



Medicare Prescription Drug Plans

2023 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna Secure Rx (PDP)

HPMS Approved Formulary File Submission ID 00023072, Version Number 24

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit [CignaMedicare.com](https://www.CignaMedicare.com). The Formulary, pharmacy network, and/or provider network may change at any time.

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, 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, 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 Secure Rx (PDP).

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 20. 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 20. 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 67. 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 20. 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. Check the Drug Tier and Cost-share Tables on page 5 to see if your plan offers these savings.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the Drug List?

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

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

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

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

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

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

Generally, Cigna will only approve your request for an exception if the alternative drug is included in our drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or existing customer in our plan you may be taking drugs that are not on our drug list. Or, you may be taking a drug that is on our drug list but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a drug list exception.

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

Cigna's Drug List

The comprehensive drug list that begins on page 20 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 67.

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 20 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-222-6700 (TTY 711), or you can visit Cigna.com/member-resources for the most current Pharmacy Directory.



For more information

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

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears on the drug list, and the cost-share amount for that tier number. Tier 1 is for Preferred Generic drugs. Tier 2 is for Generic drugs. Tier 3 is for Preferred Brand drugs. Tier 4 is for Non-Preferred drugs. Tier 5 is for Specialty tier drugs. Tier 6 is for Select Care Drugs. Please refer to the following chart. You may also refer to your Evidence of Coverage (EOC) document for additional details.

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, Tier 5 or Tier 6. Keep in

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

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

To locate your drug cost, please refer to the table(s) below to find your service area and the Prescription Drug plan in which you are currently enrolled or would like to enroll. If you qualified for Extra Help with your drug costs, your costs may be different from those described below. Please refer to your Evidence of Coverage (EOC) or call Customer Service to find out what your costs are. Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit [Cigna.com/member-resources](https://www.cigna.com/member-resources) to search for a preferred retail or mail-order pharmacy near you.

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
ALABAMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
ALASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
ARIZONA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$9 / \$18 / \$27	\$1 / \$2 / \$0	\$9 / \$18 / \$27	\$9
Tier 2: Generic Drugs	\$13 / \$26 / \$39	\$18 / \$36 / \$54	\$13 / \$26 / \$0	\$18 / \$36 / \$54	\$18
Tier 3: Preferred Brand Drugs	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$34 / \$68 / \$102	\$37 / \$74 / \$111	\$34 / \$68 / \$102	\$37 / \$74 / \$111	\$37
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$33 / \$66 / \$99	\$28 / \$56 / \$84	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
COLORADO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$8 / \$16 / \$24	\$10 / \$20 / \$30	\$8 / \$16 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$34 / \$68 / \$102	\$40 / \$80 / \$120	\$34 / \$68 / \$102	\$40 / \$80 / \$120	\$40
Tier 4: Non-Preferred Drugs	44%	44%	44%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
DELAWARE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
FLORIDA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$35 / \$70 / \$105	\$32 / \$64 / \$96	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
GEORGIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$31 / \$62 / \$93	\$36 / \$72 / \$108	\$31 / \$62 / \$93	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
HAWAII					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45	\$15
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
IDAHO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	45%	45%	45%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
INDIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
IOWA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
KANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$4 / \$8 / \$12	\$10 / \$20 / \$30	\$4 / \$8 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MAINE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MARYLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$26 / \$52 / \$78	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$10 / \$20 / \$30	\$3 / \$6 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$29 / \$58 / \$87	\$20 / \$40 / \$60	\$29 / \$58 / \$87	\$29
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$33 / \$66 / \$99	\$28 / \$56 / \$84	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
MISSOURI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$35 / \$70 / \$105	\$32 / \$64 / \$96	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MONTANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NEVADA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$15 / \$30 / \$45	\$7 / \$14 / \$0	\$15 / \$30 / \$45	\$15
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$47 / \$94 / \$141	\$40 / \$80 / \$120	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$17 / \$34 / \$51	\$1 / \$2 / \$0	\$17 / \$34 / \$51	\$17
Tier 2: Generic Drugs	\$18 / \$36 / \$54	\$20 / \$40 / \$60	\$18 / \$36 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	41%	41%	41%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NEW YORK					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$4 / \$8 / \$12	\$10 / \$20 / \$30	\$4 / \$8 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$38 / \$76 / \$114	\$46 / \$92 / \$138	\$38 / \$76 / \$114	\$46 / \$92 / \$138	\$46
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
OHIO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$8 / \$16 / \$24	\$10 / \$20 / \$30	\$8 / \$16 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$38 / \$76 / \$114	\$35 / \$70 / \$105	\$38 / \$76 / \$114	\$38
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$20 / \$40 / \$60	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
OREGON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$22 / \$44 / \$66	\$30 / \$60 / \$90	\$22 / \$44 / \$66	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
PUERTO RICO					
Tier 1: Preferred Generic Drugs	\$16 / \$32 / \$48	\$19 / \$38 / \$57	\$16 / \$32 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$19 / \$38 / \$57	\$20 / \$40 / \$60	\$19 / \$38 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$38 / \$76 / \$114	\$35 / \$70 / \$105	\$38 / \$76 / \$114	\$38
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$24 / \$48 / \$72	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
TEXAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$6 / \$12 / \$18	\$10 / \$20 / \$30	\$6 / \$12 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$36 / \$72 / \$108	\$32 / \$64 / \$96	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
UTAH					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$25 / \$50 / \$75	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	45%	45%	45%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
VERMONT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$28 / \$56 / \$84	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$8 / \$16 / \$24	\$10 / \$20 / \$30	\$8 / \$16 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$38 / \$76 / \$114	\$45 / \$90 / \$135	\$38 / \$76 / \$114	\$45 / \$90 / \$135	\$45
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$26 / \$52 / \$78	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$5 / \$10 / \$15	\$1 / \$2 / \$0	\$5 / \$10 / \$15	\$5
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$5 / \$10 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$22 / \$44 / \$66	\$30 / \$60 / \$90	\$22 / \$44 / \$66	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$4 / \$8 / \$12	\$1 / \$2 / \$0	\$4 / \$8 / \$12	\$4
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$5 / \$10 / \$15	\$3 / \$6 / \$0	\$5 / \$10 / \$15	\$5
Tier 3: Preferred Brand Drugs	\$20 / \$40 / \$60	\$29 / \$58 / \$87	\$20 / \$40 / \$60	\$29 / \$58 / \$87	\$29
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
WYOMING					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$10 / \$20 / \$30	\$7 / \$14 / \$0	\$10 / \$20 / \$30	\$10
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$28 / \$56 / \$84	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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	20
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	25
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	33
CARDIOVASCULAR, HYPERTENSION / LIPIDS	42
DERMATOLOGICALS/TOPICAL THERAPY	46
DIAGNOSTICS / MISCELLANEOUS AGENTS	48
EAR, NOSE / THROAT MEDICATIONS	49
ENDOCRINE/DIABETES	50
GASTROENTEROLOGY	54
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	55
MUSCULOSKELETAL / RHEUMATOLOGY	56
OBSTETRICS / GYNECOLOGY	58
OPHTHALMOLOGY	60
RESPIRATORY AND ALLERGY	62
UROLOGICALS	64
VITAMINS, HEMATINICS / ELECTROLYTES	64

Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit [Cigna.com/member-resources](https://www.cigna.com/member-resources).

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	
CRESEMBA ORAL	4	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral</i>	3	
<i>nystatin oral</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>	4	PA
<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	
<i>acyclovir oral tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>amantadine hcl</i>	3	
APRETUDE	4	
APTIVUS	4	QL (120/30)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
BARACLUDE ORAL SOLUTION	4	QL (630/30)
BIKTARVY	5	NDS
CABENUVA	4	
CIMDUO	4	
COMPLERA	4	QL (30/30)
<i>darunavir ethanolate</i>	5	QL (60/30); NDS
DELSTRIGO	4	
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	4	QL (30/30)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	4	QL (180/30)
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin-tenofov</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	4	QL (30/30)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf)</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	3	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
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	4	QL (30/30)
<i>famciclovir</i>	4	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 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>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 oral capsule</i>	3	
<i>oseltamivir oral suspension for reconstitution</i>	4	
PIFELTRO	4	
PREVYMIS	5	QL (30/30); NDS
PREZCOBIX	4	QL (30/30)
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
PREZISTA ORAL TABLET 800 MG	5	QL (30/30); NDS
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	4	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SELZENTRY ORAL TABLET 25 MG	4	QL (120/30)
SELZENTRY ORAL TABLET 75 MG	5	QL (60/30); NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	LA; NDS
SYMTUZA	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	5	QL (300/30); NDS
TRIZIVIR	5	QL (60/30); NDS
TROGARZO	5	NDS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	4	QL (1680/28)
<i>zidovudine oral tablet</i>	2	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
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, 300 g, 500 mg</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefdinir</i>	4	
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>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
<i>ceftriaxone</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
AZITHROMYCIN ORAL PACKET	3	
<i>azithromycin oral suspension for reconstitution</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<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>	4	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
<i>bacitracin intramuscular</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	3	
<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>	4	PA
<i>cycloserine</i>	4	
<i>dapsone oral</i>	3	
<i>daptomycin</i>	5	NDS
DAPTOMYCIN IN 0.9% SOD CHLOR	5	NDS
<i>emverm</i>	4	
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	
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>	3	
<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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	3	
<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
<i>paromomycin</i>	4	
<i>paser</i>	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	
<i>primaquine</i>	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	4	PA
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)
<i>vancomycin oral recon soln 25 mg/ml</i>	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	
<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 200-28.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ampicillin-sulbactam</i>	4	PA
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</i>	2	
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
TETRACYCLINES		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	4	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
<i>tetracycline</i>	4	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	
<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, 1.5 gram</i>	4	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60/30)
ABRAXANE	5	PA; NDS
ADCETRIS	4	PA
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>	2	
<i>arsenic trioxide</i>	4	B/D PA
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
<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>	3	
BLNREP	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION	5	PA; NDS
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
<i>busulfan</i>	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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COPIKTRA	5	PA; LA; QL (60/30); NDS
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	4	PA
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	4	B/D PA
<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>	4	B/D PA
DROXIA	4	
ELREXFIO	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELZONRIS	5	PA; NDS
EMCYT	4	
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
ENVARBUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	4	PA
ERBITUX	4	B/D PA
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>	4	
EXKIVITY	5	PA; LA; QL (120/30); NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	4	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
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	4	PA
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	4	PA
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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28/28)
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>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	B/D PA
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	4	PA
<i>megestrol oral tablet 20 mg</i>	4	PA
<i>megestrol oral tablet 40 mg</i>	3	PA
MEKINIST ORAL 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 hcl</i>	5	B/D PA; NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mercaptopurine</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	3	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	4	PA
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	4	B/D PA
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; QL (120/30); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	4	B/D PA
ONIVYDE	4	PA
ONUREG	4	PA; QL (14/28)
OPDIVO	5	PA; NDS
OPDUALAG	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ORGOVYX	4	PA; LA; QL (30/28)
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	4	PA
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
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 ORAL CAPSULE 2.5 MG, 20 MG	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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVENT	4	PA
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	4	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SARCLISA	4	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (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</i>	4	B/D PA
SOLTAMOX	4	
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	4	PA
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	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	4	PA; LA
TECENTRIQ	5	PA; NDS
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	B/D PA
<i>temsirolimus</i>	4	B/D PA
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 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	4	PA
<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	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; QL (1/168); 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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRODELVY	4	PA
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO 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
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/ WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA 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	4	PA
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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZYNLONTA	4	PA
ZYNYZ	5	PA; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONSULSANTS		
APTOM ORAL TABLET 200 MG	4	QL (180/30)
APTOM ORAL TABLET 400 MG	4	QL (90/30)
APTOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BRIVACT INTRAVENOUS	4	
BRIVACT ORAL SOLUTION	4	QL (600/30)
BRIVACT ORAL TABLET	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable</i>	3	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	4	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	4	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dilantin</i>	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	3	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	3	
EPRONTIA	4	PA
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FINTEPLA	4	PA; LA; QL (360/30)
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	4	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30/30)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	QL (60/30)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	4	QL (1200/30)
<i>lacosamide oral solution</i>	4	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, chewable dispersible</i>	3	
<i>lamotrigine oral tablets, dose pack</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 solution</i>	3	
<i>levetiracetam oral tablet 1,000 mg, 750 mg</i>	3	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	3	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	3	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	3	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>primidone oral tablet 125 mg</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	PA
<i>topiramate oral tablet</i>	3	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	4	PA; QL (10/30)
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/ DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (56/28)
XCOPRI ORAL TABLET 100 MG	4	PA; QL (120/30)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60/30)
XCOPRI ORAL TABLET 50 MG	4	PA; QL (240/30)
XCOPRI TITRATION PACK	4	PA; QL (56/365)
ZONISADE	5	PA; NDS
<i>zonisamide</i>	3	PA
ZTALMY	5	LA; QL (90/30); NDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
<i>entacapone</i>	4	
GOCOVRI	4	ST
NEUPRO	4	
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	

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>	4	PA; QL (8/28)
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	4	QL (18/28)
NURTEC ODT	3	PA; QL (16/30)
<i>rizatriptan</i>	4	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>donepezil oral tablet 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i> fingolimod</i>	5	PA; QL (30/30); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	3	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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KESIMPTA PEN	5	PA; QL (1.2/28); NDS
<i>memantine oral solution</i>	4	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; QL (98/365)
NAMZARIC	3	PA
NUDEXTA	5	PA; NDS
OCREVUS	4	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120/30)
VUMERITY	5	PA; QL (120/30); NDS
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>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</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>	3	QL (4500/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	PA
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>endocet oral tablet 2.5-325 mg</i>	4	QL (360/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine concentrate oral solution</i>	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 8 MG/ML	4	NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SYRINGE	4	NDS
<i>morphine oral solution</i>	4	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 tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	QL (90/30); NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28)
<i>celecoxib</i>	4	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diflunisal</i>	4	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	4	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	3	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin</i>	4	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	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	6	QL (30/30); NDS
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	6	QL (60/30); NDS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	QL (1/28)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>amitriptyline</i>	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	4	QL (4.8/365)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9/56)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2/28)
<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	4	ST; QL (60/30)
BELSOMRA	3	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	3	QL (60/30)
<i>buspirone</i>	2	
CAPLYTA	4	QL (30/30)
<i>chlorpromazine</i>	4	
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
DAYVIGO	3	QL (30/30)
<i>desipramine</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	

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 19.

Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90/30)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	2	QL (90/30)
<i>fluoxetine oral solution</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	3	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	3	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 20 mg</i>	2	
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5/28)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63/90)
<i>lithium carbonate</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam injection solution</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral syringe</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	4	
<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	4	PA; QL (30/30)
MARPLAN	4	QL (180/30)
<i>metadate er</i>	4	
<i>methylphenidate hcl oral tablet</i>	4	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	3	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	4	PA; QL (30/30)
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)

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 19.

