>paroxetine hcl oral tablet 30 mg</i>	32
<i>oxacillin injection</i>	15	<i>paroxetine hcl oral tablet extended release 24 hr</i>	32
<i>oxaliplatin</i>	21	<i>paser</i>	14
<i>oxaprozin</i>	29	PEDIARIX (PF)	50
<i>oxazepam</i>	32	PEDVAX HIB (PF)	50
<i>oxcarbazepine</i>	24	<i>peg 3350-electrolytes</i>	48
OXERVATE	55	PEGASYS SUBCUTANEOUS SOLUTION	49
<i>oxybutynin chloride oral syrup</i>	58	PEGASYS SUBCUTANEOUS SYRINGE	49
<i>oxybutynin chloride oral tablet</i>	58	<i>peg-electrolyte soln</i>	48
<i>oxybutynin chloride oral tablet extended release 24hr</i>	58	PEMAZYRE	21
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	28	<i>pemetrexed disodium intravenous recon soln</i>	21
<i>oxycodone oral concentrate</i>	28	<i>penciclovir</i>	40
<i>oxycodone oral solution</i>	28	<i>penicillamine</i>	51
<i>oxycodone oral tablet 5 mg</i>	28	<i>penicillin g potassium</i>	15
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	28	<i>penicillin v potassium oral recon soln</i>	15
<i>oxymorphone oral tablet extended release 12 hr</i>	28	<i>penicillin v potassium oral tablet</i>	15
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	45	PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	45
P		PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	50
<i>pacerone oral tablet 100 mg, 400 mg</i>	34	<i>pentamidine inhalation</i>	14
<i>pacerone oral tablet 200 mg</i>	34	<i>pentamidine injection</i>	14
<i>paclitaxel</i>	21	PENTASA	48
PACLITAXEL PROTEIN-BOUND	21	<i>pentoxifylline</i>	37
PADCEV	21	PERFOROMIST	57
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	32	PERIKABIVEN	60
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	32	<i>perindopril erbumine</i>	35
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	48	<i>periogard</i>	42
<i>pamidronate</i>	46	PERJETA	21
PANRETIN	38	<i>permethrin</i>	41
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	49	<i>perphenazine</i>	32
<i>paricalcitol oral</i>	46	<i>perphenazine-amitriptyline</i>	32
<i>paromomycin</i>	14	PERSERIS	32
<i>paroxetine hcl oral suspension</i>	32	<i>pfizerpen-g</i>	15
<i>paroxetine hcl oral tablet 10 mg</i>	32	<i>phenelzine</i>	32
		<i>phenobarbital oral elixir</i>	24
		<i>phenobarbital oral tablet</i>	24
		<i>phenobarbital sodium injection solution</i>	24
		<i>phenoxybenzamine</i>	35
		<i>phenytoin oral suspension</i>	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>phenytoin oral tablet, chewable</i>	24	POTASSIUM CHLORIDE-D5-0.2%NACL	
<i>phenytoin sodium extended</i>	24	INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L ...	59
<i>phenytoin sodium intravenous solution</i>	24	POTASSIUM CHLORIDE-D5-0.9%NACL	59
PHESGO	21	POTASSIUM CHLORIDE IN 0.9%NACL	
<i>philith</i>	54	INTRAVENOUS PARENTERAL SOLUTION	
PHOSPHOLINE IODIDE	55	20 MEQ/L, 40 MEQ/L	59
PIFELTRO	11	<i>potassium chloride in 5% dex intravenous</i>	
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	55	<i>parenteral solution 10 meq/l</i>	59
<i>pilocarpine hcl oral</i>	42	POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS	
<i>pimecrolimus</i>	38	PARENTERAL SOLUTION 20 MEQ/L	59
<i>pimozide</i>	32	POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS	
<i>pimtree (28)</i>	54	PARENTERAL SOLUTION 20 MEQ/L	59
<i>pindolol</i>	35	<i>potassium chloride intravenous</i>	59
<i>pioglitazone</i>	45	<i>potassium chloride in water intravenous piggyback</i>	
<i>pioglitazone-metformin</i>	45	<i>10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml,</i>	
<i>piperacillin-tazobactam</i>	15	<i>20 meq/50 ml, 40 meq/100 ml</i>	59
PIQRAY	21	<i>potassium chloride oral capsule, extended release</i>	59
<i>pirfenidone oral capsule</i>	58	<i>potassium chloride oral liquid</i>	59
<i>pirfenidone oral tablet 267 mg</i>	58	<i>potassium chloride oral packet</i>	59
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	58	<i>potassium chloride oral tablet, er particles/crystals</i>	59
<i>plenamine</i>	60	<i>potassium chloride oral tablet extended release</i>	59
PLERIXAFOR	49	<i>potassium citrate oral tablet extended release</i>	58
PNV-DHA	60	POTELIGEO	21
PNV-OMEGA	60	<i>pramipexole oral tablet</i>	26
PNV-SELECT	60	<i>pramipexole oral tablet extended release 24 hr</i>	26
<i>podofilox</i>	39	<i>prasugrel</i>	37
POLIVY	21	<i>pravastatin</i>	37
<i>polycin</i>	55	<i>praziquantel</i>	14
<i>polymyxin b sulfate</i>	14	<i>prazosin</i>	36
<i>polymyxin b sulf-trimethoprim</i>	55	<i>prednicarbate topical ointment</i>	40
POMALYST	21	PREDNISOLONE ACETATE	56
<i>portia 28</i>	54	<i>prednisolone oral solution</i>	43
PORTRAZZA	21	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	56
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	10	<i>prednisolone sodium phosphate oral solution</i>	
POTASSIUM CHLORID-D5-0.45%NACL		<i>15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml),</i>	
INTRAVENOUS PARENTERAL SOLUTION		<i>25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	43
10 MEQ/L, 20 MEQ/L, 30 MEQ/L	59	<i>prednisone intensol</i>	43
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral</i>		<i>prednisone oral solution</i>	43
<i>solution 40 meq/l</i>	59	<i>prednisone oral tablet</i>	
<i>potassium chloride-0.45% nacl</i>	59	<i>1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	43
		<i>prednisone oral tablet 50 mg</i>	43
		<i>prednisone oral tablets, dose pack</i>	43

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>pregabalin oral capsule</i>		<i>proctozone-hc</i>	48
<i>100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	25	<i>progesterone micronized</i>	52
<i>pregabalin oral capsule 200 mg</i>	25	PROGRAF INTRAVENOUS	21
<i>pregabalin oral capsule 225 mg, 300 mg</i>	25	PROGRAF ORAL GRANULES IN PACKET	21
<i>pregabalin oral solution</i>	25	PROLASTIN-C INTRAVENOUS RECON SOLN	42
<i>pregabalin oral tablet extended release</i>		PROLASTIN-C INTRAVENOUS SOLUTION	42
<i>24 hr 165 mg, 82.5 mg</i>	25	PROLENSA	55
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	25	PROLIA	50
PREHEVBRIO (PF)	50	PROMACTA ORAL POWDER IN PACKET 12.5 MG	37
PREMARIN INJECTION	52	PROMACTA ORAL POWDER IN PACKET 25 MG	37
PREMARIN ORAL	52	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	37
PREMARIN VAGINAL	52	PROMACTA ORAL TABLET 75 MG	37
<i>premasol 10%</i>	60	<i>promethazine oral</i>	56
PRENATAL PLUS (CALCIUM CARB)	60	<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	56
PRENATAL VITAMIN PLUS LOW IRON	60	<i>promethegan rectal suppository 25 mg, 50 mg</i>	56
<i>prevalite</i>	37	<i>propafenone oral capsule, extended release 12 hr</i>	34
PREVYMIS ORAL	11	<i>propafenone oral tablet</i>	34
PREZCOBIX	11	<i>propranolol oral capsule, extended release 24 hr</i>	36