Covered Drugs By Category

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>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>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	4	QL (1/28)
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
<i>quetiapine oral tablet 150 mg, 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
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)
REXULTI ORAL TABLET	4	QL (30/30)
RISPERDAL CONSTA	4	QL (2/28)
<i>risperidone oral solution</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	4	QL (30/30)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (16/28)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (18/28)
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	4	ST; QL (60/365)
<i>vilazodone</i>	4	ST; QL (30/30)
VRAYLAR ORAL CAPSULE	4	QL (30/30)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	QL (14/365)
XYWAV	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>	4	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	3	QL (30/30)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; QL (1/28)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	
<i>dofetilide</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>flecainide</i>	4	
LIDOCAINE (PF) INTRAVENOUS SOLUTION	4	
<i>lidocaine (pf) intravenous syringe</i>	4	
<i>mexiletine</i>	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiiazid</i>	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	3	
BIDIL	3	PA; QL (180/30)
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60/30)

CAPITALIZED = BRAND NAME DRUG

Lower case *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>candesartan oral tablet 32 mg</i>	3	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	3	
<i>captopril</i>	4	
CAROSPIR	3	
<i>cartia xt</i>	3	
<i>carvedilol</i>	1	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	2	
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	3	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	3	
DILTIAZEM HCL ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	3	
<i>dilt-xr</i>	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	3	
EDARBYCLOR	3	
<i>enalapril maleate oral tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	2	
<i>fosinopril-hydrochlorothiazide</i>	2	
<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>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	3	
<i>metolazone</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nebivolol</i>	4	
<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>olmesartan</i>	3	
<i>olmesartan-hydrochlorothiazide</i>	3	
<i>perindopril erbumine</i>	2	
<i>pindolol</i>	3	
<i>prazosin</i>	4	
<i>propranolol oral capsule,extended release 24 hr</i>	4	
<i>propranolol oral solution</i>	4	
<i>propranolol oral tablet</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>telmisartan</i>	3	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	3	
<i>timolol maleate oral</i>	4	
<i>toremide oral</i>	2	
<i>trandolapril</i>	2	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	2	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>valsartan-hydrochlorothiazide</i>	2	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>	3	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	4	
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	4	
BRILINTA	4	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dipyridamole oral</i>	3	
DOPTLET (10 TAB PACK)	5	PA; LA; NDS
DOPTLET (15 TAB PACK)	5	PA; LA; NDS
DOPTLET (30 TAB PACK)	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
HEPARIN (PORCINE) IN 5% DEX	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	3	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>	3	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg</i>	4	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	4	
<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 extended release 24 hr</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>	2	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>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	3	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO	3	QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	4	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAQEL	4	PA
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitroglycerin sublingual</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 5%</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch, medicated 5%</i>	4	PA
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
<i>podofilox</i>	4	
REGRANEX	5	PA; NDS
SANTYL	4	
SILVER SULFADIAZINE	3	
SSD	3	
<i>tacrolimus topical</i>	4	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>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (120/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate topical lotion</i>	3	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	4	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	3	
<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
TAZORAC TOPICAL GEL	4	PA
<i>tretinoin microspheres topical gel 0.1%</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1%</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01%</i>	3	PA
<i>tretinoin topical gel 0.025%, 0.05%</i>	4	PA
TOPICAL ANESTHETICS		
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	2	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	4	
TOPICAL ANTIFUNGALS		
<i>cicloclan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)
<i>ciclopirox topical solution</i>	4	QL (6.6/28)
<i>ciclopirox topical suspension</i>	4	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>	4	QL (45/28)
<i>econazole</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	2	
<i>alclometasone</i>	3	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone, augmented topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	4	
<i>fluocinolone topical cream 0.01%</i>	3	
<i>fluocinolone topical cream 0.025%</i>	4	
<i>fluocinolone topical oil</i>	4	
<i>fluocinolone topical ointment</i>	3	
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical cream 0.05%</i>	3	QL (120/30)
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)
<i>fluticasone propionate topical cream</i>	4	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone topical cream 1%, 2.5%</i>	2	
<i>hydrocortisone topical lotion 2.5%</i>	2	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm topical cream 0.1%</i>	2	
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>	4	
<i>anagrelide</i>	3	
CARBAGLU	5	PA; LA; NDS
<i>carglumic acid</i>	5	PA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
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	
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	4	PA
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	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180/30)
GLASSIA	5	PA; NDS
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
LEVOCARNITINE ORAL TABLET	4	
<i>midodrine</i>	4	
<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>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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	PA; LA; QL (14/720)
VELPHORO	5	NDS
VELTASSA	4	
WATER FOR IRRIGATION, STERILE	4	
XIAFLEX	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)
NICOTROL	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>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03%)</i>	2	QL (30/30)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06%)</i>	3	QL (30/30)
<i>oralone</i>	4	
<i>periogard</i>	2	
<i>triamcinolone acetonide dental</i>	4	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	3	
-------------------------------	---	--

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	3	
<i>methylpred dp</i>	2	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prednisone oral tablets,dose pack</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
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>	3	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	3	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	3	QL (180/30)
ALCOHOL PADS	3	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	QL (200/30)
BAQSIMI	3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	3	QL (200/30)
BD ULTRA-FINE MICRO PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE MINI PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	3	QL (200/30)
<i>diazoxide</i>	4	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	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	6	
HUMALOG KWIKPEN INSULIN	6	
HUMALOG MIX 50-50 INSULN U-100	6	
HUMALOG MIX 50-50 KWIKPEN	6	
HUMALOG MIX 75-25 KWIKPEN	6	
HUMALOG MIX 75-25(U-100) INSULN	6	
HUMALOG U-100 INSULIN	6	
HUMULIN 70/30 U-100 INSULIN	6	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN 70/30 U-100 KWIKPEN	6	
HUMULIN N NPH INSULIN KWIKPEN	6	
HUMULIN N NPH U-100 INSULIN	6	
HUMULIN R REGULAR U-100 INSULN	6	
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	3	QL (200/30)
INVOKAMET	3	QL (60/30)
INVOKAMET XR	3	QL (60/30)
INVOKANA	3	QL (30/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	6	
LANTUS U-100 INSULIN	6	
LEVEMIR FLEXPEN	6	
LEVEMIR U-100 INSULIN	6	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYUMJEV KWIKPEN U-100 INSULIN	6	
LYUMJEV KWIKPEN U-200 INSULIN	6	
LYUMJEV U-100 INSULIN	6	
<i>metformin oral solution</i>	4	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<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)
MOUNJARO	3	QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	3	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	3	QL (180/30)
NOVOFINE 32	3	QL (200/30)
NOVOFINE AUTOCOVER	3	QL (200/30)
NOVOFINE PLUS	3	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"	3	QL (200/30)
<i>pioglitazone</i>	1	QL (30/30)
<i>repaglinide oral tablet 0.5 mg</i>	4	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	4	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	4	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/25)
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	QL (200/30)
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	QL (200/30)
TECHLITE PEN NEEDLE	3	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	6	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TOUJEO SOLOSTAR U-300 INSULIN	6	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	6	
TRESIBA FLEXTOUCH U-200	6	
TRESIBA U-100 INSULIN	6	
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)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	3	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
RAYALDEE	5	NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	4	
<i>testosterone cypionate</i>	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; QL (300/30)
TOLVAPTAN ORAL TABLET 15 MG	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine oral tablet</i>	2	
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>	3	
SYNTHROID	4	
UNITHROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine</i>	4	
<i>glycopyrrolate (pf)</i>	4	
<i>glycopyrrolate (pf) in water injection</i>	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet</i>	4	
<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</i>	4	
CLENPIQ	3	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<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>	4	
<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)
OALIVA	4	PA; LA; QL (30/30)
<i>ondansetron</i>	2	B/D PA
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 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	
<i>prochlorperazine</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	4	
<i>proctosol hc topical</i>	4	
<i>proctozone-hc</i>	4	
RECTIV	4	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/28); NDS
SUCRAID	4	PA
<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>cimetidine</i>	4	
<i>famotidine oral suspension</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>famotidine oral tablet 20 mg, 40 mg</i>	3	
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	QL (60/30)
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/28)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
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
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
PLERIXAFOR	5	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 40,000 UNIT/ ML	4	PA
<i>procrit injection solution 20,000 unit/ml, 3,000 unit/ml, 4,000 unit/ml</i>	4	PA
ZIEXTENZO	4	PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)	4	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXA (PF)	3	
ENGRIX-B (PF)	3	B/D PA
ENGRIX-B PEDIATRIC (PF)	3	B/D PA
<i>fomepizole</i>	5	NDS
GARDASIL 9 (PF)	4	
HAVRIX (PF)	3	
HIBERIX (PF)	3	
HIZENTRA	4	B/D PA
IMOVAX RABIES VACCINE (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	4	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA
PRIORIX (PF)	3	
<i>privigen</i>	5	B/D PA; NDS
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	QL (2/999)
STAMARIL (PF)	4	
TDVAX	3	
TENIVAC (PF)	3	
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	4	B/D PA
TICOVAC	3	
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	4	ST
MITIGARE	3	QL (120/30)
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	3	QL (1/28)
PROLIA	4	QL (1/180)
<i>raloxifene</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 INTRAVENOUS	5	PA; NDS
CYLTEZO(CF) PEN	5	PA; QL (4/28); NDS
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 CROHN'S-UC-HS START	5	PA; QL (12/365); NDS
HUMIRA PEN PSOR-UEITS-ADOL HS	5	PA; QL (8/365); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA(CF) PEDI CROHN'S STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHN'S STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
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'S STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN'S 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

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	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
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>	4	
<i>deblitane</i>	4	
<i>dotti</i>	4	QL (8/28)
DUAVEE	4	PA
<i>errin</i>	4	
<i>estradiol oral</i>	3	
<i>estradiol transdermal patch semiweekly</i>	4	QL (8/28)
<i>estradiol transdermal patch weekly</i>	4	QL (4/28)
<i>estradiol vaginal</i>	4	
<i>estradiol valerate</i>	4	
<i>heather</i>	4	
<i>hydroxyprogesterone caproate</i>	5	NDS

<i>incassia</i>	4	
<i>jencycla</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	4	
<i>medroxyprogesterone oral</i>	2	
NORA-BE	4	
<i>norethindrone (contraceptive)</i>	4	
<i>norethindrone acetate</i>	4	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
<i>progesterone micronized</i>	3	
<i>sharobel</i>	4	
<i>yuvaferm</i>	4	

MISCELLANEOUS OB/GYN

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

ORAL CONTRACEPTIVES / RELATED AGENTS

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

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>aurovela 24 fe</i>	4	
<i>aurovela fe 1.5/30 (28)</i>	4	
<i>aurovela fe 1-20 (28)</i>	4	
<i>aviane</i>	4	
<i>ayuna</i>	4	
<i>azurette (28)</i>	4	
<i>balziva (28)</i>	4	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30 (28)</i>	4	
<i>blisovi fe 1/20 (28)</i>	4	
<i>briellyn</i>	4	
CAMRESE	4	
CAMRESE LO	4	
<i>charlotte 24 fe</i>	4	
<i>chateal eq (28)</i>	4	
<i>cryselle (28)</i>	4	
<i>cyred eq</i>	4	
<i>dasetta 1/35 (28)</i>	4	
<i>dasetta 7/7/7 (28)</i>	4	
<i>daysee</i>	4	
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>desogestrel-ethinyl estradiol</i>	4	
<i>dolishale</i>	4	
<i>drospirenone-e.estradiol-lm. fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	4	
DROSPIRENONE-E. ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	
<i>drospirenone-ethinyl estradiol</i>	4	
<i>elinest</i>	4	
<i>enpresse</i>	4	
<i>enskyce</i>	4	
<i>estarylla</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4	
<i>falmina (28)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>finzala</i>	4	
<i>gemmily</i>	4	
<i>hailey</i>	4	
<i>hailey 24 fe</i>	4	
<i>hailey fe 1.5/30 (28)</i>	4	
<i>hailey fe 1/20 (28)</i>	4	
<i>iclevia</i>	4	
<i>isibloom</i>	4	
<i>jaimiess</i>	4	
<i>jasmiel (28)</i>	4	
JOLESSA	4	
<i>joyeaux</i>	4	
<i>juleber</i>	4	
<i>junel 1.5/30 (21)</i>	4	
<i>junel 1/20 (21)</i>	4	
<i>junel fe 1.5/30 (28)</i>	4	
<i>junel fe 1/20 (28)</i>	4	
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	4	
<i>kalliga</i>	4	
<i>kariva (28)</i>	4	
<i>kelnor 1/35 (28)</i>	4	
<i>kelnor 1-50 (28)</i>	4	
<i>kurvelo (28)</i>	4	
<i>l norgest/e.estradiol-e.estrad</i>	4	
<i>larin 1.5/30 (21)</i>	4	
<i>larin 1/20 (21)</i>	4	
<i>larin 24 fe</i>	4	
<i>larin fe 1.5/30 (28)</i>	4	
<i>larin fe 1/20 (28)</i>	4	
LAYOLIS FE	4	
<i>leena 28</i>	4	
<i>lessina</i>	4	
<i>levonest (28)</i>	4	
<i>levonorgestrel-ethinyl estrad</i>	4	
<i>levonorg-eth estrad triphasic</i>	4	
<i>levora-28</i>	4	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lojaimiess</i>	4	
<i>loryna</i> (28)	4	
<i>low-ogestrel</i> (28)	4	
<i>lo-zumandimine</i> (28)	4	
<i>lutra</i> (28)	4	
<i>marlissa</i> (28)	4	
<i>merzee</i>	4	
<i>microgestin 1.5/30</i> (21)	4	
<i>microgestin 1/20</i> (21)	4	
<i>microgestin fe 1.5/30</i> (28)	4	
<i>microgestin fe 1/20</i> (28)	4	
<i>mili</i>	4	
<i>mono-linyah</i>	4	
<i>necon 0.5/35</i> (28)	4	
<i>nikki</i> (28)	4	
<i>noreth-ethinyl estradiol-iron</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	4	
<i>norethindrone-e.estradiol-iron</i>	4	
<i>norgestimate-ethinyl estradiol</i>	4	
<i>nortrel 0.5/35</i> (28)	4	
<i>nortrel 1/35</i> (21)	4	
<i>nortrel 1/35</i> (28)	4	
<i>nortrel 7/7/7</i> (28)	4	
<i>nylia 1/35</i> (28)	4	
<i>nylia 7/7/7</i> (28)	4	
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>philith</i>	4	
<i>pimtrea</i> (28)	4	
<i>portia 28</i>	4	
<i>reclipsen</i> (28)	4	
RIVELSA	4	
<i>setlakin</i>	4	
<i>simliya</i> (28)	4	
<i>simpesse</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sprintec</i> (28)	4	
<i>sronyx</i>	4	
<i>syeda</i>	4	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1-20 eq</i> (28)	4	
<i>taysofy</i>	4	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	4	
<i>tri-lo-estarylla</i>	4	
<i>tri-lo-marzia</i>	4	
<i>tri-lo-mili</i>	4	
<i>tri-lo-sprintec</i>	4	
<i>tri-mili</i>	4	
<i>tri-nymyo</i>	4	
<i>tri-sprintec</i> (28)	4	
<i>trivora</i> (28)	4	
<i>tri-vylibra</i>	4	
<i>tri-vylibra lo</i>	4	
TYBLUME	4	
<i>tydemy</i>	4	
<i>velivet triphasic regimen</i> (28)	4	
<i>vestura</i> (28)	4	
<i>vienva</i>	4	
<i>viorele</i> (28)	4	
<i>volnea</i> (28)	4	
<i>vyfemla</i> (28)	4	
<i>vylibra</i>	4	
<i>wera</i> (28)	4	
<i>wymzya fe</i>	4	
<i>zovia 1-35</i> (28)	4	
<i>zumandimine</i> (28)	4	

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	4	
------------------------------------	---	--

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>neo-polycin</i>	4	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	4	
ZIRGAN	3	
BETA-BLOCKERS		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	4	
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS
EYLEA	4	PA; QL (0.1/28)
<i>olopatadine ophthalmic (eye)</i>	4	
OXERVATE	4	PA; QL (112/56)
PHOSPHOLINE IODIDE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	3	
<i>sulfacetamide-prednisolone</i>	2	
XDEMIVY	4	PA; QL (1/42)
XIIDRA	3	QL (60/30)
ZERVATE	4	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	3	
<i>ketorolac ophthalmic (eye) drops 0.5%</i>	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>neo-polycin hc</i>	4	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	
<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>	4	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	2	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	3	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	3	QL (2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral syrup</i>	4	PA
<i>promethazine oral tablet</i>	3	PA
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR DISKUS	3	QL (60/30)
ADVAIR HFA	3	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation</i>	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
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>alyq</i>	4	PA; QL (60/30)
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)
<i>breyna</i>	4	QL (10.3/30)
<i>budesonide inhalation</i>	4	B/D PA; QL (120/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cromolyn inhalation</i>	4	B/D PA
DALIRESP	4	PA; QL (30/30)
DULERA	4	ST; QL (13/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; LA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; LA; QL (90/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	QL (240/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6/30)
<i>flunisolide</i>	3	QL (50/30)
<i>fluticasone propionate nasal</i>	2	QL (16/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; 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
<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
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)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (60/30)
<i>terbutaline</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	3	
TRELEGY ELLIPTA	3	QL (60/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
VENTAVIS	4	PA
VENTOLIN HFA	3	QL (36/30)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	3	QL (60/30)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	4	QL (60/30)
<i>tolterodine oral capsule,extended release 24hr</i>	4	ST
<i>tolterodine oral tablet</i>	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	
CYSTAGON	4	LA
ELMIRON	4	
<i>k-phos original</i>	4	
<i>potassium citrate oral tablet extended release</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RENACIDIN	4	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	QL (360/30)
<i>klor-con</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
PHOSLYRA	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	

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 19.