PREZISTA ORAL SUSPENSION	11	<i>propranolol oral solution</i>	36
PREZISTA ORAL TABLET 75 MG	11	<i>propranolol oral tablet</i>	36
PREZISTA ORAL TABLET 150 MG	11	<i>propylthiouracil</i>	43
PREZISTA ORAL TABLET 600 MG	11	PROQUAD (PF)	50
PREZISTA ORAL TABLET 800 MG	11	PROSOL 20%	60
PRIFTIN	14	<i>protriptyline</i>	32
<i>primaquine</i>	14	PULMICORT	58
<i>primidone oral tablet 125 mg</i>	25	PULMOZYME	58
<i>primidone oral tablet 250 mg, 50 mg</i>	25	PURIXAN	21
PRIORIX (PF)	50	<i>pyrazinamide</i>	14
PR NATAL 400	60	<i>pyridostigmine bromide oral syrup</i>	27
PR NATAL 400 EC	60	<i>pyridostigmine bromide oral tablet 60 mg</i>	27
PR NATAL 430	60	<i>pyridostigmine bromide oral tablet extended release</i>	27
PR NATAL 430 EC	60	<i>pyrimethamine</i>	14
<i>probenecid</i>	50		
<i>probenecid-colchicine</i>	50	Q	
<i>prochlorperazine</i>	48	QINLOCK	21
<i>prochlorperazine edisylate injection solution 1</i>		QUADRACEL (PF)	50
<i>0 mg/2 ml (5 mg/ml)</i>	48	<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	32
<i>prochlorperazine maleate</i>	48	<i>quetiapine oral tablet 150 mg, 200 mg</i>	32
<i>procto-med hc</i>	48		
<i>proctosol hc topical</i>	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>quetiapine oral tablet 300 mg, 400 mg</i>	32	RETACRIT	49
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	32	RETEVMO ORAL CAPSULE 40 MG	21
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	32	RETEVMO ORAL CAPSULE 80 MG	21
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG	33	RETROVIR INTRAVENOUS	11
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG	33	REVLIMID	21
<i>quinapril</i>	36	REXULTI ORAL TABLET	33
<i>quinapril-hydrochlorothiazide</i>	36	REYATAZ ORAL POWDER IN PACKET	11
<i>quinidine sulfate oral tablet</i>	34	REZLIDHIA	21
<i>quinine sulfate</i>	14	RHOPRESSA	56
R		<i>ribavirin oral capsule</i>	11
RABAVERT (PF)	50	<i>ribavirin oral tablet 200 mg</i>	11
<i>raloxifene</i>	50	RIDAURA	51
<i>ramelteon</i>	33	<i>rifabutin</i>	14
<i>ramipril</i>	36	<i>rifampin intravenous</i>	14
<i>ranolazine</i>	37	<i>rifampin oral</i>	14
<i>rasagiline</i>	26	<i>riluzole</i>	42
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	49	<i>rimantadine</i>	11
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	49	RINGER'S INTRAVENOUS	59
REBIF TITRATION PACK	49	RINGER'S IRRIGATION	41
REBIF (WITH ALBUMIN)	49	RINVOQ	52
<i>reclipsen (28)</i>	54	<i>risedronate oral tablet 5 mg</i>	50
RECOMBIVAX HB (PF)	50	<i>risedronate oral tablet 30 mg</i>	42
RECTIV	48	<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	50
REGRANEX	39	<i>risedronate oral tablet 150 mg</i>	50
RENACIDIN	58	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	33
<i>repaglinide oral tablet 0.5 mg</i>	45	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	33
<i>repaglinide oral tablet 1 mg</i>	45	<i>risperidone oral solution</i>	33
<i>repaglinide oral tablet 2 mg</i>	45	<i>risperidone oral syringe</i>	33
REPATHA PUSHTRONEX	37	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	33
REPATHA SURECLICK	37	<i>risperidone oral tablet 1 mg</i>	33
REPATHA SYRINGE	37	<i>risperidone oral tablet 2 mg</i>	33
RESTASIS	55	<i>risperidone oral tablet 3 mg</i>	33
RESTASIS MULTIDOSE	55	<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	33
		<i>risperidone oral tablet, disintegrating 1 mg</i>	33
		<i>risperidone oral tablet, disintegrating 2 mg</i>	33

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>risperidone oral tablet, disintegrating 3 mg</i>	33	SCSEMBLIX ORAL TABLET 20 MG	21
<i>ritonavir</i>	11	SCSEMBLIX ORAL TABLET 40 MG	21
<i>rivastigmine</i>	27	<i>scopolamine base</i>	48
<i>rivastigmine tartrate</i>	27	SECUADO	33
RIVELSA	54	<i>selegiline hcl</i>	26
<i>rizatriptan</i>	26	<i>selenium sulfide topical lotion</i>	38
ROCKLATAN	56	SELZENTRY ORAL SOLUTION	12
<i>roflumilast</i>	58	SELZENTRY ORAL TABLET 25 MG	12
<i>romidepsin intravenous recon soln</i>	21	SELZENTRY ORAL TABLET 75 MG	12
ROMIDEPSIN INTRAVENOUS SOLUTION	21	SE-NATAL-19	60
<i>ropinirole oral tablet</i>	26	SE-NATAL 19 CHEWABLE	60
<i>rosuvastatin</i>	37	SEREVENT DISKUS	58
ROTARIX	50	<i>sertraline oral concentrate</i>	33
ROTATEQ VACCINE	50	<i>sertraline oral tablet</i>	33
<i>roweepra oral tablet 500 mg</i>	25	<i>setlakin</i>	54
ROZLYTREK ORAL CAPSULE 100 MG	21	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	42
ROZLYTREK ORAL CAPSULE 200 MG	21	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	42
RUBRACA	21	<i>sevelamer carbonate oral tablet</i>	42
<i>rufinamide oral suspension</i>	25	<i>sharobel</i>	52
<i>rufinamide oral tablet</i>	25	SHINGRIX (PF)	50
RUKOBIA	11	SIGNIFOR	21
RUXIENCE	21	<i>sildenafil</i>	59
RYALTRIS	58	<i>sildenafil (pulm.hypertension) oral tablet</i>	58
RYBELSUS	45	SILVER SULFADIAZINE	39
RYBREVANT	21	SIMBRINZA	56
RYDAPT	21	<i>simliya (28)</i>	54
RYLAZE	21	<i>simpesse</i>	54
RYTARY	26	SIMULECT	21
S		<i>simvastatin</i>	37
<i>sajazir</i>	58	<i>sirolimus oral solution</i>	21
<i>salsalate</i>	29	<i>sirolimus oral tablet</i>	21
SANCUSO	48	SIRTURO	14
SANDIMMUNE ORAL SOLUTION	21	SIVEXTRO INTRAVENOUS	14
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	21	SIVEXTRO ORAL	14
SANTYL	39	SKYRIZI INTRAVENOUS	38
<i>sapropterin</i>	46	SKYRIZI SUBCUTANEOUS PEN INJECTOR	38
SARCLISA	21	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	38
		SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	48

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	38	STAMARIL (PF)	50
<i>sodium bicarbonate intravenous syringe</i>	59	STELARA SUBCUTANEOUS SOLUTION	38
<i>sodium chloride 0.9% intravenous parenteral solution</i>	42	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	38
SODIUM CHLORIDE 0.9% INTRAVENOUS PIGGYBACK	42	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	38
<i>sodium chloride 0.45% intravenous</i>	59	STIVARGA	22
<i>sodium chloride 3% hypertonic</i>	59	<i>streptomycin</i>	14
SODIUM CHLORIDE 5% HYPERTONIC	59	STRIBILD	12
<i>sodium chloride intravenous</i>	59	<i>subvenite</i>	25
SODIUM CHLORIDE IRRIGATION	42	<i>subvenite starter (blue) kit</i>	25
<i>sodium fluoride 5000 dry mouth</i>	42	<i>subvenite starter (green) kit</i>	25
<i>sodium fluoride-pot nitrate</i>	42	<i>subvenite starter (orange) kit</i>	25
SODIUM OXYBATE	33	SUCRAID	48
<i>sodium phenylbutyrate</i>	42	<i>sucalfate oral suspension</i>	49
<i>sodium polystyrene sulfonate oral powder</i>	42	<i>sucalfate oral tablet</i>	49
<i>solifenacin</i>	58	<i>sulfacetamide-prednisolone</i>	55
SOLQUA 100/33	45	<i>sulfacetamide sodium (acne)</i>	39
SOLTAMOX	21	<i>sulfacetamide sodium ophthalmic (eye) drops</i>	55
SOLU-CORTEF ACT-O-VIAL (PF)	43	<i>sulfadiazine</i>	15
SOMATULINE DEPOT	21	<i>sulfamethoxazole-trimethoprim intravenous</i>	15