Covered Drugs By Category

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>	3	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	3	
<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	
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
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	

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 19.

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
A			
<i>abacavir-lamivudine</i>	20	ADVAIR HFA	62
<i>abacavir oral solution</i>	20	<i>afirmelle</i>	58
<i>abacavir oral tablet</i>	20	AIMOVIG AUTOINJECTOR	35
ABELCET	20	AJOVY AUTOINJECTOR	35
ABILIFY MAINTENA	37	AJOVY SYRINGE	35
<i>abiraterone oral tablet 250 mg</i>	26	AKEEGA	26
<i>abiraterone oral tablet 500 mg</i>	26	<i>ala-cort topical cream 1%</i>	47
ABRAXANE	26	<i>albendazole</i>	23
ABRYSSO	56	<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation	62
<i>acamprosate</i>	48	<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020503)	62
<i>acarbose oral tablet 25 mg</i>	50	<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020983)	62
<i>acarbose oral tablet 50 mg</i>	50	<i>albuterol sulfate inhalation solution for nebulization</i>	62
<i>acarbose oral tablet 100 mg</i>	50	<i>albuterol sulfate oral syrup</i>	62
<i>acebutolol</i>	42	<i>albuterol sulfate oral tablet</i>	62
<i>acetaminophen-codeine oral solution</i> 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	36	<i>alclometasone</i>	47
<i>acetaminophen-codeine oral tablet 300-15 mg,</i> 300-30 mg	36	ALCOHOL PADS	50
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	36	ALDURAZYME	53
<i>acetazolamide</i>	61	ALECENSA	26
<i>acetazolamide sodium</i>	61	<i>alendronate oral tablet 10 mg</i>	57
<i>acetic acid otic (ear)</i>	49	<i>alendronate oral tablet 35 mg, 70 mg</i>	57
<i>acetylcysteine</i>	62	<i>alfuzosin</i>	64
<i>acitretin</i>	46	ALIMTA	26
ACTHIB (PF)	56	ALIQOPA	26
ACTIMMUNE	55	<i>allopurinol oral tablet 100 mg, 300 mg</i>	56
<i>acyclovir oral capsule</i>	20	<i>alose tron</i>	54
<i>acyclovir oral suspension 200 mg/5 ml</i>	20	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	62
<i>acyclovir oral tablet</i>	20	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	38
<i>acyclovir sodium intravenous solution</i>	20	<i>alprazolam oral tablet 2 mg</i>	38
ADACEL(TDAP ADOLESN/ADULT)(PF)	56	<i>altavera (28)</i>	58
ADALIMUMAB-ADAZ	57	ALUNBRIG ORAL TABLET 30 MG	26
<i>adapalene topical gel 0.3%</i>	46	ALUNBRIG ORAL TABLET 180 MG, 90 MG	26
ADCETRIS	26	ALUNBRIG ORAL TABLETS, DOSE PACK	26
ADEMPAS	62	<i>alyacen 1/35 (28)</i>	58
ADLARITY	35	<i>alyacen 7/7/7 (28)</i>	58
ADSTILADRIN	26	<i>alyq</i>	62
ADVAIR DISKUS	62	<i>amantadine hcl</i>	20
		<i>ambrisentan</i>	62

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>amethia</i>	58	ANORO ELLIPTA	62
<i>amethyst (28)</i>	58	<i>apraclonidine</i>	62
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> ...	23	<i>aprepitant</i>	54
<i>amiloride</i>	42	APRETUDE	20
<i>amiloride-hydrochlorothiazide</i>	42	<i>apri</i>	58
<i>aminocaproic acid oral</i>	44	APTIOM ORAL TABLET 200 MG	33
AMINOSYN II 15%	65	APTIOM ORAL TABLET 400 MG	33
AMINOSYN-PF 7% (SULFITE-FREE)	65	APTIOM ORAL TABLET 600 MG, 800 MG	33
<i>amiodarone intravenous solution</i>	42	APTIVUS	20
<i>amiodarone oral tablet 100 mg, 400 mg</i>	42	<i>aranella (28)</i>	58
<i>amiodarone oral tablet 200 mg</i>	42	ARCALYST	55
<i>amitriptyline</i>	38	AREXVY (PF)	56
<i>amlodipine</i>	42	ARIKAYCE	23
<i>amlodipine-benazepril</i>	42	<i>aripiprazole oral solution</i>	38
<i>amlodipine-valsartan</i>	42	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	38
<i>amlodipine-valsartan-hcthiazid</i>	42	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	38
<i>ammonium lactate</i>	46	<i>aripiprazole oral tablet, disintegrating</i>	38
<i>amoxapine</i>	38	ARISTADA INITIO	38
<i>amoxicillin oral capsule</i>	24	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	38
<i>amoxicillin oral suspension for reconstitution</i>	24	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	38
<i>amoxicillin oral tablet</i>	24	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	38
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	24	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	38
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	24	ARNUITY ELLIPTA	62
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	24	<i>arsenic trioxide</i>	26
<i>amoxicillin-pot clavulanate oral tablet</i>	24	<i>asenapine maleate sublingual tablet 5 mg</i>	38
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	24	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	38
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	24	<i>ashlyna</i>	58
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	24	ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	50
<i>amphotericin b</i>	20	<i>atazanavir oral capsule 150 mg, 300 mg</i>	20
<i>amphotericin b liposome</i>	20	<i>atazanavir oral capsule 200 mg</i>	20
<i>ampicillin oral capsule 500 mg</i>	24	<i>atenolol</i>	42
<i>ampicillin sodium</i>	24	<i>atenolol-chlorthalidone</i>	42
<i>ampicillin-sulbactam</i>	25	ATGAM	56
<i>anagrelide</i>	48	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> ...	38
<i>anastrozole</i>	26	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	38
		<i>atorvastatin</i>	45

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>atovaquone</i>	23	<i>bacitracin ophthalmic (eye)</i>	60
<i>atovaquone-proguanil</i>	23	<i>bacitracin-polymyxin b</i>	61
<i>atropine ophthalmic (eye) drops</i>	61	<i>baclofen oral tablet</i>	36
ATROVENT HFA	62	BAL-CARE DHA	65
<i>aubra eq</i>	58	<i>balsalazide</i>	54
<i>aurovela 1.5/30 (21)</i>	58	BALVERSA	26
<i>aurovela 1/20 (21)</i>	58	<i>balziva (28)</i>	59
<i>aurovela 24 fe</i>	59	BAQSIMI	50
<i>aurovela fe 1.5/30 (28)</i>	59	BARACLUDE ORAL SOLUTION	20
<i>aurovela fe 1-20 (28)</i>	59	BAVENCIO	26
AUSTEDO ORAL TABLET 6 MG	35	BCG VACCINE, LIVE (PF)	56
AUSTEDO ORAL TABLET 12 MG, 9 MG	35	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	50
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	35	BD ULTRA-FINE MICRO PEN NEEDLE	50
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	35	BD ULTRA-FINE MINI PEN NEEDLE	50
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	35	BD ULTRA-FINE NANO PEN NEEDLE	50
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	35	BD ULTRA-FINE SHORT PEN NEEDLE	50
AUSTEDO XR TITRATION KT(WK1-4)	35	BELEODAQ	26
AUVELITY	38	BELSOMRA	38
<i>aviane</i>	59	<i>benazepril</i>	42
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	55	<i>benazepril-hydrochlorothiazide</i>	42
AVONEX INTRAMUSCULAR SYRINGE	55	<i>bendamustine intravenous recon soln</i>	26
AVONEX INTRAMUSCULAR SYRINGE KIT	55	BENDEKA	26
<i>ayuna</i>	59	BENLYSTA INTRAVENOUS	57
AYVAKIT	26	<i>benztropine injection</i>	34
<i>azacitidine</i>	26	<i>benztropine oral</i>	34
<i>azathioprine oral tablet 50 mg</i>	26	BESIVANCE	61
<i>azathioprine sodium</i>	26	BESPONSA	26
<i>azelastine nasal</i>	49	BESREMI	55
<i>azelastine ophthalmic (eye)</i>	61	<i>betaine</i>	54
<i>azithromycin intravenous</i>	23	<i>betamethasone, augmented topical cream</i>	47
AZITHROMYCIN ORAL PACKET	23	<i>betamethasone, augmented topical gel</i>	47
<i>azithromycin oral suspension for reconstitution</i>	23	<i>betamethasone, augmented topical lotion</i>	47
<i>azithromycin oral tablet</i>	23	<i>betamethasone, augmented topical ointment</i>	48
<i>aztreonam</i>	23	<i>betamethasone dipropionate</i>	47
<i>azurette (28)</i>	59	<i>betamethasone valerate topical cream</i>	47
		<i>betamethasone valerate topical lotion</i>	47
		<i>betamethasone valerate topical ointment</i>	47
		BETASERON SUBCUTANEOUS KIT	55
		<i>betaxolol oral</i>	42

B

bacitracin intramuscular

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>bethanechol chloride</i>	64	<i>buprenorphine hcl sublingual</i>	36
<i>bexarotene</i>	26	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	37
BEXSERO	56	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	37
<i>bicalutamide</i>	26	<i>bupropion hcl oral tablet 75 mg</i>	38
BICILLIN L-A	25	<i>bupropion hcl oral tablet 100 mg</i>	38
BIDIL	42	<i>bupropion hcl oral tablet extended release</i> <i>24 hr 150 mg</i>	38
BIKTARVY	20	<i>bupropion hcl oral tablet extended release</i> <i>24 hr 300 mg</i>	38
<i>bisoprolol fumarate</i>	42	<i>bupropion hcl oral tablet sustained-release</i> <i>12 hr 100 mg</i>	38
<i>bisoprolol-hydrochlorothiazide</i>	42	<i>bupropion hcl oral tablet sustained-release</i> <i>12 hr 150 mg, 200 mg</i>	38
BLENREP	26	<i>bupropion hcl (smoking deter)</i>	49
<i>bleomycin</i>	26	<i>buspirone</i>	38
BLINCYTO INTRAVENOUS KIT	26	<i>busulfan</i>	26
<i>blisovi 24 fe</i>	59	<i>butorphanol nasal</i>	37
<i>blisovi fe 1.5/30 (28)</i>	59		
<i>blisovi fe 1/20 (28)</i>	59	C	
BOOSTRIX TDAP	56	CABENUVA	20
BORTEZOMIB INJECTION	26	<i>cabergoline</i>	53
BORTEZOMIB INTRAVENOUS RECON SOLN	26	CABOMETYX	26
BOSULIF ORAL TABLET 100 MG	26	<i>calcipotriene scalp</i>	46
BOSULIF ORAL TABLET 400 MG, 500 MG	26	<i>calcipotriene topical cream</i>	46
BOTOX	56	<i>calcipotriene topical ointment</i>	46
BRAFTOVI ORAL CAPSULE 75 MG	26	<i>calcitonin (salmon) nasal</i>	53
BREO ELLIPTA	62	<i>calcitriol intravenous solution 1 mcg/ml</i>	53
<i>breyna</i>	62	<i>calcitriol oral capsule</i>	53
<i>briellyn</i>	59	<i>calcitriol oral solution</i>	53
BRILINTA	44	<i>calcium acetate(phosphat bind)</i>	64
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	62	CALQUENCE	26
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	62	CALQUENCE (ACALABRUTINIB MAL)	26
<i>brinzolamide</i>	61	<i>camila</i>	58
BRIVIACT INTRAVENOUS	33	CAMRESE	59
BRIVIACT ORAL SOLUTION	33	CAMRESE LO	59
BRIVIACT ORAL TABLET	33	<i>candesartan-hydrochlorothiazid</i>	43
<i>bromocriptine</i>	35	<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	42
BRUKINSA	26	<i>candesartan oral tablet 32 mg</i>	43
<i>budesonide inhalation</i>	62	CAPLYTA	38
<i>budesonide oral</i>	54	CAPRELSA ORAL TABLET 100 MG	26
<i>bumetanide injection</i>	42		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	42		
<i>bumetanide oral tablet 2 mg</i>	42		
<i>buprenorphine hcl injection</i>	36		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
CAPRELSA ORAL TABLET 300 MG	26	CEFEPIME IN DEXTROSE, ISO-OSM	22
<i>captopril</i>	43	<i>cefepime injection</i>	22
CARBAGLU	48	<i>cefepime intravenous</i>	22
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	33	<i>cefixime</i>	22
<i>carbamazepine oral suspension</i>	33	<i>cefotetan injection</i>	22
<i>carbamazepine oral tablet</i>	33	<i>cefoxitin</i>	22
<i>carbamazepine oral tablet, chewable</i>	33	CEFOXITIN IN DEXTROSE, ISO-OSM	22
<i>carbamazepine oral tablet extended release 12 hr</i>	33	<i>cefpodoxime</i>	22
<i>carbidopa</i>	35	<i>cefprozil</i>	22
<i>carbidopa-levodopa oral tablet</i>	35	<i>ceftazidime</i>	22
<i>carbidopa-levodopa oral tablet, disintegrating</i>	35	<i>ceftriaxone</i>	22
<i>carbidopa-levodopa oral tablet extended release</i>	35	<i>ceftriaxone in dextrose, iso-os</i>	22
<i>carboplatin intravenous solution</i>	26	<i>cefuroxime axetil oral tablet</i>	22
<i>carglumic acid</i>	48	<i>cefuroxime sodium injection recon soln 750 mg</i>	23
<i>carmustine intravenous recon soln 100 mg</i>	26	<i>cefuroxime sodium intravenous</i>	23
CAROSPIR	43	<i>celecoxib</i>	37
<i>carteolol</i>	61	CELONTIN ORAL CAPSULE 300 MG	33
<i>cartia xt</i>	43	<i>cephalexin oral capsule 250 mg, 500 mg</i>	23
<i>carvedilol</i>	43	<i>cephalexin oral suspension for reconstitution</i>	23
<i>casprofungin intravenous recon soln 50 mg</i>	20	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	53
<i>casprofungin intravenous recon soln 70 mg</i>	20	<i>charlotte 24 fe</i>	59
CAYSTON	23	<i>chateal eq (28)</i>	59
<i>ceftaclor oral capsule</i>	22	CHEMET	48
<i>ceftaclor oral suspension for reconstitution</i>		<i>chloramphenicol sod succinate</i>	23
<i>125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	22	<i>chlorhexidine gluconate mucous membrane</i>	49
<i>ceftaclor oral tablet extended release 12 hr</i>	22	<i>chloroquine phosphate</i>	23
<i>cefadroxil oral capsule</i>	22	<i>chlorothiazide sodium</i>	43
<i>cefadroxil oral suspension for reconstitution</i>		<i>chlorpromazine</i>	38
<i>250 mg/5 ml, 500 mg/5 ml</i>	22	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	43
<i>cefadroxil oral tablet</i>	22	<i>cholestyramine-aspartame</i>	45
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS		<i>cholestyramine light</i>	45
PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML,		<i>cholestyramine (with sugar)</i>	45
2 GRAM/50 ML	22	CHORIONIC GONADOTROPIN, HUMAN	
<i>cefazolin injection recon soln 1 gram, 10 gram,</i>		INTRAMUSCULAR	53
<i>100 gram, 300 g, 500 mg</i>	22	<i>ciclodan topical solution</i>	47
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	22	<i>ciclopirox topical cream</i>	47
<i>cefazolin intravenous recon soln 1 gram</i>	22	<i>ciclopirox topical shampoo</i>	47
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM,		<i>ciclopirox topical solution</i>	47
3 GRAM	22	<i>ciclopirox topical suspension</i>	47
<i>cefdinir</i>	22	<i>cilostazol</i>	44
CEFEPIME IN DEXTROSE 5%	22		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
CILOXAN OPHTHALMIC (EYE) OINTMENT	61	CLINIMIX 8%-D10W(SULFITE-FREE)	65
CIMDUO	20	CLINIMIX 8%-D14W(SULFITE-FREE)	65
<i>cimetidine</i>	55	CLINIMIX E 4.25%/D10W SUL FREE	65
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	53	<i>clinisol sf 15%</i>	65
<i>cinacalcet oral tablet 90 mg</i>	53	<i>clobazam oral suspension</i>	33
CINRYZE	62	<i>clobazam oral tablet 10 mg</i>	33
<i>ciprofloxacin-dexamethasone</i>	50	<i>clobazam oral tablet 20 mg</i>	33
<i>ciprofloxacin hcl ophthalmic (eye)</i>	61	<i>clofarabine</i>	26
<i>ciprofloxacin hcl oral tablet 100 mg</i>	25	<i>clomipramine</i>	38
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	25	<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	33
<i>ciprofloxacin in 5% dextrose</i>	25	<i>clonazepam oral tablet 2 mg</i>	33
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	25	<i>clonazepam oral tablet,disintegrating 0.5 mg, 1 mg</i>	33
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	25	<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg</i>	33
<i>cisplatin intravenous solution</i>	26	<i>clonazepam oral tablet,disintegrating 2 mg</i>	33
<i>citalopram oral solution</i>	38	<i>clonidine</i>	43
<i>citalopram oral tablet 10 mg, 20 mg</i>	38	<i>clonidine hcl oral tablet</i>	43
<i>citalopram oral tablet 40 mg</i>	38	<i>clopidogrel oral tablet 75 mg</i>	44
<i>cladribine</i>	26	<i>clopidogrel oral tablet 300 mg</i>	44
<i>claravis</i>	46	<i>clorazepate dipotassium oral tablet 3.75 mg</i>	38
<i>clarithromycin</i>	23	<i>clorazepate dipotassium oral tablet 7.5 mg</i>	38
CLENPIQ	54	<i>clorazepate dipotassium oral tablet 15 mg</i>	38
<i>clindamycin hcl</i>	23	<i>clotrimazole-betamethasone topical cream</i>	47
CLINDAMYCIN IN 0.9% SOD CHLOR	23	<i>clotrimazole mucous membrane</i>	20
<i>clindamycin in 5% dextrose</i>	23	<i>clotrimazole topical cream</i>	47
<i>clindamycin palmitate hcl</i>	23	<i>clotrimazole topical solution</i>	47
<i>clindamycin pediatric</i>	23	<i>clozapine oral tablet 25 mg, 50 mg</i>	38
<i>clindamycin phosphate injection</i>	23	<i>clozapine oral tablet 100 mg, 200 mg</i>	38
<i>clindamycin phosphate topical gel</i>	46	<i>clozapine oral tablet,disintegrating</i>	38
<i>clindamycin phosphate topical gel, once daily</i>	46	C-NATE DHA	65
<i>clindamycin phosphate topical lotion</i>	47	COARTEM	23
<i>clindamycin phosphate topical solution</i>	47	<i>colchicine oral tablet</i>	56
<i>clindamycin phosphate topical swab</i>	47	<i>colestipol oral granules</i>	45
<i>clindamycin phosphate vaginal</i>	58	<i>colestipol oral packet</i>	45
CLINIMIX 4.25%/D5W SULFIT FREE	48	<i>colestipol oral tablet</i>	45
CLINIMIX 4.25%/D10W SULF FREE	65	<i>colistin (colistimethate na)</i>	23
CLINIMIX 5%/D15W SULFITE FREE	65	COLUMVI	26
CLINIMIX 5%-D20W(SULFITE-FREE)	65	COMBIGAN	61
CLINIMIX 6%-D5W (SULFITE-FREE)	65	COMBIVENT RESPIMAT	62
		COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	26