SOMAVERT	47	<i>sulfamethoxazole-trimethoprim oral suspension</i>	15
<i>sorafenib</i>	22	<i>sulfamethoxazole-trimethoprim oral tablet</i>	15
<i>sorine</i>	34	<i>sulfasalazine oral tablet</i>	48
<i>sotalol af</i>	34	SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)	48
<i>sotalol oral</i>	34	<i>sulindac</i>	29
SOTYLIZE	34	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	26
<i>spironolactone</i>	36	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	26
<i>spironolacton-hydrochlorothiaz</i>	36	<i>sumatriptan succinate oral</i>	26
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	33	SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	26
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	33	<i>sumatriptan succinate subcutaneous pen injector</i>	26
<i>sprintec (28)</i>	54	<i>sumatriptan succinate subcutaneous solution</i>	26
SPRITAM	25	<i>sunitinib malate</i>	22
SPRYCEL ORAL TABLET 20 MG, 70 MG	22	SUNLENCA	12
SPRYCEL ORAL TABLET 100 MG, 1 40 MG, 50 MG, 80 MG	22	SUPREP BOWEL PREP KIT	48
<i>sps (with sorbitol)</i>	42	SUTAB	48
<i>sronyx</i>	54	<i>syeda</i>	54
SSD	39	SYMDEKO	58
		SYMLINPEN 60	45
		SYMLINPEN 120	45

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
SYMPAZAN	25	TAZORAC TOPICAL CREAM 0.05%	39
SYMTUZA	12	TAZORAC TOPICAL GEL	39
SYNAREL	47	<i>taztia xt oral capsule, extended release</i>	
SYNJARDY	45	24 hr 120 mg, 180 mg, 240 mg, 300 mg	36
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC		TAZVERIK	22
24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	45	TDVAX	50
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC		TECENTRIQ	22
24HR 25-1,000 MG	45	TECHLITE INSULIN SYRINGE SYRINGE 1 ML	
SYNRIBO	22	29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML	
SYNTHROID	47	31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	45
T		TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML	
TABLOID	22	29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML	
TABRECTA	22	31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML	
<i>tacrolimus oral</i>	22	30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML	
<i>tacrolimus topical</i>	39	31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	46
<i>tadalafil (pulm. hypertension)</i>	58	TECHLITE PEN NEEDLE	46
TADLIQ	58	TECVAYLI	22
TAFINLAR ORAL CAPSULE	22	TEFLARO	13
TAFINLAR ORAL TABLET FOR SUSPENSION	22	TEKTURN HCT ORAL TABLET	
TAGRISSE	22	300-12.5 MG, 300-25 MG	36
TALICIA	49	<i>telmisartan</i>	36
TALTZ AUTOINJECTOR	38	<i>telmisartan-amlodipine</i>	36
TALTZ SYRINGE	38	<i>telmisartan-hydrochlorothiazid</i>	36
TALVEY	22	<i>temazepam oral capsule 15 mg, 30 mg</i>	33
TALZENNA ORAL CAPSULE		TEMODAR INTRAVENOUS	22
0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	22	<i>temsirolimus</i>	22
TALZENNA ORAL CAPSULE 0.25 MG	22	TENIVAC (PF)	50
<i>tamoxifen</i>	22	<i>tenofovir disoproxil fumarate</i>	12
<i>tamsulosin</i>	58	TEPMETKO	22
<i>tarina 24 fe</i>	54	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	36
<i>tarina fe 1-20 eq (28)</i>	54	<i>terazosin oral capsule 10 mg</i>	36
TARON-C DHA	60	<i>terbinafine hcl oral</i>	10
TASIGNA ORAL CAPSULE 50 MG	22	<i>terbutaline</i>	58
TASIGNA ORAL CAPSULE 150 MG, 200 MG	22	<i>terconazole</i>	52
<i>tasimelteon</i>	33	<i>testosterone cypionate</i>	47
<i>taysofy</i>	54	<i>testosterone enanthate</i>	47
<i>tazarotene topical cream</i>	39	<i>testosterone transdermal gel</i>	47
<i>tazarotene topical gel</i>	39	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	47
<i>tazicef</i>	13	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	47
		TETANUS, DIPHTHERIA TOX PED(PF)	50

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>tetrabenazine oral tablet 12.5 mg</i>	27	<i>topiramate oral tablet</i>	25
<i>tetrabenazine oral tablet 25 mg</i>	27	<i>topotecan intravenous recon soln</i>	22
<i>tetracycline</i>	16	<i>topotecan intravenous solution</i>	22
THALOMID ORAL CAPSULE 100 MG, 50 MG	22	<i>toremifene</i>	22
THALOMID ORAL CAPSULE 150 MG, 200 MG	22	<i>toremide oral</i>	36
<i>theo-24</i>	58	TOUJEO MAX U-300 SOLOSTAR	46
<i>theophylline oral tablet extended release 12 hr</i>	58	TOUJEO SOLOSTAR U-300 INSULIN	46
<i>theophylline oral tablet extended release 24 hr</i>	58	TPN ELECTROLYTES	59
<i>thioridazine</i>	33	TRADJENTA	46
<i>thiotepa</i>	22	<i>tramadol-acetaminophen</i>	29
<i>thiothixene</i>	33	<i>tramadol oral tablet 50 mg</i>	29
<i>tiadylt er</i>	36	<i>trandolapril</i>	36
<i>tiagabine</i>	25	<i>tranexamic acid oral</i>	52
TIBSOVO	22	<i>tranylcypromine</i>	33
TICE BCG	50	TRAVASOL 10%	60
TICOVAC	50	<i>travoprost</i>	56
<i>tigecycline</i>	14	TRAZIMERA	22
<i>tilia fe</i>	54	<i>trazodone</i>	33
<i>timolol maleate ophthalmic (eye) drops</i>	55	TREANDA	22
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	55	TRECTOR	14
<i>timolol maleate oral</i>	36	TRELEGY ELLIPTA	58
TIS-U-SOL PENTALYTE	41	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	22
TIVDAK	22	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	22
TIVICAY ORAL TABLET 10 MG	12	TRESIBA FLEXTOUCH U-100	46
TIVICAY ORAL TABLET 25 MG, 50 MG	12	TRESIBA FLEXTOUCH U-200	46
TIVICAY PD	12	TRESIBA U-100 INSULIN	46
<i>tizanidine oral capsule</i>	27	<i>tretinoin (antineoplastic)</i>	22
<i>tizanidine oral tablet</i>	27	<i>tretinoin microspheres</i>	39
TOBRADEX ST	56	<i>tretinoin topical cream</i>	39
<i>tobramycin-dexamethasone</i>	56	<i>tretinoin topical gel 0.01%</i>	39
<i>tobramycin in 0.225% nacl</i>	14	<i>tretinoin topical gel 0.025%, 0.05%</i>	39
<i>tobramycin ophthalmic (eye)</i>	55	<i>triamcinolone acetonide dental</i>	42
<i>tobramycin sulfate</i>	14	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	43
TOBEX OPHTHALMIC (EYE) OINTMENT	55	<i>triamcinolone acetonide topical cream 0.1%</i>	41
<i>tolcapone</i>	26	<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	41
<i>tolterodine</i>	58	<i>triamcinolone acetonide topical lotion</i>	41
TOLVAPTAN ORAL TABLET 15 MG	47	<i>triamcinolone acetonide topical ointment</i>	41
<i>tolvaptan oral tablet 30 mg</i>	47	<i>triamterene-hydrochlorothiazid</i>	36
<i>topiramate oral capsule, extended release 24hr</i>	25		
<i>topiramate oral capsule, sprinkle</i>	25		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>triderm topical cream 0.1%</i>	41	TRULICITY	46
<i>trientine oral capsule 250 mg</i>	42	TRUMENBA	50
<i>tri-estarylla</i>	54	TUKYSA ORAL TABLET 50 MG	22
<i>trifluoperazine</i>	33	TUKYSA ORAL TABLET 150 MG	22
<i>trifluridine</i>	55	TURALIO ORAL CAPSULE 125 MG	22
<i>trihexyphenidyl</i>	26	TWINRIX (PF).....	50
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	46	TYBLUME	54
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	46	TYBOST	12