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1)	26	<i>cyred eq</i>	59
COMETRIQ ORAL CAPSULE 140 MG/DAY (80 MG X1-20 MG X3)	26	CYSTAGON	64
COMPLERA	20	CYSTARAN	61
COMPLETE NATAL DHA	65	<i>cytarabine</i>	27
<i>compro</i>	54	<i>cytarabine (pf)</i>	27
<i>constulose</i>	54	D	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	35	<i>d2.5%-0.45% sodium chloride</i>	48
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	35	<i>d5%-0.45% sodium chloride</i>	48
COPIKTRA	27	<i>d5% and 0.9% sodium chloride</i>	48
CORLANOR ORAL TABLET	45	D10%-0.45% SODIUM CHLORIDE	48
CORTIFOAM	54	<i>dacarbazine</i>	27
<i>cortisone</i>	50	<i>dactinomycin</i>	27
COTELLIC	27	<i>dalfampridine</i>	35
CREON	54	DALIRESP	63
CRESEMBA ORAL	20	<i>danazol</i>	53
<i>cromolyn inhalation</i>	63	<i>dantrolene oral</i>	36
<i>cromolyn ophthalmic (eye)</i>	61	DANYELZA	27
<i>cromolyn oral</i>	54	<i>dapsone oral</i>	23
<i>cryselle (28)</i>	59	DAPTACEL (DTAP PEDIATRIC) (PF)	56
CUVRIOR	48	<i>daptomycin</i>	23
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	36	DAPTOMYCIN IN 0.9% SOD CHLOR	23
<i>cyclophosphamide intravenous recon soln</i>	27	<i>darunavir ethanolate</i>	20
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	27	DARZALEX	27
<i>cyclophosphamide oral capsule</i>	27	DARZALEX FASPRO	27
<i>cyclophosphamide oral tablet 25 mg</i>	27	<i>dasetta 1/35 (28)</i>	59
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	27	<i>dasetta 7/7/7 (28)</i>	59
<i>cycloserine</i>	23	<i>daunorubicin intravenous solution</i>	27
<i>cyclosporine intravenous</i>	27	DAURISMO ORAL TABLET 25 MG	27
<i>cyclosporine modified</i>	27	DAURISMO ORAL TABLET 100 MG	27
<i>cyclosporine oral capsule</i>	27	<i>daysee</i>	59
CYLTEZO(CF) PEN	57	DAYVIGO	38
CYLTEZO(CF) PEN CROHN'S-UC-HS	57	<i>deblitane</i>	58
CYLTEZO(CF) PEN PSORIASIS-UV	57	<i>decitabine</i>	27
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	57	<i>deferasirox oral tablet 90 mg</i>	48
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	57	<i>deferasirox oral tablet 180 mg, 360 mg</i>	48
CYRAMZA	27	DELSTRIGO	20
		DENG VAXIA (PF)	56
		DEPO-MEDROL	50

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
DESCOVY	20	dextrose 5% in water (d5w) intravenous parenteral solution	48
desipramine	38	DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK	49
desloratadine oral tablet	62	DEXTROSE 5%-LACTATED RINGERS	49
desmopressin injection	53	DEXTROSE 10% AND 0.2% NACL	48
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	53	dextrose 10% in water (d10w)	48
desmopressin nasal spray with pump	53	DEXTROSE 25% IN WATER (D25W)	48
desmopressin oral	53	DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	49
desog-e.estradiol/e.estradiol	59	dextrose 50% in water (d50w) intravenous syringe	49
desogestrel-ethinyl estradiol	59	DEXTROSE 70% IN WATER (D70W)	49
desoximetasone topical cream	48	DIACOMIT	33
desoximetasone topical gel	48	diazepam injection	39
desoximetasone topical ointment	48	diazepam intensol	39
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	38	diazepam oral concentrate	39
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	38	diazepam oral solution	39
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	38	diazepam oral tablet	39
dexamethasone intensol	50	diazepam rectal	33
dexamethasone oral elixir	50	diazoxide	50
dexamethasone oral solution	50	diclofenac potassium oral tablet 50 mg	37
dexamethasone oral tablet	50	diclofenac sodium ophthalmic (eye)	61
dexamethasone sodium phos (pf) injection solution	50	diclofenac sodium oral	37
dexamethasone sodium phosphate injection solution	50	diclofenac sodium topical gel 1%	37
dexamethasone sodium phosphate ophthalmic (eye)	62	dicloxacillin	25
dexmethylphenidate oral tablet	38	dicyclomine oral capsule	54
dextroamphetamine-amphetamine oral capsule, extended release 24hr	39	dicyclomine oral solution	54
dextroamphetamine-amphetamine oral tablet 5 mg	39	dicyclomine oral tablet	54
dextroamphetamine-amphetamine oral tablet 10 mg	39	DIFICID ORAL SUSPENSION FOR RECONSTITUTION	23
dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg	39	DIFICID ORAL TABLET	23
dextroamphetamine-amphetamine oral tablet 15 mg	39	diflunisal	37
dextroamphetamine-amphetamine oral tablet 20 mg	39	difluprednate	62
dextroamphetamine sulfate oral capsule, extended release	39	digoxin injection solution	45
dextroamphetamine sulfate oral tablet	39	digoxin oral solution	45
dextrose 5%-0.2% sod chloride	49	digoxin oral tablet 62.5 mcg (0.0625 mg)	45
dextrose 5%-0.3% sod.chloride	49	digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	45
		dihydroergotamine nasal	35
		dilantin	33
		diltiazem hcl intravenous	43

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
diltiazem hcl oral capsule,extended release 12 hr.....	43	doxorubicin intravenous solution.....	27
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	43	doxorubicin, peg-liposomal	27
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg	43	doxy-100.....	25
diltiazem hcl oral capsule,ext.rel 24h degradable	43	doxycycline hyclate intravenous	25
diltiazem hcl oral tablet.....	43	doxycycline hyclate oral capsule.....	25
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	43	doxycycline hyclate oral tablet 100 mg, 20 mg.....	25
DILTIAZEM HCL ORAL TABLET EXTENDED RELEASE 24 HR 420 MG.....	43	doxycycline monohydrate oral capsule 100 mg, 50 mg	25
dilt-xr	43	doxycycline monohydrate oral suspension for reconstitution.....	25
diphenhydramine hcl injection solution 50 mg/ml.....	62	doxycycline monohydrate oral tablet	25
diphenoxylate-atropine.....	54	DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG.....	39
dipyridamole oral	44	DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG.....	39
disulfiram	49	DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG.....	39
divalproex oral capsule, delayed rel sprinkle.....	33	dronabinol	54
divalproex oral tablet,delayed release (dr/ec)	33	drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	59
divalproex oral tablet extended release 24 hr.....	33	DROSPIRENONE-E.ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	59
docetaxel	27	drospirenone-ethinyl estradiol	59
dofetilide.....	42	DROXIA	27
dolishale	59	droxidopa oral capsule 100 mg	49
donepezil oral tablet 5 mg	35	droxidopa oral capsule 200 mg, 300 mg.....	49
donepezil oral tablet 10 mg.....	35	DUAVEE.....	58
donepezil oral tablet,disintegrating 5 mg	35	DULERA.....	63
donepezil oral tablet,disintegrating 10 mg	35	duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	39
DOPTELET (10 TAB PACK).....	44	duloxetine oral capsule,delayed release(dr/ec) 30 mg.....	39
DOPTELET (15 TAB PACK).....	44	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	46
DOPTELET (30 TAB PACK).....	44	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	46
dorzolamide	61	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	46
dorzolamide-timolol.....	61	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	46
dotti	58	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	46
DOVATO.....	20	dutasteride.....	64
doxazosin oral tablet 1 mg, 2 mg, 4 mg	43		
doxazosin oral tablet 8 mg	43		
doxepin oral capsule.....	39		
doxepin oral concentrate	39		
doxepin oral tablet.....	39		
doxercalciferol.....	53		
doxorubicin intravenous recon soln 50 mg.....	27		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
E			
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG.....	37	endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	36
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG.....	37	ENGERIX-B PEDIATRIC (PF).....	56
econazole.....	47	ENGERIX-B (PF).....	56
EDARBI.....	43	ENHERTU.....	27
EDARBYCLOR.....	43	enoxaparin.....	44
EDURANT.....	20	enpresse.....	59
efavirenz-emtricitabin-tenofov.....	20	enskyce.....	59
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg.....	20	entacapone.....	35
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg.....	20	entecavir.....	20
efavirenz oral capsule 50 mg.....	20	ENTRESTO.....	45
efavirenz oral capsule 200 mg.....	20	enulose.....	54
efavirenz oral tablet.....	20	ENVARBUS XR.....	27
ELAPRASE.....	53	EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	20
ELECTROLYTE-48 IN D5W.....	65	EPCLUSA ORAL PELLETS IN PACKET 200-50 MG.....	20
elinest.....	59	EPCLUSA ORAL TABLET 200-50 MG.....	20
ELIQUIS.....	44	EPCLUSA ORAL TABLET 400-100 MG.....	20
ELIQUIS DVT-PE TREAT 30D START.....	44	EPIDIOLEX.....	33
ELITE-OB.....	65	epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml.....	62
ELMIRON.....	64	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML.....	62
ELREXFIO.....	27	epinephrine injection solution 1 mg/ml.....	62
ELZONRIS.....	27	epirubicin intravenous solution.....	27
EMCYT.....	27	epitol.....	33
EMPLICITI.....	27	EPKINLY.....	27
EMSAM.....	39	EPRONTIA.....	33
emtricitabine.....	20	ERBITUX.....	27
emtricitabine-tenofovir (tdf).....	20	ergotamine-caffeine.....	35
EMTRIVA ORAL SOLUTION.....	20	ERIVEDGE.....	27
emverm.....	23	ERLEADA ORAL TABLET 60 MG.....	27
enalapril-hydrochlorothiazide.....	43	ERLEADA ORAL TABLET 240 MG.....	27
enalapril maleate oral tablet.....	43	erlotinib oral tablet 25 mg.....	27
ENBREL MINI.....	57	erlotinib oral tablet 100 mg, 150 mg.....	27
ENBREL SUBCUTANEOUS SOLUTION.....	57	errin.....	58
ENBREL SUBCUTANEOUS SYRINGE.....	57	ertapenem.....	23
ENBREL SURECLICK.....	57	ery pads.....	47
endocet oral tablet 2.5-325 mg.....	36	erythrocine (as stearate) oral tablet 250 mg.....	23
		erythrocine intravenous recon soln 500 mg.....	23
		erythromycin-benzoyl peroxide.....	47

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	23	F	
<i>erythromycin ophthalmic (eye)</i>	61	FABRAZYME	53
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	23	<i>falmina (28)</i>	59
<i>erythromycin oral tablet</i>	23	<i>famciclovir</i>	21
<i>erythromycin with ethanol topical gel</i>	47	<i>famotidine oral suspension</i>	55
<i>erythromycin with ethanol topical solution</i>	47	<i>famotidine oral tablet 20 mg, 40 mg</i>	55
ESBRIET ORAL CAPSULE	63	FANAPT ORAL TABLET	
ESBRIET ORAL TABLET 267 MG	63	1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	39
ESBRIET ORAL TABLET 801 MG	63	FANAPT ORAL TABLET 8 MG	39
<i>escitalopram oxalate oral solution</i>	39	FANAPT ORAL TABLETS, DOSE PACK	39
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	39	FARYDAK	27
<i>escitalopram oxalate oral tablet 20 mg</i>	39	<i>febuxostat</i>	56
<i>estarylla</i>	59	<i>felbamate</i>	33
<i>estradiol oral</i>	58	<i>felodipine</i>	43
<i>estradiol transdermal patch semiweekly</i>	58	<i>fenofibrate micronized oral capsule</i>	
<i>estradiol transdermal patch weekly</i>	58	134 mg, 200 mg, 67 mg	45
<i>estradiol vaginal</i>	58	<i>fenofibrate nanocrystallized</i>	45
<i>estradiol valerate</i>	58	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	45
<i>ethacrynate sodium</i>	43	<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	45
<i>ethambutol</i>	23	<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	45
<i>ethosuximide</i>	33	<i>fentanyl citrate buccal lozenge on a handle</i>	
<i>ethynodiol diac-eth estradiol</i>	59	1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	36
ETOPOPHOS	27	<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	36
<i>etoposide intravenous</i>	27	<i>fentanyl transdermal patch</i>	
<i>etravirine</i>	21	72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	36
EUTHYROX	54	FETZIMA ORAL CAPSULE, EXTENDED RELEASE	
<i>everolimus (antineoplastic) oral tablet</i>	27	24 HR	39
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	27	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE	
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i>	27	PACK	39
<i>everolimus (immunosuppressive)</i>	27	<i>finasteride oral tablet 5 mg</i>	64
EVOMELA	27	<i> fingolimod</i>	35
EVOTAZ	21	FINTEPLA	33
<i>exemestane</i>	27	<i>finzala</i>	59
EXKIVITY	27	FIRMAGON KIT W DILUENT SYRINGE	27
EYLEA	61	FIRVANQ	23
EYSUVIS	62	<i>flac otic oil</i>	50
<i>ezetimibe</i>	45	<i>flecainide</i>	42