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	58	<i>tydemy</i>	54
TRIKAFTA ORAL TABLETS, SEQUENTIAL	58	TYMLOS.....	50
<i>tri-legest fe</i>	54	TYPHIM VI.....	50
<i>tri-linyah</i>	54	TYSABRI	27
<i>tri-lo-estarylla</i>	54	TZIELD	42
<i>tri-lo-marzia</i>	54	U	
<i>tri-lo-mili</i>	54	UNITHROID.....	47
<i>tri-lo-sprintec</i>	54	UNITUXIN	22
<i>trimethoprim</i>	16	UPTRAVI ORAL.....	36
<i>tri-mili</i>	54	<i>ursodiol oral capsule 300 mg</i>	48
<i>trimipramine</i>	33	<i>ursodiol oral tablet</i>	48
TRINATAL RX 1	60	V	
TRINTELLIX	33	<i>valacyclovir oral tablet 1 gram</i>	12
<i>tri-nymyo</i>	54	<i>valacyclovir oral tablet 500 mg</i>	12
TRIPTODUR	22	VALCHLOR	39
<i>tri-sprintec (28)</i>	54	<i>valganciclovir oral recon soln</i>	12
TRIUMEQ.....	12	<i>valganciclovir oral tablet</i>	12
TRIUMEQ PD	12	<i>valproate sodium</i>	25
<i>trivora (28)</i>	54	<i>valproic acid</i>	25
<i>tri-vylibra</i>	54	<i>valproic acid (as sodium salt)</i>	25
<i>tri-vylibra lo</i>	54	<i>valrubicin</i>	22
TRIZIVIR.....	12	<i>valsartan-hydrochlorothiazide</i>	36
TRODELVY	22	<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	36
TROGARZO	12	<i>valsartan oral tablet 320 mg</i>	36
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG, 50 MG.....	25	VALTOCO.....	25
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	25	VANCOMYCIN-DILUENT COMBO NO.1.....	14
TROPHAMINE 10%	60	VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK.....	14
TRULANCE	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	14	VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	36
<i>vancomycin injection</i>	14	<i>verapamil oral tablet</i>	36
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	14	<i>verapamil oral tablet extended release</i>	36
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	14	VERQUOVO	37
<i>vancomycin intravenous recon soln 1.25 gram</i>	16	VERSACLOZ	33
<i>vancomycin oral capsule 125 mg</i>	14	VERZENIO	23
<i>vancomycin oral capsule 250 mg</i>	14	<i>vestura (28)</i>	54
<i>vancomycin oral recon soln 25 mg/ml</i>	14	V-GO 20	46
VANDAIZOLE	52	V-GO 30	46
VANFLYTA	22	V-GO 40	46
VAQTA (PF)	50	VICTOZA 2-PAK	46
<i>varenicline</i>	42	VICTOZA 3-PAK	46
VARIVAX (PF)	50	<i>vienva</i>	54
VARIZIG	50	<i>vigabatrin</i>	25
VASCEPA	37	<i>vigadrone</i>	25
VECTIBIX	22	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	33
VEKLURY	12	<i>vilazodone</i>	33
VELCADE	22	VIMPAT INTRAVENOUS	25
<i>velivet triphasic regimen (28)</i>	54	VIMPAT ORAL TABLET 50 MG	25
VELPHORO	42	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	25
VELTASSA	42	<i>vinblastine</i>	23
VEMLIDY	12	<i>vincristine</i>	23
VENCLEXTA ORAL TABLET 10 MG	22	<i>vinorelbine</i>	23
VENCLEXTA ORAL TABLET 50 MG	23	VIOKACE	48
VENCLEXTA ORAL TABLET 100 MG	22	<i>viorele (28)</i>	54
VENCLEXTA STARTING PACK	23	VIRACEPT ORAL TABLET 250 MG	12
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	33	VIRACEPT ORAL TABLET 625 MG	12
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	33	VIREAD ORAL POWDER	12
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	33	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	12
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	33	VITRAKVI ORAL CAPSULE 25 MG	23
VENTAVIS	58	VITRAKVI ORAL CAPSULE 100 MG	23
VENTOLIN HFA	58	VITRAKVI ORAL SOLUTION	23
<i>verapamil intravenous solution</i>	36	VIVITROL	29
<i>verapamil oral capsule, 24 hr er pellet ct</i>	36	VIZIMPRO	23
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	36	<i>volnea (28)</i>	54
		VONJO	23
		<i>voriconazole intravenous</i>	10
		<i>voriconazole oral suspension for reconstitution</i>	10

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>voriconazole oral tablet</i>	10	XELJANZ ORAL TABLET	52
VOSEVI	12	XELJANZ XR	52
VOTRIENT	23	XGEVA	16
VRAYLAR ORAL CAPSULE	33	XHANCE	58
VRAYLAR ORAL CAPSULE, DOSE PACK	33	XIAFLEX	42
VUMERITY	27	XIFAXAN ORAL TABLET 550 MG	15
<i>vyfemla (28)</i>	54	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	46
<i>vylibra</i>	54	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	46
VYNDAMAX	38	XIIDRA	55
VYNDAQEL	38	XOFLUZA ORAL TABLET 40 MG, 80 MG	12
VYXEOS	23	XOLAIR SUBCUTANEOUS RECON SOLN	58
W		XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	58
<i>warfarin</i>	37	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	58
WATER FOR IRRIGATION, STERILE	42	XOSPATA	23
WELIREG	23	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)	23
<i>wera (28)</i>	54	XTANDI ORAL CAPSULE	23
WESTAB PLUS	60	XTANDI ORAL TABLET 40 MG	23
WESTGEL DHA	60	XTANDI ORAL TABLET 80 MG	23
<i>wixela inhub</i>	58	XULTOPHY 100/3.6	46
<i>wymzya fe</i>	54	XYREM	33
X		Y	
XALKORI	23	YERVOY	23
XARELTO	37	YF-VAX (PF)	50
XARELTO DVT-PE TREAT 30D START	37	YONDELIS	23
XATMEP	23	YUPELRI	58
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	25	<i>yuvaferm</i>	52
XCOPRI ORAL TABLET 50 MG	25	Z	
XCOPRI ORAL TABLET 100 MG	25	<i>zafirlukast</i>	58
XCOPRI ORAL TABLET 150 MG, 200 MG	25	<i>zaleplon oral capsule 5 mg</i>	33
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	25	<i>zaleplon oral capsule 10 mg</i>	33
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	25	ZALTRAP	23
XDEMVI	55	ZANOSAR	23
XELJANZ ORAL SOLUTION	52		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ZEJULA ORAL CAPSULE.....	23	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	29
ZEJULA ORAL TABLET.....	23	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG.....	29
ZELBORAF	23	<i>zumandimine (28)</i>	54
ZEMAIRA.....	42	ZYDELIG	23
<i>zenatane</i>	39	ZYKADIA	23
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	48	ZYLET.....	56
ZEPOSIA	27	ZYNLONTA	23
ZEPOSIA STARTER KIT (28-DAY)	27	ZYNYZ	23
ZEPOSIA STARTER PACK (7-DAY)	27	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	34
ZEPZELCA	23	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	34
<i>zidovudine oral capsule</i>	12	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	34
<i>zidovudine oral syrup</i>	12		
<i>zidovudine oral tablet</i>	12		
ZIMHI.....	29		
<i>ziprasidone hcl oral capsule 20 mg</i>	33		
<i>ziprasidone hcl oral capsule 40 mg</i>	33		
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	34		
<i>ziprasidone mesylate</i>	34		
ZIRABEV	23		
ZIRGAN	55		
ZOLADEX	23		
<i>zoledronic acid intravenous solution</i>	47		
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	47		
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	42		
ZOLEDRONIC AC-MANNITOL-0.9NACL.....	47		
ZOLINZA	23		
<i>zolpidem oral tablet</i>	34		
ZONISADE	25		
<i>zonisamide</i>	25		
ZOSYN IN DEXTROSE (ISO-OSM)	15		
<i>zovia 1-35 (28)</i>	54		
ZTALMY	25		
ZTLIDO	39		

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