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION...	63	<i>fluphenazine hcl oral concentrate</i>	39
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	63	<i>fluphenazine hcl oral elixir</i>	39
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	63	<i>fluphenazine hcl oral tablet</i>	39
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	63	<i>flurbiprofen oral tablet 100 mg</i>	37
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	63	<i>flurbiprofen sodium</i>	61
<i>floxuridine</i>	27	<i>fluticasone propionate nasal</i>	63
<i>fluconazole in nacl (iso-osm)</i>	20	<i>fluticasone propionate topical cream</i>	48
<i>fluconazole oral suspension for reconstitution</i>	20	<i>fluticasone propionate topical ointment</i>	48
<i>fluconazole oral tablet</i>	20	<i>fluvoxamine oral tablet 50 mg</i>	39
<i>flucytosine</i>	20	<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	39
<i>fludarabine</i>	27	FOLIVANE-OB	65
<i>fludrocortisone</i>	50	FOLOTYN	28
<i>flunisolide</i>	63	<i>fomepizole</i>	56
<i>fluocinolone acetonide oil</i>	50	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	44
<i>fluocinolone and shower cap</i>	48	<i>fondaparinux subcutaneous syringe</i> <i>10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	44
<i>fluocinolone topical cream 0.01%</i>	48	<i>formoterol fumarate</i>	63
<i>fluocinolone topical cream 0.025%</i>	48	FORTEO	57
<i>fluocinolone topical oil</i>	48	<i>fosamprenavir</i>	21
<i>fluocinolone topical ointment</i>	48	<i>fosinopril</i>	43
<i>fluocinolone topical solution</i>	48	<i>fosinopril-hydrochlorothiazide</i>	43
<i>fluocinonide topical cream 0.05%</i>	48	<i>fosphenytoin</i>	33
<i>fluocinonide topical gel</i>	48	FOTIVDA	28
<i>fluocinonide topical ointment</i>	48	<i>fulvestrant</i>	28
<i>fluocinonide topical solution</i>	48	<i>furosemide injection solution</i>	43
<i>fluoride (sodium) oral tablet</i>	65	<i>furosemide oral solution</i> <i>10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	43
<i>fluoride (sodium) oral tablet, chewable 1 mg</i> <i>(2.2 mg sod. fluoride)</i>	65	FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	43
FLUOROMETHOLONE	62	<i>furosemide oral tablet</i>	43
<i>fluorouracil intravenous</i>	27	FUZEON SUBCUTANEOUS RECON SOLN	21
<i>fluorouracil topical cream 5%</i>	46	FYARRO	28
<i>fluorouracil topical solution</i>	46	FYCOMPA ORAL SUSPENSION	33
<i>fluoxetine oral capsule 10 mg</i>	39	FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	33
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	39	FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	33
<i>fluoxetine oral solution</i>	39		
<i>fluphenazine decanoate</i>	39		
<i>fluphenazine hcl injection</i>	39		

G

<i>gabapentin oral capsule 100 mg, 300 mg</i>	33
<i>gabapentin oral capsule 400 mg</i>	33
<i>gabapentin oral solution</i>	33
<i>gabapentin oral tablet 600 mg</i>	33

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>gabapentin oral tablet 800 mg</i>	33	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	51
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	35	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	51
<i>galantamine oral solution</i>	35	<i>glipizide oral tablet 5 mg</i>	50
<i>galantamine oral tablet</i>	35	<i>glipizide oral tablet 10 mg</i>	50
GARDASIL 9 (PF)	56	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	51
GATTEX 30-VIAL	54	<i>glipizide oral tablet extended release 24hr 5 mg</i>	51
GATTEX ONE-VIAL	54	<i>glipizide oral tablet extended release 24hr 10 mg</i>	51
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	50	GLUCAGEN HYPOKIT	51
<i>gavilyte-c</i>	54	<i>glucagon emergency kit (human)</i>	51
GAVRETO	28	GLUCAGON (HCL) EMERGENCY KIT	51
GAZYVA	28	<i>glycopyrrolate oral tablet</i>	54
<i>gefitinib</i>	28	<i>glycopyrrolate (pf)</i>	54
<i>gemcitabine intravenous recon soln.</i>	28	<i>glycopyrrolate (pf) in water injection</i>	54
<i>gemcitabine intravenous solution 1 gram/26.3 ml</i> <i>(38 mg/ml), 2 gram/52.6 ml (38 mg/ml),</i> <i>200 mg/5.26 ml (38 mg/ml)</i>	28	<i>glycopyrrolate (pf) in water intravenous syringe</i> <i>0.4 mg/2 ml (0.2 mg/ml)</i>	54
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	28	<i>glydo</i>	46
<i>gemfibrozil</i>	45	GLYXAMBI	51
<i>gemmily</i>	59	GOCOVRI	35
GEMTESA	64	<i>granisetron hcl oral</i>	54
<i>generlac</i>	54	<i>griseofulvin microsize</i>	20
<i>gengraf</i>	28	<i>griseofulvin ultramicrosize</i>	20
GENOTROPIN	55	<i>guanfacine oral tablet extended release 24 hr</i>	39
GENOTROPIN MINISQUICK	55	GVOKE	51
<i>gentamicin injection solution 40 mg/ml</i>	23	GVOKE HYPOPEN 1-PACK	51
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i> <i>100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml,</i> <i>60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	23	GVOKE HYPOPEN 2-PACK	51
<i>gentamicin ophthalmic (eye) drops</i>	61	GVOKE PFS 1-PACK SYRINGE	51
<i>gentamicin sulfate (ped) (pf)</i>	23	GVOKE PFS 2-PACK SYRINGE	51
<i>gentamicin topical cream</i>	47		
<i>gentamicin topical ointment</i>	47		
GENVOYA	21		
GILENYA	35		
GILOTTRIF	28		
GLASSIA	49		
GLEOSTINE	28		
<i>glimepiride oral tablet 1 mg</i>	50		
<i>glimepiride oral tablet 2 mg</i>	50		
<i>glimepiride oral tablet 4 mg</i>	50		

H

<i>hailey</i>	59
<i>hailey 24 fe</i>	59
<i>hailey fe 1.5/30 (28)</i>	59
<i>hailey fe 1/20 (28)</i>	59
HALAVEN	28
<i>halobetasol propionate topical cream</i>	48
<i>halobetasol propionate topical ointment</i>	48
<i>haloperidol decanoate</i>	39
<i>haloperidol lactate injection</i>	39
<i>haloperidol lactate oral</i>	39

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>haloperidol oral tablet 0.5 mg, 20 mg</i>	39	HUMIRA PEN	57
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	39	HUMIRA PEN CROHNS-UC-HS START	57
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	21	HUMIRA PEN PSOR-UEITS-ADOL HS	57
HARVONI ORAL PELLETS IN PACKET 45-200 MG	21	HUMIRA SUBCUTANEOUS SYRINGE KIT	
HARVONI ORAL TABLET 45-200 MG	21	40 MG/0.8 ML	57
HARVONI ORAL TABLET 90-400 MG	21	HUMULIN 70/30 U-100 INSULIN	51
HAVRIX (PF)	56	HUMULIN 70/30 U-100 KWIKPEN	51
<i>heather</i>	58	HUMULIN N NPH INSULIN KWIKPEN	51
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS		HUMULIN N NPH U-100 INSULIN	51
PARENTERAL SOLUTION 25,000 UNIT/250 ML,		HUMULIN R REGULAR U-100 INSULN	51
25,000 UNIT/500 ML	45	HUMULIN R U-500 (CONC) INSULIN	51
HEPARIN (PORCINE) IN 5% DEX	44	HUMULIN R U-500 (CONC) KWIKPEN	51
<i>heparin (porcine) injection solution</i>	44	<i>hydralazine injection</i>	43
<i>heparin (porcine) in nacl (pf)</i>	44	<i>hydralazine oral</i>	43
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	45	<i>hydrochlorothiazide</i>	43
HETLIOZ	40	<i>hydrocodone-acetaminophen oral solution</i>	
HIBERIX (PF)	56	7.5-325 mg/15 ml	36
HIZENTRA	56	<i>hydrocodone-acetaminophen oral tablet</i>	
HUMALOG JUNIOR KWIKPEN U-100	51	10-325 mg, 5-325 mg, 7.5-325 mg	36
HUMALOG KWIKPEN INSULIN	51	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	36
HUMALOG MIX 50-50 INSULN U-100	51	<i>hydrocortisone-acetic acid</i>	50
HUMALOG MIX 50-50 KWIKPEN	51	<i>hydrocortisone oral</i>	50
HUMALOG MIX 75-25 KWIKPEN	51	<i>hydrocortisone rectal</i>	54
HUMALOG MIX 75-25(U-100)INSULN	51	<i>hydrocortisone topical cream 1%, 2.5%</i>	48
HUMALOG U-100 INSULIN	51	<i>hydrocortisone topical cream with perineal applicator</i>	54
HUMIRA(CF) PEDI CROHNS STARTER		<i>hydrocortisone topical lotion 2.5%</i>	48
SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	57	<i>hydrocortisone topical ointment 1%, 2.5%</i>	48
HUMIRA(CF) PEDI CROHNS STARTER		<i>hydromorphone oral liquid</i>	36
SUBCUTANEOUS SYRINGE KIT		<i>hydromorphone oral tablet</i>	36
80 MG/0.8 ML-40 MG/0.4 ML	57	<i>hydroxychloroquine</i>	23
HUMIRA(CF) PEN CROHNS-UC-HS	57	<i>hydroxyprogesterone caproate</i>	58
HUMIRA(CF) PEN PEDIATRIC UC	57	<i>hydroxyurea</i>	28
HUMIRA(CF) PEN PSOR-UV-ADOL HS	57	<i>hydroxyzine hcl oral tablet</i>	62
HUMIRA(CF) PEN SUBCUTANEOUS PEN		HYRIMOZ(CF) PEDI CROHN STARTER	
INJECTOR KIT 40 MG/0.4 ML	57	SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	57
HUMIRA(CF) PEN SUBCUTANEOUS PEN		HYRIMOZ(CF) PEDI CROHN STARTER	
INJECTOR KIT 80 MG/0.8 ML	57	SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT		40 MG/0.4 ML	57
10 MG/0.1 ML, 20 MG/0.2 ML	57	HYRIMOZ(CF) PEN	57
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT		HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	
40 MG/0.4 ML	57	10 MG/0.1 ML	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML.....	58	INFUMORPH P/F.....	36
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML.....	58	INGREZZA.....	35
HYRIMOZ PEN CROHN'S-UC STARTER.....	57	INGREZZA INITIATION PACK.....	35
HYRIMOZ PEN PSORIASIS STARTER.....	57	INLYTA ORAL TABLET 1 MG.....	28
		INLYTA ORAL TABLET 5 MG.....	28
		INQOVI.....	28
		INREBIC.....	28
		INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE.....	51
<i>ibandronate oral</i>	57	INTELENCE ORAL TABLET 25 MG.....	21
IBRANCE.....	28	INTRALIPID INTRAVENOUS EMULSION 20%, 30%.....	65
<i>ibu</i>	37	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML.....	40
<i>ibuprofen oral suspension</i>	37	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML.....	40
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	37	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	40
<i>icatibant</i>	63	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML.....	40
<i>iclevia</i>	59	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	40
ICLUSIG.....	28	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML.....	40
<i>icosapent ethyl</i>	45	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	40
<i>idarubicin</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML.....	40
IDHIFA.....	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML.....	40
<i>ifosfamide intravenous recon soln 1 gram</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML.....	40
IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM.....	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML.....	40
<i>ifosfamide intravenous solution</i>	28	INVELTYS.....	62
<i>imatinib oral tablet 100 mg</i>	28	INVOKAMET.....	51
<i>imatinib oral tablet 400 mg</i>	28	INVOKAMET XR.....	51
IMBRUVICA ORAL CAPSULE 70 MG.....	28	INVOKANA.....	51
IMBRUVICA ORAL CAPSULE 140 MG.....	28	IPOL.....	56
IMBRUVICA ORAL SUSPENSION.....	28	<i>ipratropium-albuterol</i>	63
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG.....	28	<i>ipratropium bromide inhalation</i>	63
IMFINZI.....	28		
<i>imipenem-cilastatin</i>	23		
<i>imipramine hcl</i>	40		
<i>imiquimod topical cream in packet 5%</i>	46		
IMJUDO.....	28		
IMOVAX RABIES VACCINE (PF).....	56		
<i>incassia</i>	58		
INCRELEX.....	49		
INCRUSE ELLIPTA.....	63		
<i>indapamide</i>	43		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE.....	56		
INFUGEM.....	28		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>ipratropium bromide nasal spray,non-aerosol</i> 21 mcg (0.03%)	49	<i>jencycla</i>	58
<i>ipratropium bromide nasal spray,non-aerosol</i> 42 mcg (0.06%)	49	JENTADUETO	51
<i>irbesartan</i>	43	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	51
<i>irbesartan-hydrochlorothiazide</i>	43	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	51
IRESSA	28	JEVTANA	28
<i>irinotecan</i>	28	JOLESSA	59
ISENTRESS HD	21	<i>joyeaux</i>	59
ISENTRESS ORAL POWDER IN PACKET	21	<i>juleber</i>	59
ISENTRESS ORAL TABLET	21	JULUCA	21
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	21	<i>junel 1.5/30 (21)</i>	59
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	21	<i>junel 1/20 (21)</i>	59
<i>isibloom</i>	59	<i>junel fe 1.5/30 (28)</i>	59
<i>isoniazid oral solution</i>	23	<i>junel fe 1/20 (28)</i>	59
<i>isoniazid oral tablet</i>	23	<i>junel fe 24</i>	59
<i>isosorbide dinitrate oral tablet</i>	45	JYNNEOS (PF)(STOCKPILE)	56
<i>isosorbide-hydralazine</i>	43		
<i>isosorbide mononitrate</i>	45	K	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	47	KABIVEN	65
<i>itraconazole oral capsule</i>	20	KADCYLA	28
<i>itraconazole oral solution</i>	20	<i>kaitlib fe</i>	59
<i>ivermectin oral</i>	23	<i>kalliga</i>	59
IXEMPRA	28	KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	63
IXIARO (PF)	56	KALYDECO ORAL TABLET	63
J		KANJINTI	28
<i>jaimiess</i>	59	<i>kariva (28)</i>	59
JAKAFI	28	<i>kelnor 1/35 (28)</i>	59
<i>jantoven</i>	45	<i>kelnor 1-50 (28)</i>	59
JANUMET	51	KERENDIA	43
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	51	KESIMPTA PEN	36
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	51	<i>ketoconazole oral</i>	20
JANUVIA	51	<i>ketoconazole topical cream</i>	47
JARDIANCE	51	<i>ketoconazole topical shampoo</i>	47
<i>jasmiel (28)</i>	59	KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	61
JAYPIRCA	28	<i>ketorolac ophthalmic (eye) drops 0.5%</i>	61
JEMPERLI	28	KEYTRUDA	28
		KIMMTRAK	28
		KINRIX (PF) INTRAMUSCULAR SYRINGE	56

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
KISQALI	28	<i>larin 1.5/30 (21)</i>	59
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	28	<i>larin 1/20 (21)</i>	59
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	28	<i>larin 24 fe</i>	59
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	29	<i>larin fe 1.5/30 (28)</i>	59
KLISYRI	29	<i>larin fe 1/20 (28)</i>	59
<i>klor-con</i>	64	<i>latanoprost</i>	61
KLOR-CON 8	64	LAYOLIS FE	59
KLOR-CON 10	64	<i>leena 28</i>	59
<i>klor-con m10</i>	64	<i>leflunomide</i>	58
<i>klor-con m20</i>	64	<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	29
KLOXXADO	37	<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	29
KORLYM	53	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	29
<i>k-phos original</i>	64	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)	29
KRAZATI	29	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)	29
<i>kurvelo (28)</i>	59	<i>lessina</i>	59
KYPROLIS	29	<i>letrozole</i>	29
L		<i>leucovorin calcium injection</i>	25
<i>labetalol oral</i>	43	<i>leucovorin calcium oral tablet 5 mg</i>	25
<i>lacosamide intravenous</i>	33	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	25
<i>lacosamide oral solution</i>	33	LEUKERAN	29
<i>lacosamide oral tablet 50 mg</i>	33	<i>leuprolide (3 month)</i>	29
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	33	<i>leuprolide subcutaneous kit</i>	29
<i>lactated ringers intravenous</i>	64	LEVEMIR FLEXPEN	51
LACTATED RINGERS IRRIGATION	48	LEVEMIR U-100 INSULIN	51
<i>lactulose oral solution</i>	54	<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	34
<i>lamivudine oral solution</i>	21	<i>levetiracetam intravenous</i>	34
<i>lamivudine oral tablet 100 mg, 300 mg</i>	21	<i>levetiracetam oral solution</i>	34
<i>lamivudine oral tablet 150 mg</i>	21	<i>levetiracetam oral tablet 1,000 mg, 750 mg</i>	34
<i>lamivudine-zidovudine</i>	21	<i>levetiracetam oral tablet 250 mg, 500 mg</i>	34
<i>lamotrigine oral tablet</i>	33	<i>levetiracetam oral tablet extended release 24 hr</i>	34
<i>lamotrigine oral tablet, chewable dispersible</i>	33	<i>levobunolol ophthalmic (eye) drops 0.5%</i>	61
<i>lamotrigine oral tablets,dose pack</i>	33	<i>levocarnitine oral solution 100 mg/ml</i>	49
LANOXIN PEDIATRIC	45	LEVOCARNITINE ORAL TABLET	49
LANTUS SOLOSTAR U-100 INSULIN	51	<i>levocarnitine (with sugar)</i>	49
LANTUS U-100 INSULIN	51	<i>levocetirizine oral tablet</i>	62
<i>lapatinib</i>	29		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>levofloxacin in d5w</i>	25	LONSURF ORAL TABLET 15-6.14 MG	29
<i>levofloxacin intravenous</i>	25	LONSURF ORAL TABLET 20-8.19 MG	29
<i>levofloxacin oral solution</i>	25	<i>loperamide oral capsule</i>	54
<i>levofloxacin oral tablet</i>	25	<i>lopinavir-ritonavir oral solution</i>	21
<i>levonest (28)</i>	59	<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	21
<i>levonorgestrel-ethinyl estrad</i>	59	<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	21
<i>levonorg-eth estrad triphasic</i>	59	<i>lorazepam injection solution</i>	40
<i>levora-28</i>	59	<i>lorazepam injection syringe 2 mg/ml</i>	40
LEVO-T	54	<i>lorazepam intensol</i>	40
<i>levothyroxine oral tablet</i>	54	<i>lorazepam oral concentrate</i>	40
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	54	<i>lorazepam oral syringe</i>	40
LEXIVA ORAL SUSPENSION	21	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	40
LIBTAYO	29	<i>lorazepam oral tablet 2 mg</i>	40
<i>lidocaine hcl injection solution</i>	46	LORBRENA ORAL TABLET 25 MG	29
<i>lidocaine hcl laryngotracheal</i>	47	LORBRENA ORAL TABLET 100 MG	29
<i>lidocaine hcl mucous membrane jelly in applicator</i>	47	<i>loryna (28)</i>	60
<i>lidocaine hcl mucous membrane solution 2%</i>	47	<i>losartan</i>	43
<i>lidocaine hcl mucous membrane solution 4%</i> <i>(40 mg/ml)</i>	46	<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	43
<i>lidocaine (pf) injection solution</i>	46	<i>losartan-hydrochlorothiazide oral tablet</i> <i>100-12.5 mg, 100-25 mg</i>	43
LIDOCAINE (PF) INTRAVENOUS SOLUTION	42	LOTEMAX OPHTHALMIC (EYE) OINTMENT	62
<i>lidocaine (pf) intravenous syringe</i>	42	LOTEMAX SM	62
<i>lidocaine-prilocaine topical cream</i>	46	<i>loteprednol etabonate</i>	62
<i>lidocaine topical adhesive patch,medicated 5%</i>	46	<i>lovastatin oral tablet 10 mg</i>	45
<i>lidocaine viscous</i>	46	<i>lovastatin oral tablet 20 mg, 40 mg</i>	45
<i>lincomycin</i>	23	<i>low-ogestrel (28)</i>	60
LINEZOLID-0.9% SODIUM CHLORIDE	24	<i>loxapine succinate</i>	40
<i>linezolid in dextrose 5%</i>	23	<i>lo-zumandimine (28)</i>	60
<i>linezolid oral suspension for reconstitution</i>	24	<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod.</i> <i>fluoride)</i>	65
<i>linezolid oral tablet</i>	24	LUMAKRAS ORAL TABLET 120 MG	29
LINZESS	54	LUMAKRAS ORAL TABLET 320 MG	29
<i>liothyronine oral</i>	54	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	61
<i>lisinopril</i>	43	LUMIZYME	53
<i>lisinopril-hydrochlorothiazide</i>	43	LUMOXITI	29
<i>lithium carbonate</i>	40	LUNSUMIO	29
<i>lithium citrate oral solution 8 meq/5 ml</i>	40	LUPRON DEPOT	29
<i>l norgest/e.estradiol-e.estrad</i>	59	LUPRON DEPOT (3 MONTH)	29
<i>lojaimiess</i>	60	LUPRON DEPOT (4 MONTH)	29
		LUPRON DEPOT (6 MONTH)	29

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	29	megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	29
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	29	megestrol oral tablet 20 mg	29
LUPRON DEPOT-PED INTRAMUSCULAR KIT	29	megestrol oral tablet 40 mg	29
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	29	MEKINIST ORAL RECON SOLN	29
<i>lurasidone oral tablet 80 mg</i>	40	MEKINIST ORAL TABLET 0.5 MG	29
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	40	MEKINIST ORAL TABLET 2 MG	29
<i>lutea (28)</i>	60	MEKTOVI	29
LYBALVI	40	<i>meloxicam oral tablet 7.5 mg</i>	37
LYNPARZA	29	<i>meloxicam oral tablet 15 mg</i>	37
LYSODREN	29	<i>melphalan hcl</i>	29
LYTGOBI	29	<i>memantine oral solution</i>	36
LYUMJEV KWIKPEN U-100 INSULIN	52	<i>memantine oral tablet 5 mg</i>	36
LYUMJEV KWIKPEN U-200 INSULIN	52	<i>memantine oral tablet 10 mg</i>	36
LYUMJEV U-100 INSULIN	52	MEMANTINE ORAL TABLETS, DOSE PACK	36
<i>lyza</i>	58	MENACTRA (PF) INTRAMUSCULAR SOLUTION	56
M		MENQUADFI (PF)	56
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	64	MENVEO A-C-Y-W-135-DIP (PF)	56
<i>magnesium sulfate injection</i>	64	<i>mercaptopurine</i>	30
<i>magnesium sulfate in water</i>	64	<i>meropenem</i>	24
<i>malathion</i>	48	MEROPENEM-0.9% SODIUM CHLORIDE	24
<i>maraviroc oral tablet 150 mg</i>	21	<i>merzee</i>	60
<i>maraviroc oral tablet 300 mg</i>	21	<i>mesalamine oral capsule, extended release 24hr</i>	54
MARGENZA	29	<i>mesalamine rectal enema</i>	54
<i>marlissa (28)</i>	60	<i>mesalamine with cleansing wipe</i>	54
MARPLAN	40	<i>mesna</i>	26
MARQIBO	29	MESNEX ORAL	26
MATULANE	29	<i>metadate er</i>	40
<i>matzim la</i>	43	<i>metformin oral solution</i>	52
MAVYRET ORAL PELLETS IN PACKET	21	<i>metformin oral tablet 1,000 mg</i>	52
MAVYRET ORAL TABLET	21	<i>metformin oral tablet 500 mg</i>	52
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	54	<i>metformin oral tablet 850 mg</i>	52
<i>medroxyprogesterone intramuscular</i>	58	<i>metformin oral tablet extended release 24 hr 500 mg</i>	52
<i>medroxyprogesterone oral</i>	58	<i>metformin oral tablet extended release 24 hr 750 mg</i>	52
<i>mefloquine</i>	24	<i>methadone injection solution</i>	36
		<i>methadone intensol</i>	36
		<i>methadone oral concentrate</i>	36
		<i>methadone oral solution 5 mg/5 ml</i>	36
		<i>methadone oral solution 10 mg/5 ml</i>	36
		<i>methadone oral tablet 5 mg</i>	36

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>methadone oral tablet 10 mg</i>	36	<i>mifepristone</i>	58
<i>methazolamide</i>	61	<i>miglustat</i>	53
<i>methenamine hippurate</i>	25	<i>mili</i>	60
<i>methimazole oral tablet 10 mg, 5 mg</i>	50	<i>minocycline oral capsule</i>	25
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	36	<i>minoxidil oral</i>	43
<i>methotrexate sodium injection</i>	30	<i>mirtazapine oral tablet</i>	40
<i>methotrexate sodium oral</i>	30	<i>mirtazapine oral tablet, disintegrating</i>	40
<i>methotrexate sodium (pf)</i>	30	<i>misoprostol</i>	55
<i>methoxsalen</i>	46	MITIGARE	56
<i>methsuximide</i>	34	<i>mitomycin intravenous</i>	30
<i>methylphenidate hcl oral tablet</i>	40	<i>mitoxantrone</i>	30
<i>methylphenidate hcl oral tablet extended release</i>	40	M-M-R II (PF)	56
<i>methylphenidate hcl oral tablet extended release</i> <i>24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg</i> <i>(bx rating), 36 mg, 36 mg (bx rating), 54 mg,</i> <i>54 mg (bx rating)</i>	40	M-NATAL PLUS	65
<i>methylpred dp</i>	50	<i>modafinil oral tablet 100 mg</i>	40
<i>methylprednisolone</i>	50	<i>modafinil oral tablet 200 mg</i>	40
<i>methylprednisolone acetate</i>	50	<i>moexipril</i>	43
<i>methylprednisolone sodium succ injection</i> <i>recon soln 125 mg, 40 mg</i>	50	<i>molindone</i>	40
<i>methylprednisolone sodium succ intravenous</i>	50	<i>mometasone topical</i>	48
<i>metoclopramide hcl oral solution</i>	54	MONJUVI	30
<i>metoclopramide hcl oral tablet</i>	54	<i>mono-lynyah</i>	60
<i>metolazone</i>	43	<i>montelukast oral granules in packet</i>	63
<i>metoprolol succinate</i>	43	<i>montelukast oral tablet</i>	63
<i>metoprolol ta-hydrochlorothiaz</i>	43	<i>montelukast oral tablet, chewable</i>	63
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	43	<i>morphine concentrate oral solution</i>	37
METRO I.V.	24	MORPHINE INJECTION SOLUTION	37
<i>metronidazole in nacl (iso-os)</i>	24	MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 8 MG/ML	37
<i>metronidazole oral tablet</i>	24	<i>morphine intravenous solution</i> <i>10 mg/ml, 4 mg/ml, 8 mg/ml</i>	37
<i>metronidazole topical</i>	47	MORPHINE INTRAVENOUS SYRINGE	37
<i>metronidazole vaginal</i>	58	<i>morphine oral solution</i>	37
<i>metyrosine</i>	43	<i>morphine oral tablet</i>	37
<i>mexiletine</i>	42	<i>morphine oral tablet extended release</i>	37
<i>microgestin 1.5/30 (21)</i>	60	<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	36
<i>microgestin 1/20 (21)</i>	60	MOUNJARO	52
<i>microgestin fe 1.5/30 (28)</i>	60	MOVANTIK	54
<i>microgestin fe 1/20 (28)</i>	60	<i>moxifloxacin ophthalmic (eye)</i>	61
<i>midodrine</i>	49	<i>moxifloxacin oral</i>	25
		MOXIFLOXACIN-SOD.ACE, SUL-WATER	25
		<i>moxifloxacin-sod.chloride(iso)</i>	25

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
MOZOBIL.....	55	<i>neomycin</i>	24
<i>mupirocin</i>	47	<i>neomycin-bacitracin-poly-hc</i>	61
<i>mupirocin calcium</i>	47	<i>neomycin-bacitracin-polymyxin</i>	61
MVASI	30	<i>neomycin-polymyxin b-dexameth</i>	62
<i>mycophenolate mofetil (hcl)</i>	30	<i>neomycin-polymyxin b gu</i>	48
<i>mycophenolate mofetil oral capsule</i>	30	<i>neomycin-polymyxin-gramicidin</i>	61
<i>mycophenolate mofetil oral suspension for reconstitution</i> ..	30	<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	62
<i>mycophenolate mofetil oral tablet</i>	30	<i>neomycin-polymyxin-hc otic (ear)</i>	50
<i>mycophenolate sodium</i>	30	<i>neo-polycin</i>	61
MYLOTARG.....	30	<i>neo-polycin hc</i>	62
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR.....	64	NERLYNX	30
N		NEUPRO	35
<i>nabumetone</i>	37	<i>nevirapine oral suspension</i>	21
NAFCILLIN IN DEXTROSE ISO-OSM	25	<i>nevirapine oral tablet</i>	21
<i>nafticillin injection</i>	25	<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	21
<i>nafticillin intravenous recon soln 2 gram</i>	25	<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	21
NAGLAZYME	53	NEXAVAR.....	30
<i>naloxone injection solution</i>	37	NEXLETOL	45
<i>naloxone injection syringe 1 mg/ml</i>	37	NEXLIZET	45
<i>naloxone nasal</i>	37	<i>niacin oral tablet extended release 24 hr</i>	45
<i>naltrexone</i>	37	<i>nicardipine intravenous solution</i>	44
NAMZARIC	36	<i>nicardipine oral</i>	44
<i>naproxen oral suspension</i>	37	NICOTROL	49
<i>naproxen oral tablet</i>	37	<i>nifedipine oral tablet extended release</i>	44
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	37	<i>nifedipine oral tablet extended release 24hr</i>	44
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	37	<i>nikki (28)</i>	60
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	37	<i>nilutamide</i>	30
<i>naratriptan</i>	35	<i>nimodipine</i>	44
NATACYN.....	61	NINLARO	30
<i>nateglinide oral tablet 60 mg</i>	52	NIPENT.....	30
<i>nateglinide oral tablet 120 mg</i>	52	<i>nitazoxanide</i>	24
NATPARA.....	53	<i>nitisinone</i>	49
NAYZILAM.....	34	<i>nitrofurantoin monohyd/m-cryst</i>	25
<i>nebivolol</i>	44	<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	25
<i>necon 0.5/35 (28)</i>	60	<i>nitroglycerin intravenous</i>	45
<i>nefazodone</i>	40	<i>nitroglycerin sublingual</i>	46
<i>nelarabine</i>	30	<i>nitroglycerin transdermal patch 24 hour</i>	46
		<i>nitroglycerin translingual</i>	46
		NIVESTYM	55
		NORA-BE.....	58

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>noreth-ethinyl estradiol-iron</i>	60	O	
<i>norethindrone acetate</i>	58	OCALIVA	54
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	60	<i>ocella</i>	60
<i>norethindrone (contraceptive)</i>	58	OCREVUS	36
<i>norethindrone-e.estradiol-iron</i>	60	<i>octreotide acetate</i>	30
<i>norgestimate-ethinyl estradiol</i>	60	ODEFSEY	21
<i>nortrel 0.5/35 (28)</i>	60	ODOMZO	30
<i>nortrel 1/35 (21)</i>	60	OFEV	63
<i>nortrel 1/35 (28)</i>	60	<i>ofloxacin ophthalmic (eye)</i>	61
<i>nortrel 7/7/7 (28)</i>	60	OGIVRI	30
<i>nortriptyline oral capsule</i>	40	OJJAARA	30
<i>nortriptyline oral solution</i>	40	<i>olanzapine intramuscular</i>	40
NORVIR ORAL POWDER IN PACKET	21	<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	40
NOVOFINE 32	52	<i>olanzapine oral tablet 15 mg, 20 mg</i>	40
NOVOFINE AUTOCOVER	52	<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	41
NOVOFINE PLUS	52	<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	41
NUBEQA	30	<i>olmesartan</i>	44
NUCALA SUBCUTANEOUS AUTO-INJECTOR	63	<i>olmesartan-hydrochlorothiazide</i>	44
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	63	<i>olopatadine ophthalmic (eye)</i>	61
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	63	<i>omeprazole oral capsule,delayed release(dr/ec)</i>	55
NUEDEXTA	36	OMNIPOD 5 G6 INTRO KIT (GEN 5)	52
NULOJIX	30	OMNIPOD 5 G6 PODS (GEN 5)	52
NUPLAZID	40	OMNIPOD CLASSIC PODS (GEN 3)	52
NURTEC ODT	35	OMNIPOD DASH INTRO KIT (GEN 4)	52
NUZYRA INTRAVENOUS	25	OMNIPOD DASH PODS (GEN 4)	52
NUZYRA ORAL	25	OMNIPOD GO PODS	52
<i>nyamyc</i>	47	OMNIPOD GO PODS 10 UNITS/DAY	52
<i>nylia 1/35 (28)</i>	60	OMNIPOD GO PODS 15 UNITS/DAY	52
<i>nylia 7/7/7 (28)</i>	60	OMNIPOD GO PODS 20 UNITS/DAY	52
<i>nymyo</i>	60	OMNIPOD GO PODS 25 UNITS/DAY	52
<i>nystatin oral</i>	20	OMNIPOD GO PODS 30 UNITS/DAY	52
<i>nystatin topical cream</i>	47	OMNIPOD GO PODS 40 UNITS/DAY	52
<i>nystatin topical ointment</i>	47	ONCASPAR	30
<i>nystatin topical powder</i>	47	<i>ondansetron</i>	54
<i>nystatin-triamcinolone</i>	47	<i>ondansetron hcl intravenous</i>	54
<i>nystop</i>	47	<i>ondansetron hcl oral solution</i>	54
		<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	54
		<i>ondansetron hcl (pf)</i>	54
		ONGENTYS	35

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ONIVYDE.....	30	PADCEV.....	30
ONUREG.....	30	paliperidone oral tablet extended release	
OPDIVO.....	30	24hr 1.5 mg, 9 mg.....	41
OPDUALAG.....	30	paliperidone oral tablet extended release	
OPSUMIT.....	63	24hr 3 mg, 6 mg.....	41
oralone.....	49	palonosetron intravenous solution 0.25 mg/5 ml.....	54
ORENCIA CLICKJECT.....	58	pamidronate.....	53
ORENCIA SUBCUTANEOUS SYRINGE		PANRETIN.....	46
50 MG/0.4 ML.....	58	pantoprazole oral tablet, delayed release (dr/ec).....	55
ORENCIA SUBCUTANEOUS SYRINGE		paricalcitol oral.....	53
87.5 MG/0.7 ML.....	58	paromomycin.....	24
ORENCIA SUBCUTANEOUS SYRINGE		paroxetine hcl oral suspension.....	41
125 MG/ML.....	58	paroxetine hcl oral tablet 10 mg.....	41
ORGOVYX.....	30	paroxetine hcl oral tablet 20 mg, 40 mg.....	41
ORSERDU.....	30	paroxetine hcl oral tablet 30 mg.....	41
oseltamivir oral capsule.....	21	paser.....	24
oseltamivir oral suspension for reconstitution.....	21	PEDIARIX (PF).....	56
oxacillin injection.....	25	PEDVAX HIB (PF).....	56
oxaliplatin.....	30	peg 3350-electrolytes.....	54
oxaprozin.....	37	PEGASYS SUBCUTANEOUS SOLUTION.....	55
oxcarbazepine oral suspension.....	34	PEGASYS SUBCUTANEOUS SYRINGE.....	55
oxcarbazepine oral tablet.....	34	peg-electrolyte soln.....	54
OXERVATE.....	61	PEMAZYRE.....	30
oxybutynin chloride oral syrup.....	64	pemetrexed disodium intravenous recon soln.....	30
oxybutynin chloride oral tablet.....	64	penicillamine.....	58
oxybutynin chloride oral tablet extended release 24hr.....	64	penicillin g potassium.....	25
oxycodone-acetaminophen oral tablet		penicillin v potassium.....	25
10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	37	PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2".....	52
oxycodone oral tablet 5 mg.....	37	PENTACEL (PF) INTRAMUSCULAR KIT	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg.....	37	15LF-48MCG-62DU -10 MCG/0.5ML.....	56
oxymorphone oral tablet extended release 12 hr.....	37	pentamidine inhalation.....	24
OZEMPIC SUBCUTANEOUS PEN INJECTOR		pentamidine injection.....	24
0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE		PENTASA.....	54
(4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML).....	52	pentoxifylline.....	45
P		PERIKABIVEN.....	65
pacerone oral tablet 100 mg, 400 mg.....	42	perindopril erbumine.....	44
pacerone oral tablet 200 mg.....	42	periogard.....	49
paclitaxel.....	30	PERJETA.....	30
PACLITAXEL PROTEIN-BOUND.....	30	permethrin.....	48
		perphenazine.....	41

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>perphenazine-amitriptyline</i>	41	PORTRAZZA	30
PERSERIS	41	<i>posaconazole oral tablet, delayed release (dr/ec)</i>	20
<i>pfizerpen-g</i>	25	POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L	64
<i>phenelzine</i>	41	<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 40 meq/l</i>	64
<i>phenobarbital oral elixir</i>	34	<i>potassium chloride-0.45% nacl</i>	65
<i>phenobarbital oral tablet</i>	34	POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L ...	65
<i>phenobarbital sodium injection solution</i>	34	POTASSIUM CHLORIDE-D5-0.9%NACL	65
<i>phenytoin oral suspension</i>	34	POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	64
<i>phenytoin oral tablet, chewable</i>	34	<i>potassium chloride in 5% dex intravenous parenteral solution 10 meq/l</i>	64
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	34	POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	64
<i>phenytoin sodium extended oral capsule 300 mg</i>	34	POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	64
<i>phenytoin sodium intravenous solution</i>	34	<i>potassium chloride intravenous</i>	65
PHESGO	30	<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>	65
<i>philith</i>	60	<i>potassium chloride oral capsule, extended release</i>	65
PHOSLYRA	64	<i>potassium chloride oral liquid</i>	65
PHOSPHOLINE IODIDE	61	<i>potassium chloride oral packet</i>	65
PIFELTRO	21	<i>potassium chloride oral tablet, er particles/crystals</i>	65
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	61	<i>potassium chloride oral tablet extended release</i>	65
<i>pilocarpine hcl oral</i>	49	<i>potassium citrate oral tablet extended release</i>	64
<i>pimozide</i>	41	POTELIGEO	30
<i>pimtreea (28)</i>	60	<i>pramipexole oral tablet</i>	35
<i>pindolol</i>	44	<i>prasugrel</i>	45
<i>pioglitazone</i>	52	<i>pravastatin</i>	45
<i>piperacillin-tazobactam</i>	25	<i>praziquantel</i>	24
PIQRAY	30	<i>prazosin</i>	44
<i>pirfenidone oral capsule</i>	63	<i>prednicarbate topical ointment</i>	48
<i>pirfenidone oral tablet 267 mg</i>	63	PREDNISOLONE ACETATE	62
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	63	<i>prednisolone oral solution</i>	50
<i>plenamine</i>	65	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	62
PLERIXAFOR	55		
PNV-DHA	65		
PNV-OMEGA	65		
PNV-SELECT	65		
<i>podofilox</i>	46		
POLIVY	30		
<i>polycin</i>	61		
<i>polymyxin b sulf-trimethoprim</i>	61		
POMALYST	30		
<i>portia 28</i>	60		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>prednisolone sodium phosphate oral solution</i> 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 2 5 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	50	<i>prochlorperazine</i>	54
<i>prednisone intensol</i>	50	<i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml)	55
<i>prednisone oral solution</i>	50	<i>prochlorperazine maleate</i>	55
<i>prednisone oral tablet</i>	50	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 40,000 UNIT/ML	55
<i>prednisone oral tablets,dose pack</i>	50	<i>procrit injection solution</i> 20,000 unit/ml, 3,000 unit/ml, 4,000 unit/ml	55
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	34	<i>procto-med hc</i>	55
<i>pregabalin oral capsule 200 mg</i>	34	<i>proctosol hc topical</i>	55
<i>pregabalin oral capsule 225 mg, 300 mg</i>	34	<i>proctozone-hc</i>	55
<i>pregabalin oral solution</i>	34	<i>progesterone micronized</i>	58
PREHEVBRIO (PF)	56	PROGRAF INTRAVENOUS	30
PREMARIN INJECTION	58	PROGRAF ORAL GRANULES IN PACKET	30
PREMARIN ORAL	58	PROLASTIN-C INTRAVENOUS RECON SOLN	49
PREMARIN VAGINAL	58	PROLASTIN-C INTRAVENOUS SOLUTION	49
<i>premasol 10%</i>	65	PROLENSA	61
PREMPRO	58	PROLIA	57
PRENATAL PLUS (CALCIUM CARB)	66	PROMACTA ORAL POWDER IN PACKET 12.5 MG	45
PRENATAL VITAMIN PLUS LOW IRON	66	PROMACTA ORAL POWDER IN PACKET 25 MG	45
<i>prevalite</i>	45	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	45
PREVYMIS	21	PROMACTA ORAL TABLET 75 MG	45
PREZCOBIX	21	<i>promethazine oral syrup</i>	62
PREZISTA ORAL SUSPENSION	21	<i>promethazine oral tablet</i>	62
PREZISTA ORAL TABLET 75 MG	21	<i>propafenone</i>	42
PREZISTA ORAL TABLET 150 MG	21	<i>propranolol oral capsule,extended release 24 hr</i>	44
PREZISTA ORAL TABLET 600 MG	21	<i>propranolol oral solution</i>	44
PREZISTA ORAL TABLET 800 MG	21	<i>propranolol oral tablet</i>	44
PRIFTIN	24	<i>propylthiouracil</i>	50
<i>primaquine</i>	24	PROQUAD (PF)	56
<i>primidone oral tablet 125 mg</i>	34	PROSOL 20%	65
<i>primidone oral tablet 250 mg, 50 mg</i>	34	<i>protriptyline</i>	41
PRIORIX (PF)	56	PULMOZYME	63
<i>privigen</i>	56	PURIXAN	30
PR NATAL 400	65	<i>pyrazinamide</i>	24
PR NATAL 400 EC	65	<i>pyridostigmine bromide oral tablet 60 mg</i>	36
PR NATAL 430	66	<i>pyridostigmine bromide oral tablet extended release</i>	36
PR NATAL 430 EC	66	<i>pyrimethamine</i>	24
<i>probenecid</i>	56		
<i>probenecid-colchicine</i>	56		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
Q			
QINLOCK.....	30	REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	30
QUADRACEL (PF)	56	REXULTI ORAL TABLET.....	41
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	41	REYATAZ ORAL POWDER IN PACKET.....	21
<i>quetiapine oral tablet 150 mg, 200 mg</i>	41	REZLIDHIA	30
<i>quetiapine oral tablet 300 mg, 400 mg</i>	41	RHOPRESSA	61
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG	41	<i>ribavirin oral capsule</i>	21
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG.....	41	<i>ribavirin oral tablet 200 mg</i>	21
<i>quinapril</i>	44	<i>rifabutin</i>	24
<i>quinapril-hydrochlorothiazide</i>	44	<i>rifampin</i>	24
<i>quinidine sulfate oral tablet</i>	42	<i>riluzole</i>	49
<i>quinine sulfate</i>	24	<i>rimantadine</i>	21
R		RINGER'S INTRAVENOUS	65
RABAVERT (PF)	56	RINGER'S IRRIGATION	48
<i>raloxifene</i>	57	RINVOQ.....	58
<i>ramipril</i>	44	RISPERDAL CONSTA	41
<i>ranolazine</i>	45	<i>risperidone oral solution</i>	41
<i>rasagiline</i>	35	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	41
RAYALDEE	53	<i>risperidone oral tablet 1 mg</i>	41
<i>reclipsen (28)</i>	60	<i>risperidone oral tablet 2 mg</i>	41
RECOMBIVAX HB (PF).....	56	<i>risperidone oral tablet 3 mg</i>	41
RECTIV.....	55	<i>risperidone oral tablet,disintegrating</i> <i>0.25 mg, 0.5 mg, 4 mg</i>	41
REGRANEX	46	<i>risperidone oral tablet,disintegrating 1 mg</i>	41
REMICADE	55	<i>risperidone oral tablet,disintegrating 2 mg</i>	41
RENACIDIN.....	64	<i>risperidone oral tablet,disintegrating 3 mg</i>	41
<i>repaglinide oral tablet 0.5 mg</i>	52	<i>ritonavir</i>	21
<i>repaglinide oral tablet 1 mg</i>	52	<i>rivastigmine</i>	36
<i>repaglinide oral tablet 2 mg</i>	52	<i>rivastigmine tartrate</i>	36
REPATHA PUSHTRONEX	45	RIVELSA	60
REPATHA SURECLICK.....	45	<i>rizatriptan</i>	35
REPATHA SYRINGE	45	ROCKLATAN.....	61
RESTASIS.....	61	<i>roflumilast</i>	63
RESTASIS MULTIDOSE	61	<i>romidepsin intravenous recon soln</i>	30
RETEVMO ORAL CAPSULE 40 MG.....	30	ROMIDEPSIN INTRAVENOUS SOLUTION	30
RETEVMO ORAL CAPSULE 80 MG.....	30	<i>ropinirole oral tablet</i>	35
RETROVIR INTRAVENOUS	21	<i>rosuvastatin</i>	45
		ROTARIX	56
		ROTATEQ VACCINE	56
		<i>roweepra oral tablet 500 mg</i>	34
		ROZLYTREK ORAL CAPSULE 100 MG	30

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ROZLYTREK ORAL CAPSULE 200 MG	31	SHINGRIX (PF)	56
RUBRACA	31	SIGNIFOR	31
<i>rufinamide oral suspension</i>	34	<i>sildenafil (pulm.hypertension) oral tablet</i>	63
<i>rufinamide oral tablet</i>	34	SILVER SULFADIAZINE	46
RUKOBIA	21	SIMBRINZA	61
RUXIENCE	31	<i>simliya (28)</i>	60
RYALTRIS	63	<i>simpeppe</i>	60
RYBELSUS	52	SIMULECT	31
RYBREVANT	31	<i>simvastatin</i>	45
RYDAPT	31	<i>sirolimus</i>	31
RYLAZE	31	SIRTURO	24
RYTARY	35	SIVEXTRO INTRAVENOUS	24
S		SIVEXTRO ORAL	24
<i>sajazir</i>	63	SKYRIZI INTRAVENOUS	46
SANCUSO	55	SKYRIZI SUBCUTANEOUS PEN INJECTOR	46
SANDIMMUNE ORAL SOLUTION	31	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	46
SANTYL	46	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	55
<i>sapropterin</i>	53	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	46
SARCLISA	31	<i>sodium bicarbonate intravenous syringe</i>	65
SCEMBLIX ORAL TABLET 20 MG	31	<i>sodium chloride 0.9% intravenous parenteral solution</i>	49
SCEMBLIX ORAL TABLET 40 MG	31	SODIUM CHLORIDE 0.9% INTRAVENOUS	49
<i>scopolamine base</i>	55	PIGGYBACK	49
SECUADO	41	<i>sodium chloride 0.45% intravenous</i>	65
<i>selegiline hcl</i>	35	<i>sodium chloride 3% hypertonic</i>	65
<i>selenium sulfide topical lotion</i>	46	SODIUM CHLORIDE 5% HYPERTONIC	65
SELZENTRY ORAL SOLUTION	21	<i>sodium chloride intravenous</i>	65
SELZENTRY ORAL TABLET 25 MG	22	SODIUM CHLORIDE IRRIGATION	49
SELZENTRY ORAL TABLET 75 MG	22	SODIUM OXYBATE	41
SE-NATAL-19	66	<i>sodium phenylbutyrate</i>	49
SE-NATAL 19 CHEWABLE	66	<i>sodium polystyrene sulfonate oral powder</i>	49
SEREVENT DISKUS	63	SOLQUA 100/33	52
<i>sertraline oral concentrate</i>	41	SOLTAMOX	31
<i>sertraline oral tablet</i>	41	SOLU-CORTEF ACT-O-VIAL (PF)	50
<i>setlakin</i>	60	SOMATULINE DEPOT	31
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	49	SOMAVERT	53
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	49	<i>sorafenib</i>	31
<i>sevelamer carbonate oral tablet</i>	49	<i>sorine</i>	42
<i>sharobel</i>	58	<i>sotalol af</i>	42

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>sotalol oral</i>	42	<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	35
SOTYLIZE	42	<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	35
<i>spironolactone</i>	44	<i>sumatriptan succinate oral</i>	35
<i>spironolacton-hydrochlorothiaz</i>	44	SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	35
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	41	<i>sumatriptan succinate subcutaneous pen injector</i>	35
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	41	<i>sumatriptan succinate subcutaneous solution</i>	35
<i>sprintec (28)</i>	60	<i>sunitinib malate</i>	31
SPRITAM	34	SUNLENCA	22
SPRYCEL ORAL TABLET 20 MG, 70 MG	31	SUPREP BOWEL PREP KIT	55
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	31	SUTAB	55
<i>sps (with sorbitol)</i>	49	<i>syeda</i>	60
<i>sronyx</i>	60	SYMPAZAN	34
SSD	46	SYMTUZA	22
STAMARIL (PF)	56	SYNAREL	53
STELARA SUBCUTANEOUS SOLUTION	46	SYNJARDY	52
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	46	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	52
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	46	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	52
STIVARGA	31	SYNRIBO	31
<i>streptomycin</i>	24	SYNTHROID	54
STRIBILD	22		
<i>subvenite</i>	34	T	
<i>subvenite starter (blue) kit</i>	34	TABLOID	31
<i>subvenite starter (green) kit</i>	34	TABRECTA	31
<i>subvenite starter (orange) kit</i>	34	<i>tacrolimus oral</i>	31
SUCRAID	55	<i>tacrolimus topical</i>	46
<i>sucralfate oral tablet</i>	55	<i>tadalafil (pulm. hypertension)</i>	63
<i>sulfacetamide-prednisolone</i>	61	TAFINLAR ORAL CAPSULE	31
<i>sulfacetamide sodium (acne)</i>	47	TAFINLAR ORAL TABLET FOR SUSPENSION	31
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	61	TAGRISSO	31
<i>sulfadiazine</i>	25	TALICIA	55
<i>sulfamethoxazole-trimethoprim intravenous</i>	25	TALTZ AUTOINJECTOR	46
<i>sulfamethoxazole-trimethoprim oral suspension</i>	25	TALTZ SYRINGE	46
<i>sulfamethoxazole-trimethoprim oral tablet</i>	25	TALVEY	31
<i>sulfasalazine oral tablet</i>	55	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	31
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)	55	TALZENNA ORAL CAPSULE 0.25 MG	31
<i>sulindac</i>	37	<i>tamoxifen</i>	31

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>tamsulosin</i>	64	<i>testosterone cypionate</i>	53
TARGRETIN TOPICAL	31	<i>testosterone enanthate</i>	53
<i>tarina 24 fe</i>	60	<i>testosterone transdermal gel</i>	53
<i>tarina fe 1-20 eq (28)</i>	60	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	53
TARON-C DHA	66	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	53
TASIGNA ORAL CAPSULE 50 MG	31	TETANUS, DIPHTHERIA TOX PED(PF)	56
TASIGNA ORAL CAPSULE 150 MG, 200 MG	31	<i>tetrabenazine oral tablet 12.5 mg</i>	36
<i>tasimelteon</i>	41	<i>tetrabenazine oral tablet 25 mg</i>	36
<i>taysofy</i>	60	<i>tetracycline</i>	25
<i>tazarotene topical cream</i>	47	THALOMID ORAL CAPSULE 100 MG, 50 MG	31
<i>tazarotene topical gel</i>	47	THALOMID ORAL CAPSULE 150 MG, 200 MG	31
<i>tazicef</i>	23	<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	63
TAZORAC TOPICAL CREAM 0.05%	47	<i>theophylline oral tablet extended release 12 hr 450 mg</i> ...	63
TAZORAC TOPICAL GEL	47	<i>theophylline oral tablet extended release 24 hr 400 mg</i> ...	63
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	44	<i>theophylline oral tablet extended release 24 hr 600 mg</i> ...	63
TAZVERIK	31	<i>thioridazine</i>	41
TDVAX	56	<i>thiotepa</i>	31
TECENTRIQ	31	<i>thiothixene</i>	41
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"	52	<i>tiadylt er</i>	44
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"	52	<i>tiagabine</i>	34
TECHLITE PEN NEEDLE	52	TIBSOVO	31
TECVAYLI	31	TICE BCG	56
TEFLARO	23	TICOVAC	56
<i>telmisartan</i>	44	<i>tigecycline</i>	24
TEMODAR INTRAVENOUS	31	<i>tilia fe</i>	60
<i>temsirolimus</i>	31	<i>timolol maleate ophthalmic (eye) drops</i>	61
TENIVAC (PF)	56	<i>timolol maleate ophthalmic (eye) gel forming solution</i>	61
<i>tenofovir disoproxil fumarate</i>	22	<i>timolol maleate oral</i>	44
TEPMETKO	31	TIS-U-SOL PENTALYTE	48
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	44	TIVDAK	31
<i>terazosin oral capsule 10 mg</i>	44	TIVICAY ORAL TABLET 10 MG	22
<i>terbinafine hcl oral</i>	20	TIVICAY ORAL TABLET 25 MG, 50 MG	22
<i>terbutaline</i>	63	TIVICAY PD	22
<i>terconazole</i>	58	<i>tizanidine oral tablet</i>	36
		TOBRADEX ST	62
		<i>tobramycin-dexamethasone</i>	62
		<i>tobramycin in 0.225% nacl</i>	24

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>tobramycin ophthalmic (eye)</i>	61	<i>triamcinolone acetonide topical lotion</i>	48
<i>tobramycin sulfate</i>	24	<i>triamcinolone acetonide topical ointment</i> <i>0.025%, 0.1%, 0.5%</i>	48
<i>tolterodine oral capsule, extended release 24hr</i>	64	<i>triamterene-hydrochlorothiazid</i>	44
<i>tolterodine oral tablet</i>	64	<i>triderm topical cream 0.1%</i>	48
TOLVAPTAN ORAL TABLET 15 MG	53	<i>trientine oral capsule 250 mg</i>	49
<i>tolvaptan oral tablet 30 mg</i>	53	<i>tri-estarylla</i>	60
<i>topiramate oral capsule, sprinkle</i>	34	<i>trifluoperazine oral tablet 1 mg</i>	41
<i>topiramate oral tablet</i>	34	<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	41
<i>topotecan intravenous recon soln</i>	31	<i>trifluridine</i>	61
<i>topotecan intravenous solution</i>	31	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	53
<i>toremifene</i>	31	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	53
<i>torsemide oral</i>	44	TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	64
TOUJEO MAX U-300 SOLOSTAR	52	TRIKAFTA ORAL TABLETS, SEQUENTIAL	64
TOUJEO SOLOSTAR U-300 INSULIN	53	<i>tri-legest fe</i>	60
TRADJENTA	53	<i>tri-lynyah</i>	60
<i>tramadol-acetaminophen</i>	37	<i>tri-lo-estarylla</i>	60
<i>tramadol oral tablet 50 mg</i>	37	<i>tri-lo-marzia</i>	60
<i>trandolapril</i>	44	<i>tri-lo-mili</i>	60
<i>tranexamic acid oral</i>	58	<i>tri-lo-sprintec</i>	60
<i>tranylcypromine</i>	41	<i>trimethoprim</i>	25
TRAVASOL 10%	65	<i>tri-mili</i>	60
TRAZIMERA	31	<i>trimipramine</i>	41
<i>trazodone</i>	41	TRINATAL RX 1	66
TREANDA	31	TRINTELLIX	41
TRECTOR	24	<i>tri-nymyo</i>	60
TRELEGY ELLIPTA	63	TRIPTODUR	31
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	31	<i>tri-sprintec (28)</i>	60
TRESIBA FLEXTouch U-100	53	TRIUMEQ	22
TRESIBA FLEXTouch U-200	53	TRIUMEQ PD	22
TRESIBA U-100 INSULIN	53	<i>trivora (28)</i>	60
<i>tretinoin (antineoplastic)</i>	31	<i>tri-vylibra</i>	60
<i>tretinoin microspheres topical gel 0.1%</i>	47	<i>tri-vylibra lo</i>	60
<i>tretinoin microspheres topical gel with pump 0.1%</i>	47	TRIZIVIR	22
<i>tretinoin topical cream</i>	47	TRODELVY	32
<i>tretinoin topical gel 0.01%</i>	47	TROGARZO	22
<i>tretinoin topical gel 0.025%, 0.05%</i>	47	TROPHAMINE 10%	65
<i>triamcinolone acetonide dental</i>	49		
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> ..	50		
<i>triamcinolone acetonide topical cream</i>	48		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
TRULANCE	55	VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK.....	24
TRULICITY	53	<i>vancomycin injection</i>	24
TRUMENBA	56	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	24
TRUXIMA.....	32	<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram</i> ..	25
TUKYSA ORAL TABLET 50 MG	32	<i>vancomycin oral capsule 125 mg</i>	24
TUKYSA ORAL TABLET 150 MG.....	32	<i>vancomycin oral capsule 250 mg</i>	24
TURALIO ORAL CAPSULE 125 MG.....	32	<i>vancomycin oral recon soln 25 mg/ml</i>	24
TWINRIX (PF).....	56	VANDAZOLE.....	58
TYBLUME	60	VANFLYTA	32
<i>tydemy</i>	60	VAQTA (PF).....	56
TYMLOS.....	57	<i>varenicline</i>	49
TYPHIM VI.....	56	VARIVAX (PF).....	56
TZIELD	49	VARIZIG	56
U		VASCEPA.....	45
UNITHROID.....	54	VECTIBIX.....	32
UNITUXIN	32	VEKLURY	22
UPTRAVI ORAL	44	VELCADE	32
<i>ursodiol oral capsule 300 mg</i>	55	<i>velivet triphasic regimen (28)</i>	60
<i>ursodiol oral tablet</i>	55	VELPHORO.....	49
V		VELTASSA.....	49
<i>valacyclovir oral tablet 1 gram</i>	22	VEMLIDY	22
<i>valacyclovir oral tablet 500 mg</i>	22	VENCLEXTA ORAL TABLET 10 MG	32
VALCHLOR	46	VENCLEXTA ORAL TABLET 50 MG	32
<i>valganciclovir oral recon soln</i>	22	VENCLEXTA ORAL TABLET 100 MG.....	32
<i>valganciclovir oral tablet</i>	22	VENCLEXTA STARTING PACK	32
<i>valproate sodium</i>	34	<i>venlafaxine oral capsule,extended release 24hr 75 mg</i> . . .	41
<i>valproic acid</i>	34	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	41
<i>valproic acid (as sodium salt)</i>	34	<i>venlafaxine oral tablet 50 mg, 75 mg</i>	42
<i>valrubicin</i>	32	<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	41
<i>valsartan-hydrochlorothiazide</i>	44	VENTAVIS	64
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	44	VENTOLIN HFA.....	64
<i>valsartan oral tablet 320 mg</i>	44	<i>verapamil intravenous solution</i>	44
VALTOCO.....	34	<i>verapamil oral capsule, 24 hr er pellet ct</i>	44
VANCOMYCIN-DILUENT COMBO NO.1.....	24	<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	44
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK.....	24	VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	44
		<i>verapamil oral tablet</i>	44

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>verapamil oral tablet extended release</i>	44	VRAYLAR ORAL CAPSULE, DOSE PACK	42
VERQUVO	45	VUMERITY	36
VERSACLOZ	42	<i>vyfemla</i> (28)	60
VERZENIO	32	<i>vylibra</i>	60
<i>vestura</i> (28)	60	VYNDAQEL	45
V-GO 20	53	VYXEOS	32
V-GO 30	53		
V-GO 40	53	W	
VICTOZA 2-PAK	53	<i>warfarin</i>	45
VICTOZA 3-PAK	53	WATER FOR IRRIGATION, STERILE	49
<i>vienva</i>	60	WELIREG	32
<i>vigabatrin</i>	34	<i>vera</i> (28)	60
<i>vigadrone</i>	34	WESTAB PLUS	66
VIIBRYD ORAL TABLET	42	WESTGEL DHA	66
VIIBRYD ORAL TABLETS, DOSE PACK		<i>wymzya</i> <i>fe</i>	60
10 MG (7)- 20 MG (23)	42		
<i>vilazodone</i>	42	X	
<i>vinblastine</i>	32	XALKORI	32
<i>vincristine</i>	32	XARELTO	45
<i>vinorelbine</i>	32	XARELTO DVT-PE TREAT 30D START	45
VIOKACE	55	XATMEP	32
<i>viorele</i> (28)	60	XCOPRI MAINTENANCE PACK ORAL TABLET	
VIRACEPT ORAL TABLET 250 MG	22	250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY	
VIRACEPT ORAL TABLET 625 MG	22	(200 MG X1-150MG X1)	34
VIREAD ORAL POWDER	22	XCOPRI ORAL TABLET 50 MG	34
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	22	XCOPRI ORAL TABLET 100 MG	34
VITRAKVI ORAL CAPSULE 25 MG	32	XCOPRI ORAL TABLET 150 MG, 200 MG	34
VITRAKVI ORAL CAPSULE 100 MG	32	XCOPRI TITRATION PACK	34
VITRAKVI ORAL SOLUTION	32	XDEMVY	61
VIVITROL	37	XELJANZ ORAL SOLUTION	58
VIZIMPRO	32	XELJANZ ORAL TABLET	58
<i>volnea</i> (28)	60	XELJANZ XR	58
VONJO	32	XGEVA	26
<i>voriconazole intravenous</i>	20	XIAFLEX	49
<i>voriconazole oral suspension for reconstitution</i>	20	XIFAXAN ORAL TABLET 550 MG	24
<i>voriconazole oral tablet</i>	20	XIIDRA	61
VOSEVI	22	XOLAIR SUBCUTANEOUS RECON SOLN	64
VOTRIENT	32	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	64
VRAYLAR ORAL CAPSULE	42	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	64
		XOSPATA	32

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
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).....	32	ZIMHI.....	37
XTANDI ORAL CAPSULE.....	32	ziprasidone hcl oral capsule 20 mg	42
XTANDI ORAL TABLET 40 MG.....	32	ziprasidone hcl oral capsule 40 mg	42
XTANDI ORAL TABLET 80 MG.....	32	ziprasidone hcl oral capsule 60 mg, 80 mg	42
XULTOPHY 100/3.6	53	ziprasidone mesylate	42
XYWAV	42	ZIRABEV	32
Y		ZIRGAN	61
YERVOY.....	32	ZOLADEX	32
YF-VAX (PF)	56	zoledronic acid intravenous solution	53
YONDELIS.....	32	zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	53
yuvaferm	58	zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	49
Z		ZOLEDRONIC AC-MANNITOL-0.9NACL.....	54
zafirlukast.....	64	ZOLINZA	32
zaleplon oral capsule 5 mg.....	42	zolpidem oral tablet.....	42
zaleplon oral capsule 10 mg.....	42	ZONISADE	34
ZALTRAP	32	zonisamide.....	34
ZANOSAR	32	ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML ...	25
ZEJULA ORAL CAPSULE.....	32	zovia 1-35 (28)	60
ZEJULA ORAL TABLET.....	32	ZTALMY	34
ZELBORAF	32	ZTLIDO.....	46
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	55	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	37
ZEPOSIA	36	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG.....	37
ZEPOSIA STARTER KIT (28-DAY)	36	zumandimine (28)	60
ZEPOSIA STARTER PACK (7-DAY)	36	ZYDELIG	32
ZEPZELCA	32	ZYKADIA	32
ZERVIAE	61	ZYNLONTA	33
zidovudine oral capsule	22	ZYNYZ	33
zidovudine oral syrup	22	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	42
zidovudine oral tablet	22	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	42
ZIEXTENZO	55		

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



1-800-222-6700 (TTY 711)

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



CignaMedicare.com